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 59.8% of the adult population (≥ 20 years old) in the Russian Federation were overweight and 26.5% were obese. The prevalence of overweight was lower among men (56.2%) than women (62.8%). The proportion of men and women that were obese was 18.6% and 32.9%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 31% of men and 26% of women will be obese. By 2030, the model predicts that 33% of men and 26% of women will be obese.1

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 development of the nutrition, obesity and physical activity database that provided data for this country profile.

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.
Adolescents (10–19 years)
In terms of prevalence of overweight and obesity in adolescents, up to 32% of boys and 18% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). Among 13-year-olds, the corresponding figures were 22% for boys and 9% for girls, and among 15-year-olds, 13% and 7%, respectively (2).

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

Exclusive breastfeeding until 6 months of age
Subnationally representative data from 2000 show that the prevalence of any breastfeeding at 6 months of age was 47.2% in the Russian Federation.3

Saturated fat intake
No estimates are available from the Food and Agriculture Organization of the United Nations (FAO) from 2007. However, according to subnational data from 2002–2005, the adult population aged 45–69 years in the Russian Federation consumed 14% of their total calorie intake from saturated fatty acids (3). It should be taken into account that these subnational data do not allow for comparability across countries due to sampling and other methodological differences.

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.

2 Based on 2007 WHO growth reference.
3 WHO Regional Office for Europe grey literature from 2012 on breastfeeding.
Fruit and vegetable supply
The Russian Federation had a fruit and vegetable supply of 511 grams per capita per day, according to 2009 estimates (4).

Salt intake
No data are available.

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 58.1% (6, 7).

Physical inactivity
In the Russian Federation, 22.6% of the population aged 15 years and over were insufficiently active (men 22.9% and women 22.4%), 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 the Russian Federation; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (5).

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>Brochure</td>
</tr>
<tr>
<td>Salt intake</td>
<td>Specific food category</td>
<td>Print</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td></td>
<td>TV</td>
</tr>
<tr>
<td>Behavioural change</td>
<td></td>
<td>Web site Software</td>
</tr>
<tr>
<td>Urinary salt excretion (24 hrs)</td>
<td></td>
<td>Education Schools</td>
</tr>
</tbody>
</table>

Source: WHO Regional Office for Europe (5).
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>

Source: 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.

Marketing of food and non-alcoholic beverages to children (8)

No action has yet been taken regarding a reduction in the marketing of food and beverages to children.

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>✓</td>
</tr>
</tbody>
</table>

^ 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 the Russian Federation 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>✓ 2008</td>
<td>Ministry of Health and Social Development</td>
<td>Professionals and political authorities</td>
</tr>
</tbody>
</table>

Source: country reporting template on the Russian Federation 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>✓ 2008</td>
<td>General population</td>
<td>✓</td>
</tr>
</tbody>
</table>

Source: country reporting template on the Russian Federation 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