Nutrition, Physical Activity and Obesity
Russian Federation

World Health Organization
REGIONAL OFFICE FOR Europe

© Petunina Tatiana

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.

DEMOGRAPHIC DATA	
Total population	142 938 000
Median age (years)	37.9
Life expectancy at birth (years) female | male	75.0 | 63.3
GDP per capita (US$)	10 351.4
GDP spent on health (%)	5.1

Monitoring and surveillance

Overweight and obesity in three age groups

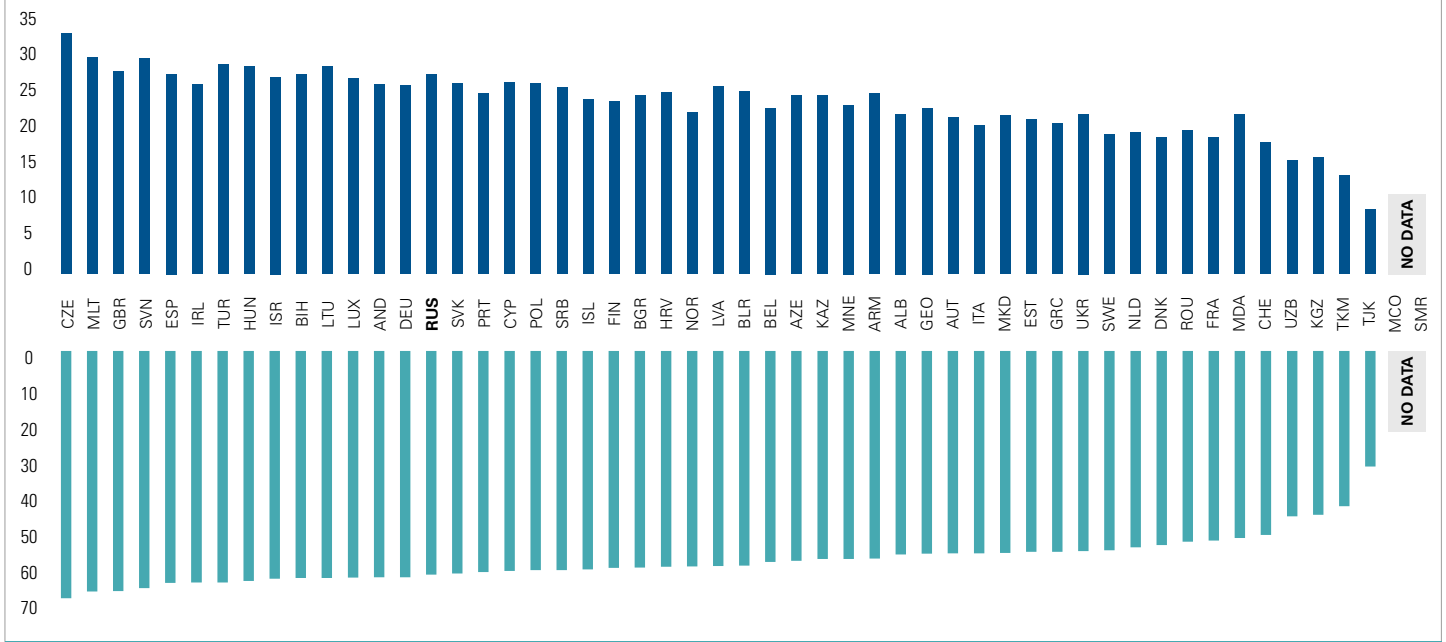
Adults (20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 *(1)* show that 59.8% of the adult population (≥ 20 years old) in the Russian Federation were overweight and 26.5% were obese. The prevalence of overweight was lower among men (56.2%) than women (62.8%). The proportion of men and women that were obese was 18.6% and 32.9%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 31% of men and 26% of women will be obese. By 2030, the model predicts that 33% of men and 26% of women will be obese.[1]

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

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 development of the nutrition, obesity and physical activity database that provided data for this country profile.

Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 32% of boys and 18% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). Among 13-year-olds, the corresponding figures were 22% for boys and 9% for girls, and among 15-year-olds, 13% and 7%, respectively *(2)*.[2]

Children (0–9 years)

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

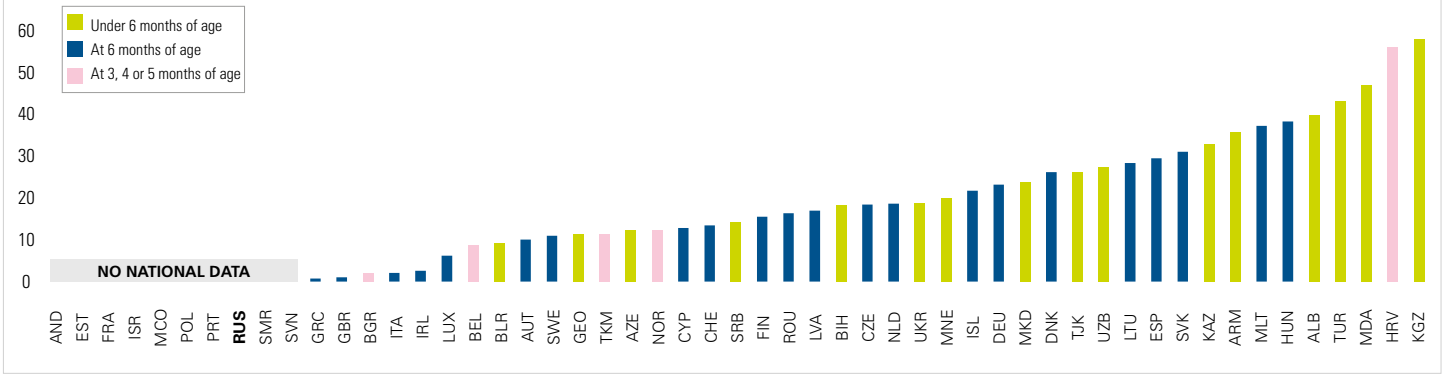
PREVALENCE OF OVERWEIGHT (%) IN RUSSIAN ADOLESCENTS (BASED ON SELF-REPORTED DATA ON HEIGHT AND WEIGHT)

Source: Currie et al. *(2)*.

Exclusive breastfeeding until 6 months of age

Subnationally representative data from 2000 show that the prevalence of any breastfeeding at 6 months of age was 47.2% in the Russian Federation.[3]

PREVALENCE OF EXCLUSIVE BREASTFEEDING (%) UNDER OR AT 6 MONTHS OF AGE FROM INDIVIDUAL COUNTRY-BASED SURVEYS, VARIOUS YEARS

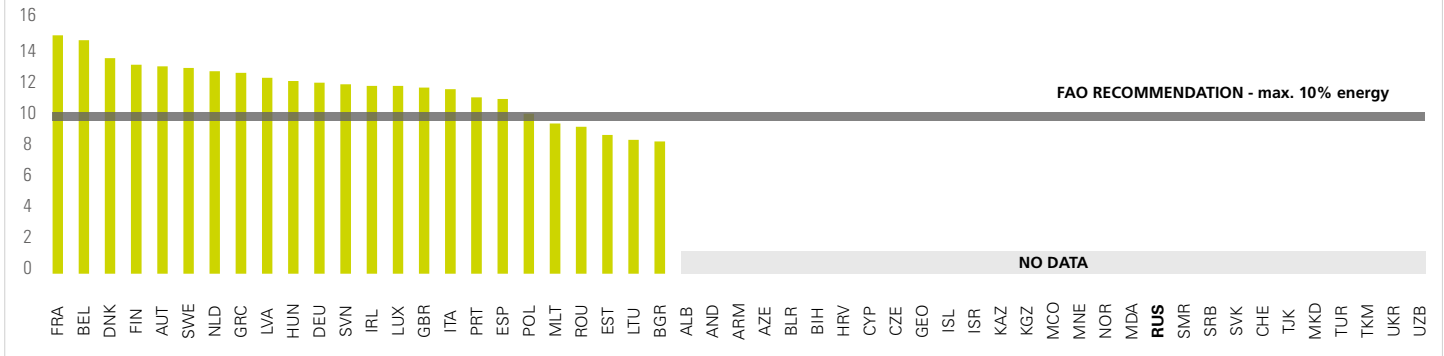


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution.
Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Saturated fat intake

No estimates are available from the Food and Agriculture Organization of the United Nations (FAO) from 2007. However, according to subnational data from 2002–2005, the adult population aged 45–69 years in the Russian Federation consumed 14% of their total calorie intake from saturated fatty acids *(3)*. It should be taken into account that these subnational data do not allow for comparability across countries due to sampling and other methodological differences.

PROPORTION OF ENERGY FROM SATURATED FATTY ACIDS (%) AMONG ADULTS IN THE WHO EUROPEAN REGION, 2007

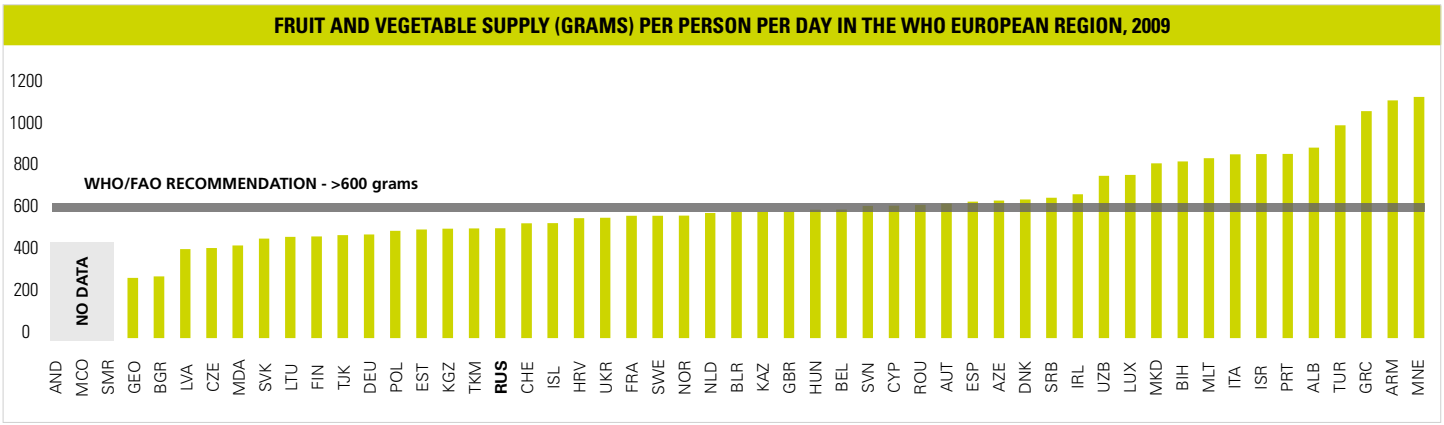


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator.
Source: FAOSTAT *(4)*.

[2] Based on 2007 WHO growth reference.
[3] WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Fruit and vegetable supply

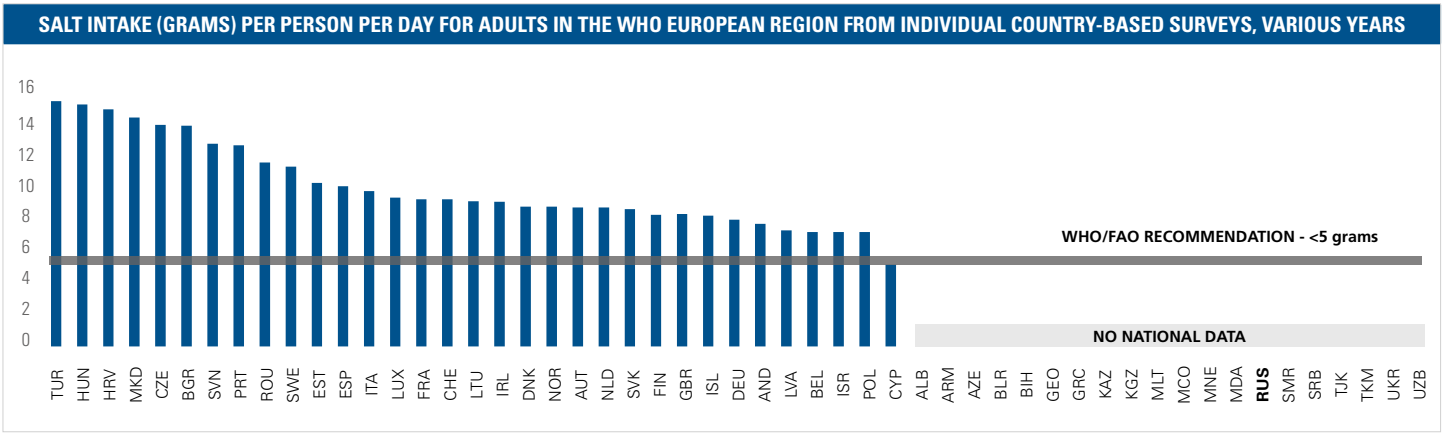
The Russian Federation had a fruit and vegetable supply of 511 grams per capita per day, according to 2009 estimates *(4)*.



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 *(4)*.

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 *(5)*.

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 58.1% *(6, 7)*.

Physical inactivity

In the Russian Federation, 22.6% of the population aged 15 years and over were insufficiently active (men 22.9% and women 22.4%), 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 the Russian Federation; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives *(5)*.

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 Schools Health care facilities	Conference	Reporting
Salt content in food											
Salt intake											
Consumer awareness											
Behavioural change											
Urinary salt excretion (24 hrs)											

Source: WHO Regional Office for Europe *(5)*.

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)*

No action has yet been taken regarding a reduction in the marketing of food and beverages to children.

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]	✔[b]	✔[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 the Russian Federation 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
✔ 2008	Ministry of Health and Social Development	Professionals and political authorities

Source: country reporting template on the Russian Federation 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 adressed by national HEPA policy	PA included in the national health monitoring system
✔ 2008	General population	✔

Source: country reporting template on the Russian Federation 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. 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).
3. Boylan S et al. Dietary habits in three central and eastern European countries: the HAPIEE study. *BMC Public Health*, 2009, 9:439.
4. 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).
5. *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).
6. 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.
7. Zimmerman MB, Andersson M. Update on iodine status worldwide. *Current Opinion in Endocrinology, Diabetes and Obesity*, 2012, 19(5):382–387.
8. *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).