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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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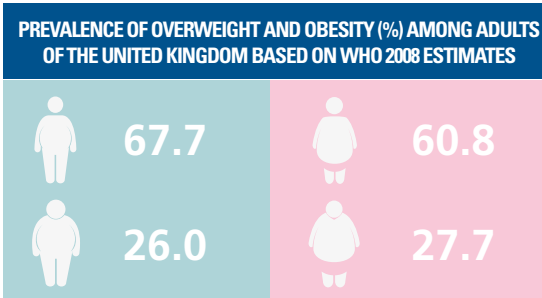
DEMOGRAPHIC DATA	
Total population	63 700 000
Median age (years)	39.8
Life expectancy at birth (years) female male	82.8 78.8
GDP per capita (US\$)	36 327.0
GDP spent on health (%)	9.6

Monitoring and surveillance

Overweight and obesity in three age groups

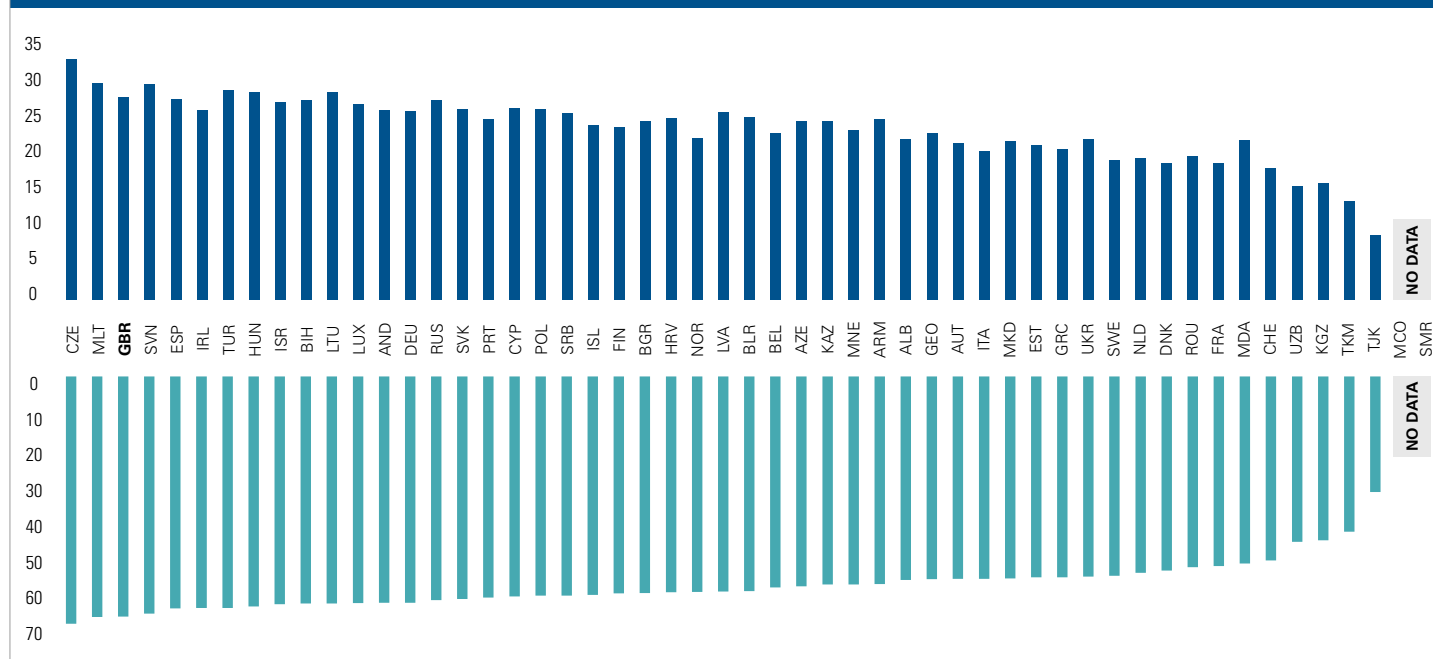
Adults (20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 64.2% of the adult population (≥ 20 years old) in the United Kingdom of Great Britain and Northern Ireland were overweight and 26.9% were obese. The prevalence of overweight was higher among men (67.7%) than women (60.8%). The proportion of men and women that were obese was 26.0% and 27.7%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 31% of men and 30% of women will be obese. By 2030, the model predicts that 36% of men and 33% of women will be obese.¹



Source: WHO Global Health Observatory Data Repository (1).

PREVALENCE OF OBESITY (%) (BMI ≥ 30.0 KG/M²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES



PREVALENCE OF OVERWEIGHT (%) (BMI ≥ 25.0 KG/M²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES

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).

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)

In terms of prevalence of overweight and obesity in adolescents, up to 18% of boys and 17% of girls among 11-year-olds were overweight in England,² according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).³ Among 13-year-olds, the corresponding figures were 11% for boys and 17% for girls, and among 15-year-olds, 14% and 12%, respectively. In Scotland,² up to 23% of boys and 20% of girls among 11-year-olds were overweight. Among 13-year-olds, the corresponding figures were 20% for boys and 10% for girls, and among 15-year-olds, 18% and 13%, respectively. In Wales,² up to 30% of boys and 21% of girls among 11-year-olds were overweight. Among 13-year-olds and among 15-year-olds, the corresponding figures were the same; 26% of boys and 17% of girls were overweight in each age group (2).

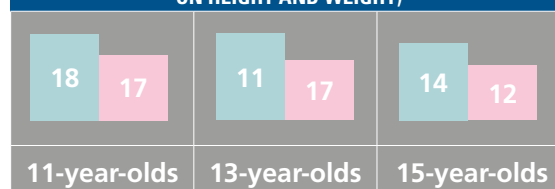
According to measured data from the 2011/2012 National Child Measurement Programme in England,² the proportion of overweight schoolchildren aged 10–11 years was 35.4% in boys and 32.4% in girls; and the proportion that were obese was 20.7% and 17.7%, respectively (3). It should be taken into account that these figures (which are based on the British 1990 growth reference (4)) do not allow for comparability across countries.

Children (0–9 years)

No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. The United Kingdom of Great Britain and Northern Ireland is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

However, data on overweight and obesity in children aged 4–5 years are available from the 2011/2012 National Child Measurement Programme in England² (3). The overweight and obesity figures were 23.5% (boys) and 21.6% (girls) for overweight and 9.9% and 9.0% for obesity, respectively. It should be taken into account that these figures (which are based on the British 1990 growth reference (4)) do not allow for comparability across countries.

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



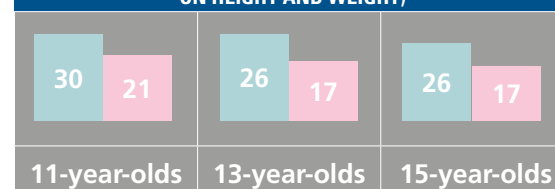
Source: Currie et al. (2).

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



Source: Currie et al. (2).

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

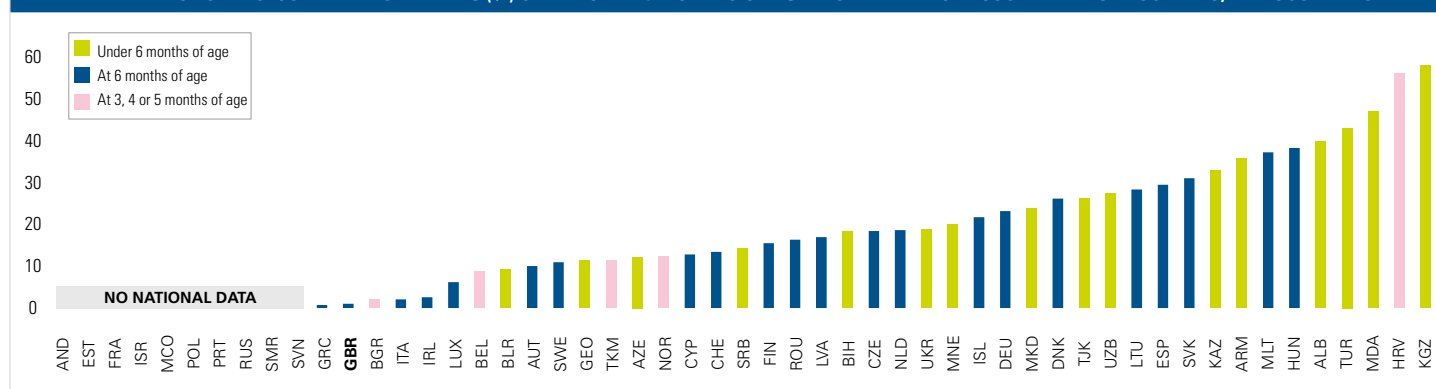


Source: Currie et al. (2).

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2010 show that the prevalence of exclusive breastfeeding at 6 months of age was 1.0% in the United Kingdom of Great Britain and Northern Ireland.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.

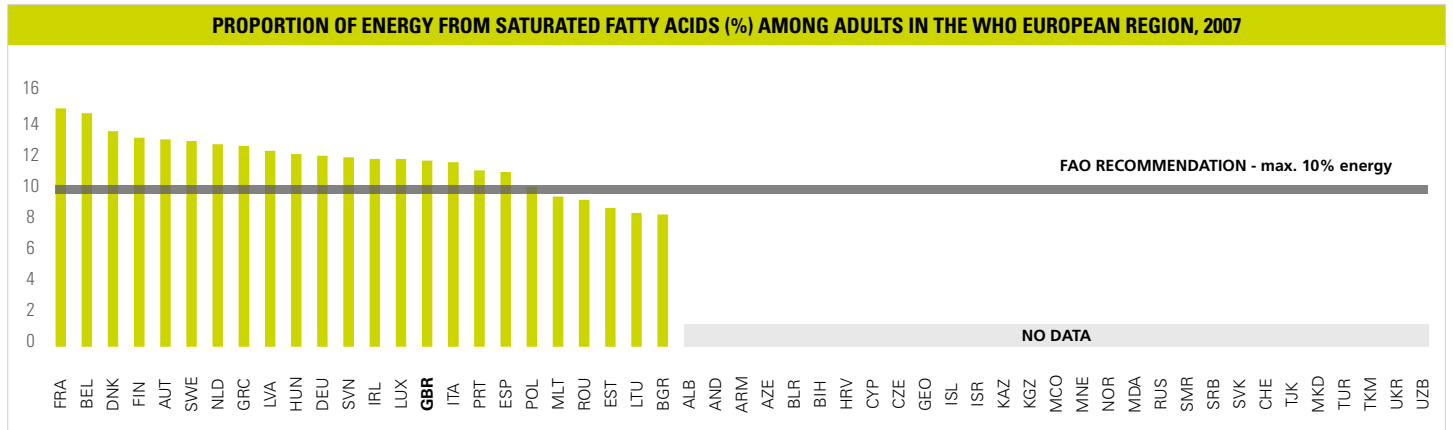
² United Kingdom of Great Britain and Northern Ireland.

³ Based on 2007 WHO growth reference.

⁴ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Saturated fat intake

According to the 2007 estimates of the Food and Agriculture Organization of the United Nations (FAO), the adult population in the United Kingdom of Great Britain and Northern Ireland consumed 11.4% of their total calorie intake from saturated fatty acids (5). According to national data from 2008–2011, the adult population aged 19–64 years consumed 12.7% of their total calorie intake from saturated fatty acids (6). It should be taken into account that these latter, national data do not allow for comparability across countries due to sampling and other methodological differences.

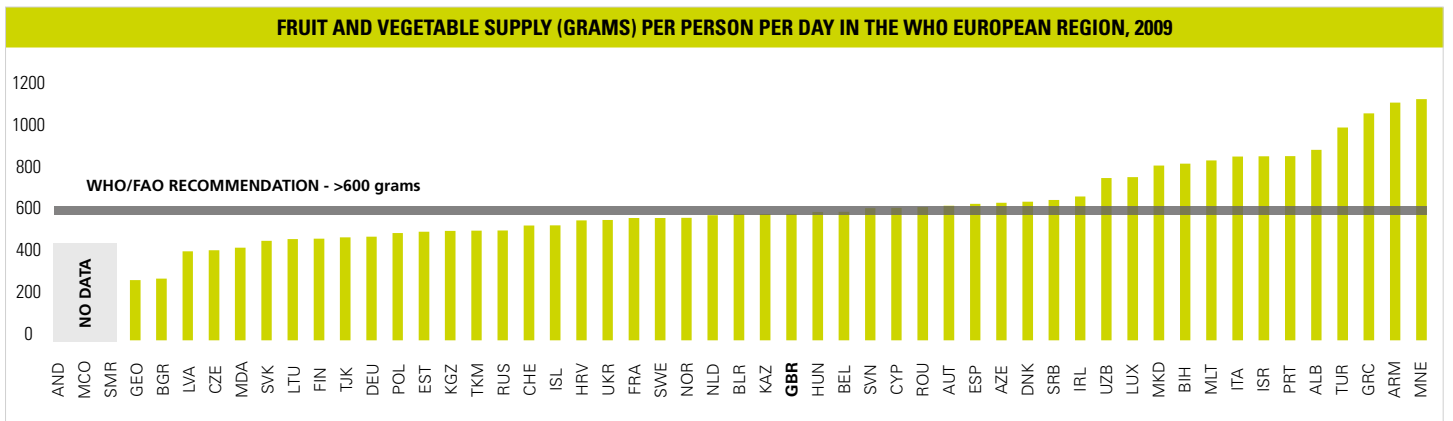


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (5).

Fruit and vegetable supply

The United Kingdom of Great Britain and Northern Ireland had a fruit and vegetable supply of 588 grams per capita per day, according to 2009 estimates (5).

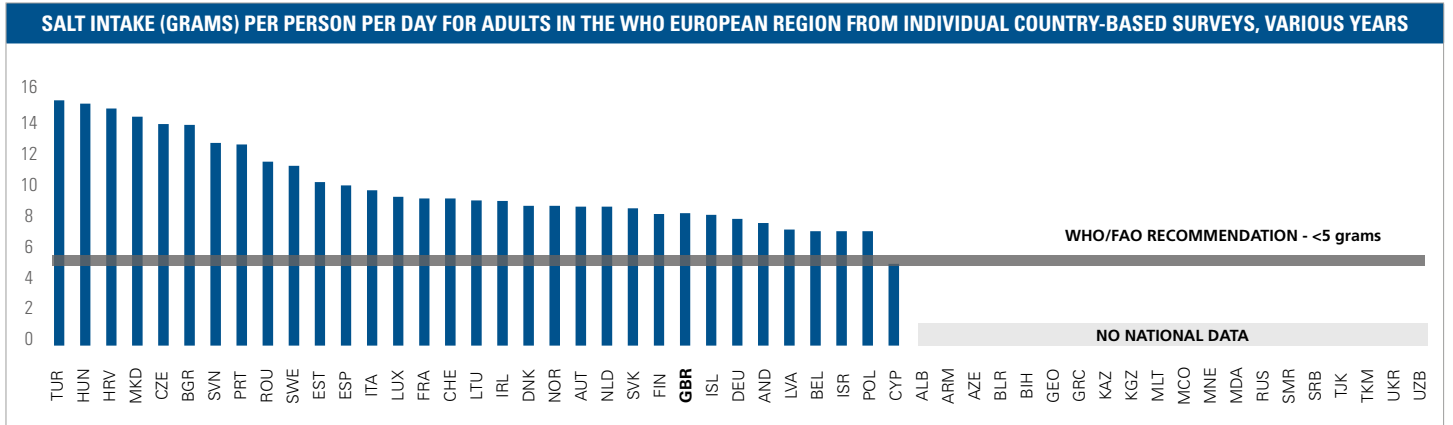


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (5).

Salt intake

Data from 2011 show that salt intake in the United Kingdom of Great Britain and Northern Ireland was 8.1 grams per day for both men and women (7).



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

No data are available.

Physical inactivity

In the United Kingdom of Great Britain and Northern Ireland, 66.5% of the population aged 15 years and over were insufficiently active (men 61.1% and women 71.6%), according to estimates generated for 2008 by WHO (1). Data from 2012 show that 39% of the adult population (≥ 19 years old) in England (United Kingdom) did not meet the 2012 British guideline for physical activity (men 34% and women 44%) (8). It should be taken into account that these latter, national data do not allow for comparability across countries due to sampling and other methodological differences.

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in the United Kingdom of Great Britain and Northern Ireland; (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	xxx	Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Salt content in food	xxx										
Salt intake	xxx										
Consumer awareness	xxx	xx	xxx	Salt reduction in bread of 1g salt/100g final product by 2012	xxx	xxx	xxx	xxx	xxx		
Behavioural change	xxx										
Urinary salt excretion (24 hrs)	xxx										

Notes. **xx** partially implemented; **xxx** fully implemented.

Source: WHO Regional Office for Europe (7).

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure
✓	Voluntary	Voluntary industry action in the United Kingdom of Great Britain and Northern Ireland has been successful in reducing average intakes of TFA to well within public health recommendations. The policy of the Department of Health promotes voluntary industry action to reduce TFA without increasing levels of saturated fatty acids.

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 (9).

Marketing of food and non-alcoholic beverages to children (10)

Statutory rules apply to advertisements for foods high in fat, sugar or salt on TV channels dedicated to children, in or around programmes aimed at children (including preschool children), or in or around programmes that are likely to be of particular appeal to children aged 4–15 years (11). The definition of “particular appeal” is that the programme attracts children in excess of their proportion within the population (by 20% or more).

The United Kingdom of Great Britain and Northern Ireland is a major provider of satellite channel TV content throughout much of the European Region. Under the cross-border rules of the European Union (EU) (12), the regulations in force in the United Kingdom apply to channels transmitting from the United Kingdom to other jurisdictions.

In March 2011, the Advertising Standards Authority (ASA)'s remit was extended to cover marketing claims on marketers' own websites and in other space that they control (even space that is not paid for) (13). The Code of Advertising Practice (CAP) extension covers, for instance:

... Advertisements and other marketing communications by or from companies, organizations or sole traders on their own websites, or in other non-paid-for space online under their control, that are directly connected with the supply or transfer of goods, services, opportunities and gifts, or which consist of direct solicitations of donations as part of their own fund-raising activities.

Previously, ASA's remit online was limited to advertisements that are paid for (such as pop-ups and banner advertisements) and sales promotions, wherever they appeared.

In practice, this means that the provisions of the CAP now apply to advertisers' own websites and advertising on social media sites. These provisions prevent: marketing to children that uses promotional offers, licensed characters or celebrities in food advertisements, other than for fruit and vegetables; food advertisements that condone or encourage poor nutritional habits or dietary practice; and food advertisements that encourage “pester power” or use “hard sell” or other high-pressure techniques.

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	✓ ^a

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

Source: country reporting template on the United Kingdom of Great Britain and Northern Ireland 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.

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies
✓ 2013	Public Health Responsibility Deal Physical Activity Network	Government departments and organizations; communities, local government; civil society; nongovernmental organizations; private sector; health and well-being boards

Source: country reporting template on the United Kingdom of Great Britain and Northern Ireland 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
✓	General population	✓

Source: country reporting template on the United Kingdom of Great Britain and Northern Ireland 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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