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 57.9% of the adult population (≥ 20 years old) in Bulgaria were overweight and 23.7% were obese. The prevalence of overweight was higher among men (63.1%) than women (53.2%). The proportion of men and women that were obese was 23.1% and 24.3%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 13% of men and 14% of women will be obese. By 2030, the model predicts that 15% of men and 14% 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 preparation of this country profile and the development of the nutrition, obesity and physical activity database that provided data for it.
Adolescents (10–19 years)
No data are available from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). However, according to measured data from the 2011 National Survey of Nutritional Status of Schoolchildren in Bulgaria, the proportion of overweight schoolchildren aged 10–13 years was 38.3% in boys and 30.1% in girls; and the proportion that were obese was 17.1% and 10.8%, respectively (2). The proportion of overweight boys and girls aged 14–18 years was 27.0% and 21.1%, respectively; with the corresponding figures of 10.2% and 5.8% for obesity in the same age group. It should be taken into account that these national data do not allow for comparability across countries.

Children (0–9 years)
Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 7-year-olds in Bulgaria, 28.2% of boys and 27.7% of girls were overweight and 12.6% and 12.0%, respectively, were obese (3). Based on the 2011 National Survey, overweight prevalence among boys aged 6–9 years was 39.0%, and 32.4% among girls of the same age. Obesity prevalence figures for the same age group were 20.4% and 15.2% for boys and girls, respectively (2). It should be taken into account that these latter national data do not allow for comparability across countries.

Exclusive breastfeeding until 6 months of age
Nationally representative data from 2007 show that the prevalence of exclusive breastfeeding at 4–5 months of age was 2.0% in Bulgaria.3

Saturated fat intake
According to 2007 estimates, the adult population in Bulgaria consumed 8.1% of their total calorie intake from saturated fatty acids (4).

Fruit and vegetable supply
Bulgaria had a fruit and vegetable supply of 287 grams per capita per day, according to 2009 FAO estimates (4). According to national data from 2011, the average household consumption of fruit and vegetables was 323 grams per capita per day (5). It should be taken into account that the latter consumption 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.

---

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 (4).
Salt intake
Data from 2004 show that salt intake in Bulgaria was between 12.5 and 14.5 grams per day for men and between 11.4 and 16.6 grams per day for women (6).

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 11.2% (7, 8).

Physical inactivity
In Bulgaria, 28.4% of the population aged 15 years and over were insufficiently active (men 24.6% and women 31.8%), 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 Bulgaria; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (6).

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>XXX</td>
<td>Industry involvement</td>
</tr>
<tr>
<td>Salt content in food</td>
<td>XXX</td>
<td>Food reformulation</td>
</tr>
<tr>
<td>Salt intake</td>
<td>XXX</td>
<td>Specific food category</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary salt excretion (24 hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes. "XX" partially implemented; "XXX" fully implemented.
Source: WHO Regional Office for Europe (6).
### 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)

A national food and nutrition plan was developed for 2005–2010 (11). The plan was multisectoral in approach and included activities to address overweight, obesity and the development of new standards for the marketing of foods. In 2010, implementation had reached the stage of a panel discussion with stakeholders being prepared (including institutions, producers, traders, nongovernmental organizations and the media) on the initiation of national measures to reduce the advertising of unhealthy foods and beverages to children.

The National Ethical Standards for Advertising and Commercial Communication developed an ethical code (12) in September 2009 which has been adopted by the National Council for Self-Regulation (13). The Council is an independent body for the self-regulation of advertising and commercial communication. After consultations with selected professionals, it creates, revises and assures the voluntary application of ethical standards and good practices in the advertising industry, with the aim of providing protection for consumers, the principles of fair competition and the interests of society as a whole. In 2010, consultations were under way on national measures to reduce the advertising of unhealthy food and beverages to children. A framework for responsible commercial communication on food and drinks (14) has been developed and adopted by the Council as an integral part of the ethical code. This specifies the application of some of the general rules of the code to food and drinks, and should be interpreted and applied together with the code itself. The framework sets special requirements for advertising and communication aimed at children because of their lack of experience and limited capacity to assess such information. The regulations for the application of the National Ethical Standards for Advertising and Commercial Communication relate to the organs, mechanisms, terms and conditions of the application of the ethical code (15).

### 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 &quot;sport for all&quot; policy and/or national &quot;sport for all&quot; 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>

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

Source: country reporting template on Bulgaria 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>Planned within the framework of the &quot;National programme for prevention of noncommunicable diseases, 2013–2020&quot;, which is to be approved by the Council of Ministers</td>
<td>Ministry of Health, Ministry of Education and Science, and Ministry of Physical Education and Sports</td>
<td>Government departments on health, sport, education and research; nongovernmental organizations, and the academic sphere</td>
</tr>
</tbody>
</table>

Source: country reporting template on Bulgaria 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>Planned within the framework of the &quot;National programme for prevention of noncommunicable diseases, 2013–2020&quot;, which is to be approved by the Council of Ministers</td>
<td>General population</td>
<td>Planned within the framework of the &quot;National programme for prevention of noncommunicable diseases, 2013–2020&quot;, which is to be approved by the Council of Ministers</td>
</tr>
</tbody>
</table>

Source: country reporting template on Bulgaria 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