

Nutrition, Physical Activity and Obesity Bulgaria



© Union of the processors of fruit and vegetables in Bulgaria



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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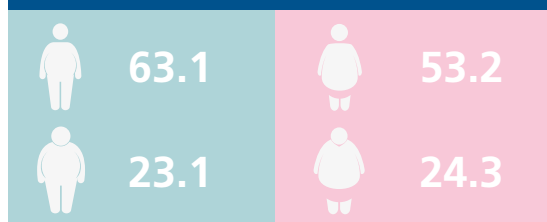
DEMOGRAPHIC DATA	
Total population	7 494 000
Median age (years)	41.6
Life expectancy at birth (years) female male	76.4 69.2
GDP per capita (US\$)	6365.0
GDP spent on health (%)	6.9

Monitoring and surveillance Overweight and obesity in three age groups

Adults (20 years and over)

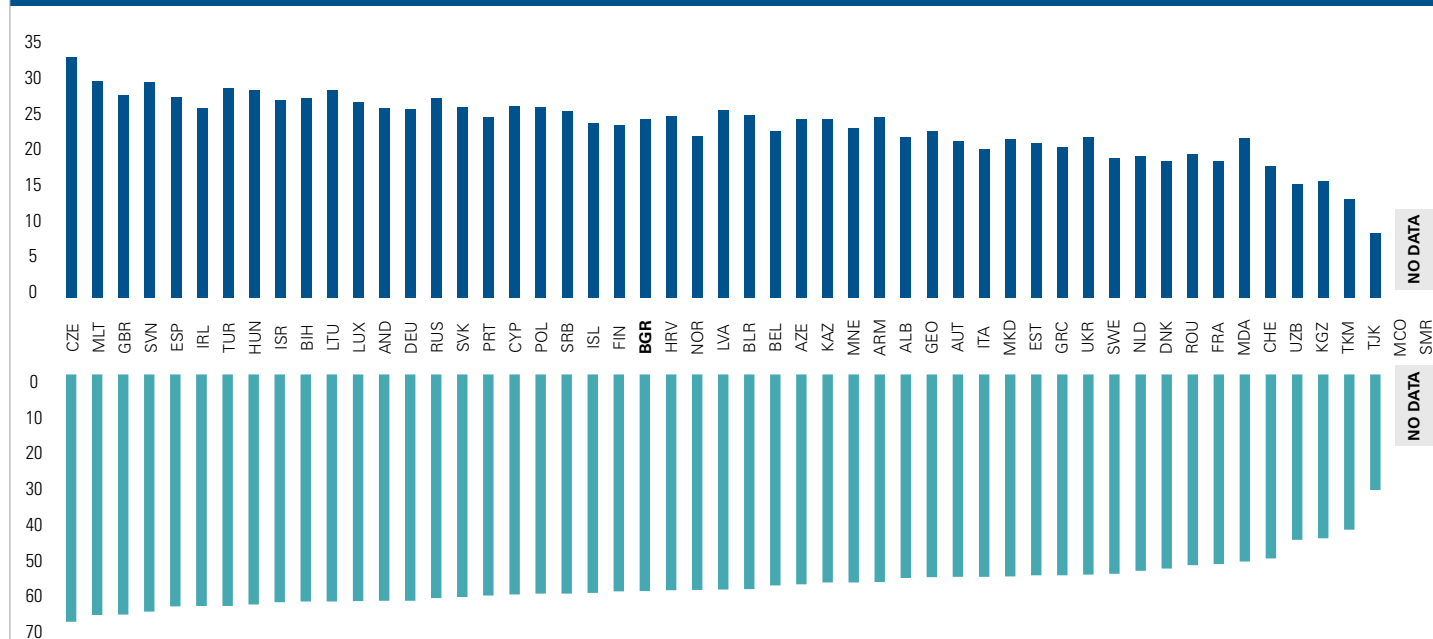
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 57.9% of the adult population (≥ 20 years old) in Bulgaria were overweight and 23.7% were obese. The prevalence of overweight was higher among men (63.1%) than women (53.2%). The proportion of men and women that were obese was 23.1% and 24.3%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 13% of men and 14% of women will be obese. By 2030, the model predicts that 15% of men and 14% of women will be obese.¹

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG BULGARIAN 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

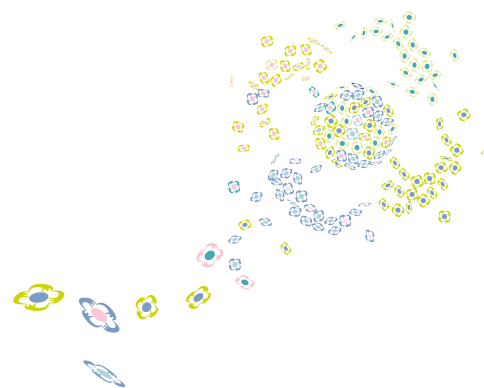
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index.

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.

Adolescents (10–19 years)

No data are available from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). However, according to measured data from the 2011 National Survey of Nutritional Status of Schoolchildren in Bulgaria, the proportion of overweight schoolchildren aged 10–13 years was 38.3% in boys and 30.1% in girls; and the proportion that were obese was 17.1% and 10.8%, respectively (2).² The proportion of overweight boys and girls aged 14–18 years was 27.0% and 21.1%, respectively; with the corresponding figures of 10.2% and 5.8% for obesity in the same age group. It should be taken into account that these national data do not allow for comparability across countries.

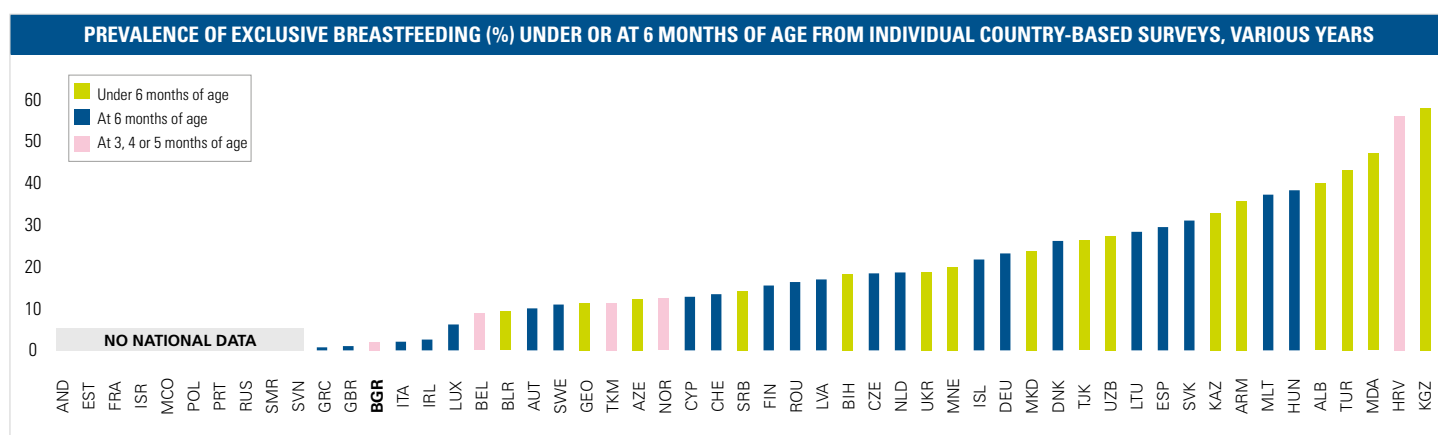


Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 7-year-olds in Bulgaria, 28.2% of boys and 27.7% of girls were overweight and 12.6% and 12.0%, respectively, were obese (3).² Based on the 2011 National Survey, overweight prevalence among boys aged 6–9 years was 39.0%, and 32.4% among girls of the same age. Obesity prevalence figures for the same age group were 20.4% and 15.2% for boys and girls, respectively (2). It should be taken into account that these latter national data do not allow for comparability across countries.

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2007 show that the prevalence of exclusive breastfeeding at 4–5 months of age was 2.0% in Bulgaria.³

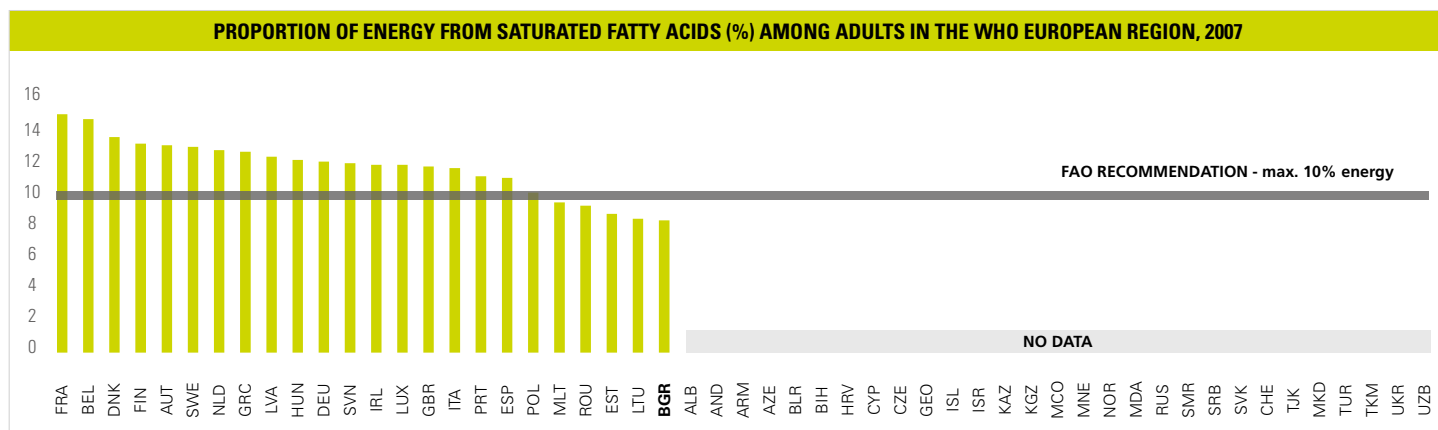


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries 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 Bulgaria consumed 8.1% of their total calorie intake from saturated fatty acids (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 below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the United Nations.

Source: FAOSTAT (4).

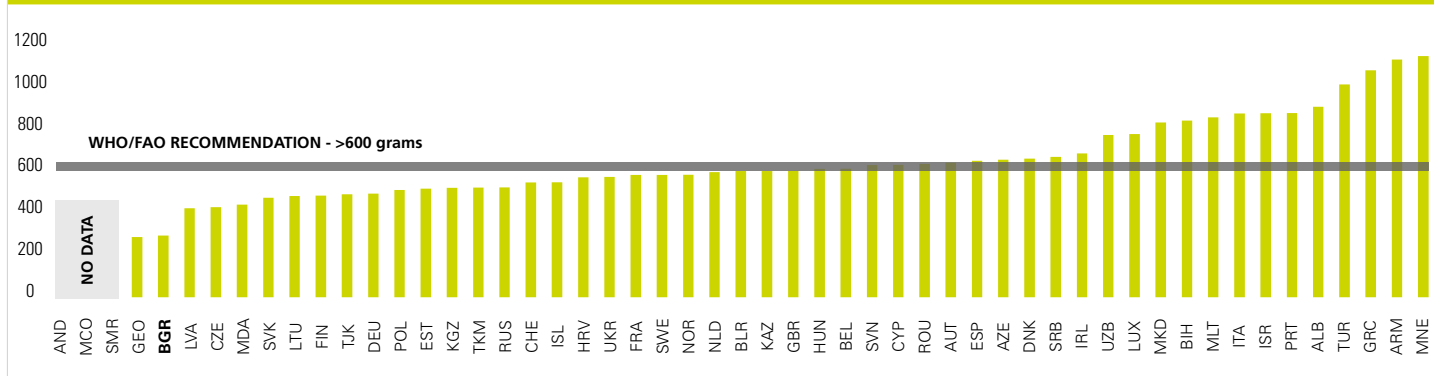
Fruit and vegetable supply

Bulgaria had a fruit and vegetable supply of 287 grams per capita per day, according to 2009 FAO estimates (4). According to national data from 2011, the average household consumption of fruit and vegetables was 323 grams per capita per day (5). 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.

² Based on 2007 WHO growth reference.

³ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

FRUIT AND VEGETABLE SUPPLY (GRAMS) PER PERSON PER DAY IN THE WHO EUROPEAN REGION, 2009



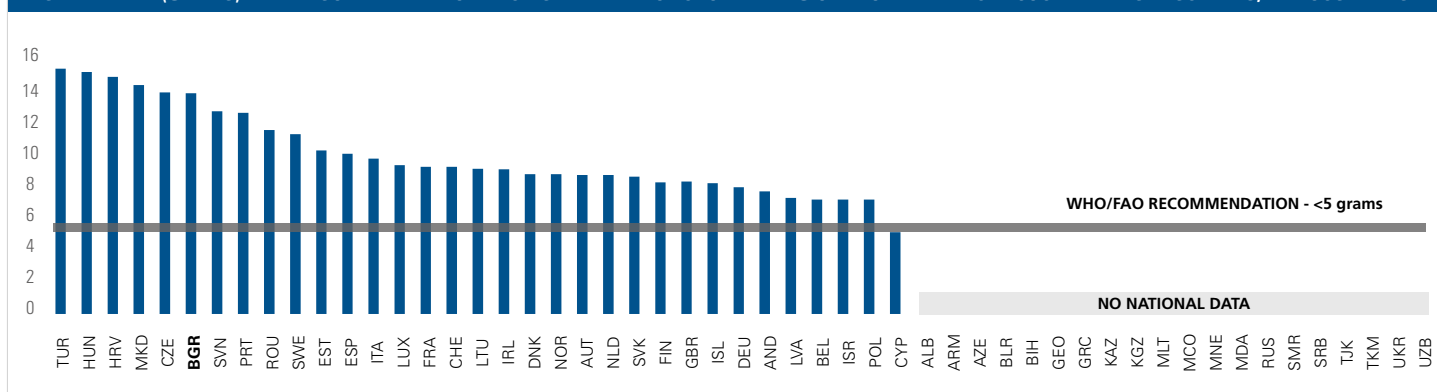
Notes: The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (4).

Salt intake

Data from 2004 show that salt intake in Bulgaria was between 12.5 and 14.5 grams per day for men and between 11.4 and 16.6 grams per day for women (6).

SALT INTAKE (GRAMS) PER PERSON PER DAY FOR ADULTS IN THE WHO EUROPEAN REGION 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. 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 (6).

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 11.2% (7, 8).

Physical inactivity

In Bulgaria, 28.4% of the population aged 15 years and over were insufficiently active (men 24.6% and women 31.8%), 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 Bulgaria; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (6).

Salt reduction initiatives

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

Notes: XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (6).

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)

A national food and nutrition plan was developed for 2005–2010 (11). The plan was multisectoral in approach and included activities to address overweight, obesity and the development of new standards for the marketing of foods. In 2010, implementation had reached the stage of a panel discussion with stakeholders being prepared (including institutions, producers, traders, nongovernmental organizations and the media) on the initiation of national measures to reduce the advertising of unhealthy foods and beverages to children.

The National Ethical Standards for Advertising and Commercial Communication developed an ethical code (12) in September 2009 which has been adopted by the National Council for Self-Regulation (13). The Council is an independent body for the self-regulation of advertising and commercial communication. After consultations with selected professionals, it creates, revises and assures the voluntary application of ethical standards and good practices in the advertising industry, with the aim of providing protection for consumers, the principles of fair competition and the interests of society as a whole. In 2010, consultations were under way on national measures to reduce the advertising of unhealthy food and beverages to children. A framework for responsible commercial communication on food and drinks (14) has been developed and adopted by the Council as an integral part of the ethical code. This specifies the application of some of the general rules of the code to food and drinks, and should be interpreted and applied together with the code itself. The framework sets special requirements for advertising and communication aimed at children because of their lack of experience and limited capacity to assess such information. The regulations for the application of the National Ethical Standards for Advertising and Commercial Communication relate to the organs, mechanisms, terms and conditions of the application of the ethical code (15).

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	✓ ^b	✓ ^b		

^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 Bulgaria 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
Planned within the framework of the "National programme for prevention of noncommunicable diseases, 2013–2020", which is to be approved by the Council of Ministers	Ministry of Health, Ministry of Education and Science, and Ministry of Physical Education and Sports	Government departments on health, sport, education and research; nongovernmental organizations; and the academic sphere

Source: country reporting template on Bulgaria 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
Planned within the framework of the "National programme for prevention of noncommunicable diseases, 2013–2020", which is to be approved by the Council of Ministers	General population	Planned within the framework of the "National programme for prevention of noncommunicable diseases, 2013–2020", which is to be approved by the Council of Ministers

Source: country reporting template on Bulgaria 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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