

	Boys <20 years		Men ≥20 years		Girls <20 years		Women ≥20 years	
	Overweight and obese	Obese	Overweight and obese	Obese	Overweight and obese	Obese	Overweight and obese	Obese
(Continued from previous page)								
Costa Rica	20.8 (17.6–24.4)	6.7 (5.3–8.2)	55.2 (52.5–58.2)	15.4 (13.7–17.1)	37.7 (32.5–42.9)	12.4 (10.0–15.1)	66.5 (63.6–69.2)	28.8 (26.1–31.7)
El Salvador	11.2 (9.3–13.3)	2.7 (2.2–3.3)	35.7 (33.0–38.4)	6.2 (5.5–7.0)	25.4 (22.0–29.1)	6.3 (5.1–7.6)	71.0 (68.7–73.1)	33.0 (30.3–35.5)
Guatemala	13.6 (11.4–16.2)	3.4 (2.7–4.2)	41.4 (38.8–44.0)	9.4 (8.4–10.4)	19.4 (16.5–22.8)	3.8 (3.0–4.7)	54.5 (51.8–57.2)	19.1 (17.1–21.1)
Honduras	11.4 (9.5–13.5)	2.4 (2.0–3.0)	35.9 (33.3–38.6)	5.6 (4.9–6.3)	21.5 (18.2–24.8)	4.7 (3.8–5.7)	66.0 (64.0–67.9)	30.0 (27.9–32.0)
Mexico	28.4 (25.3–31.6)	10.5 (8.8–12.4)	66.8 (64.9–68.6)	20.6 (18.9–22.5)	29.3 (25.8–32.5)	9.8 (8.1–11.4)	71.4 (69.5–73.2)	32.7 (30.6–35.0)
Nicaragua	14.8 (12.4–17.5)	4.5 (3.7–5.5)	43.0 (40.3–45.8)	10.3 (9.2–11.6)	23.4 (19.9–27.1)	5.2 (4.1–6.5)	67.6 (65.3–69.9)	30.8 (28.3–33.4)
Panama	10.6 (8.9–12.6)	4.9 (3.9–6.0)	21.4 (19.5–23.5)	10.9 (9.7–12.2)	9.9 (8.1–12.0)	6.2 (5.0–7.6)	30.9 (28.4–33.5)	19.4 (17.4–21.4)
Venezuela	18.4 (15.5–21.6)	6.1 (4.9–7.4)	48.7 (45.7–51.5)	13.4 (12.0–14.9)	27.7 (23.7–31.9)	7.7 (6.2–9.5)	58.4 (55.6–61.4)	23.0 (20.8–25.4)
Central sub-Saharan Africa	10.3 (9.2–11.6)	5.1 (4.4–5.9)	24.8 (23.7–26.1)	7.0 (6.6–7.5)	14.6 (12.9–16.3)	4.7 (3.9–5.5)	25.7 (24.4–27.1)	8.5 (8.0–9.1)
Angola	15.5 (13.0–18.3)	5.7 (4.6–7.0)	42.9 (40.1–45.7)	12.0 (10.7–13.4)	20.9 (17.5–24.6)	6.0 (4.7–7.5)	49.1 (46.1–52.0)	18.7 (16.7–20.9)
Central African Republic	10.2 (8.5–12.0)	6.2 (5.0–7.6)	33.7 (31.2–36.3)	13.2 (11.8–14.7)	11.2 (9.1–13.6)	3.1 (2.4–4.0)	10.1 (9.0–11.3)	3.3 (2.9–3.8)
Congo	8.9 (7.4–10.7)	2.9 (2.4–3.6)	29.2 (27.0–31.6)	6.5 (5.7–7.4)	11.2 (9.3–13.2)	2.9 (2.3–3.7)	37.9 (35.7–40.2)	14.3 (13.0–15.8)
Democratic Republic of Congo	8.5 (7.0–10.2)	4.9 (4.0–6.0)	17.5 (15.9–19.2)	4.7 (4.1–5.3)	12.6 (10.5–15.0)	4.4 (3.4–5.5)	17.7 (16.1–19.5)	4.5 (4.0–5.2)
Equatorial Guinea	27.2 (23.3–31.3)	12.9 (10.6–15.6)	59.6 (56.8–62.4)	24.8 (22.4–27.1)	33.2 (28.9–38.0)	13.5 (10.9–16.6)	63.4 (60.6–66.2)	35.4 (32.3–38.3)
Gabon	13.3 (11.4–15.4)	3.3 (2.6–4.0)	42.1 (39.8–44.5)	11.6 (10.4–13.0)	20.1 (17.1–23.4)	3.9 (3.1–4.8)	59.6 (57.5–61.7)	27.9 (25.7–30.1)
East Asia	22.6 (19.8–25.6)	6.8 (5.6–8.1)	28.0 (26.2–29.7)	3.8 (3.5–4.2)	13.7 (11.8–15.8)	2.8 (2.2–3.4)	27.1 (25.5–28.7)	4.9 (4.5–5.4)
China	23.0 (20.1–26.1)	6.9 (5.7–8.2)	28.3 (26.4–30.0)	3.8 (3.5–4.3)	14.0 (12.0–16.1)	2.8 (2.2–3.4)	27.4 (25.8–29.0)	5.0 (4.5–5.5)
North Korea	1.0 (0.8–1.3)	1.0 (0.8–1.3)	4.1 (3.7–4.6)	2.1 (1.9–2.4)	1.0 (0.8–1.2)	0.9 (0.7–1.1)	4.7 (4.2–5.2)	2.8 (2.5–3.2)
Taiwan (Province of China)	25.9 (22.3–29.9)	7.7 (6.2–9.4)	33.8 (31.3–36.4)	4.3 (3.7–4.8)	17.4 (14.5–20.7)	4.2 (3.3–5.3)	30.9 (28.4–33.4)	6.4 (5.6–7.2)
Eastern Europe	19.0 (16.7–21.4)	7.1 (6.0–8.4)	55.0 (52.8–56.9)	14.8 (13.7–16.0)	18.8 (16.5–21.2)	6.4 (5.4–7.6)	57.8 (55.9–59.7)	27.0 (25.3–28.7)
Belarus	15.4 (12.9–18.5)	3.8 (3.0–4.7)	44.1 (41.2–46.8)	8.8 (7.8–9.9)	17.4 (14.4–20.5)	4.2 (3.4–5.2)	44.7 (41.9–47.6)	14.2 (12.5–16.0)
Estonia	24.0 (20.2–27.8)	7.3 (5.9–9.0)	59.3 (56.5–62.0)	19.0 (17.2–21.0)	21.4 (18.0–25.2)	7.6 (6.1–9.4)	54.3 (51.5–57.2)	25.6 (23.2–28.1)
Latvia	19.9 (16.8–23.2)	4.8 (3.9–5.8)	56.3 (53.6–59.1)	17.4 (15.7–19.1)	15.2 (12.6–18.1)	3.4 (2.8–4.3)	55.8 (53.2–58.6)	25.7 (23.3–28.2)
Lithuania	24.3 (20.8–28.1)	6.3 (5.1–7.8)	63.9 (61.1–66.6)	18.3 (16.4–20.2)	21.1 (17.8–24.6)	5.2 (4.2–6.5)	56.2 (53.3–59.0)	24.4 (22.2–26.9)
Moldova	15.8 (13.2–18.6)	5.6 (4.5–6.8)	44.7 (41.9–47.5)	12.7 (11.3–14.1)	15.2 (12.7–18.1)	5.3 (4.1–6.8)	58.8 (56.4–61.1)	28.8 (26.3–31.3)
Russia	21.7 (18.5–25.0)	7.3 (5.8–9.2)	54.3 (51.5–57.1)	15.3 (13.8–17.0)	18.6 (15.5–21.9)	6.6 (5.2–8.3)	58.9 (56.3–61.4)	28.5 (26.1–30.9)
Ukraine	10.6 (8.8–12.6)	7.3 (5.9–8.9)	59.1 (56.3–61.8)	14.6 (13.0–16.2)	20.1 (16.8–23.8)	6.5 (5.1–8.0)	57.4 (54.3–60.2)	25.2 (22.8–27.9)
Eastern sub-Saharan Africa	8.4 (7.9–8.9)	3.3 (3.1–3.5)	14.9 (14.4–15.4)	4.4 (4.2–4.6)	12.0 (11.3–12.7)	2.9 (2.7–3.1)	23.7 (23.2–24.3)	8.8 (8.4–9.1)
Burundi	7.0 (5.9–8.3)	1.8 (1.5–2.2)	23.0 (20.9–25.1)	3.7 (3.3–4.2)	9.3 (7.7–10.9)	1.4 (1.1–1.8)	10.3 (9.3–11.3)	2.4 (2.2–2.8)
Comoros	19.0 (16.2–22.2)	10.1 (8.1–12.4)	25.6 (23.5–27.9)	5.5 (5.0–5.9)	23.9 (20.4–27.9)	7.9 (6.1–9.9)	48.5 (45.9–51.1)	20.8 (19.1–22.4)
Djibouti	9.2 (7.6–10.9)	7.1 (5.8–8.7)	16.3 (14.7–17.8)	11.8 (10.4–13.1)	23.5 (20.0–27.4)	8.6 (6.9–10.7)	53.0 (50.0–55.9)	17.0 (15.1–19.0)
Eritrea	4.1 (3.4–5.1)	1.8 (1.4–2.2)	12.2 (11.0–13.6)	2.7 (2.4–3.1)	6.2 (5.0–7.5)	1.6 (1.2–2.0)	16.4 (14.8–18.1)	4.7 (4.1–5.4)
Ethiopia	4.6 (3.8–5.5)	1.9 (1.5–2.4)	4.0 (3.6–4.4)	4.0 (3.6–4.6)	6.3 (5.2–7.7)	1.9 (1.5–2.3)	8.0 (7.2–8.9)	1.8 (1.6–2.0)
Kenya	9.4 (7.8–11.3)	3.0 (2.4–3.6)	30.0 (27.5–32.5)	6.3 (5.6–7.2)	13.2 (11.0–15.8)	2.6 (2.0–3.2)	34.1 (31.6–36.7)	15.2 (13.7–16.8)
Madagascar	6.3 (5.2–7.6)	3.4 (2.7–4.3)	9.3 (8.4–10.4)	1.9 (1.6–2.1)	5.6 (4.5–7.0)	2.1 (1.6–2.7)	12.6 (11.4–14.0)	4.0 (3.5–4.6)
Malawi	12.7 (10.9–14.7)	6.3 (5.2–7.7)	15.6 (14.3–16.9)	2.0 (1.8–2.3)	24.3 (20.9–27.9)	6.1 (4.8–7.9)	25.7 (24.0–27.4)	7.2 (6.4–8.0)
Mauritius	22.9 (19.8–26.2)	5.4 (4.4–6.6)	39.4 (36.5–42.4)	7.4 (6.5–8.3)	21.9 (18.4–26.0)	6.6 (5.3–8.3)	49.3 (46.5–52.1)	18.4 (16.4–20.5)
Mozambique	12.3 (10.4–14.4)	3.5 (2.9–4.3)	14.1 (12.7–15.6)	3.5 (3.0–3.9)	14.4 (12.3–16.9)	3.0 (2.4–3.7)	26.5 (24.6–28.3)	9.2 (8.3–10.3)
Rwanda	11.3 (9.5–13.3)	4.2 (3.4–5.1)	5.4 (4.9–6.0)	2.4 (2.1–2.9)	18.4 (15.5–21.6)	3.4 (2.6–4.2)	19.3 (17.8–21.0)	3.4 (3.0–3.8)
Seychelles	12.7 (10.5–15.2)	4.3 (3.5–5.4)	45.8 (43.0–48.7)	11.0 (9.7–12.3)	17.6 (14.6–21.0)	5.7 (4.6–7.2)	64.6 (62.0–67.0)	30.3 (27.6–32.8)
Somalia	7.6 (6.2–9.1)	3.5 (2.8–4.3)	24.9 (22.8–27.1)	7.4 (6.6–8.3)	10.0 (8.0–12.2)	3.9 (3.1–5.0)	28.7 (26.3–31.2)	12.4 (11.0–13.9)
South Sudan	14.7 (12.3–17.4)	8.2 (6.7–10.1)	40.4 (37.7–43.4)	16.1 (14.3–18.0)	21.6 (18.0–25.6)	9.8 (7.8–12.1)	48.5 (45.4–51.4)	26.7 (24.2–29.6)
Tanzania	8.9 (7.4–10.5)	2.4 (1.9–3.0)	20.4 (18.7–22.1)	4.0 (3.6–4.5)	12.0 (10.0–14.2)	1.9 (1.5–2.3)	38.5 (36.5–40.5)	16.4 (15.1–17.8)
Uganda	5.7 (4.6–6.9)	2.4 (1.9–3.0)	6.9 (6.3–7.6)	1.7 (1.5–2.0)	14.6 (12.1–17.1)	2.1 (1.6–2.6)	24.6 (22.7–26.6)	6.8 (6.0–7.6)
Zambia	20.9 (18.1–24.1)	10.6 (8.9–12.5)	20.1 (18.4–22.2)	5.1 (4.5–5.7)	20.5 (17.4–23.8)	7.6 (6.0–9.5)	39.5 (37.1–41.7)	13.9 (12.5–15.5)
High-income Asia Pacific	17.2 (15.6–19.0)	4.0 (3.4–4.5)	31.7 (30.4–33.0)	5.3 (4.9–5.7)	12.6 (11.2–14.3)	2.7 (2.3–3.1)	20.6 (19.7–21.6)	4.2 (3.9–4.5)
Brunei	6.7 (5.5–8.0)	1.6 (1.3–2.0)	23.3 (21.2–25.2)	3.6 (3.1–4.0)	5.6 (4.5–6.8)	1.1 (0.8–1.4)	17.9 (16.2–19.8)	3.5 (3.1–4.1)
Japan	15.3 (13.2–17.6)	3.4 (2.8–4.0)	28.9 (27.1–30.7)	4.5 (4.0–5.0)	12.4 (10.2–14.6)	2.4 (2.0–3.0)	17.6 (16.5–18.9)	3.3 (3.0–3.7)

(Table continues on next page)

	Boys <20 years		Men ≥20 years		Girls <20 years		Women ≥20 years	
	Overweight and obese	Obese	Overweight and obese	Obese	Overweight and obese	Obese	Overweight and obese	Obese
(Continued from previous page)								
Singapore	20.9 (17.5–24.3)	7.7 (6.3–9.4)	44.3 (41.4–47.1)	12.0 (10.7–13.4)	13.3 (10.9–16.0)	3.9 (3.1–5.0)	32.5 (30.0–35.1)	10.8 (9.6–12.0)
South Korea	21.2 (17.9–24.5)	4.8 (3.9–5.9)	36.9 (35.1–38.8)	6.8 (6.0–7.7)	13.2 (10.9–15.7)	3.1 (2.4–3.9)	27.2 (25.6–28.9)	5.8 (5.2–6.5)
High-income North America	28.5 (26.2–30.9)	12.1 (10.7–13.6)	70.3 (68.7–71.7)	30.6 (29.1–32.2)	29.1 (26.7–31.5)	13.0 (11.5–14.8)	60.5 (58.6–62.2)	32.5 (30.7–34.2)
Canada	25.5 (22.4–28.7)	10.0 (8.4–11.6)	64.5 (62.0–67.0)	21.9 (20.0–23.9)	22.0 (19.1–25.5)	8.8 (7.2–10.7)	48.5 (45.9–51.1)	20.5 (18.7–22.5)
USA	28.8 (26.4–31.4)	12.4 (10.8–14.0)	70.9 (69.2–72.5)	31.7 (30.0–33.4)	29.7 (27.2–32.5)	13.4 (11.7–15.3)	61.9 (59.8–63.8)	33.9 (31.8–35.7)
North Africa and Middle East	22.2 (21.0–23.3)	8.4 (7.9–8.9)	58.5 (57.8–59.2)	20.3 (19.9–20.8)	27.9 (26.6–29.2)	10.2 (9.5–10.8)	65.5 (64.7–66.2)	33.9 (33.2–34.7)
Algeria	21.7 (18.5–25.2)	7.7 (6.2–9.4)	42.0 (39.0–44.8)	11.1 (9.8–12.3)	30.0 (25.5–34.5)	15.3 (12.5–18.6)	57.8 (55.1–60.9)	24.9 (22.6–27.4)
Bahrain	22.4 (19.2–26.0)	9.3 (7.3–11.4)	67.7 (65.3–70.2)	31.0 (28.4–33.7)	26.7 (22.5–30.8)	10.7 (8.5–13.4)	75.2 (72.8–77.5)	42.9 (40.0–45.9)
Egypt	31.5 (27.5–35.7)	12.7 (10.7–15.2)	71.2 (68.9–73.7)	26.4 (25.0–27.8)	39.5 (34.7–44.3)	14.4 (11.9–17.6)	79.4 (77.6–81.3)	48.4 (46.1–50.9)
Iran	21.6 (18.6–25.4)	5.9 (4.8–7.2)	49.4 (47.2–51.6)	13.6 (12.5–14.8)	26.2 (22.3–30.4)	7.2 (5.7–8.9)	63.3 (61.0–65.4)	29.3 (27.2–31.6)
Iraq	19.5 (16.5–22.8)	8.2 (6.8–9.8)	62.4 (59.7–65.3)	25.7 (23.3–28.1)	25.0 (21.3–28.9)	8.2 (6.6–10.0)	68.1 (65.1–70.9)	37.5 (34.4–40.6)
Jordan	24.1 (20.6–28.0)	8.0 (6.4–9.9)	71.6 (69.3–74.1)	27.5 (25.3–29.7)	25.4 (21.8–29.3)	8.0 (6.2–10.0)	75.6 (74.0–77.3)	45.6 (43.4–47.9)
Kuwait	24.6 (21.1–28.5)	16.7 (13.9–20.1)	74.5 (72.4–76.6)	43.4 (40.9–46.1)	45.5 (40.1–50.9)	23.3 (19.5–27.8)	84.3 (82.6–86.1)	58.6 (55.7–61.4)
Lebanon	33.1 (28.9–37.9)	15.9 (13.0–19.1)	71.1 (68.9–73.4)	26.3 (24.2–28.4)	29.8 (25.6–34.0)	12.5 (10.2–15.4)	62.3 (59.9–64.8)	29.3 (27.0–31.7)
Libya	32.5 (28.5–36.9)	14.5 (12.0–17.0)	70.6 (68.1–73.1)	30.2 (27.6–32.9)	41.7 (36.3–46.8)	22.1 (18.1–26.4)	77.0 (74.6–79.3)	57.2 (54.0–60.4)
Morocco	22.5 (19.3–26.1)	7.9 (6.4–9.6)	54.7 (51.7–57.5)	18.1 (16.3–20.0)	25.9 (22.1–30.2)	9.1 (7.3–11.3)	52.8 (50.0–55.5)	20.9 (18.8–23.1)
Oman	24.5 (20.5–28.5)	8.4 (6.7–10.2)	53.7 (50.9–56.7)	20.6 (18.5–22.7)	42.3 (37.4–47.5)	15.4 (12.4–18.5)	73.4 (71.0–75.7)	36.9 (33.9–40.1)
Palestine	27.9 (23.8–31.9)	11.9 (9.8–14.3)	70.0 (67.4–72.4)	29.8 (28.0–31.5)	30.6 (26.4–35.5)	12.5 (10.1–15.2)	77.0 (74.8–79.2)	42.4 (40.5–44.4)
Qatar	33.5 (29.3–38.0)	18.8 (15.8–21.9)	75.7 (73.8–77.4)	44.0 (41.8–46.4)	22.1 (18.6–25.7)	15.5 (12.6–18.6)	78.5 (77.0–80.1)	54.7 (52.1–57.0)
Saudi Arabia	23.5 (20.2–26.8)	9.4 (7.8–11.2)	69.0 (67.1–70.7)	30.0 (28.4–31.8)	37.4 (32.8–42.5)	14.8 (12.2–17.7)	74.2 (72.3–76.0)	44.4 (42.4–46.5)
Sudan	11.2 (9.2–13.4)	5.7 (4.6–6.9)	35.8 (33.2–38.4)	12.7 (11.3–14.2)	14.4 (12.0–17.6)	5.8 (4.5–7.1)	39.9 (37.3–42.7)	18.3 (16.4–20.4)
Syria	32.9 (28.6–37.5)	13.9 (11.5–16.5)	72.0 (69.5–74.2)	24.2 (21.8–26.6)	33.3 (28.8–38.3)	15.4 (12.5–18.6)	72.7 (69.9–75.1)	39.9 (36.8–43.0)
Tunisia	17.7 (15.0–20.8)	4.2 (3.4–5.2)	51.7 (48.8–54.4)	15.3 (13.7–16.9)	23.4 (19.6–27.5)	4.2 (3.3–5.2)	57.5 (54.4–60.3)	12.8 (11.3–14.3)
Turkey	20.4 (17.5–23.6)	7.1 (5.7–8.7)	63.8 (62.1–65.5)	20.1 (18.7–21.3)	19.8 (16.6–23.0)	5.7 (4.5–7.0)	65.8 (64.2–67.5)	34.1 (32.4–35.8)
United Arab Emirates	30.8 (26.5–35.1)	12.2 (9.8–14.7)	66.1 (63.6–68.8)	27.1 (24.5–30.0)	31.6 (27.1–36.2)	12.6 (10.0–15.7)	60.6 (57.4–63.4)	33.2 (30.2–36.3)
Yemen	8.4 (6.9–10.0)	1.7 (1.4–2.1)	29.0 (26.8–31.2)	4.1 (3.7–4.7)	26.9 (22.9–31.4)	8.3 (6.5–10.3)	57.9 (55.1–60.8)	24.7 (22.2–27.2)
Oceania	17.8 (15.6–20.0)	4.3 (3.8–4.8)	43.7 (41.7–45.7)	11.4 (10.8–12.1)	22.9 (20.5–25.6)	6.4 (5.7–7.2)	51.5 (49.2–53.8)	20.0 (19.1–21.2)
Federated States of Micronesia	29.7 (25.7–33.9)	14.5 (11.9–17.5)	65.7 (63.1–68.3)	31.3 (28.9–33.9)	61.4 (56.2–66.4)	32.4 (27.6–37.7)	84.2 (82.3–85.8)	57.9 (54.9–61.3)
Fiji	12.8 (10.6–15.3)	3.3 (2.7–4.1)	41.9 (39.0–44.8)	14.8 (13.3–16.5)	24.9 (20.6–29.3)	6.9 (5.6–8.7)	60.4 (57.4–63.4)	35.4 (32.6–38.8)
Kiribati	47.7 (42.3–52.9)	22.9 (19.1–26.9)	76.5 (74.1–78.6)	39.3 (36.3–42.3)	66.1 (60.9–70.9)	36.0 (30.7–41.4)	81.8 (79.9–83.6)	55.5 (52.4–58.6)
Marshall Islands	29.2 (25.0–33.3)	7.6 (6.0–9.4)	72.7 (70.5–75.1)	31.9 (29.4–34.4)	36.1 (31.1–40.9)	11.4 (9.1–13.9)	80.8 (78.8–82.6)	49.1 (45.9–52.0)
Papua New Guinea	16.0 (13.2–18.9)	2.9 (2.3–3.6)	39.6 (37.0–42.2)	7.0 (6.3–7.9)	18.3 (15.3–21.6)	3.9 (3.1–4.9)	45.8 (42.6–48.8)	12.4 (11.1–13.8)
Samoa	42.2 (37.4–47.2)	23.7 (20.1–27.5)	83.0 (81.1–85.0)	45.9 (42.9–49.1)	50.0 (45.1–55.0)	29.6 (24.9–34.5)	85.0 (83.0–86.9)	69.1 (66.2–72.0)
Solomon Islands	28.3 (24.5–32.5)	9.6 (7.9–11.7)	60.2 (57.5–62.8)	24.7 (22.4–27.0)	49.2 (43.9–54.3)	18.0 (14.7–21.9)	69.4 (66.9–71.9)	38.4 (35.2–41.6)
Tonga	34.5 (30.2–39.3)	8.3 (6.6–10.2)	83.5 (81.8–85.2)	52.4 (49.7–55.2)	52.6 (47.1–58.2)	14.0 (11.3–16.9)	88.3 (86.7–89.7)	67.2 (64.5–69.9)
Vanuatu	14.5 (12.1–17.2)	5.2 (4.3–6.4)	46.4 (44.4–48.6)	13.4 (12.3–14.5)	23.2 (19.4–27.1)	5.6 (4.4–7.0)	54.8 (52.7–57.0)	22.0 (20.4–23.6)
South Asia	5.7 (5.0–6.5)	2.5 (2.2–2.9)	20.2 (18.8–21.5)	4.8 (4.5–5.2)	6.2 (5.4–7.1)	2.6 (2.2–3.0)	22.5 (21.1–23.9)	5.2 (4.8–5.7)
Afghanistan	18.5 (15.6–21.6)	6.8 (5.4–8.3)	49.2 (46.5–52.0)	14.8 (13.2–16.6)	19.5 (16.4–22.8)	4.4 (3.5–5.5)	42.6 (40.5–44.8)	13.8 (12.5–15.3)
Bangladesh	4.7 (3.8–5.8)	1.5 (1.2–1.8)	15.2 (13.8–16.5)	3.4 (3.1–3.8)	4.3 (3.6–5.3)	1.5 (1.1–1.9)	18.7 (17.3–20.3)	3.8 (3.4–4.2)
Bhutan	10.5 (8.8–12.3)	5.5 (4.5–6.8)	33.0 (30.5–35.6)	11.9 (10.6–13.4)	14.4 (11.9–17.0)	6.1 (4.9–7.6)	38.2 (35.3–41.2)	17.5 (15.7–19.5)
India	5.3 (4.3–6.4)	2.3 (1.8–2.8)	19.5 (17.8–21.2)	3.7 (3.3–4.1)	5.2 (4.2–6.4)	2.5 (1.9–3.1)	20.7 (18.9–22.5)	4.2 (3.8–4.8)
Nepal	4.6 (3.8–5.6)	1.7 (1.4–2.2)	13.1 (11.8–14.6)	2.2 (1.9–2.5)	4.0 (3.2–4.8)	1.8 (1.4–2.2)	13.0 (11.8–14.2)	2.7 (2.4–3.1)
Pakistan	6.2 (5.2–7.3)	4.1 (3.3–5.1)	27.9 (25.8–30.1)	14.4 (12.9–16.0)	10.4 (8.7–12.3)	3.8 (3.1–4.6)	38.4 (36.4–40.6)	14.3 (13.0–15.7)
Southeast Asia	6.8 (6.3–7.5)	4.6 (4.0–5.3)	22.1 (21.2–23.0)	4.8 (4.6–5.1)	9.0 (8.1–9.9)	4.3 (3.7–5.0)	28.3 (27.2–29.3)	7.6 (7.2–8.0)
Cambodia	3.8 (3.1–4.5)	1.7 (1.4–2.1)	11.9 (11.1–12.7)	1.3 (1.1–1.4)	3.8 (3.1–4.7)	1.7 (1.3–2.1)	18.3 (17.0–19.7)	2.9 (2.6–3.2)
Indonesia	6.0 (5.0–7.3)	6.0 (5.3–8.2)	21.4 (19.5–23.3)	5.4 (4.9–6.1)	10.0 (8.3–12.1)	6.0 (4.8–7.6)	30.6 (28.4–33.1)	8.3 (7.4–9.4)
Laos	4.1 (3.4–4.9)	1.8 (1.4–2.2)	22.1 (20.3–23.8)	5.4 (4.7–6.1)	5.8 (4.7–7.1)	1.7 (1.4–2.2)	27.0 (25.0–29.1)	5.9 (5.2–6.7)
Malaysia	22.5 (19.1–26.1)	8.8 (7.1–10.7)	43.8 (41.1–46.5)	11.4 (10.2–12.8)	19.1 (16.1–22.6)	7.2 (5.8–9.0)	48.6 (45.6–51.5)	16.7 (15.0–18.6)

(Table continues on next page)

	Boys <20 years		Men ≥20 years		Girls <20 years		Women ≥20 years	
	Overweight and obese	Obese	Overweight and obese	Obese	Overweight and obese	Obese	Overweight and obese	Obese
(Continued from previous page)								
Maldives	7.9 (6.5-9.5)	3.8 (3.1-4.7)	26.8 (24.6-28.9)	8.1 (7.2-9.1)	18.0 (15.0-21.3)	4.2 (3.3-5.1)	54.0 (51.7-56.3)	17.0 (15.3-18.8)
Myanmar	4.6 (3.7-5.5)	1.9 (1.5-2.4)	13.8 (12.7-15.1)	4.5 (4.0-5.0)	7.4 (6.1-8.9)	2.8 (2.2-3.5)	22.1 (20.6-23.8)	8.4 (7.6-9.2)
Philippines	5.5 (4.5-6.6)	2.6 (2.1-3.2)	22.9 (21.0-24.8)	4.1 (3.6-4.7)	5.4 (4.4-6.6)	2.1 (1.6-2.7)	25.9 (23.8-28.2)	6.2 (5.5-7.0)
Sri Lanka	5.0 (4.1-6.0)	1.9 (1.5-2.4)	19.3 (17.5-21.1)	3.3 (2.9-3.8)	8.9 (7.4-10.8)	2.2 (1.8-2.7)	32.4 (29.9-35.1)	7.0 (6.2-7.8)
Thailand	13.3 (11.4-15.9)	4.9 (4.0-6.0)	32.1 (30.1-34.2)	6.5 (5.8-7.2)	15.4 (12.7-18.2)	5.6 (4.3-6.9)	39.7 (37.1-42.4)	11.2 (10.0-12.4)
Timor-Leste	7.0 (5.8-8.3)	3.8 (3.1-4.6)	3.2 (2.9-3.6)	3.2 (2.9-3.6)	5.7 (4.6-7.0)	3.8 (3.1-4.8)	6.6 (5.9-7.2)	1.5 (1.3-1.7)
Vietnam	5.2 (4.3-6.3)	2.5 (2.0-3.1)	13.6 (12.5-15.0)	1.5 (1.3-1.7)	6.1 (5.0-7.4)	2.5 (2.0-3.2)	12.3 (11.2-13.4)	1.7 (1.4-1.9)
Southern Latin America	31.3 (28.0-34.4)	10.1 (8.6-11.7)	60.0 (58.0-61.9)	21.6 (20.0-23.1)	26.4 (23.7-29.6)	8.8 (7.6-10.2)	53.0 (50.9-55.2)	23.6 (22.1-25.3)
Argentina	29.1 (24.9-33.1)	9.4 (7.5-11.6)	56.4 (53.5-59.2)	21.2 (19.1-23.3)	23.6 (19.8-27.8)	6.8 (5.3-8.5)	48.1 (45.0-51.1)	20.4 (18.3-22.6)
Chile	37.0 (32.6-41.6)	11.9 (9.6-14.3)	67.9 (65.5-70.3)	22.0 (20.1-24.1)	31.6 (27.3-36.3)	12.4 (10.0-15.1)	63.9 (61.3-66.4)	30.3 (27.9-32.9)
Uruguay	31.2 (26.7-35.8)	9.7 (7.8-11.8)	59.6 (56.7-62.4)	23.3 (21.1-25.6)	37.7 (32.8-43.1)	18.1 (14.9-21.9)	53.1 (49.9-56.1)	25.4 (23.0-27.9)
Southern sub-Saharan Africa	14.9 (13.7-16.1)	5.6 (4.9-6.4)	34.2 (33.0-35.3)	11.7 (10.9-12.4)	23.1 (21.6-24.6)	7.4 (6.7-8.1)	63.7 (62.7-64.7)	37.0 (35.9-38.1)
Botswana	6.6 (5.5-7.9)	1.8 (1.4-2.2)	21.5 (19.7-23.5)	5.8 (5.2-6.4)	22.4 (18.8-26.4)	7.2 (5.8-8.9)	52.6 (50.0-55.1)	24.1 (22.0-26.3)
Lesotho	9.1 (7.5-11.0)	4.0 (3.2-4.9)	21.6 (19.9-23.3)	6.9 (6.2-7.6)	21.9 (18.8-25.8)	5.7 (4.6-7.0)	60.2 (57.9-62.5)	31.3 (29.7-32.8)
Namibia	6.0 (4.9-7.2)	2.6 (2.1-3.2)	21.2 (19.2-23.1)	6.0 (5.3-6.7)	8.8 (7.3-10.7)	2.3 (1.8-3.0)	42.4 (39.8-45.1)	19.8 (17.9-21.9)
South Africa	18.8 (17.0-20.6)	7.0 (6.0-8.2)	38.8 (37.4-40.3)	13.5 (12.6-14.5)	26.3 (24.3-28.5)	9.6 (8.5-10.7)	69.3 (68.1-70.4)	42.0 (40.6-43.3)
Swaziland	11.6 (9.9-13.9)	3.3 (2.7-4.1)	33.5 (31.1-35.9)	10.9 (9.8-12.2)	26.2 (22.6-30.4)	5.8 (4.7-7.2)	68.6 (66.2-71.0)	33.5 (31.0-35.9)
Zimbabwe	7.5 (6.2-9.0)	3.0 (2.4-3.7)	16.5 (15.2-17.8)	4.2 (3.7-4.7)	16.1 (13.6-18.9)	2.6 (2.0-3.2)	41.9 (39.7-44.1)	17.4 (15.8-19.2)
Tropical Latin America	22.0 (18.9-25.6)	6.8 (5.4-8.3)	52.7 (50.0-55.3)	11.9 (10.8-13.3)	24.3 (20.7-28.0)	7.5 (6.0-9.3)	58.8 (56.0-61.6)	20.9 (18.9-22.9)
Brazil	22.1 (18.8-25.8)	6.8 (5.4-8.4)	52.5 (50.6-55.2)	11.7 (10.4-13.0)	24.3 (20.6-28.1)	7.6 (6.1-9.4)	58.4 (55.6-61.3)	20.6 (18.6-22.8)
Paraguay	21.3 (18.1-24.5)	6.8 (5.4-8.3)	62.9 (60.0-65.7)	21.2 (19.2-23.3)	24.3 (20.6-28.5)	6.3 (4.9-7.9)	73.0 (70.6-75.3)	30.5 (28.2-33.2)
Western Europe	24.2 (23.1-25.2)	7.2 (6.7-7.6)	61.3 (60.5-62.2)	20.5 (19.9-21.1)	22.0 (21.0-23.0)	6.4 (6.0-6.8)	47.6 (46.8-48.4)	21.0 (20.4-21.7)
Andorra	15.9 (13.3-19.0)	9.3 (7.5-11.4)	34.4 (32.0-37.1)	10.6 (9.6-11.9)	18.4 (14.9-21.8)	9.5 (7.3-12.0)	36.1 (33.5-38.7)	7.2 (6.3-8.1)
Austria	18.9 (15.9-22.1)	10.3 (8.4-12.5)	59.7 (57.0-62.3)	18.4 (16.6-20.3)	16.3 (13.5-19.4)	7.8 (6.3-9.7)	42.8 (40.1-45.4)	17.4 (15.6-19.4)
Belgium	20.5 (17.7-23.6)	4.6 (3.7-5.5)	58.0 (55.2-60.8)	20.1 (18.0-22.1)	18.8 (16.0-21.8)	4.2 (3.3-5.1)	47.1 (44.3-49.9)	21.7 (19.5-24.1)
Cyprus	25.7 (21.9-29.6)	8.0 (6.5-9.9)	67.8 (65.0-70.6)	24.0 (21.8-26.5)	22.5 (18.9-26.2)	7.4 (5.9-9.2)	52.1 (49.1-55.1)	24.1 (21.7-26.6)
Denmark	19.7 (16.8-23.1)	8.7 (7.1-10.7)	59.2 (56.5-61.9)	19.6 (17.7-21.9)	19.4 (15.8-23.2)	5.9 (4.7-7.5)	44.7 (41.7-47.7)	19.9 (17.7-22.0)
Finland	26.0 (22.3-29.8)	9.2 (7.5-11.2)	62.2 (59.5-64.9)	20.9 (18.9-23.2)	21.1 (17.7-25.0)	6.6 (5.2-8.1)	50.4 (47.5-53.2)	22.3 (20.3-24.6)
France	19.9 (16.8-23.3)	5.8 (4.7-7.0)	55.9 (53.2-58.7)	19.3 (17.4-21.4)	16.0 (13.3-18.7)	4.7 (3.8-5.9)	42.8 (40.0-45.7)	19.7 (17.7-21.7)
Germany	20.5 (17.4-23.8)	5.5 (4.5-6.7)	64.3 (61.9-66.8)	21.9 (20.2-23.8)	19.4 (16.3-22.5)	5.3 (4.2-6.5)	49.0 (46.5-51.4)	22.5 (20.5-24.7)
Greece	33.7 (29.6-37.7)	10.5 (8.7-12.3)	71.4 (68.9-73.7)	19.1 (17.4-21.1)	29.1 (25.3-33.1)	7.9 (6.5-9.6)	51.1 (48.2-54.0)	19.4 (17.6-21.4)
Iceland	26.4 (22.7-30.2)	9.6 (7.9-11.6)	73.6 (71.3-75.8)	26.9 (24.4-29.7)	23.0 (19.7-26.6)	7.6 (6.1-9.4)	60.9 (58.0-63.8)	28.8 (26.0-31.5)
Ireland	26.6 (23.2-30.8)	6.9 (5.7-8.3)	66.4 (63.9-68.8)	22.9 (20.8-25.0)	26.5 (22.9-30.5)	7.2 (5.8-8.8)	50.9 (48.3-53.6)	22.5 (20.4-24.7)
Israel	31.0 (27.0-35.6)	13.9 (11.4-16.7)	60.4 (57.6-63.2)	21.4 (19.4-23.5)	26.6 (22.6-31.1)	11.3 (9.1-13.8)	52.7 (49.6-55.6)	24.8 (22.5-27.0)
Italy	29.9 (26.4-33.9)	8.4 (7.0-10.0)	58.3 (55.5-61.1)	18.6 (16.9-20.4)	24.3 (21.0-27.9)	6.2 (5.0-7.6)	41.4 (38.9-44.2)	17.7 (15.9-19.5)
Luxembourg	29.3 (25.3-33.4)	11.1 (9.2-13.5)	58.0 (55.1-60.8)	23.7 (21.3-26.3)	17.7 (14.5-21.1)	13.5 (10.9-16.4)	44.4 (41.6-47.2)	26.0 (23.6-28.7)
Malta	33.6 (29.3-38.0)	12.5 (10.3-14.9)	74.0 (71.6-76.4)	29.0 (26.4-31.6)	25.3 (21.6-29.3)	7.9 (6.3-9.6)	57.8 (55.0-60.6)	27.5 (24.9-30.1)
Netherlands	18.3 (15.7-21.3)	4.1 (3.4-5.0)	53.2 (51.1-55.4)	12.7 (11.6-14.0)	16.1 (13.4-18.9)	3.8 (3.0-4.7)	44.9 (42.3-47.5)	15.9 (14.4-17.4)
Norway	20.1 (17.2-23.0)	5.1 (4.1-6.3)	58.4 (55.7-61.0)	19.1 (17.1-21.4)	16.0 (13.4-18.7)	4.0 (3.1-5.0)	47.3 (44.4-50.2)	18.0 (16.1-20.0)
Portugal	28.7 (24.9-32.8)	8.9 (7.4-10.9)	63.8 (61.2-66.4)	20.9 (19.0-23.1)	27.1 (23.4-31.4)	10.6 (8.5-12.9)	54.6 (51.7-57.6)	23.4 (21.0-25.9)
Spain	27.6 (23.9-31.2)	8.4 (6.7-10.2)	62.3 (60.0-64.9)	20.2 (18.5-22.1)	23.8 (20.2-27.4)	7.6 (6.0-9.3)	46.5 (43.7-48.9)	20.9 (19.0-23.1)
Sweden	20.4 (17.5-23.4)	4.3 (3.6-5.3)	58.2 (55.6-61.0)	18.9 (17.0-21.0)	19.3 (16.5-22.5)	4.0 (3.2-5.0)	45.8 (43.2-48.5)	19.8 (17.7-21.9)
Switzerland	20.7 (17.4-24.4)	6.6 (5.4-7.9)	56.6 (53.7-59.4)	18.4 (16.5-20.1)	16.2 (13.4-19.4)	5.5 (4.3-6.8)	39.9 (37.0-42.9)	17.0 (15.3-18.8)
UK	26.1 (23.8-28.5)	7.4 (6.5-8.5)	66.6 (65.3-68.0)	24.5 (23.4-25.7)	29.2 (26.8-31.9)	8.1 (7.0-9.3)	57.2 (55.7-58.6)	25.4 (24.2-26.6)
Western sub-Saharan Africa	11.0 (9.9-12.1)	4.3 (3.8-5.0)	32.6 (31.1-34.0)	9.4 (8.8-10.1)	12.3 (11.3-13.5)	3.2 (2.8-3.6)	34.5 (33.3-35.6)	11.9 (11.3-12.5)
Benin	6.9 (5.6-8.4)	4.7 (3.8-5.8)	9.4 (8.4-10.4)	9.4 (9.0-11.4)	13.1 (10.7-15.7)	3.2 (2.5-4.1)	29.9 (27.6-32.4)	10.0 (8.9-11.2)
Burkina Faso	9.1 (7.6-10.9)	3.7 (2.9-4.5)	31.3 (28.8-33.8)	8.2 (7.3-9.2)	8.7 (7.3-10.6)	3.0 (2.4-3.8)	15.4 (14.1-16.9)	4.6 (4.1-5.2)
Cameroon	16.4 (14.1-19.0)	4.8 (3.9-5.8)	40.4 (37.8-43.1)	8.5 (7.5-9.5)	19.8 (16.8-23.1)	3.6 (2.9-4.5)	50.7 (48.4-53.0)	20.1 (18.2-22.0)
Cape Verde	11.5 (9.6-13.7)	3.3 (2.6-4.0)	31.8 (29.4-34.3)	7.0 (6.2-7.8)	18.3 (15.0-21.7)	5.2 (4.1-6.5)	44.0 (41.3-47.0)	15.4 (13.9-17.1)

(Table continues on next page)

	Boys <20 years		Men ≥20 years		Girls <20 years		Women ≥20 years	
	Overweight and obese	Obese	Overweight and obese	Obese	Overweight and obese	Obese	Overweight and obese	Obese
(Continued from previous page)								
Chad	8.3 (6.9–9.9)	2.9 (2.3–3.5)	28.2 (25.8–30.5)	6.4 (5.6–7.2)	8.3 (6.7–10.1)	2.6 (2.0–3.3)	12.4 (11.1–13.8)	2.8 (2.4–3.2)
Côte d'Ivoire	8.8 (7.3–10.4)	2.7 (2.2–3.3)	26.6 (24.3–29.0)	6.2 (5.4–7.0)	13.3 (11.1–15.8)	2.8 (2.2–3.4)	35.4 (33.1–37.8)	11.4 (10.1–12.7)
Ghana	5.3 (4.4–6.4)	2.6 (2.1–3.2)	27.9 (25.7–30.1)	8.1 (7.2–9.2)	11.5 (9.6–13.8)	2.3 (1.9–2.9)	38.4 (36.0–41.1)	14.0 (12.6–15.7)
Guinea	8.2 (6.8–9.9)	2.8 (2.2–3.5)	15.4 (13.8–16.9)	2.5 (2.2–2.7)	11.7 (9.6–14.3)	3.5 (2.7–4.3)	29.1 (26.9–31.6)	9.8 (8.9–10.9)
Guinea-Bissau	15.8 (13.3–18.5)	8.1 (6.6–9.8)	44.0 (41.1–46.9)	16.8 (15.1–18.6)	20.4 (17.2–23.8)	8.3 (6.7–10.3)	47.8 (44.8–50.8)	24.2 (21.8–26.7)
Liberia	13.4 (11.1–16.0)	4.8 (3.9–5.9)	40.6 (37.9–43.4)	14.9 (13.7–16.1)	13.7 (11.3–16.5)	3.0 (2.4–3.8)	49.4 (46.8–52.1)	22.1 (20.0–24.0)
Mali	10.4 (8.6–12.3)	3.6 (2.9–4.5)	29.1 (26.8–31.6)	7.4 (6.6–8.4)	12.8 (10.7–15.4)	4.1 (3.2–5.1)	46.8 (44.4–49.2)	18.2 (16.5–20.0)
Mauritania	5.7 (4.7–6.8)	2.8 (2.3–3.5)	21.4 (19.5–23.4)	6.4 (5.7–7.3)	14.2 (11.5–17.1)	3.8 (3.0–4.7)	55.7 (52.9–58.8)	27.6 (25.3–30.4)
Niger	11.8 (9.8–14.2)	2.9 (2.3–3.5)	23.7 (21.5–25.8)	3.4 (3.0–3.9)	7.9 (6.4–9.5)	2.5 (2.0–3.1)	27.8 (25.8–29.7)	5.9 (5.3–6.5)
Nigeria	12.8 (10.7–15.1)	5.4 (4.4–6.7)	39.5 (36.7–42.3)	11.8 (10.5–13.3)	12.3 (10.1–14.7)	3.2 (2.4–4.2)	33.6 (31.3–35.9)	10.4 (9.3–11.6)
São Tomé and Príncipe	12.3 (10.3–14.4)	4.4 (3.6–5.5)	30.6 (28.4–33.0)	7.1 (6.4–7.9)	18.9 (16.0–22.0)	5.8 (4.5–7.3)	45.7 (43.1–48.3)	17.6 (16.0–19.2)
Senegal	3.8 (3.1–4.6)	1.6 (1.3–1.9)	16.8 (15.5–18.2)	10.3 (9.4–11.3)	8.3 (6.8–10.0)	2.1 (1.6–2.6)	37.4 (35.3–39.6)	21.1 (19.7–22.6)
Sierra Leone	13.8 (11.8–15.8)	6.4 (5.3–7.7)	16.4 (15.1–17.8)	5.2 (4.7–5.9)	23.3 (19.7–26.7)	7.2 (5.9–8.7)	32.9 (30.7–35.2)	11.9 (10.8–13.1)
The Gambia	10.1 (8.3–12.1)	3.8 (3.0–4.6)	34.3 (31.7–36.9)	8.4 (7.6–9.3)	14.8 (12.2–17.9)	6.1 (4.9–7.6)	48.7 (45.9–51.6)	18.1 (16.8–19.5)
Togo	5.7 (4.7–6.7)	2.2 (1.8–2.8)	18.8 (17.3–20.3)	3.4 (3.0–3.8)	8.8 (7.3–10.6)	1.8 (1.4–2.2)	32.2 (30.1–34.5)	11.3 (10.0–12.5)

Table: Age-standardised regional and national estimates of the prevalence of overweight and obesity combined and obesity alone for girls, boys, men, and women for 2013, for 188 countries and 21 GBD regions

proportion of men who were overweight increased from 28.8% (UI 28.4–29.3) in 1980, to 36.9% (36.3–37.4) in 2013, and the proportion of women who were overweight increased from 29.8% (29.3–30.2) to 38.0% (37.5–38.5). Increases were recorded in developed and developing countries, but with different sex patterns. In developed countries, more men than women were overweight and obese, whereas in developing countries, overweight and obesity was more prevalent in women than in men, and this association persisted over time (figure 1). Rates of obesity seem to be increasing in both developed and developing countries, and in 2013, the prevalence of obesity was higher in women in developed and developing countries than in men (figure 1). The rate of increase of overweight and obesity was greatest between 1992 and 2002, but has slowed down in the past decade, especially in developed countries (figure 1).

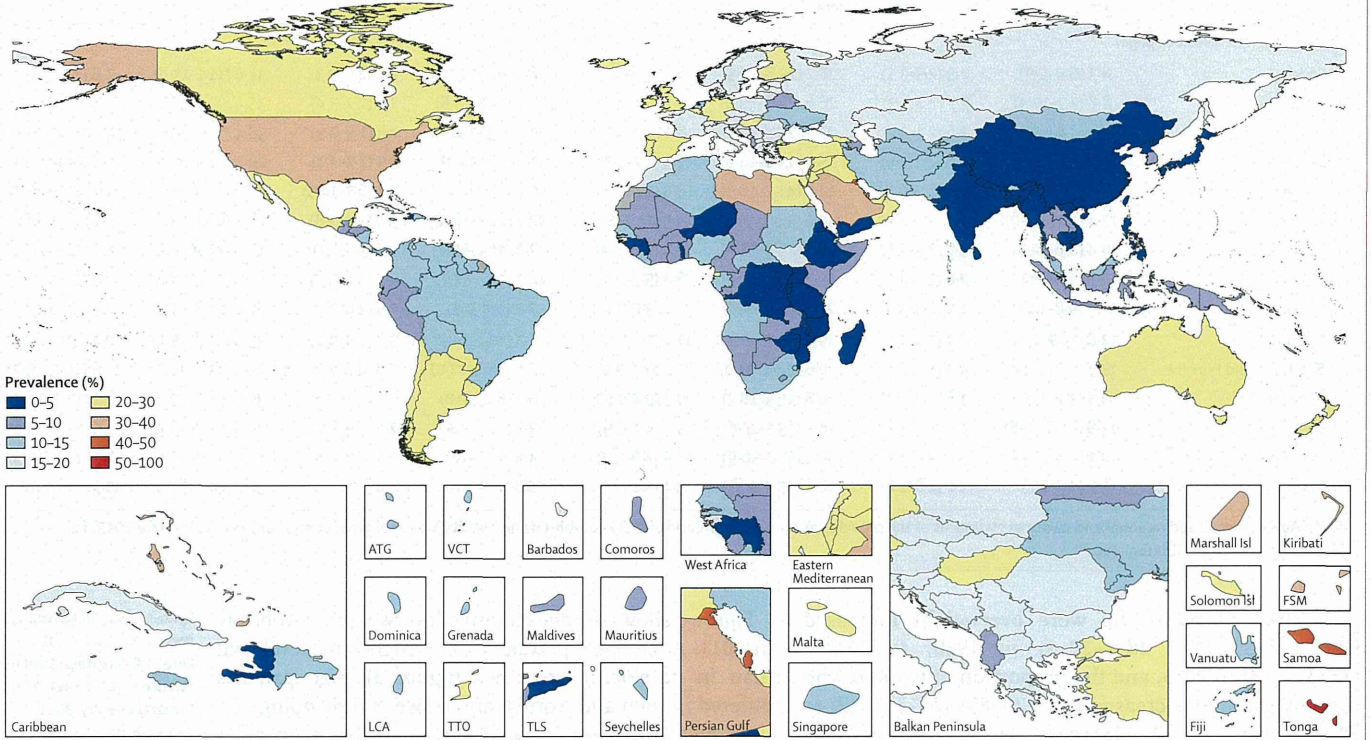
Figure 2 shows age-standardised prevalence of overweight and obesity in children and adolescents for developed and developing countries. Since 1980, the prevalence of overweight and obesity has increased remarkably in developed countries; 23.8% (22.9–24.7) of boys and 22.6% (21.7–23.6) of girls were overweight or obese in 2013, compared with 16.9% (16.1–17.7) of boys and 16.2% (15.5–17.1) of girls in 1980. The prevalence of overweight and obesity is also rising in children and adolescents in developing countries, increasing from 8.1% (7.7–8.6) in 1980, to 12.9% (12.3–13.5) in 2013 for boys and 8.4% (8.1–8.8) to 13.4% (13.0–13.9) in girls. In both developed and developing countries, sex differences in the levels and trends of overweight and obesity are small (figure 2).

Figure 3 shows the age pattern of overweight and obesity in 2013. At all ages, prevalence was higher in developed than in developing countries (figure 3). Age patterns differed in men and women and between developing and developed countries. In developed countries, men older than 10 years showed higher rates of overweight and obesity than did women; in developing countries, women have higher rates than men older than 25 years (figure 3). In developed countries, overweight and obesity peaked in men at about 55 years of age, with two of three men overweight and one in four obese; for women, the peak age was closer to 60 years with 31.3% (95% UI 28.9–33.8) obese and 64.5% (62.5–66.5) overweight or obese (figure 3). In developing countries, the age pattern of overweight and obesity was similar to that in developed countries, although prevalence was much lower. The highest level of obesity was at about age 55 years for women with a rate of 14.4% (13.5–15.5), and about 45 years for men with a rate of 8.1% (7.5–8.8; figure 3).

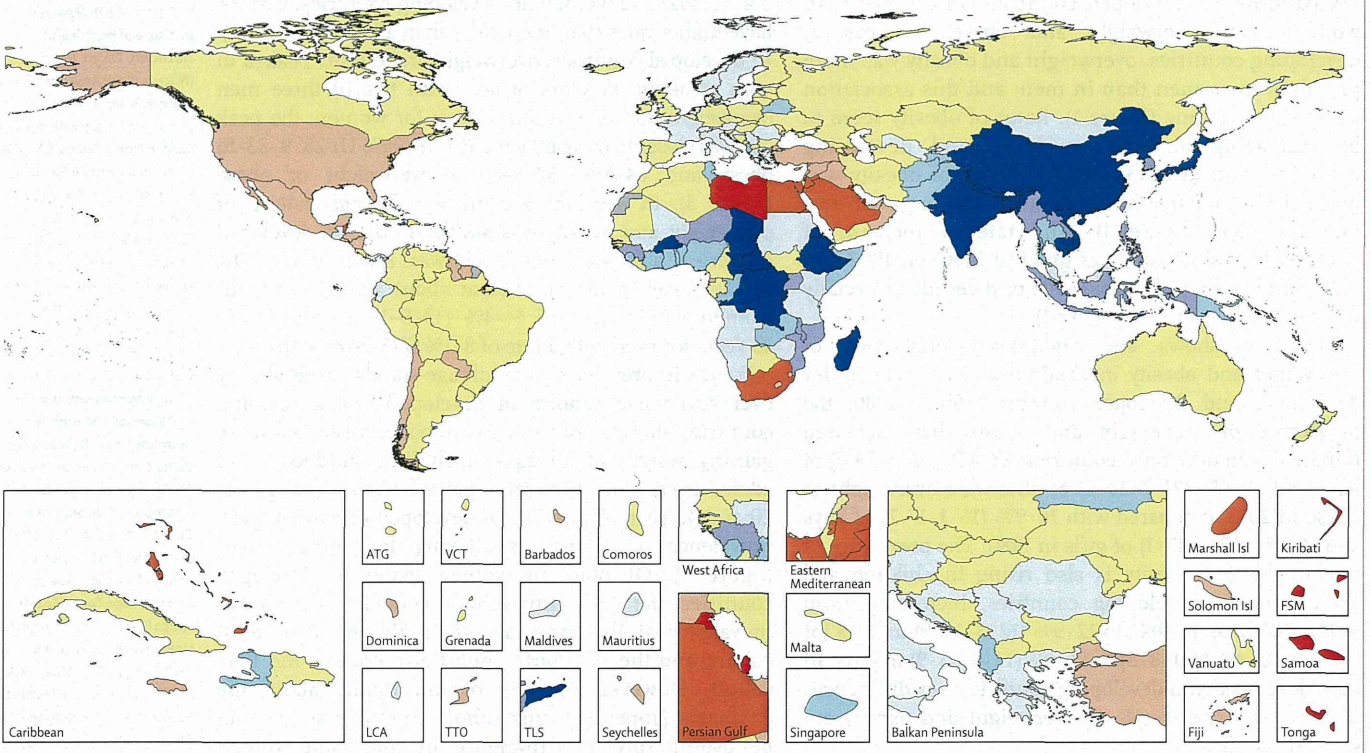
Trends in prevalence of adult age-standardised obesity over successive cohorts in developed and developing countries showed that successive cohorts seemed to be gaining weight at all ages, including childhood and adolescence, with most rapid gains between the ages of 20 and 40 years (figure 4). In developed countries, peak prevalence of obesity is moving to younger ages (figure 4). Of note, in women living in developed countries, the 1965 birth cohort seemed to have lower prevalence at the same age than did the 1960 birth cohort, and the 1970 birth cohort also crossed the 1965 cohort. However, in view of uncertainty about the estimates (appendix), this cohort crossover should not be overinterpreted. Prevalence in men and women

Epidemiology and Biostatistics (Prof E Weiderpass PhD), **Karolinska Institute, Stockholm, Sweden** (R Havmoeller PhD); **Birzeit University, Birzeit, Ramallah, Palestine** (A Hussein PhD); **Brandeis University, Waltham, MA, USA** (B T Idrisov MD); **National Institute of Health and Nutrition, Tokyo, Japan** (N Ikeda PhD); **American Cancer Society, Atlanta, GA, USA** (F Islami PhD); **Ochsner Medical Center, New Orleans, LA, USA** (E Jahangir MD); **VA San Diego, University of California San Diego, San Diego, CA, USA** (S K Jassal MD); **Graduate School of Public Health, Yonsei University, Seoul, Korea** (Prof S H Jee PhD); **University of Bristol, Bristol, UK** (M Jeffreys PhD); **Department of Ophthalmology, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany** (Prof J B Jonas MD); **Vanderbilt University, Nashville, TN, USA** (E K Kabagambe PhD, U Sampson MD); **Supreme Council of Health, Doha, Qatar** (S E A H Khalifa MSc); **South African Medical Research Council, Cape Town, South Africa** (A P Kengne PhD); **Jordan University of Science and Technology, AlRamtha, Jordan** (Prof Y S Khader ScD); **Institute of Health Policy and Management, Seoul National University**

A Age-standardised prevalence of obesity (BMI ≥ 30 kg/m²), ages ≥ 20 years, men, 2013



B Age-standardised prevalence of obesity (BMI ≥ 30 kg/m²), ages ≥ 20 years, women, 2013



decreases as cohorts get older, possibly because of selective mortality effects or higher rates of chronic disease at old age and associated weight loss.

The table and the appendix provide age-standardised regional and national estimates of the prevalence of overweight and obesity combined and obesity alone for boys, girls, men, and women for 1980, 1990, 2000, and 2013, for 188 countries and 21 GBD regions. Figure 5 and figure 6 show maps of prevalence of obesity in 2013, for boys, girls, men, and women. Age-standardised prevalence of obesity in children and adolescents ranged from more than 30% for girls in Kiribati and the Federated States of Micronesia to less than 2% in Bangladesh, Brunei, Burundi, Cambodia, Eritrea, Ethiopia, Laos, Nepal, North Korea, Tanzania, and Togo (figure 5). We noted distinct geographical patterns for child and adolescent obesity, with high rates in many countries in the Middle East and north Africa, especially for girls, and in several Pacific Island and Caribbean nations for both girls and boys (figure 5). Within western Europe, rates of obesity in boys varied from 13.9% (95% UI 11.9–16.7) in Israel to 4.1% (3.4–5.0) in the Netherlands (figure 5). For Latin America, we recorded the highest prevalence of obesity in Chile (11.9%, 9.6–14.3) and Mexico (10.5%, 8.8–12.4) in boys, and in Uruguay (18.1%, 14.9–21.9) and Costa Rica (12.4%, 10.0–15.1) in girls.

In adults, estimated prevalence of obesity exceeded 50% in men in Tonga and women in Kuwait, Kiribati, the Federated States of Micronesia, Libya, Qatar, Tonga, and Samoa (figure 5). In North America, the USA stood out for its high prevalence of obesity; in 2013, roughly a third of men (31.6% [30.0–33.4]) and women (33.9% [31.8–35.7]) were obese. 14 countries in Central America and Latin America had female age-standardised prevalence greater than 20% (figure 5). In sub-Saharan Africa, we recorded the highest prevalence of obesity in South African women (42.0% [40.6–43.3] in 2013). Although obesity prevalence increased over time (data not shown), China and India had low rates of obesity in 2013. In China, 3.8% (3.5–4.3) of men and 5.0% (4.5–5.5) of women were obese in 2013, compared with 3.7% (3.3–4.1) of men and 4.2% (3.8–4.8) of women in India.

More than 50% of the 671 million obese individuals in the world live in ten countries (listed in order of number of obese individuals): USA, China, India, Russia, Brazil, Mexico, Egypt, Germany, Pakistan, and Indonesia. The USA accounted for 13% of obese people worldwide in 2013, with China and India jointly accounting for 15%. Although age-standardised rates were lower in developing than in developed countries overall, 62% of

the world's obese individuals live in developing countries (data not shown).

The correlation across countries between the level of obesity in 1980, and the change since then is 0.29 for women and 0.38 for men. This finding suggests that the long-term (three decades) increases in obesity have not been smaller for countries that already had high rates of obesity in 1980. During the 33 year period of this study, the largest increases in the rate of obesity were in Egypt, Saudi Arabia, Oman, Honduras, and Bahrain for women, and in New Zealand, Bahrain, Kuwait, Saudi Arabia, and the USA for men (data not shown). The USA was among the top 15 countries in terms of increases in obesity for both men and women (data not shown). Other high-income countries with large gains during this time period include Australia and the UK.

Discussion

Prevalence of obesity and overweight has risen substantially in the past three decades, with marked variations across countries in the levels and trends in overweight and obesity with distinct regional patterns. In developed countries, increases in obesity that began in the 1980s have attenuated in the past 8 years or so. Conversely, our data suggest that there are likely to be continued increases in the developing world, where almost two in three of the world's obese people live. Island nations in the Pacific and the Caribbean and countries in the Middle East and Central America have already reached especially high rates of overweight and obesity.

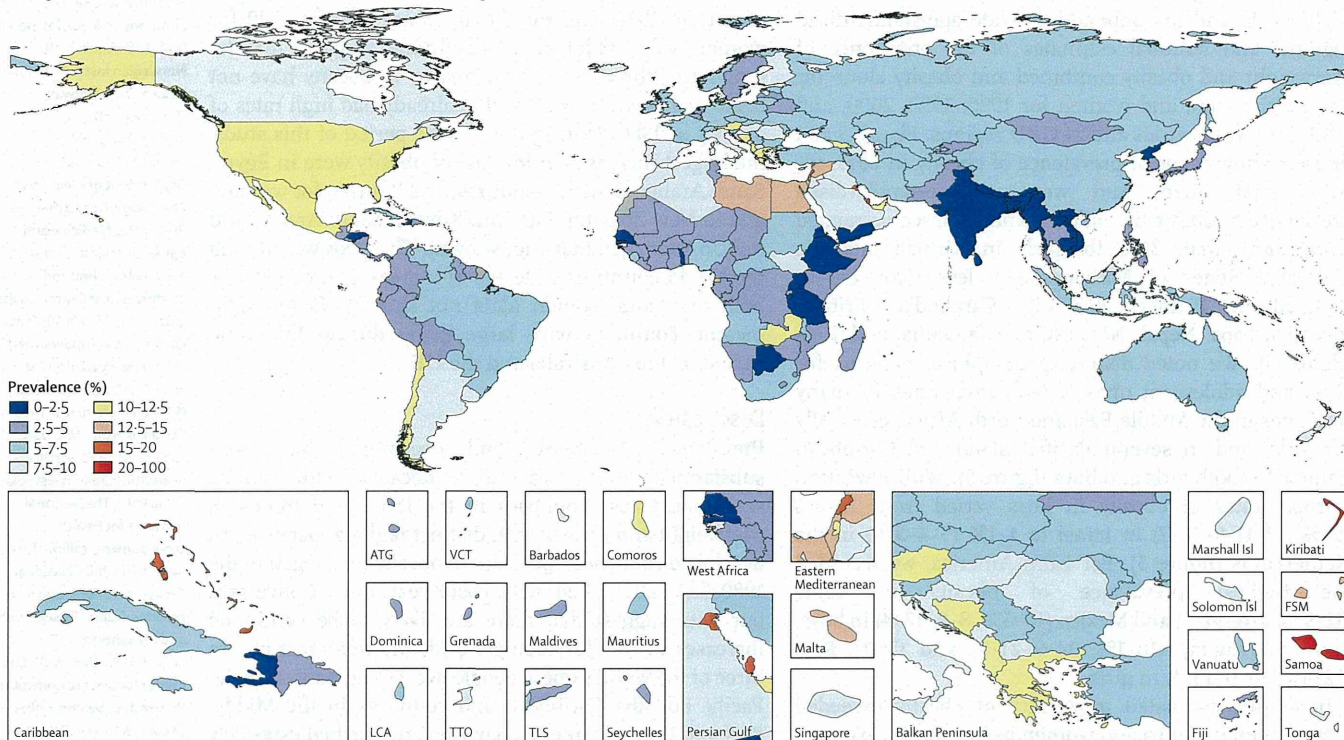
Attempts to explain the large increases in obesity in the past 33 years have focused on several potential contributors including increases in calorie intake, changes in the composition of diet, decreasing levels of physical activity, and changes in the gut microbiome.^{43,46–56} The relative contribution of changes in energy intake versus energy expenditure has been vigorously debated.^{52–55} Experimental evidence of the importance of the microbiome for metabolism of energy^{57,58} has led to alternative theories on the role of the changing microbiome in the global obesity epidemic.^{59,60} Our descriptive analysis does not attempt to measure the relative contribution of these, or other factors. However, our findings show that increases in the prevalence of overweight and obesity have been substantial, widespread, and have arisen over a short time. Theories of change need to encompass this temporal dimension and dispersion.

Our analysis has drawn attention to countries where most adult women and more than a third of adult men are obese. No countries had significant decreases in obesity in the past 33 years. This raises the question as to whether many or most countries are on a trajectory to reach the high rates of obesity seen in countries such as Tonga or Kuwait. Evidence of a slowdown in the rate of increase of overweight and obesity in the developed world, and suggestions that obesity in more recent birth

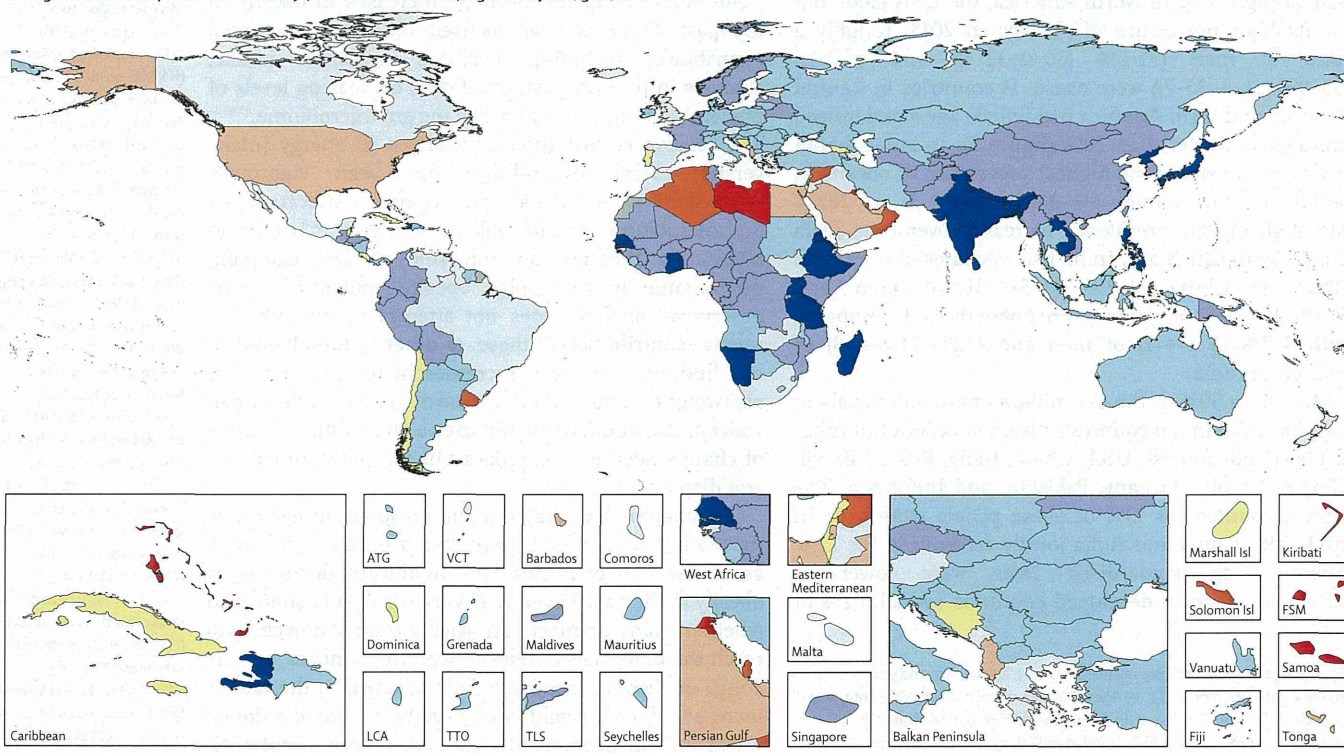
College of Medicine, Seoul, Korea (Prof Y-H Khang PhD); Northeastern University, Boston, MA, USA (D Kim DrPH); Simmons College, Boston, MA, USA (R W Kimokoti MD); The Norwegian Institute of Public Health, Oslo, Norway (J M Kinge PhD, Prof V Skirbekk PhD, Prof S E Vollset PhD); Department of Preventive Cardiology, Department of Preventive Medicine and Epidemiologic Informatics, National Cerebral and Cardiovascular Center, Osaka, Japan (Y Kokubo PhD); Center for Community Empowerment, Health Policy & Informatics, NIHRD, Jakarta, Indonesia (S Kosen MD); Boston Medical Center, Boston, MA, USA (G Kwan MD); Fourth View Consulting, Tallinn, Estonia (T Lai PhD); The National Institute for Health Development, Tallinn, Estonia (M Leinsalu PhD); National Center for Chronic and Non-communicable Disease Control and Prevention (Y Li MPH, M Zhou PhD), Chinese Center for Disease Control and Prevention, Beijing, China (X Liang MD, S Liu PhD, J Ma PhD); University of Bari, Bari, Italy (G Logroscino PhD); University of São Paulo, São Paulo, Brazil (Prof P A Lotufo DrPH); Xpharmconsult, Kumasi, Ghana (N K Mainoo MMRCB); University of Otago, Dunedin, New Zealand (T R Merriman PhD); University of Crete, Crete, Greece (J Moschandreas PhD); International Centre for Diarrhoeal Diseases Research, Dhaka, Bangladesh (A Naheed PhD); Ministry of Health, Suva, Republic of Fiji (D Nand MPH); Fred Hutchinson Cancer Research Center, Seattle, WA, USA (M L Neuhauser PhD); Teikyo University School of Medicine, Tokyo, Japan (Prof T Ohkubo MD); African Population and Health Research Center, Nairobi, Kenya (S O Oti MSc); Centre for Chronic Disease Control, New Delhi, India (Prof D Prabhakaran MD); BARC Hospital, Mumbai, Maharashtra, India (Prof N Roy MD); Department of Public Health, Graduate School (H Seo MPH), Department of Preventive Medicine (J Yoon MPH), Korea University, Seoul, Korea (Prof S-J Yoon PhD); University of Tokyo, Tokyo,

Figure 5: Age-standardised prevalence of obesity, by age, sex, and year
(A) Ages ≥ 20 years, men, 2013. (B) Ages ≥ 20 years, women, 2013. ATG=Antigua and Barbuda. VCT=Saint Vincent and the Grenadines. FSM=Federated States of Micronesia. LCA=Saint Lucia. TTO=Trinidad and Tobago. TLS=Timor-Leste.

A Age-standardised prevalence of obesity (based on IOTF cutoffs), ages 2–19 years, boys, 2013



B Age-standardised prevalence of obesity (based on IOTF cutoffs), ages 2–19 years, girls, 2013



cohorts is lower than in previous birth cohorts at the same age, provides some hope that the epidemic might have peaked in developed countries and that populations in other countries might not reach the very high rates of more than 40% reported in some developing countries. Wide variation in rates of increase in obesity and overweight between countries that started at the same initial level also suggests substantial scope to modulate weight gain in populations. However, data from our analysis do not suggest why some countries have had slower rates of increase than did others, only that smaller increases are possible.

The health effects of overweight and obesity have been extensively debated.^{61–65} However, findings of large pooling studies used for the GBD 2013 show consistent risks as BMI reached more than 23 kg/m²,^{66–69} especially for cardiovascular disease, cancer, diabetes, osteoarthritis, and chronic kidney disease. Most deaths attributable to overweight and obesity are cardiovascular deaths.⁹ Data from systematic reviews suggest that only 31% of the coronary heart disease risk and 8% of the stroke mortality risk associated with obesity is mediated through raised blood pressure and cholesterol collectively.⁷⁰ Therefore, drugs targeting blood pressure and cholesterol can be expected to attenuate some, but not most of, the cardiovascular risk attributable to overweight and obesity. Therefore, even with aggressive drug therapy, increased rates of overweight and obesity can be expected to have substantial health effects and increase prevalence of diabetes, osteoarthritis, cancers, and major vascular disease.

Our study has important limitations. First, we included surveys that collected self-reported weights and heights. In our analysis, we recorded a systematic bias, but this bias is greater in some regions than in others (eg, high-income countries and the Middle East vs low-income countries). We corrected the self-reported data with associations reported in data from country-years with both self-reported and measured weights and heights. Findings of the sensitivity analysis showed that our overall global results were robust to the exclusion of these data (correlation coefficient 0.96; appendix). Second, we excluded subnational studies from some sites—eg, MONICA datapoints because they pertained to one city.⁷¹ By examination of national surveys with individual records and information about location, we noted a marked variation between urban and rural areas and heterogeneity across urban sites (data not shown). We were unable to generalise the bias for selected cities to national figures. Moreover, reporting national-level rates of overweight and obesity obscures important subnational variations,

especially in ethnic groups, low socioeconomic categories, and important subpopulations (eg, slum dwellers) in large cities. Third, data were very sparse in the earlier years, especially in the 1980s (appendix). The estimation of prevalence for the earlier time period in this study was based on extrapolation from the model, which is strongly affected by the kcal per person covariate, which we reported through food balance sheets from the Food and Agriculture Organization. To the extent that these balance sheets are inaccurate, our trends will be biased. Of note, we did not include time as a covariate in our model because this inappropriately imposes a similar time trend on all countries. Nevertheless, we tried to capture temporal associations in data with spatiotemporal smoothing. Fourth, our uncertainty intervals might have been underestimated because we did not include uncertainty from the selection of Gaussian process regression hyperparameters in our final results. However, data from our cross-validation analysis suggest that this underestimation is unlikely to be a major problem (appendix). Fifth, definitions of childhood obesity vary between the International Obesity Task Force and WHO. We applied a consistent definition of obesity and overweight across sources; therefore, we excluded several published studies from our analysis that were reported with non-standard definitions. When possible, we estimated overweight and obesity rates from individual-level records in household surveys. Sixth, although BMI is a convenient measure for adiposity, it does not adequately take into account variations in body structure across ethnic groups.⁷² Moreover, the use of the universal cutoff could have underestimated the actual prevalence of overweight and obesity in certain countries.

Unlike other major global risks such as tobacco⁴² and childhood malnutrition,^{73,74} obesity is not decreasing worldwide. Obesity is already a major public health challenge in many middle-income countries, and tracking this important risk to health with increased precision and disaggregation in both developing and developed countries is a key global health priority. Options for population-level surveillance of the epidemic need to take into account more complex measurement strategies than needed for other major hazards, such as tobacco. In particular, countries will need to carefully weigh the choice between fielding physical examination surveys that are expensive but can provide robust measurements, and use of routine survey platforms to collect self-reported weights and heights. A combination of both approaches allows for periodic assessment of self-report bias, such as used in the USA, UK, and Japan, might provide a reasonable approach.

Strengthened surveillance is not only good public health practice, but should increase public, including government, awareness of the extent of the problem in countries.⁷⁵ Member States of WHO in 2013 introduced a target to stop the rise in obesity by 2025.¹¹ Although this resolution is commendable and the global public health community is taking the rise in obesity seriously, no

Japan (K Shibuya PhD); Finnish Institute of Occupational Health, Helsinki, Finland (R Shiri PhD); Heriot-Watt University, Edinburgh, Scotland, UK (I Shiue PhD); University of Alabama at Birmingham, Birmingham, AL, USA (J A Singh MD); Griffith University, Southport, QLD, Australia (N J C Stapelberg MBBS); National Center for Disease Control and Public Health, Tbilisi, Georgia (L Sturua PhD); University of California-Irvine, Irvine, CA USA (B L Sykes PhD); Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA (B X Tran PhD); NYU School of Medicine, New York, NY, USA (L Trasande MD); Health Care Center of Anjo Kosei Hospital, Anjo City, Japan (Prof H Toyoshima MD); African Population and Health Research Center, Nairobi, Kenya (S van de Vijver MD); UKK Institute for Health Promotion Research, Tampere, Finland (Prof T Vasankari PhD); University of Queensland, Brisbane, QLD, Australia (J L Veerman MD); Universidade Federal de Minas Gerais, Escola de Enfermagem, Belo Horizonte, Minas Gerais, Brazil (Prof G Velasquez-Melendez PhD); National Research University Higher School of Economics, Moscow, Russia (Prof V V Vlassov MD); University of Bergen, Bergen, Norway (Prof S E Vollset); Columbia University, New York, NY, USA (C Wang MD); Shandong University affiliated Jinan Central Hospital, Jinan, China (X R Wang PhD); Institute of Medical Sociology and Social Medicine, Marburg, Hessen, Germany (A Werdecker Dipl.oec.troph); University of North Carolina, Chapel Hill, NC, USA (Y C Yang PhD); Fujita Health University, Toyoake, Japan (Prof H Yatsuya PhD); Chongqing Medical University, Chongqing, China (Y Zhao MD); and Zhejiang University School of Public Health, Hangzhou, China (Prof S Zhu PhD)

Correspondence to: Prof Emmanuela Gakidou, Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA 98121, USA

gakidou@uw.edu

See Online for appendix

Figure 6: Age-standardised prevalence of obesity, by age, sex, and year
(A) Based on IOTF cutoffs, ages 2–19 years, boys, 2013. (B) Based on IOTF cutoffs, ages 2–19 years, girls, 2013. IOTF=International Obesity Task Force. ATG=Antigua and Barbuda. VCT=Saint Vincent and the Grenadines. FSM=Federated States of Micronesia. LCA=Saint Lucia. TTO=Trinidad and Tobago. TLS=Timor-Leste.

countries have well documented downward trends in the past three decades. Moreover, our analysis suggests that this target is very ambitious and unlikely to be attained without concerted action and further research to assess the effect of population-wide interventions, and how to effectively translate that knowledge into national obesity control programmes.

To counter the impending health effects on populations, especially in low-income and middle-income countries, urgent global leadership is needed to help countries to more effectively intervene against major determinants such as excessive caloric intake, physical inactivity, and active promotion of food consumption by industry, all of which exacerbate an already problematic obesogenic environment.

Contributors

MN, EG, ADL, and CJLM prepared the first draft. MN, EG, CJLM, TF, MR, BT, EM, and NG finalised the draft based on comments from other authors and reviewer feedback. EG, MN, ADL, and CJLM conceived of the study and provided overall guidance. TF, BT, MR, and NG performed the statistical analysis. All other authors provided data, developed models, reviewed results, provided guidance on the selection of key covariates, and reviewed the manuscript.

Declaration of interests

AG has received a lecture fee from Boehringer Ingelheim, outside the submitted work. GAM is required to include the following statement: The views expressed in this article are those of the authors and do not necessarily represent the views of the National Heart, Lung, and Blood Institute, National Institutes of Health, Department of Health and Human Services, or any other government entity. JAS has received research grants from Takeda and Savient and consultant fees from Savient, Takeda, Regeneron, and Allergan. He is a member of the executive of OMERACT, an organisation that develops outcome measures in rheumatology and receives arms-length funding from 36 companies; a member of the American College of Rheumatology's Guidelines subcommittee of the Quality of Care Committee; and a member of the Veterans Affairs Rheumatology Field Advisory Committee. YCW is assistant professor of health policy and management at the Columbia University, Mailman School of Public Health. She codirects the Obesity Prevention Initiative and is a member of The Obesity Society. She receives grant funding from the National Institute of Health, Robert Wood Johnson Foundation, and the JPB Foundation. KS and NI were funded by a Grant-in-Aid for Scientific Research from the Japan Society for the Promotion of Science (grant number 25253051). All other authors declare no competing interests.

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References

- Stevens GA, Singh GM, Lu Y, et al, and the Global Burden of Metabolic Risk Factors of Chronic Diseases Collaborating Group (Body Mass Index). National, regional, and global trends in adult overweight and obesity prevalences. *Popul Health Metr* 2012; 10: 22.
- Finucane MM, Stevens GA, Cowan MJ, et al, and the Global Burden of Metabolic Risk Factors of Chronic Diseases Collaborating Group (Body Mass Index). National, regional, and global trends in body-mass index since 1980: systematic analysis of health examination surveys and epidemiological studies with 960 country-years and 9·1 million participants. *Lancet* 2011; 377: 557–67.
- de Onis M, Blössner M, Borghi E. Global prevalence and trends of overweight and obesity among preschool children. *Am J Clin Nutr* 2010; 92: 1257–64.
- Wang Y, Beydoun MA. The obesity epidemic in the United States—gender, age, socioeconomic, racial/ethnic, and geographic characteristics: a systematic review and meta-regression analysis. *Epidemiol Rev* 2007; 29: 6–28.
- Rennie KL, Jebb SA. Prevalence of obesity in Great Britain. *Obes Rev* 2005; 6: 11–12.
- Roth J, Qiang X, Marbán SL, Redelt H, Lowell BC. The obesity pandemic: where have we been and where are we going? *Obes Res* 2004; 12 (suppl 2): 88S–101S.
- Popkin BM, Adair LS, Ng SW. Global nutrition transition and the pandemic of obesity in developing countries. *Nutr Rev* 2012; 70: 3–21.
- Swinburn BA, Sacks G, Hall KD, et al. The global obesity pandemic: shaped by global drivers and local environments. *Lancet* 2011; 378: 804–14.
- Lim SS, Vos T, Flaxman AD, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; 380: 2224–60.
- Olshansky SJ, Passaro DJ, Hershow RC, et al. A potential decline in life expectancy in the United States in the 21st century. *N Engl J Med* 2005; 352: 1138–45.
- Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases. Geneva, Switzerland, World Health Assembly, 2013 http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf (accessed Jan 26, 2014).
- Gortmaker SL, Swinburn BA, Levy D, et al. Changing the future of obesity: science, policy, and action. *Lancet* 2011; 378: 838–47.
- Obesity: preventing and managing the global epidemic. Report of a WHO consultation. *World Health Organ Tech Rep Ser* 2000; 894: i–xii, 1–253.
- Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ* 2000; 320: 1240–43.
- Swinburn BA. Obesity prevention: the role of policies, laws and regulations. *Aust N Z Health Policy* 2008; 5: 12.
- Sassi F, Devaux M, Cecchini M, Rusticelli E. The Obesity Epidemic: Analysis of Past and Projected Future Trends in Selected OECD Countries. OECD Publishing, 2009. <http://ideas.repec.org/p/oec/elsaad/45-en.html> (accessed Jan 27, 2014).
- Gigante DP, Moura EC, Sardinha LMV. Prevalence of overweight and obesity and associated factors, Brazil, 2006. *Rev Saude Publica* 2009; 43 (suppl 2): 83–89.
- Mokdad AH, Ford ES, Bowman BA, et al. Prevalence of obesity, diabetes, and obesity-related health risk factors, 2001. *JAMA* 2003; 289: 76–79.
- Connor Gorber S, Tremblay M, Moher D, Gorber B. A comparison of direct vs. self-report measures for assessing height, weight and body mass index: a systematic review. *Obes Rev* 2007; 8: 307–26.
- Krull AJ, Daanen HAM, Choi H. Self-reported and measured weight, height and body mass index (BMI) in Italy, the Netherlands and North America. *Eur J Public Health* 2011; 21: 414–19.
- Ezzati M, Martin H, Skjold S, Vander Hoorn S, Murray CJL. Trends in national and state-level obesity in the USA after correction for self-report bias: analysis of health surveys. *J R Soc Med* 2006; 99: 250–57.
- Flegal KM, Carroll MD, Ogden CL, Curtin LR. Prevalence and trends in obesity among US adults, 1999–2008. *JAMA* 2010; 303: 235–41.
- Rokholm B, Baker JL, Sørensen TIA. The levelling off of the obesity epidemic since the year 1999—a review of evidence and perspectives. *Obes Rev* 2010; 11: 835–46.
- Stamatakis E, Wardle J, Cole TJ. Childhood obesity and overweight prevalence trends in England: evidence for growing socioeconomic disparities. *Int J Obes (Lond)* 2010; 34: 41–47.
- Murray CJ, Ezzati M, Flaxman AD, et al. GBD 2010: design, definitions, and metrics. *Lancet* 2012; 380: 2063–66.
- Measure DHS. Demographic and Health Surveys. <http://www.measuredhs.com/> (accessed Jan 27, 2014).
- WHO STEPwise approach to surveillance (STEPS). WHO. <http://www.who.int/chp/steps/en/> (accessed Jan 27, 2014).

- 28 Eurobarometer surveys. Eur. Comm. Public Opin. http://ec.europa.eu/public_opinion/index_en.htm (accessed Jan 27, 2014).
- 29 Multiple Indicator Cluster Survey (MICS). UNICEF Stat. Monit. http://www.unicef.org/statistics/index_24302.html (accessed Jan 27, 2014).
- 30 WHO. WHO world health survey. <http://www.who.int/healthinfo/survey/en/> (accessed Jan 27, 2014).
- 31 Reproductive Health Surveys. Cent. Dis. Control Prev. <http://www.cdc.gov/reproductivehealth/Global/surveys.htm> (accessed Jan 27, 2014).
- 32 The Survey of Health, Ageing and Retirement in Europe (SHARE). SHARE. <http://www.share-project.org/> (accessed Jan 27, 2014).
- 33 International Social Survey Programme. ISSP. <http://www.issp.org/> (accessed Jan 27, 2014).
- 34 WHO Global InfoBase. <https://apps.who.int/infobase/> (accessed Jan 27, 2014).
- 35 International Association for the Study of Obesity. Obesity data portal. <http://www.iaso.org/resources/obesity-data-portal/> (accessed Jan 27, 2014).
- 36 Institute for Health Metrics and Evaluation. Global Health Data Exchange. <http://ghdx.healthmetricsandevaluation.org/> (accessed Jan 27, 2014).
- 37 Lozano R, Naghavi M, Foreman K, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2095–128.
- 38 Wang H, Dwyer-Lindgren L, Lofgren KT, et al. Age-specific and sex-specific mortality in 187 countries, 1970–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; **380**: 2071–94.
- 39 Murray CJ, Rosenfeld LC, Lim SS, et al. Global malaria mortality between 1980 and 2010: a systematic analysis. *Lancet* 2012; **379**: 413–31.
- 40 Hogan MC, Foreman KJ, Naghavi M, et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet* 2010; **375**: 1609–23.
- 41 Rajaratnam JK, Marcus JR, Flaxman AD, et al. Neonatal, postneonatal, childhood, and under-5 mortality for 187 countries, 1970–2010: a systematic analysis of progress towards Millennium Development Goal 4. *Lancet* 2010; **375**: 1988–2008.
- 42 Ng M, Freeman MK, Fleming TD, et al. Smoking prevalence and cigarette consumption in 187 countries, 1980–2012. *JAMA* 2014; **311**: 183–92.
- 43 Bleich S, Cutler D, Murray C, Adams A. Why is the developed world obese? *Annu Rev Public Health* 2008; **29**: 273–95.
- 44 Food and Agriculture Organization Corporate Statistical Database. Food balance sheets. <http://faostat.fao.org/site/354/default.aspx> (accessed Jan 27, 2014).
- 45 UN Department of Economic and Social Affairs, Population Division. World population prospects: the 2010 revision, Vol 1 and 2: comprehensive tables. New York: United Nations, 2011.
- 46 Astrup A, Brand-Miller J. Diet composition and obesity. *Lancet* 2012; **379**: 1100, author reply 1100–01.
- 47 Drewnowski A, Popkin BM. The nutrition transition: new trends in the global diet. *Nutr Rev* 1997; **55**: 31–43.
- 48 Briefel RR, Johnson CL. Secular trends in dietary intake in the United States. *Annu Rev Nutr* 2004; **24**: 401–31.
- 49 Swinburn B, Sacks G, Ravussin E. Increased food energy supply is more than sufficient to explain the US epidemic of obesity. *Am J Clin Nutr* 2009; **90**: 1453–56.
- 50 Popkin BM. The nutrition transition and obesity in the developing world. *J Nutr* 2001; **131**: 871S–73S.
- 51 Church TS, Thomas DM, Tudor-Locke C, et al. Trends over 5 decades in U.S. occupation-related physical activity and their associations with obesity. *PLoS One* 2011; **6**: e19657.
- 52 Luke A, Cooper RS. Physical activity does not influence obesity risk: time to clarify the public health message. *Int J Epidemiol* 2013; **42**: 1831–36.
- 53 Blair SN, Archer E, Hand GA. Commentary: Luke and Cooper are wrong: physical activity has a crucial role in weight management and determinants of obesity. *Int J Epidemiol* 2013; **42**: 1836–38.
- 54 Hill JO, Peters JC. Commentary: physical activity and weight control. *Int J Epidemiol* 2013; **42**: 1840–42.
- 55 Swinburn B. Commentary: physical activity as a minor player in the obesity epidemic: what are the deep implications? *Int J Epidemiol* 2013; **42**: 1838–40.
- 56 Prentice A, Jebb S. Energy intake/physical activity interactions in the homeostasis of body weight regulation. *Nutr Rev* 2004; **62**: S98–104.
- 57 Turnbaugh PJ, Hamady M, Yatsunenkov T, et al. A core gut microbiome in obese and lean twins. *Nature* 2009; **457**: 480–84.
- 58 Greenblum S, Turnbaugh PJ, Borenstein E. Metagenomic systems biology of the human gut microbiome reveals topological shifts associated with obesity and inflammatory bowel disease. *Proc Natl Acad Sci USA* 2012; **109**: 594–99.
- 59 Tilg H, Kaser A. Gut microbiome, obesity, and metabolic dysfunction. *J Clin Invest* 2011; **121**: 2126–32.
- 60 Turnbaugh PJ, Ley RE, Mahowald MA, Magrini V, Mardis ER, Gordon JI. An obesity-associated gut microbiome with increased capacity for energy harvest. *Nature* 2006; **444**: 1027–31.
- 61 Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. *JAMA* 2005; **293**: 1861–67.
- 62 Campos P, Saguy A, Ernsberger P, Oliver E, Gaesser G. The epidemiology of overweight and obesity: public health crisis or moral panic? *Int J Epidemiol* 2006; **35**: 55–60.
- 63 Sims EAH. Are there persons who are obese, but metabolically healthy? *Metabolism* 2001; **50**: 1499–504.
- 64 Willett WC, Hu FB, Thun M. Overweight, obesity, and all-cause mortality. *JAMA* 2013; **309**: 1681–82.
- 65 Flegal KM, Kit BK, Orpana H, Graubard BI. Association of all-cause mortality with overweight and obesity using standard body mass index categories: a systematic review and meta-analysis. *JAMA* 2013; **309**: 71–82.
- 66 Whitlock G, Lewington S, Sherliker P, et al, and the Prospective Studies Collaboration. Body-mass index and cause-specific mortality in 900 000 adults: collaborative analyses of 57 prospective studies. *Lancet* 2009; **373**: 1083–96.
- 67 Ni Mhurchu C, Rodgers A, Pan WH, Gu DF, Woodward M, and the Asia Pacific Cohort Studies Collaboration. Body mass index and cardiovascular disease in the Asia-Pacific Region: an overview of 33 cohorts involving 310 000 participants. *Int J Epidemiol* 2004; **33**: 751–58.
- 68 Wormser D, Kaptoge S, Di Angelantonio E, et al, and the Emerging Risk Factors Collaboration. Separate and combined associations of body-mass index and abdominal adiposity with cardiovascular disease: collaborative analysis of 58 prospective studies. *Lancet* 2011; **377**: 1085–95.
- 69 Renehan AG, Tyson M, Egger M, Heller RF, Zwahlen M. Body-mass index and incidence of cancer: a systematic review and meta-analysis of prospective observational studies. *Lancet* 2008; **371**: 569–78.
- 70 The Global Burden of Metabolic Risk Factors for Chronic Diseases Collaboration. Metabolic mediators of the effects of body-mass index, overweight, and obesity on coronary heart disease and stroke: a pooled analysis of 97 prospective cohorts with 1.8 million participants. *Lancet* 2013; **383**: 970–83.
- 71 WHO. The WHO MONICA Project. <http://www.thl.fi/monica/> (accessed March 6, 2014).
- 72 WHO Expert Consultation. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. *Lancet* 2004; **363**: 157–63.
- 73 de Onis M, Blössner M, Borghi E, Morris R, Frongillo EA. Methodology for estimating regional and global trends of child malnutrition. *Int J Epidemiol* 2004; **33**: 1260–70.
- 74 Stevens GA, Finucane MM, Paciorek CJ, et al, and the Nutrition Impact Model Study Group (Child Growth). Trends in mild, moderate, and severe stunting and underweight, and progress towards MDG 1 in 141 developing countries: a systematic analysis of population representative data. *Lancet* 2012; **380**: 824–34.
- 75 Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011–2012. *JAMA* 2014; **311**: 806–14.