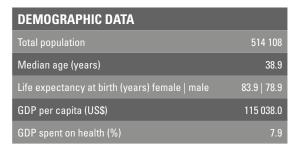
Nutrition, Physical Activity and Obesity Luxembourg







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Monitoring and surveillance

Overweight and obesity in three age groups

Adults (16/20 years and over)

Ministry of Health, Luxembourg

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 60.6% of the adult population (\geq 20 years old) in Luxembourg were overweight and 26.0% were obese. The prevalence of overweight was higher among men (66.7%) than women (54.7%). The proportion of men and women that were obese was 26.3% and 25.8%, respectively.

According to a nationally representative survey carried out in 2008 among individuals aged 16 years or over, 55.1% were overweight and 17.7% were obese.

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

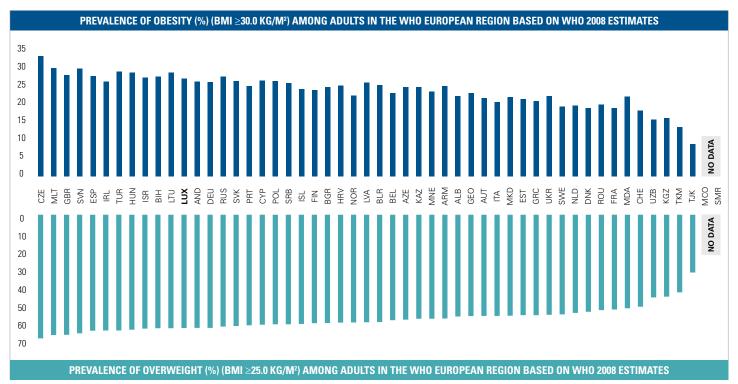
66.7

54.7

26.3

25.8

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



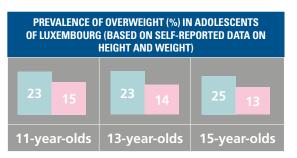
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index. Source: WHO Global Health Observatory Data Repository (1).

Overweight prevalence estimates for men and women were, respectively, 62.7% and 47.8%. The prevalence of obesity for men and women was 18.3% and 17.2%, respectively (2). It should be taken into account that these national data do not allow for comparability across countries.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 22% of men and 23% of women will be obese. By 2030, the model predicts that 26% of men and 27% of women will be obese.¹

Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 23% of boys and 15% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).² Among 13-year-olds, the corresponding figures were 23% for boys and 14% for girls, and among 15-year-olds, 25% and 13%, respectively (3).



Source: Currie et al. (3).

Information from the national medical school surveillance system indicated that for the school year 2010–2011, the prevalence of overweight and obesity among secondary school-aged children was 7.1% (boys 7.5%; girls 6.7%) and 4.6% (boys 4.7%; girls 4.5%), respectively (4).³ It should be taken into account that these national figures do not allow for comparability across countries.

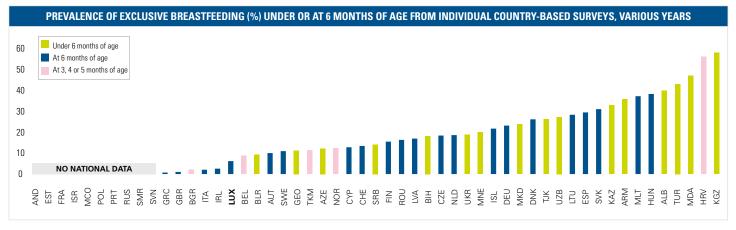
Children (0–9 years)

No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Luxembourg is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

However, data from the national medical school surveillance system are available for the school year 2010–2011: 8.2% (boys 7.9%; girls 8.4%) of primary school-aged children were obese (4).3 It should be taken into account that these national figures do not allow for comparability across countries.

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2008 show that in Luxembourg the prevalence of exclusive breastfeeding and of any breastfeeding at 6 months of age was 6.0% and 41.2%, respectively (5).⁴ In addition, breastfeeding was initiated within one hour after birth among 66.5% of neonates. After 4 months of age, 45.1% of infants were still breastfed and 26.0% were exclusively breastfed (5).



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

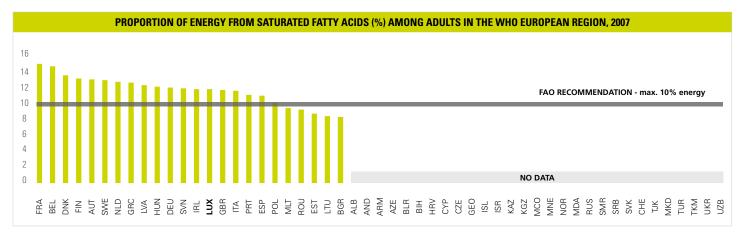
According to the 2007 estimates of the Food and Agriculture Organization of the United Nations (FAO), the adult population in Luxembourg consumed 11.5% of their total calorie intake from saturated fatty acids (6). According to national data from 2007–2009, the adult population aged 18–69 years in Luxembourg consumed 13.4% of their total calorie intake from saturated fatty acids (7). 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.

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.

² Based on 2007 WHO growth reference.

³ These data were based on weight and height measured by health professionals of the medical school surveillance services and the national growth reference.

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

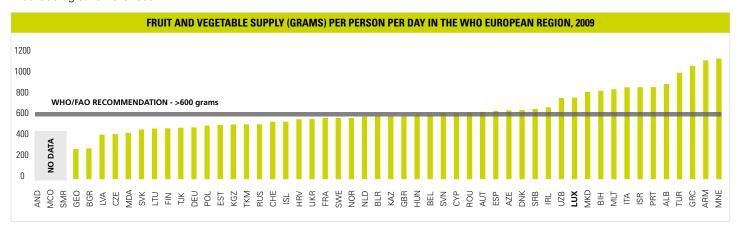


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph — with values below the FAO recommendation — fall within the positive frame of the indicator.

Source: FAOSTAT (6).

Fruit and vegetable supply

Luxembourg had a fruit and vegetable supply of 759 grams per capita per day, according to 2009 FAO estimates (6). According to national data from 2007–2009, the mean consumption of fruit and vegetables was 546 grams per day for adults (18–69 years) (7). It should be taken into account that the latter consumption data do not allow for comparability across countries due to sampling and other methodological differences.

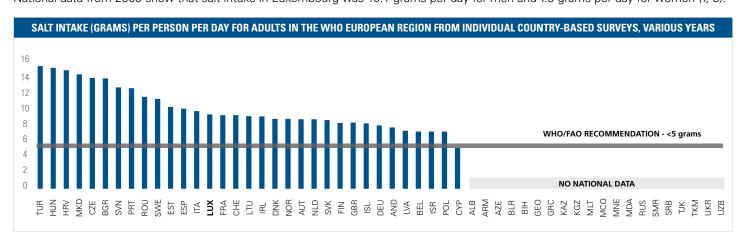


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph — with values above the WHO/FAO recommendation — fall within the positive frame of the indicator.

Source: FAOSTAT (6).

Salt intake

National data from 2009 show that salt intake in Luxembourg was 10.1 grams per day for men and 7.9 grams per day for women (7, 8).



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 (8).

lodine 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 32.7% (9, 10).

Physical inactivity

In Luxembourg, 47.1% of the population aged 15 years and over were insufficiently active (men 49.9% and women 44.3%), according to estimates generated for 2008 by WHO (1).

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Luxembourg; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (8).

Salt reduction initiatives

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

Notes. $\boldsymbol{x}\boldsymbol{x}$ partially implemented; $\boldsymbol{x}\boldsymbol{x}\boldsymbol{x}$ fully implemented.

Source: WHO Regional Office for Europe (8).

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 |
|-------|----------------------|
| | ✓ |

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 (11).

Marketing of food and non-alcoholic beverages to children (12)

In 2009 Luxembourg set up a code of practice for advertising (13), but this has no specific controls to restrict foods high in fat, sugar or salt.

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 | |
| ✓ b | ✓a | ✓a | ✓a | ✓a | ✓a | ✓a | |

^a Clearly stated in a policy document, partially implemented or enforced. ^b Clearly stated in a policy document, entirely implemented and enforced. Source: country reporting template on Luxembourg 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 |
|--|--|--|
| ✓ 2006 In 2006 Luxembourg adopted an interministerial programme for the promotion of healthy nutrition and physical activity, entitled "Gesond iessen, Méi bewegen" (Eat healthy, move more") (GIMB). The ministries involved are the Ministry of Health, the Ministry of Sports, the Ministry of Education and the Ministry of Family and Integration. The Ministry of Health is responsible for overall coordination. | The Ministry of Sport assumes the leadership for the aspect of PA. | Government departments on health, food, sport, urban planning, education and research, social welfare; schools, preschools, youth associations; civil society; municipalities; workplaces. |

Source: country reporting template on Luxembourg from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the FLI

PA recommendations, goals and surveillance

| Existence of national recommendation on HEPA | Target groups adressed by national HEPA policy | PA included in the national health monitoring system |
|--|--|---|
| V | | V |

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

References

- 1. WHO Global Health Observatory Data Repository [online database]. Geneva, World Health Organization, 2013 (http://apps.who.int/gho/data/view.main, accessed 21 May 2013).
- 2. Tchicaya A, Lorentz N. Prévalence du surpoids et de l'obésité de 1995 à 2008. Vivre au Luxembourg, Chroniques de l'enquête (PSELL-3/2007- CEPS INSTEAD), 2010, 66:1–2 (http://www.statistiques.public.lu/catalogue-publications/vivre-Luxembourg/2010/66-2010.pdf, accessed 16 June 2013).
- Currie C et al., eds. Social determinants of health and well-being among young people: Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6) (http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf, accessed 21 May 2013).
- Rapport d'activité du Ministère de la Santé 2011. Luxembourg City, Ministry of Health, 2012 (http://www.sante.public.lu/fr/catalogue-publications/systeme-sante/politique-nationale-sante/rapport-activite-ministere-sante-2011/, accessed 18 June 2013).
- 5. Desroches S et al. L'alimentation de nos bébés. Enquête nationale sur l'alimentation des enfants de 4, 6 et 12 mois au Grand-Duché de Luxembourg en 2008. Luxembourg City, Ministry of Health, 2010 (http://www.ms.public.lu/fr/actualites/2011/09/07-alba/rapport-ALBA-2008-definitif.pdf, accessed 16 June 2013).
- 6. FAOSTAT [online database]. Rome, Statistics Division of the Food and Agriculture Organization of the United Nations, 2013 (http://faostat.fao.org/, accessed 21 May 2013).
- Alkerwi A, Guillame M. Glance on preliminary nutritional data. ORISCAV-LUX survey. 1st Luxembourgish Food and Nutrition Conference (NULUX). Phytochemicals and Micronutrients in Chronic Disease Prevention. Luxembourg City, 22 April 2009. Luxembourg City, Centre de Recherche Public de la Santé, 2009 (http://www.crp-sante.lu/content/download/27618/405370/ version/1/file/oriscav-slides-nulux-2009-glance-preliminary-nutritional-data.pdfh, accessed 16 June 2013).
- 8. Mapping salt reduction initiatives in the WHO European Region. Copenhagen, WHO Regional Office for Europe, 2013(http://www.euro.who.int/__data/assets/pdf_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region-final.pdf, accessed 29 May 2013).
- 9. Andersson M, Karumbunathan V, Zimmermann MB. Global iodine status in 2011 and trends over the past decade. Journal of Nutrition, 2012, 142(4):744-750.
- 10. Zimmerman MB, Andersson M. Update on iodine status worldwide. Current Opinion in Endocrinology, Diabetes and Obesity, 2012, 19(5):382-387.
- 11. School Fruit Scheme [website]. Brussels, European Commission Directorate-General for Agriculture and Rural Development, 2012 (http://ec.europa.eu/agriculture/sfs/eu-countries/index_en.htm, accessed 21 May 2013).
- Marketing of foods high in fat, salt and sugar to children: update 2012–2013. Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0019/191125/e96859.pdf, accessed 10 October 2013).
- Code de déontologie [website]. Luxembourg City, Luxembourg Commission for Ethics in Advertising, 2009 (http://www.clep.lu/index.php/code-de-deontologie, accessed 6 August 2013).