

Nutrition, Physical Activity and Obesity Malta



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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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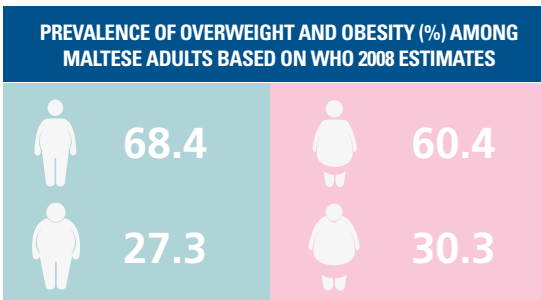
DEMOGRAPHIC DATA	
Total population	417 000
Median age (years)	39.5
Life expectancy at birth (years) female male	82.3 77.6
GDP per capita (US\$)	17 988.6
GDP spent on health (%)	8.6

Monitoring and surveillance Overweight and obesity in three age groups

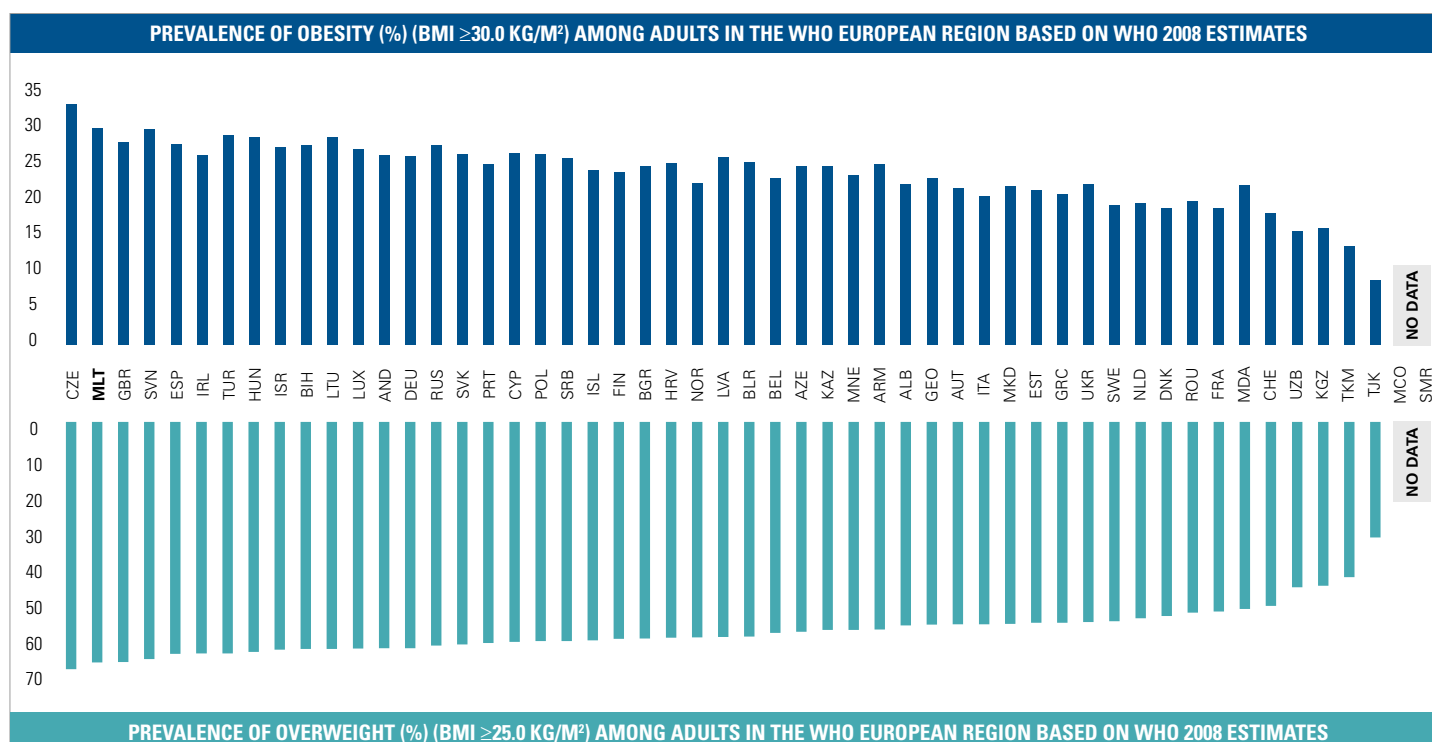
Adults (15/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 64.3% of the adult population (≥ 20 years old) in Malta were overweight and 28.8% were obese. The prevalence of overweight was higher among men (68.4%) than women (60.4%). The proportion of men and women that were obese was 27.3% and 30.3%, respectively.

According to a nationally representative survey carried out in 2008 among individuals aged 15 years or over, 58.5% were overweight and 22.3% were obese (based on self-reported weight and height). Overweight prevalence estimates for men and women were, respectively, 69.0% and 49.0%. The prevalence of obesity for men and women was 24.3% and 20.6%, respectively (2).



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).

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.

Based on measured weight and height, the prevalence of overweight and obesity among the Maltese population aged 18 years and over in 2010 was 62.3% (males 68.5%; females 57.6%) and 29.6% (males 28.2%; females 32.0%), respectively (3). It should be taken into account that these two national data sources do not allow for comparability across countries.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 19% of men and 17% of women will be obese. By 2030, the model predicts that 17% of both men and women will be obese.¹

Adolescents (10–19 years)

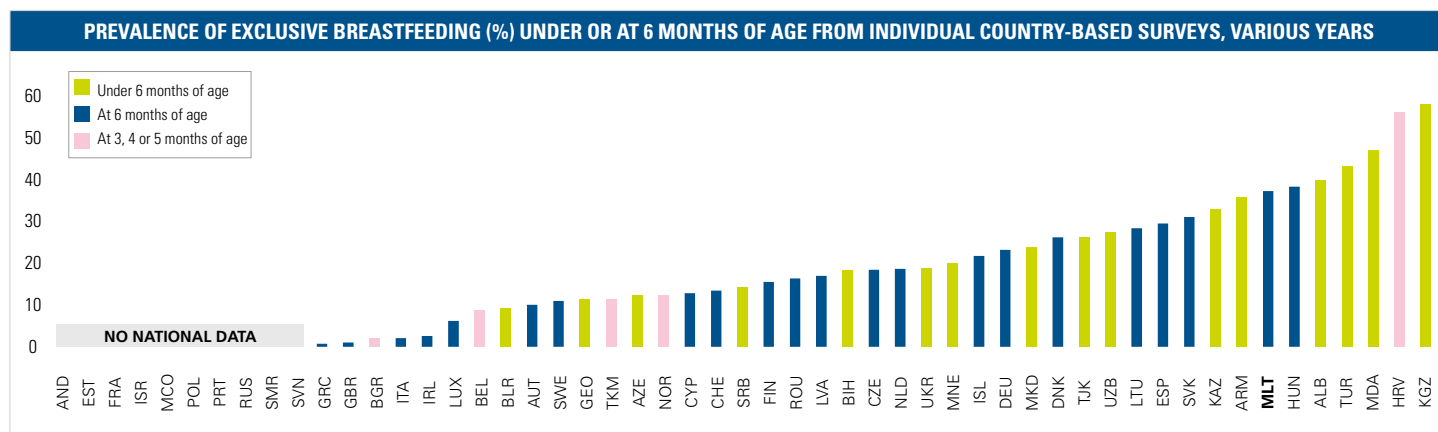
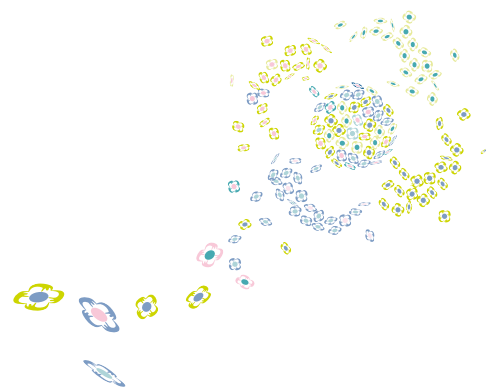
No overweight and obesity data are available from the international report of the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). However, a national report on the HBSC data (4) indicates that 41.3% of boys and 26.3% of girls among 11-year-olds were overweight. Among 13-year-olds, the corresponding figures were 36.8% for boys and 29.2% for girls, and among 15-year-olds, 28.2% and 23.2%, respectively.²

Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 6-year-olds in Malta, 34.3% of boys and 29.3% of girls were overweight and 14.7% and 11.7%, respectively, were obese (6).³

Exclusive breastfeeding until 6 months of age

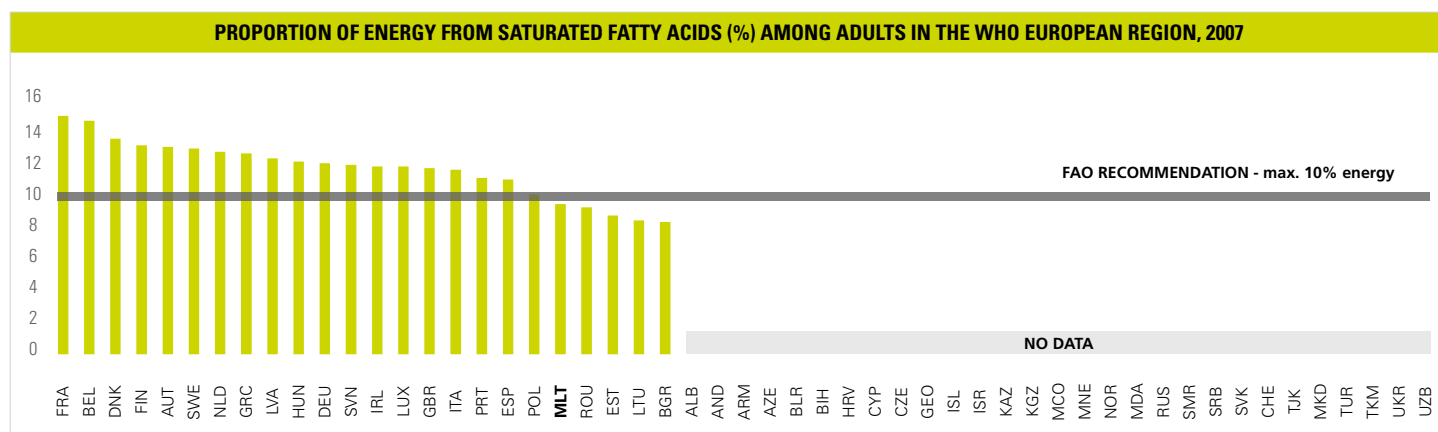
Nationally representative data from 2004–2005 show that the prevalence of exclusive breastfeeding at 6 months of age was 36.0% in Malta.⁴



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 2007 estimates, the adult population in Malta consumed 9.2% of their total calorie intake from saturated fatty acids (7).



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 (7).

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.

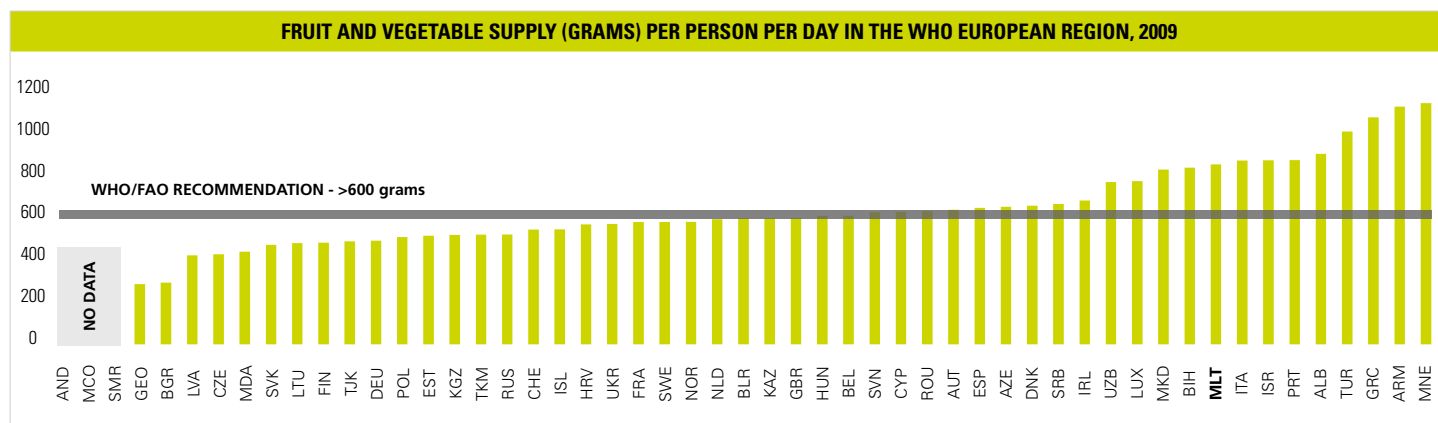
² Based on the international growth reference recommended by the International Obesity Task Force (5).

³ Based on 2007 WHO growth reference.

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

Fruit and vegetable supply

Malta had a fruit and vegetable supply of 837 grams per capita per day, according to 2009 estimates (7).

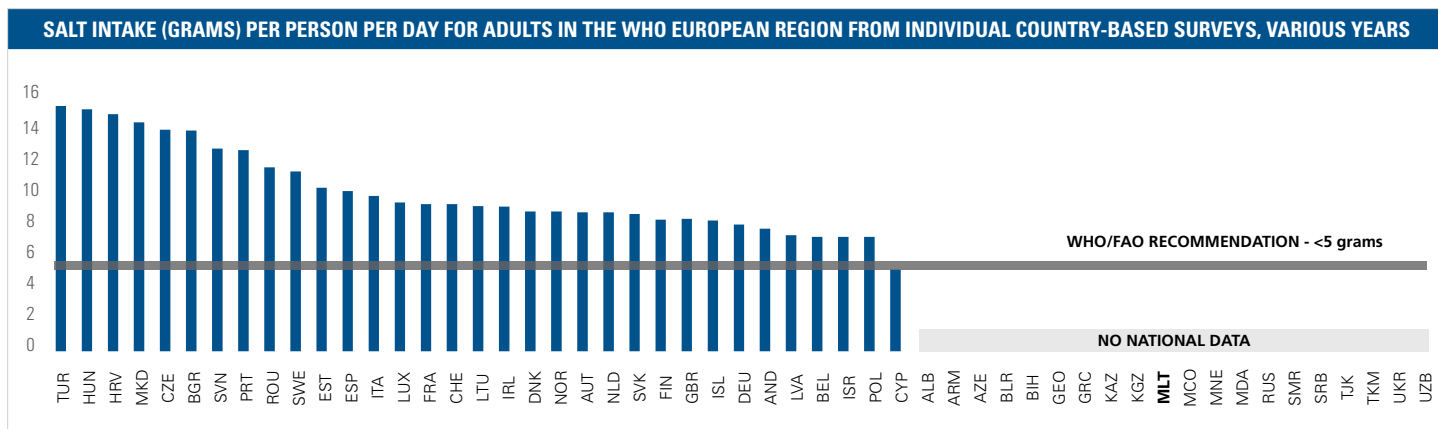


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (7).

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 (8).

Iodine status

No data are available.

Physical inactivity

In Malta, 72.5% of the population aged 15 years and over were insufficiently active (men 70.7% and women 74.2%), 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 Malta; (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	Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Salt content in food										
Salt intake										
Consumer awareness	XX	XX	Food reformulation limited to bread		XXX	XX	XXX	XX		
Behavioural change										
Urinary salt excretion (24 hrs)										

Notes. XX partially implemented; XXX 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 (9).

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

The Broadcasting Code for the Protection of Minors, which came into force on 1 September 2000 and was amended in 2010, states in paragraph 19: "Advertisements for confectionery and snack foods shall not suggest that such products may be substituted for balanced meals" (11). On 22 February 2012 the Ministry for Health, the Elderly and Community Care launched the "Healthy Weight for Life" strategy for 2012–2020. This also addresses the reduction of marketing of foods high in fat, sugar or salt to children (12).

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 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 Malta 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
✓	Malta Sports Council and Health Promotion and Disease Prevention Directorate	Government departments on health, sport, education, youth; academia; local government

Source: country reporting template on Malta 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, vulnerable and low socioeconomic groups, children and adolescents	✓

Source: country reporting template on Malta 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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