Monitoring and surveillance
Overweight and obesity in three age groups

Adults (20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 30.9% of the adult population (≥ 20 years old) in Tajikistan were overweight and 8.6% were obese. The prevalence of overweight was higher among men (31.2%) than women (30.5%). The proportion of men and women that were obese was 72% and 10.0%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 10% of men and 13% of women will be obese. By 2030, the model predicts that 13% of men and 16% of women will be obese.1

1 Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

The Regional Office is grateful to the European Commission (EC) for its financial support for the development of the nutrition, obesity and physical activity database that provided data for this country profile.
Adolescents (10–19 years)
No data are available from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).

Children (0–9 years)
No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Tajikistan is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

Exclusive breastfeeding until 6 months of age
Nationally representative data from 2005 show that the prevalence of exclusive breastfeeding under 6 months of age was 25.4% in Tajikistan.²

Saturated fat intake
No data are available.

Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution.
Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the United Nations.
Source: FAOSTAT (2).

² WHO Regional Office for Europe grey literature from 2012 on breastfeeding.
Salt intake
No data are available. However, a draft project proposal commissioned by the national health authorities entitled “Study of dietary risk factors for hypertension and coronary heart diseases among the population of the Republic of Tajikistan” plans to study salt intake and its potential relationship with hypertension and coronary heart disease.

Iodine status
According to the most recent estimates on iodine status, published in 2012, the proportion of the population with an iodine level lower than 100 µg/L was 59.2% (4, 5).

Physical inactivity
No data are available for the adult population.

Policies and actions
The table below displays (a) monitoring and evaluation methods of salt intake in Tajikistan; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (3).

Salt reduction initiatives

<table>
<thead>
<tr>
<th>Monitoring &amp; evaluation</th>
<th>Stakeholder approach</th>
<th>Population approach</th>
<th>Labelling</th>
<th>Consumer awareness initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry self-reporting</td>
<td></td>
<td></td>
<td>Brochure</td>
<td></td>
</tr>
<tr>
<td>Salt content in food</td>
<td>Industry involvement</td>
<td>Food reformulation</td>
<td>Print</td>
<td></td>
</tr>
<tr>
<td>Salt intake</td>
<td>Project proposal drafted</td>
<td>Specific food category</td>
<td>TV</td>
<td></td>
</tr>
<tr>
<td>Consumer awareness</td>
<td></td>
<td></td>
<td>Web site</td>
<td>Schools Health care facilities</td>
</tr>
<tr>
<td>Behavioural change</td>
<td></td>
<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Urinary salt excretion (24 hrs)</td>
<td></td>
<td></td>
<td>Conference</td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO Regional Office for Europe (3).
Marketing of food and non-alcoholic beverages to children (6)
A government law on advertising, which was signed on 26 December 2011 and updated on 16 April 2012, bans the advertising of artificial food products intended for children (7).

Physical activity (PA), national policy documents and action plans

<table>
<thead>
<tr>
<th>Sport</th>
<th>Target groups</th>
<th>Health</th>
<th>Education</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of national “sport for all” policy and/or national “sport for all” implementation programme</td>
<td>Existence of specific scheme or programme for community interventions to promote PA in the elderly</td>
<td>Counselling on PA as part of primary health care activities</td>
<td>Mandatory physical education in primary and secondary schools</td>
<td>National or subnational schemes promoting active travel to school</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Existence of an incentive scheme for companies or employees to promote active travel to work</td>
</tr>
</tbody>
</table>

Source: country reporting template on Tajikistan from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the European Union (EU).

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

<table>
<thead>
<tr>
<th>Existence of national coordination mechanism on HEPA promotion</th>
<th>Leading institution</th>
<th>Participating bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: country reporting template on Tajikistan from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

PA recommendations, goals and surveillance

<table>
<thead>
<tr>
<th>Existence of national recommendation on HEPA</th>
<th>Target groups addressed by national HEPA policy</th>
<th>PA included in the national health monitoring system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: country reporting template on Tajikistan from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

References