

# Nutrition, Physical Activity and Obesity Republic of Moldova



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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 web site: <http://www.euro.who.int/en/nutrition-country-profiles>.

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## DEMOGRAPHIC DATA

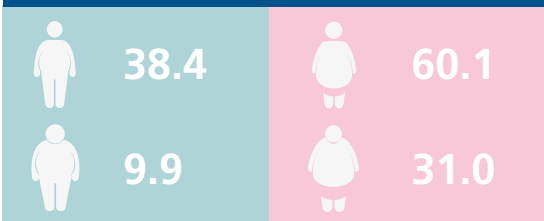
Total population	3 573 000
Median age (years)	35.2
Life expectancy at birth (years) female   male	73.5   66.2
GDP per capita (US\$)	1625.8
GDP spent on health (%)	11.7

## Monitoring and surveillance Overweight and obesity in three age groups

### Adults (20 years and over)

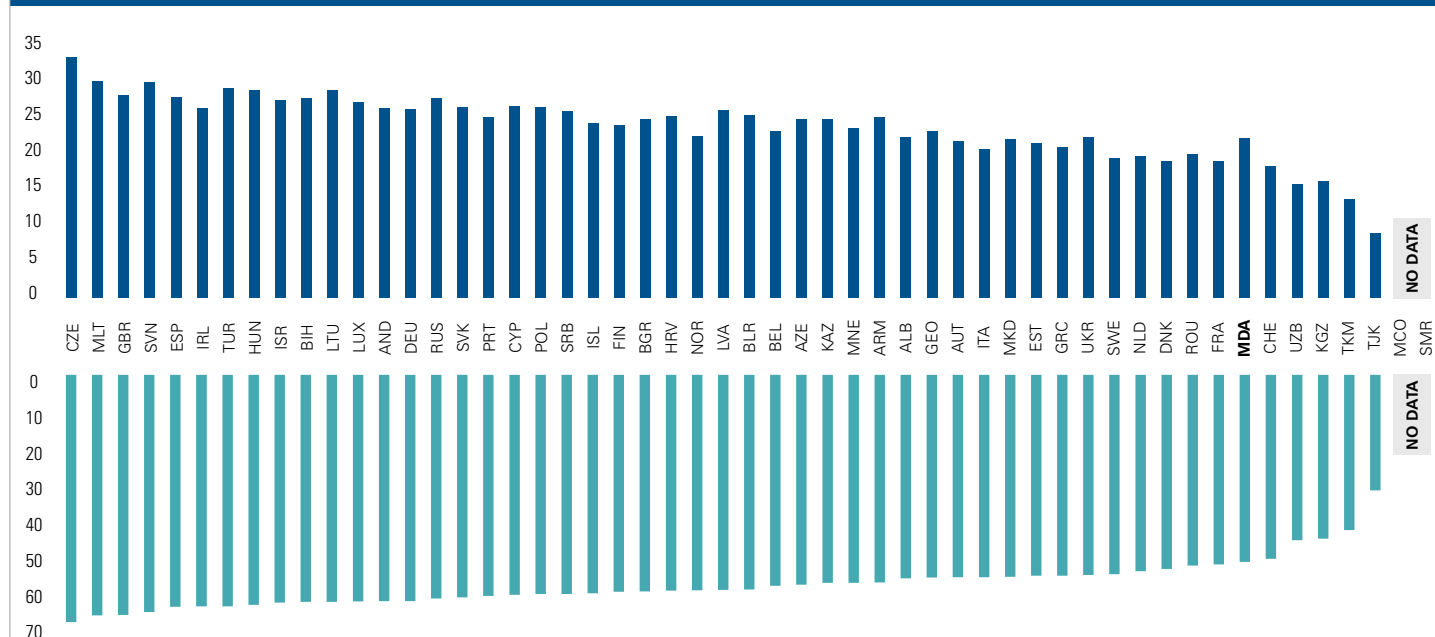
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 50% of the adult population ( $\geq 20$  years old) in the Republic of Moldova were overweight and 21.2% were obese. The prevalence of overweight was lower among men (38.4%) than women (60.1%). The proportion of men and women that were obese was 9.9% and 31.0%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 18% of men and 32% of women will be obese. By 2030, the model predicts that 25% of men and 35% of women will be obese.<sup>1</sup>

## PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG MOLDOVAN ADULTS BASED ON WHO 2008 ESTIMATES



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

## PREVALENCE OF OBESITY (%) (BMI $\geq 30.0$ KG/M<sup>2</sup>) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES



## PREVALENCE OF OVERWEIGHT (%) (BMI $\geq 25.0$ KG/M<sup>2</sup>) 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).

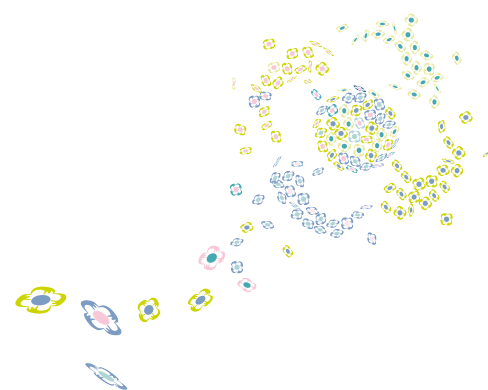
<sup>1</sup> Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

## Adolescents (10–19 years)

No data are available from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). However, according to data from the Moldova Demographic and Health Survey (DHS) 2005, the prevalence of overweight and obesity among girls aged 15–19 years was 8.2% and 0.9%, respectively (2). Similar data for boys were not available. These data should be interpreted with caution as WHO criteria for adults were used to define overweight/obesity indicators in adolescents aged 15–19 years.

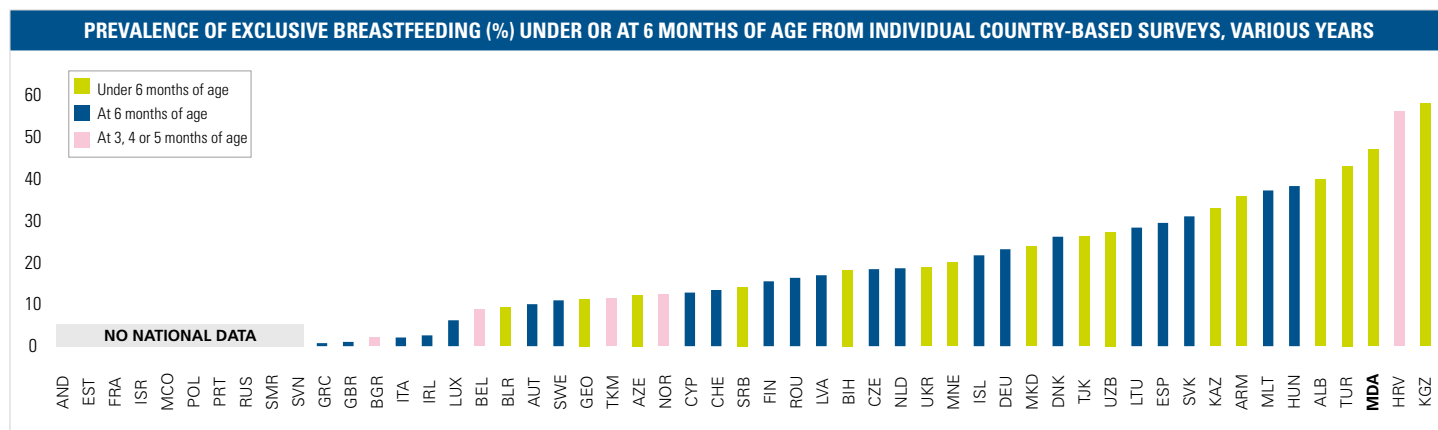
## Children (0–9 years)

No data are available from the WHO European Childhood Obesity Surveillance Initiative (COSI) 2007/2008 round. The Republic of Moldova, however, joined the third COSI data collection round during the school year 2012/2013.



## Exclusive breastfeeding until 6 months of age

Nationally representative data from 2005 show that the prevalence of exclusive breastfeeding under 6 months of age was 45.5% in the Republic of Moldova (2).<sup>2</sup>

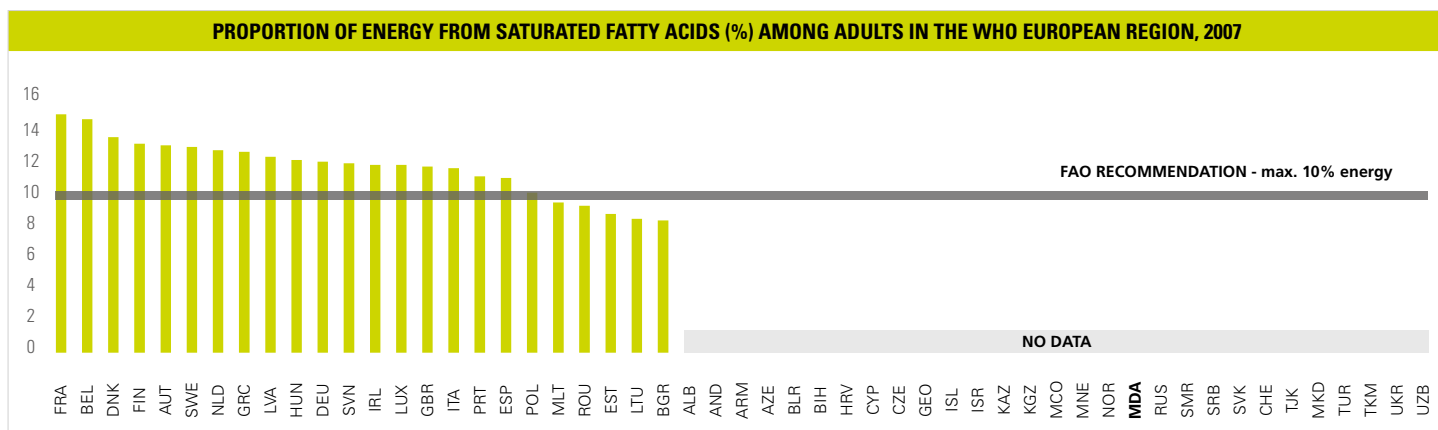


*Notes.* The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between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

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

## Saturated fat intake

No data are available.



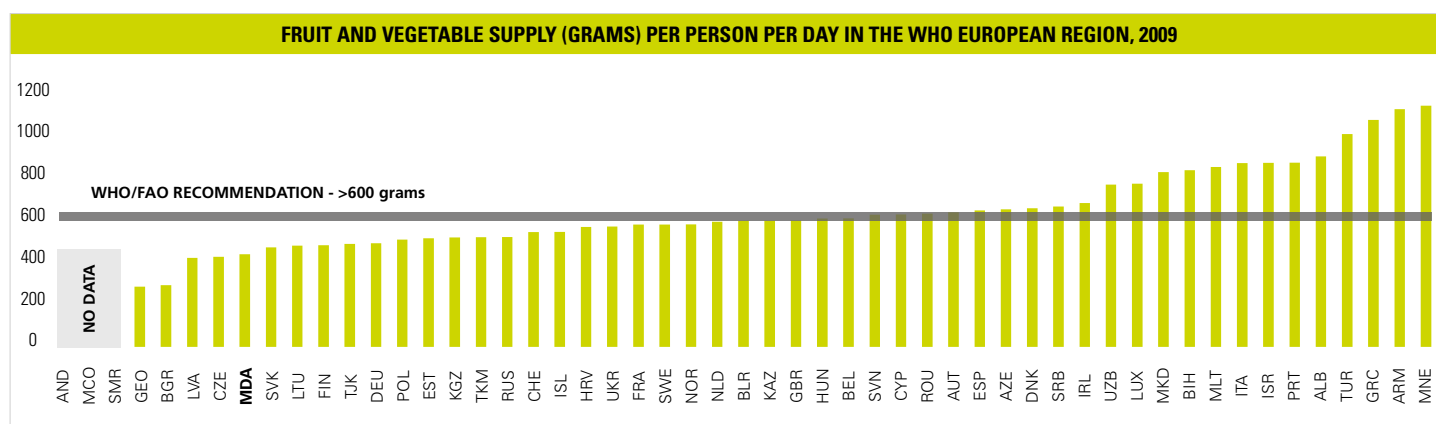
*Notes.* The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the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

*Source:* FAOSTAT (3).

<sup>2</sup> See also WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

## Fruit and vegetable supply

The Republic of Moldova had a fruit and vegetable supply of 431 grams per capita per day, according to 2009 estimates (3).

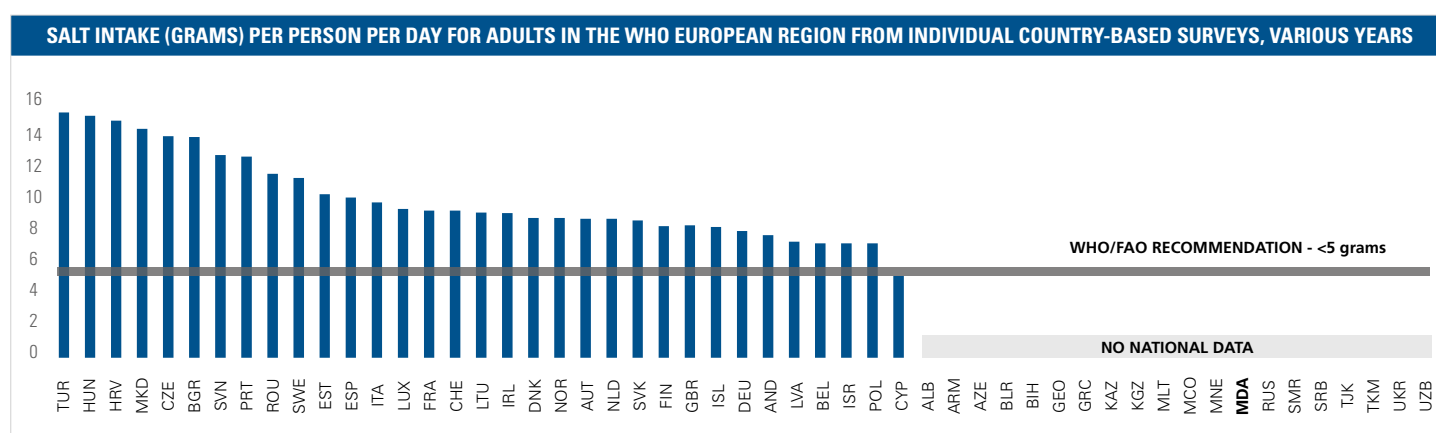


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (3).

## Salt intake

No data are available.



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 (4).

## 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 27.0% (5, 6).

## Physical inactivity

No WHO Global Health Observatory Data Repository estimates are available from 2008. However, national data from 2005 show that 59.2% of the adult population were physically inactive during their leisure time (7). It should be taken into account that this figure does not allow for comparability across countries.

## Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in the Republic of Moldova; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (4).

### Salt reduction initiatives

Monitoring & evaluation	Stakeholder approach			Population approach						
				Labelling	Consumer awareness initiatives					
Industry self-reporting	Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Web site Software	Education	Conference	Reporting
Salt content in food								Schools		
Salt intake								Health care facilities		
Consumer awareness										
Behavioural change										
Urinary salt excretion (24 hrs)										

Source: WHO Regional Office for Europe (4).

## Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure

Source: WHO Regional Office for Europe grey literature from 2012 on TFA and health, TFA policy and food industry approaches.

## Price policies (food taxation and subsidies)

Taxes	School fruit schemes

Source: 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.

## Marketing of food and non-alcoholic beverages to children (8)

Law No. 10 on the State Surveillance of Public Health of 2009 (article 38) stipulates that reducing the marketing pressure – especially on children – to consume energy-dense food is an action point for controlling the obesity epidemic (9). Ministry of Health Decision No. 13 of 31 July 2007 forbids the marketing of energy-dense food with a high fat content and reduced nutritional value in institutions for children (such as soft drinks, with or without food additives; chips and similar products; pastry products with cream; chewing gum; toffees; and “quick-cook” pasta) (10). Law No. 78 on Food of 2004 (11) (amended in 2012) (12) defines “food not recommended for preschool and school children (0–18 years old)” as “food with high content of fats, sugar and salt” and prohibits their preparation, sale and distribution in schools and preschools and within 100 m of these institutions. Order of the Ministry of Health No. 904 of 17 September 2012 (issued under the Food Law) establishes a list of food not recommended for school and preschool children (13). This list includes criteria for defining foods high in salt, fats, sugars and energy, including soft drinks and foods containing trans fat.

## 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
			✓ <sup>a</sup>			

<sup>a</sup> Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on the Republic of Moldova from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the European Union (EU).

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

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies

Source: country reporting template on the Republic of Moldova 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

Source: country reporting template on the Republic of Moldova 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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