Monitoring and surveillance
Overweight and obesity in three age groups

Adults (15/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 64.3% of the adult population (≥ 20 years old) in Malta were overweight and 28.8% were obese. The prevalence of overweight was higher among men (68.4%) than women (60.4%). The proportion of men and women that were obese was 27.3% and 30.3%, respectively.

According to a nationally representative survey carried out in 2008 among individuals aged 15 years or over, 58.5% were overweight and 22.3% were obese (based on self-reported weight and height). Overweight prevalence estimates for men and women were, respectively, 69.0% and 49.0%. The prevalence of obesity for men and women was 24.3% and 20.6%, respectively (2).

Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index.
Source: WHO Global Health Observatory Data Repository (1).

The Regional Office is grateful to the European Commission (EC) for its financial support for the preparation of this country profile and the development of the nutrition, obesity and physical activity database that provided data for it.
Based on measured weight and height, the prevalence of overweight and obesity among the Maltese population aged 18 years and over in 2010 was 62.3% (males 68.5%; females 57.6%) and 29.6% (males 28.2%; females 32.0%), respectively (3). It should be taken into account that these two national data sources do not allow for comparability across countries.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 19% of men and 17% of women will be obese. By 2030, the model predicts that 17% of both men and women will be obese.¹

Adolescents (10–19 years)
No overweight and obesity data are available from the international report of the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). However, a national report on the HBSC data (4) indicates that 41.3% of boys and 26.3% of girls among 11-year-olds were overweight. Among 13-year-olds, the corresponding figures were 36.8% for boys and 29.2% for girls, and among 15-year-olds, 28.2% and 23.2%, respectively.²

Children (0–9 years)
Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 6-year-olds in Malta, 34.3% of boys and 29.3% of girls were overweight and 14.7% and 11.7%, respectively, were obese (6).³

Exclusive breastfeeding until 6 months of age
Nationally representative data from 2004–2005 show that the prevalence of exclusive breastfeeding at 6 months of age was 36.0% in Malta.⁴

Saturated fat intake
According to 2007 estimates, the adult population in Malta consumed 9.2% of their total calorie intake from saturated fatty acids (7).

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.
² Based on the international growth reference recommended by the International Obesity Task Force (5).
³ Based on 2007 WHO growth reference.
⁴ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.
Fruit and vegetable supply

Malta had a fruit and vegetable supply of 837 grams per capita per day, according to 2009 estimates (7).

Salt intake

No data are available.

Iodine status

No data are available.

Physical inactivity

In Malta, 72.5% of the population aged 15 years and over were insufficiently active (men 70.7% and women 74.2%), according to estimates generated for 2008 by WHO (1).

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Malta; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (8).

Salt reduction initiatives

<table>
<thead>
<tr>
<th>Monitoring &amp; evaluation</th>
<th>Stakeholder approach</th>
<th>Population approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry self-reporting</td>
<td>Industry involvement</td>
<td>Labelling</td>
</tr>
<tr>
<td>Salt content in food</td>
<td>Food reformulation</td>
<td></td>
</tr>
<tr>
<td>Salt intake</td>
<td></td>
<td>Consumer awareness initiatives</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td>Food reformulation</td>
<td>Brochure Print</td>
</tr>
<tr>
<td>Behavioural change</td>
<td>Food reformulation</td>
<td>TV Radio</td>
</tr>
<tr>
<td>Urinary salt excretion (24 hrs)</td>
<td>Food reformulation limited to bread</td>
<td>Website Software</td>
</tr>
</tbody>
</table>

Notes: ** partially implemented; *** fully implemented.
Source: WHO Regional Office for Europe (8).
Trans fatty acids (TFA) policies

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Type of legislation</th>
<th>Measure</th>
</tr>
</thead>
</table>

Source: WHO Regional Office for Europe grey literature from 2012 on TFA and health, TFA policy and food industry approaches.

Price policies (food taxation and subsidies)

<table>
<thead>
<tr>
<th>Taxes</th>
<th>School fruit schemes</th>
</tr>
</thead>
</table>

Sources: WHO Regional Office for Europe grey literature from 2012 on diet and the use of fiscal policy in the control and prevention of noncommunicable diseases; EC School Fruit Scheme website (9).

Marketing of food and non-alcoholic beverages to children (10)
The Broadcasting Code for the Protection of Minors, which came into force on 1 September 2000 and was amended in 2010, states in paragraph 19: “Advertisements for confectionery and snack foods shall not suggest that such products may be substituted for balanced meals” (11). On 22 February 2012 the Ministry for Health, the Elderly and Community Care launched the “Healthy Weight for Life” strategy for 2012–2020. This also addresses the reduction of marketing of foods high in fat, sugar or salt to children (12).

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>Inclusion of PA in general teaching training</td>
</tr>
</tbody>
</table>

Existence of an incentive scheme for companies or employees to promote active travel to work

* Clearly stated in a policy document, partially implemented or enforced. + Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on Malta 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>Malta Sports Council and Health Promotion and Disease Prevention Directorate</td>
<td>Government departments on health, sport, education, youth; academia; local government</td>
<td></td>
</tr>
</tbody>
</table>

Source: country reporting template on Malta 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>General population, vulnerable and low socioeconomic groups, children and adolescents</td>
<td>✓</td>
</tr>
</tbody>
</table>

Source: country reporting template on Malta 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