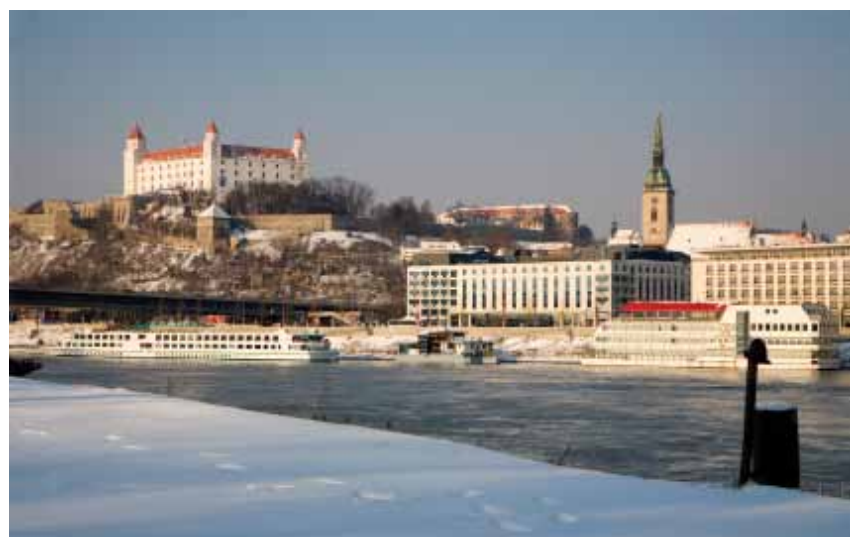


Nutrition, Physical Activity and Obesity Slovakia



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This is one of the 53 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including methodology and summary can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/nutrition-country-profiles>.

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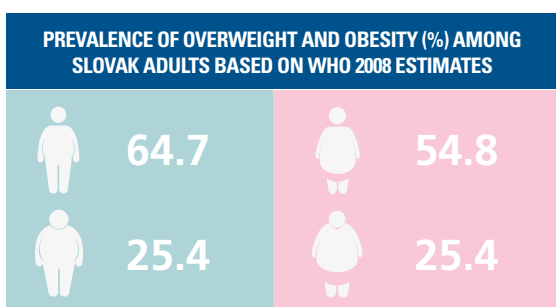
DEMOGRAPHIC DATA	
Total population	5 462 000
Median age (years)	36.9
Life expectancy at birth (years) female male	79.4 72.2
GDP per capita (US\$)	15 976.0
GDP spent on health (%)	8.8

Monitoring and surveillance Overweight and obesity in three age groups

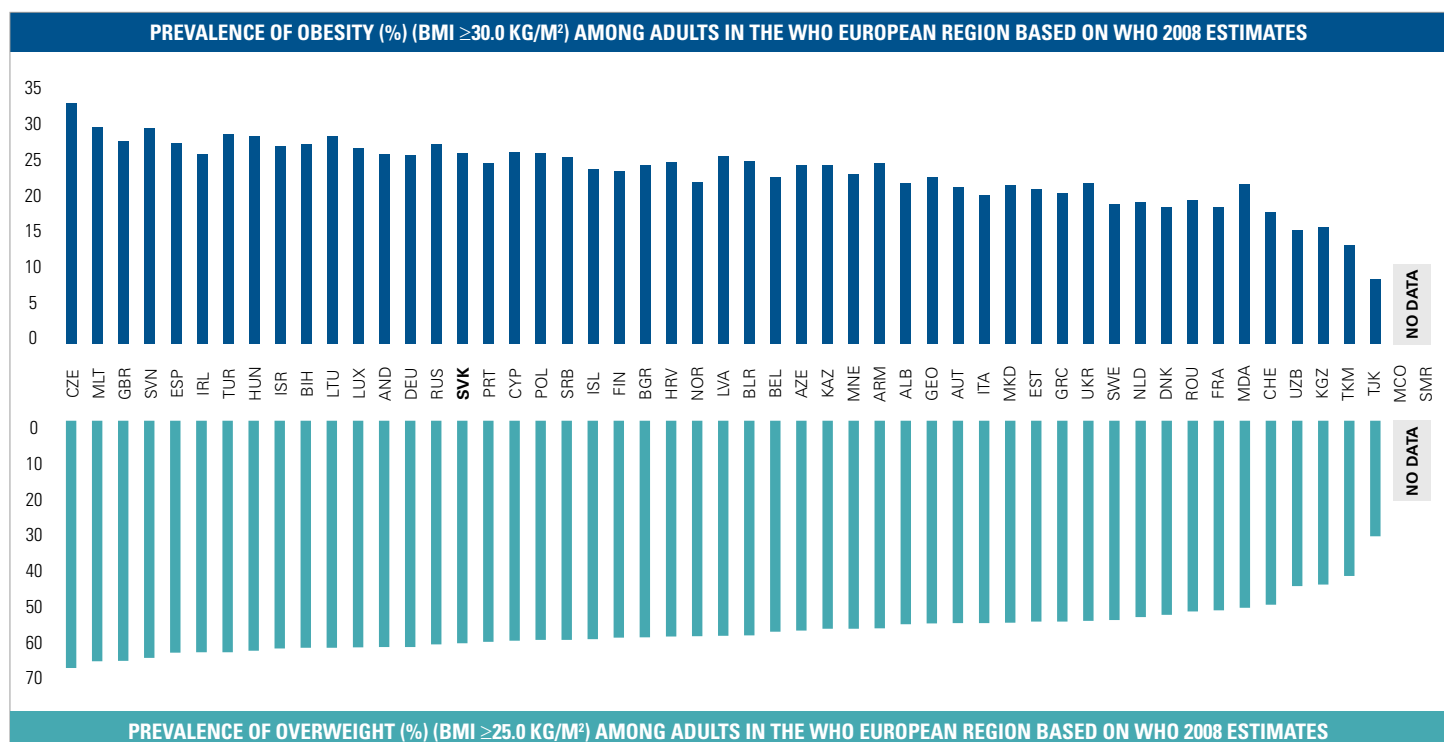
Adults (18/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 59.5% of the adult population (≥ 20 years old) in Slovakia were overweight and 25.4% were obese. The prevalence of overweight was higher among men (64.7%) than women (54.8%). The proportion of obesity among the adult population was 25.4% for both men and women.

According to a nationally representative survey (European Health Examination Survey (EHES)) carried out in 2011 among individuals aged 18–64 years, 61.8% were overweight, 36.2% were pre-obese and 25.6% were obese (based on measured weight and height). Overweight prevalence estimates for men and women were 69.6% and 56.0%, respectively. The prevalence of obesity for men



Source: WHO Global Health Observatory Data Repository (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 preparation of this country profile and the development of the nutrition, obesity and physical activity database that provided data for it.

and women was 25.9% and 25.4%, respectively (2). It should be taken into account that these national data do not allow for comparability across countries due to sampling and other methodological differences.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 25% of men and 17% of women will be obese. By 2030, the model predicts that 28% of men and 18% of women will be obese.¹

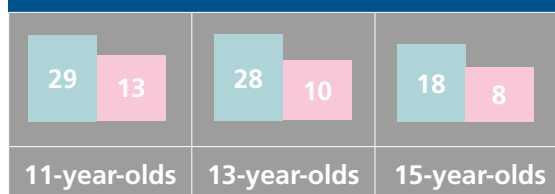
Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 29% of boys and 13% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).² Among 13-year-olds, the corresponding figures were 28% for boys and 10% for girls, and among 15-year-olds, 18% and 8%, respectively (3).

Children (0–9 years)

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

PREVALENCE OF OVERWEIGHT (%) IN SLOVAK ADOLESCENTS (BASED ON SELF-REPORTED DATA ON HEIGHT AND WEIGHT)

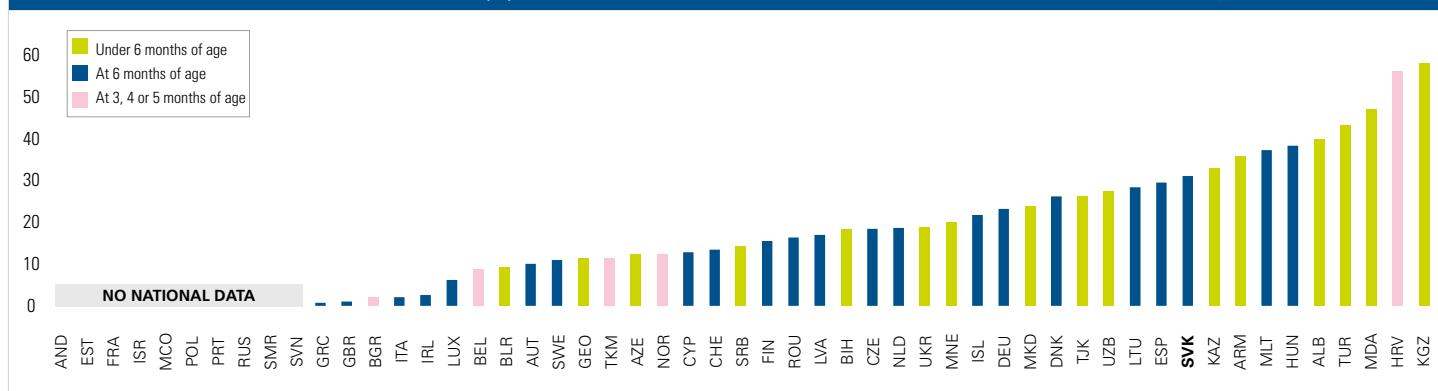


Source: Currie et al. (3).

Exclusive breastfeeding until 6 months of age

Data from 2000 show that the prevalence of exclusive breastfeeding at 6 months of age was 30.0% in Slovakia.³ More recent data from 2010 show that the prevalence of exclusive breastfeeding at 6 months of age was 49.3% (4).

PREVALENCE OF EXCLUSIVE BREASTFEEDING (%) UNDER OR AT 6 MONTHS OF AGE FROM INDIVIDUAL COUNTRY-BASED SURVEYS, VARIOUS YEARS



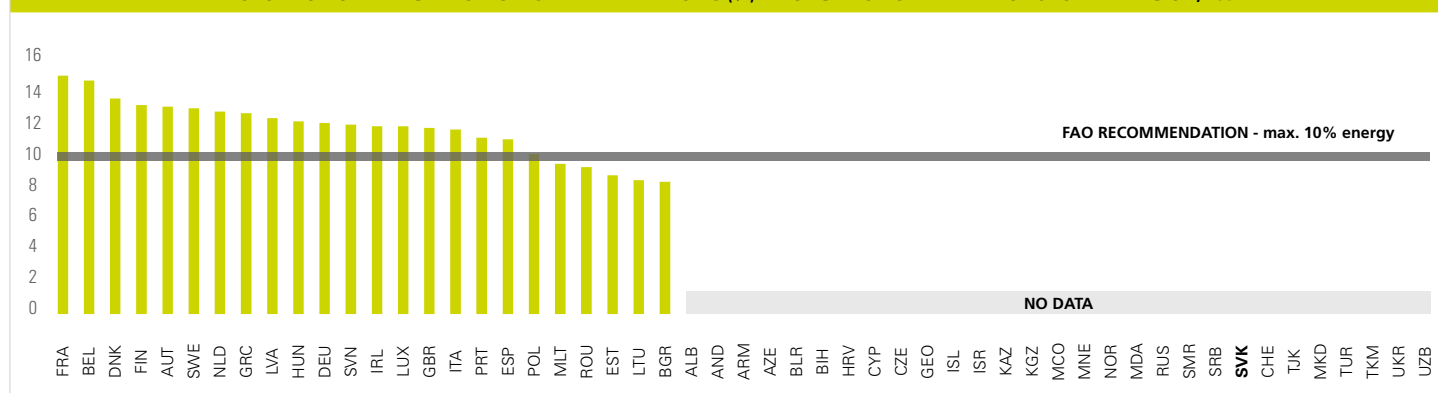
Notes: The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries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

Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Saturated fat intake

No estimates are available from the Food and Agriculture Organization of the United Nations (FAO) from 2007 (5). However, according to a survey carried out among the adult population in Slovakia, they consumed 12.8% of their total calorie intake from saturated fatty acids (6). It should be taken into account that these data do not allow for comparability across countries due to sampling and other methodological differences.

PROPORTION OF ENERGY FROM SATURATED FATTY ACIDS (%) AMONG ADULTS IN THE WHO EUROPEAN REGION, 2007



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.

Source: FAOSTAT (5).

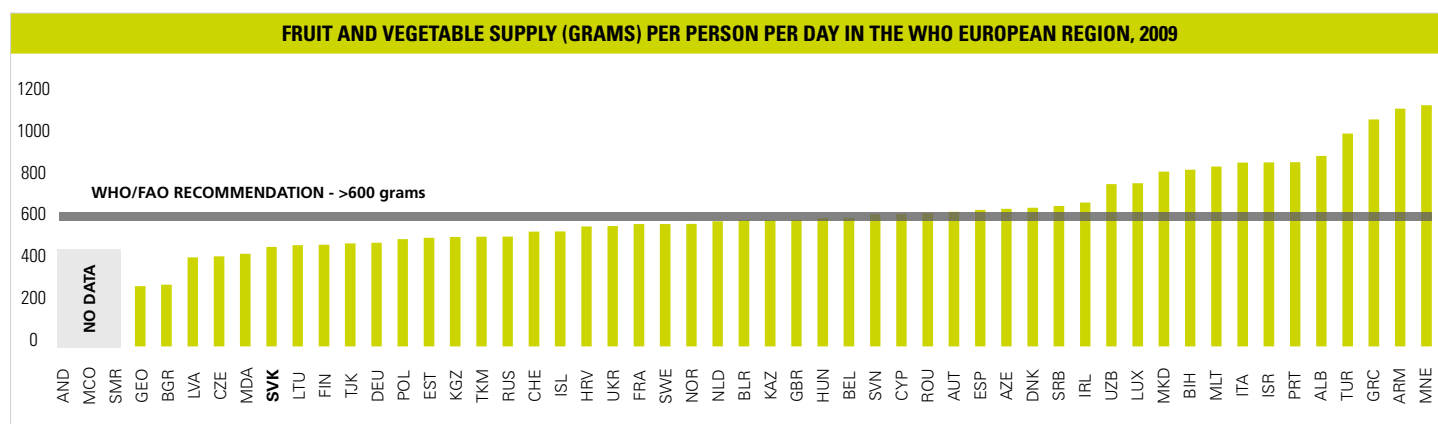
¹ Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

² Based on 2007 WHO growth reference.

³ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Fruit and vegetable supply

Slovakia had a fruit and vegetable supply of 463 grams per capita per day, according to 2009 estimates (5).

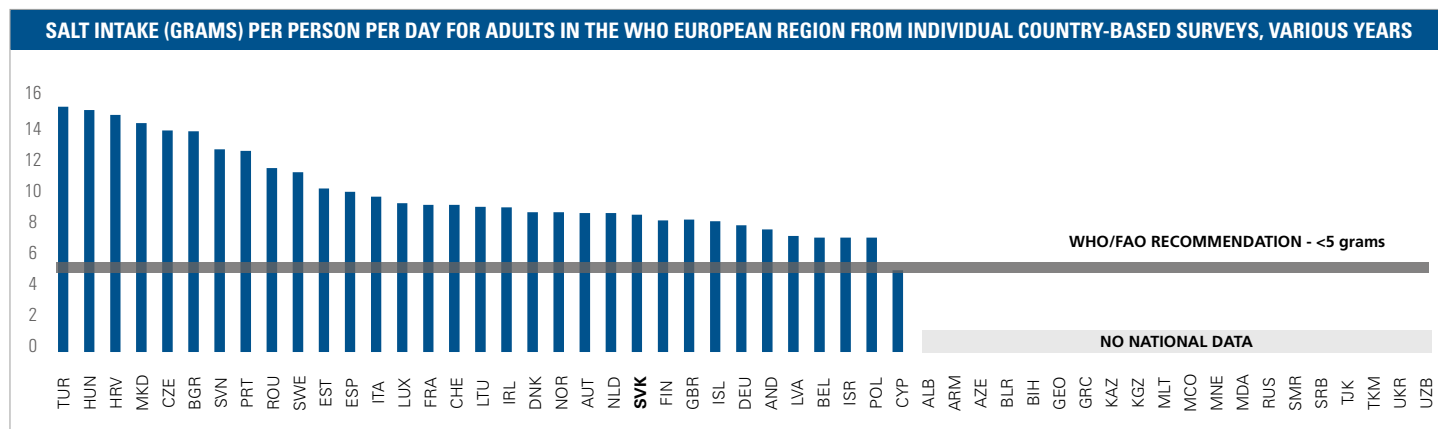


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (5).

Salt intake

Data from 2008–2009 show that salt intake in Slovakia was between 9.6 and 9.8 grams per day for men and between 7.0 and 7.2 grams per day for women (7). National data from 2011 show that salt intake was 9.5 grams per day for men and 6.5 grams per day for women (6).



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. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: WHO Regional Office for Europe (7).

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 15.0% (8, 9). National estimates from 2011 suggest that 7.7% of the Slovak population are likely to suffer from iodine deficiency (6).

Physical inactivity

In Slovakia, 22.5% of the population aged 15 years and over were insufficiently active (men 23.1% and women 22.0%), according to estimates generated for 2008 by WHO (1). The EHES results show that 25.4% of women and 37.1% of men were physically active (2). It should be taken into account that these latter data do not allow for comparability across countries due to sampling and methodological differences.

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Slovakia; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (7).

Salt reduction initiatives

Monitoring & evaluation		Stakeholder approach			Population approach						
					Labelling	Consumer awareness initiatives					
Industry self-reporting		Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Salt content in food											
Salt intake											
Consumer awareness				50% salt reduction in dehydrated foods by 2014							
Behavioural change		XX	XX								
Urinary salt excretion (24 hrs)						XX	XX	XX	XX	XXX	XX

Notes. XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (7).

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure

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)

Taxes	School fruit schemes
	✓

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 (10).

Marketing of food and non-alcoholic beverages to children (11)

The National Programme on Nutrition Improvement for 2006–2010 (12), the National Obesity Prevention Programme (adopted on 9 January 2008) (13) and the National Programme on Care for Children and Adolescents (adopted in March 2008) (14) include educational activities focused on reducing the consumption of foods high in fat, sugar or salt (HFSS) by adults, adolescents and children. The Slovak Government is planning to develop policies to reduce the impact of the marketing of HFSS foods to children. The regulation of the Slovak Ministry of Health (No. 527/2007) on specific requirements for facilities for children and young people includes prohibition of marketing of beverages with caffeine content and quinine content, as well as alcoholic beverages in buffets and machines in schools and on premises intended for children and adolescents (15).

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

Sport	Target groups	Health	Education		Transportation	
Existence of national "sport for all" policy and/or national "sport for all" implementation programme	Existence of specific scheme or programme for community interventions to promote PA in the elderly	Counselling on PA as part of primary health care activities	Mandatory physical education in primary and secondary schools	Inclusion of PA in general teaching training	National or subnational schemes promoting active travel to school	Existence of an incentive scheme for companies or employees to promote active travel to work
✓ ^a		✓ ^a	✓ ^a	✓ ^a	✓ ^b	

^a Clearly stated in a policy document, partially implemented or enforced. ^b Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on Slovakia 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)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies
✓ 2001	Ministry of Education	Government departments on health, food, sport, transport, education and research, labour; academia; communities

Source: country reporting template on Slovakia 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

Existence of national recommendation on HEPA	Target groups addressed by national HEPA policy	PA included in the national health monitoring system
✓ 2009	General population, vulnerable and low socioeconomic groups	

Source: country reporting template on Slovakia 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.

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