Obesity is a known risk factor for numerous non-communicable diseases, including hypertension, diabetes, cardiovascular diseases, and some forms of cancer. On average in the EU, overweight and obesity reduce life expectancy by nearly three years (OECD, 2019). Evidence from some countries also suggests that obesity increases the risk of developing severe COVID-19 symptoms and requiring intensive care (Caussy et al., 2020).

On average across EU countries, more than one in six adults (17%) were obese in 2018, according to self-reported data (Figure 4.17). Obesity rates among adults vary more than two-fold across EU countries, from 10% in Romania to 26% in Malta. While in most countries obesity is more prevalent in men, in the Netherlands, Lithuania, Latvia, Turkey and Iceland considerably more women than men are obese.

Obesity rates based on the actual measurement of height and weight are higher than those based on self-reported data, as many people either overestimate their height or underestimate their weight. However, these more reliable data are only available in a limited number of countries. When looking at measured data for nine EU countries, the average obesity prevalence is 24% (Figure 4.18). The highest rate is in Hungary (30%) and the lowest in France (17%).

Over the last two decades, the prevalence of obesity has increased in the EU. Among the 18 EU countries with self-reported data available since around 2000, the average obesity rate increased from 11% in 2000 to 17% in 2018 (Figure 4.19). Finland and Latvia saw particularly large increases. The COVID-19 pandemic may contribute to further increases. A Belgian survey conducted in April 2020 found that 25% of respondents gained weight during the confinement (Sciensano, 2020), although this may only be a temporary effect.

The rising prevalence of obesity is driven by a number of behavioural and environmental factors, including urbanisation, increased sedentary behaviour, and the widespread availability and marketing of energy-dense foods. Socially disadvantaged groups are particularly at risk of becoming obese, either because of less healthy nutrition habits or lack of physical activity. For example, the prevalence of low fruit and vegetable consumption is 59% higher among low-educated women in England compared to high-educated women. In Spain, the prevalence of low physical activity is approximately 50% higher in low-educated people (Graf and Cecchini, 2017).

A growing number of countries have taken actions to tackle the rise in obesity rates. A wide range of policy options exist, including food and menu labelling, public awareness campaigns, mobile apps, restrictions on food advertising targeting children, school and workplace programmes, and price policies. In general, policies to provide information and to increase the number of healthy options are common, while measures to modify the cost of health-related choices and to regulate promotion of unhealthy choices are less widely used (OECD, 2019). Among initiatives to enable people to make healthy choices, the Nutri-Score front-of-pack logo which informs about the nutritional quality of the food product in a simplified design, developed by the French institute of public health, is been increasingly used by the food industry and retailers in France and under development in other European countries (Santé Publique France, 2020).

At the EU level, a number of initiatives have been implemented to improve diets and increase physical activity. To reduce the amount of sugar in food, in 2015, the EU brokered agreements with business operators – food manufacturers, supermarkets and caterers – to reduce the amount of added sugars in their products by a minimum of 10% by 2020.

Definition and comparability

Obesity is defined as excessive weight presenting health risks because of the high proportion of body fat. The measure is based on the body mass index (BMI), which is a single number that evaluates an individual's weight in relation to height (weight/height², with weight in kilograms and height in metres). Based on the WHO classification, adults with a BMI greater than or equal to 30 are defined as obese.

Obesity rates can be assessed through self-reported estimates of height and weight from population-based health interview surveys, or measured estimates from health examinations. Estimates from health examinations are generally higher and more reliable than from health interviews.

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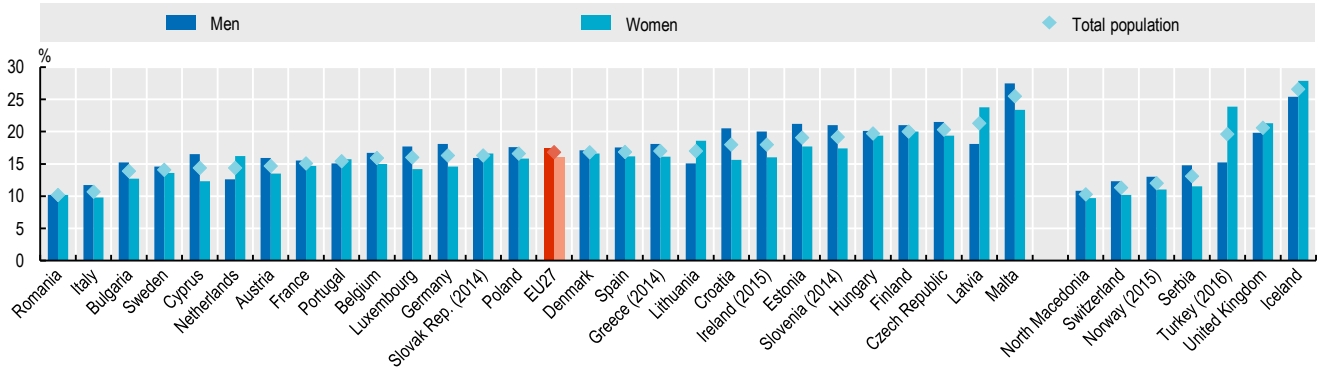
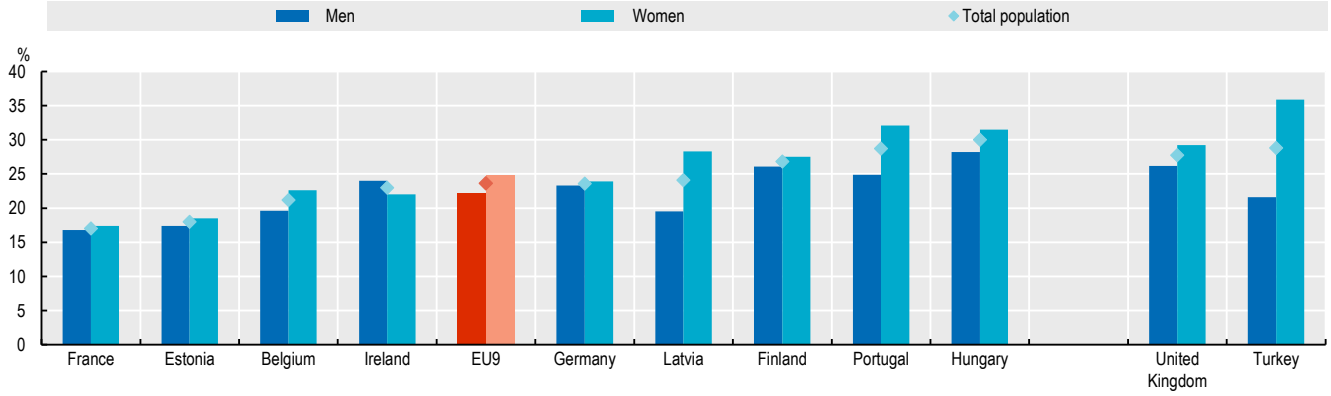
Figure 4.17. **Self-reported obesity rates among adults, 2018 (or nearest year)**



Note: The EU average is unweighted.
Source: OECD Health Statistics 2020 (based on EU-SILC 2017 and EHIS 2014 for several countries).

StatLink https://stat.link/dmbupl

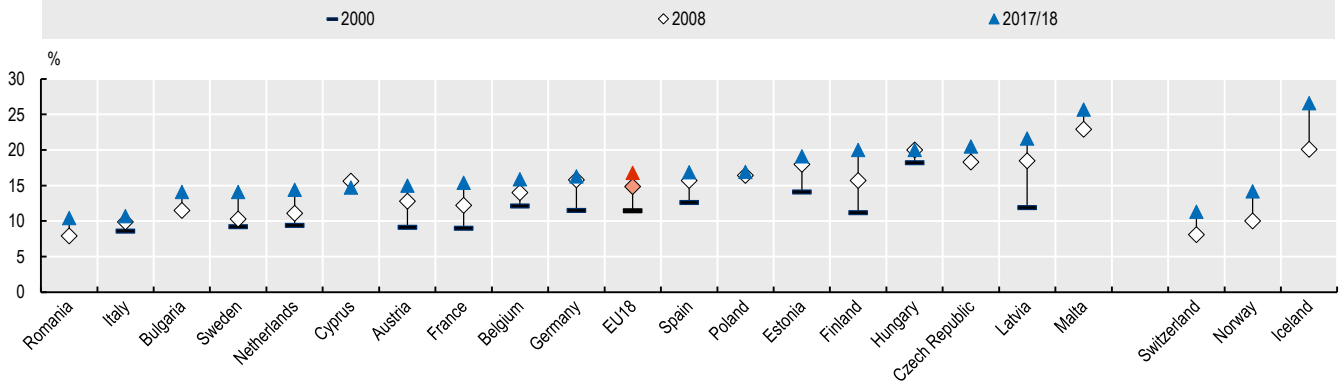
Figure 4.18. **Measured obesity rates among adults, 2018 (or nearest year)**



Note: The EU average is unweighted.
Source: OECD Health Statistics 2020.

StatLink https://stat.link/2tgks8

Figure 4.19. **Increase in self-reported obesity rates, 2000, 2008 and 2018 (or nearest year)**



Note: The EU average is unweighted.
Source: OECD Health Statistics 2020, complemented with EU-SILC 2017 and EHIS 2008 for several countries.

StatLink https://stat.link/7odcak

From:

Health at a Glance: Europe 2020

State of Health in the EU Cycle

Access the complete publication at:
https://doi.org/10.1787/82129230-en

Please cite this chapter as:

OECD/European Union (2020), "Obesity among adults", in *Health at a Glance: Europe 2020: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/8cdeadfa-en