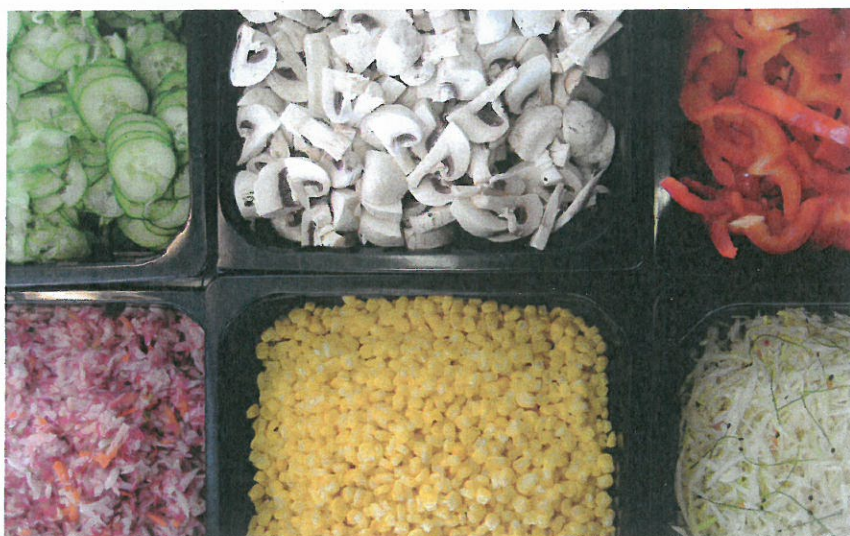


# Nutrition, Physical Activity and Obesity Czech Republic



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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

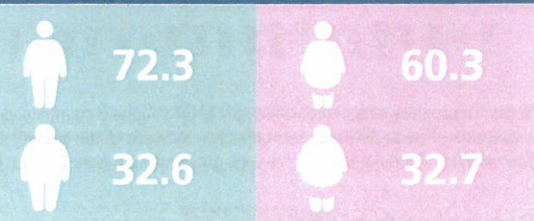
Total population	10 439 000
Median age (years)	39.4
Life expectancy at birth (years) female   male	80.2   73.8
GDP per capita (US\$)	18 839.0
GDP spent on health (%)	7.9

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

### Adults (20 years and over)

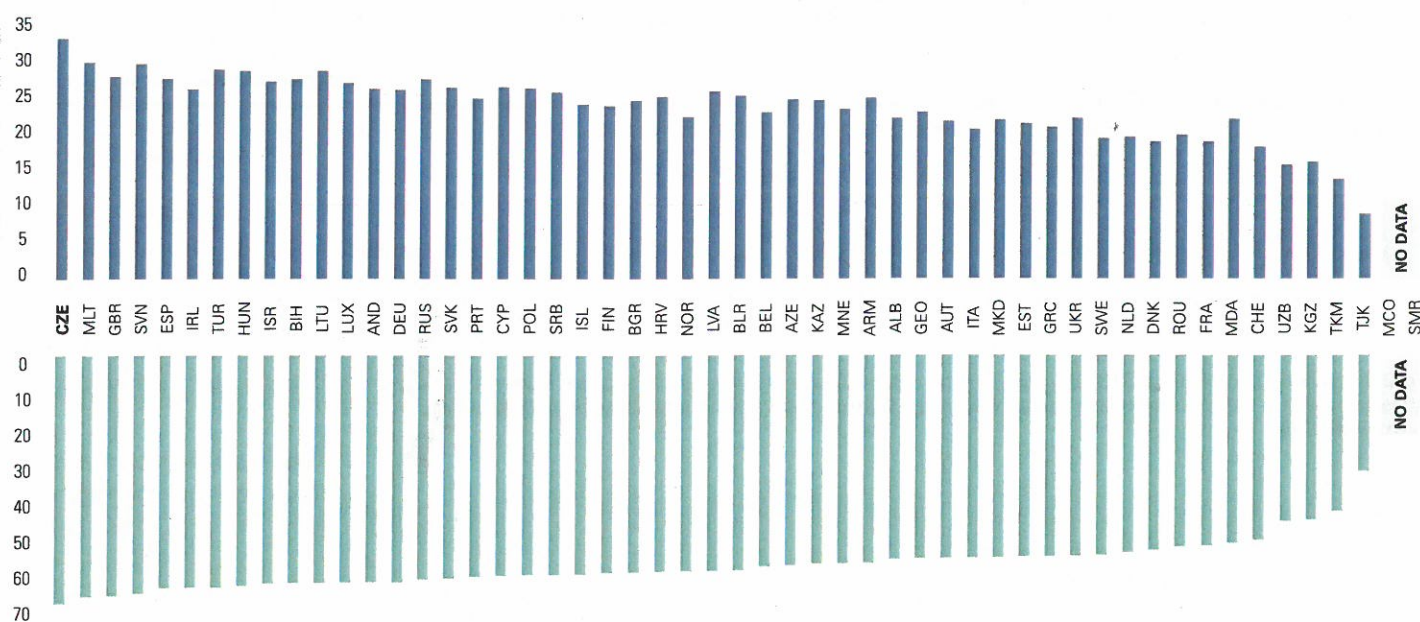
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 66.1% of the adult population ( $\geq 20$  years old) in the Czech Republic were overweight and 32.7% were obese. The prevalence of overweight was higher among men (72.3%) than women (60.3%). The proportion of men and women that were obese was 32.6% and 32.7%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 29% of men and 30% of women will be obese. By 2030, the model predicts that 36% of men and 37% of women will be obese.<sup>1</sup>

## PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG CZECH 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)

In terms of prevalence of overweight and obesity in adolescents, up to 31% of boys and 16% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).<sup>2</sup> Among 13-year-olds, the corresponding figures were 28% for boys and 11% for girls, and among 15-year-olds, 22% and 12%, 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 7-year-olds in the Czech Republic, 21.4% of boys and 20.2% of girls were overweight and 9.7% and 5.7%, respectively, were obese (3).<sup>2</sup>

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

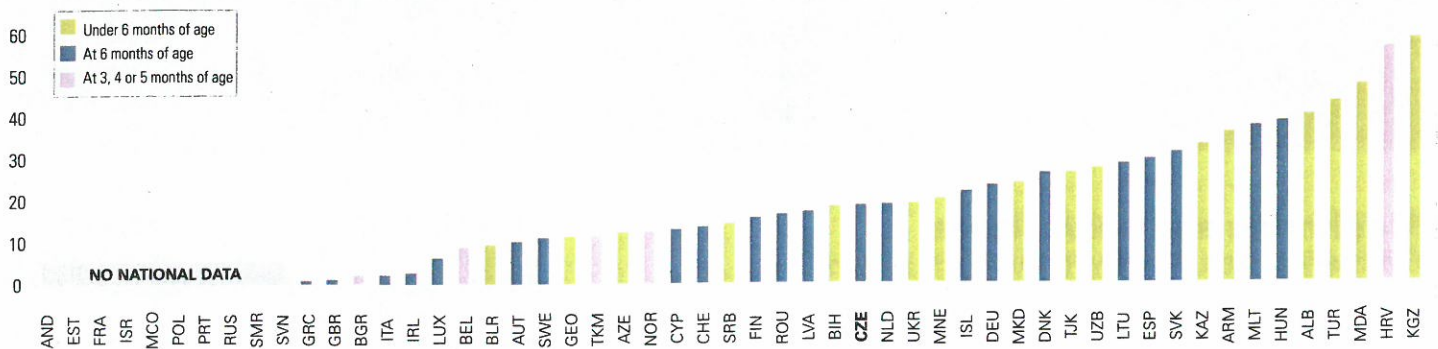


Source: Currie et al. (2).

## Exclusive breastfeeding until 6 months of age

Nationally representative data from 2009 show that the prevalence of exclusive breastfeeding at 6 months of age was 17.8% in the Czech Republic.<sup>3</sup>

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

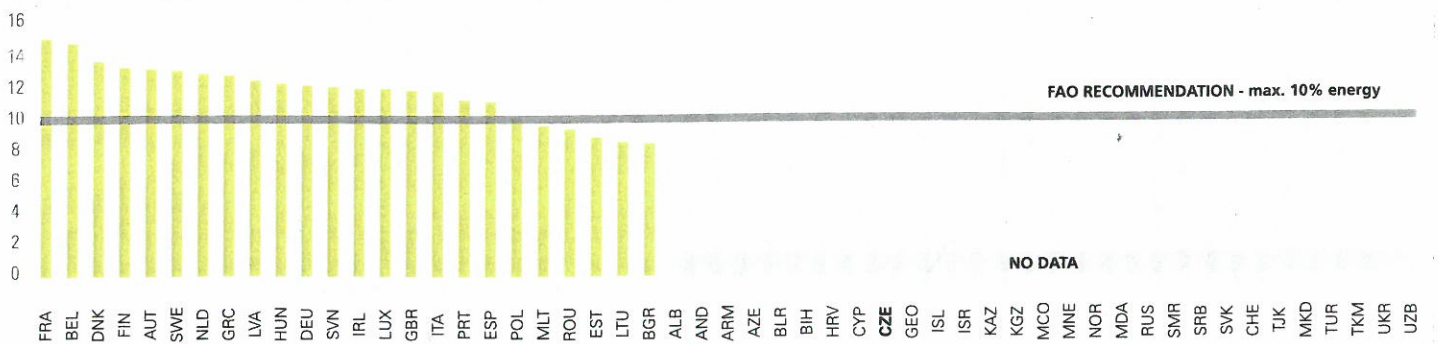


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries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

## Saturated fat intake

No data are available.

### 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. FAO: Food and Agriculture Organization of the United Nations. Source: FAOSTAT (4).

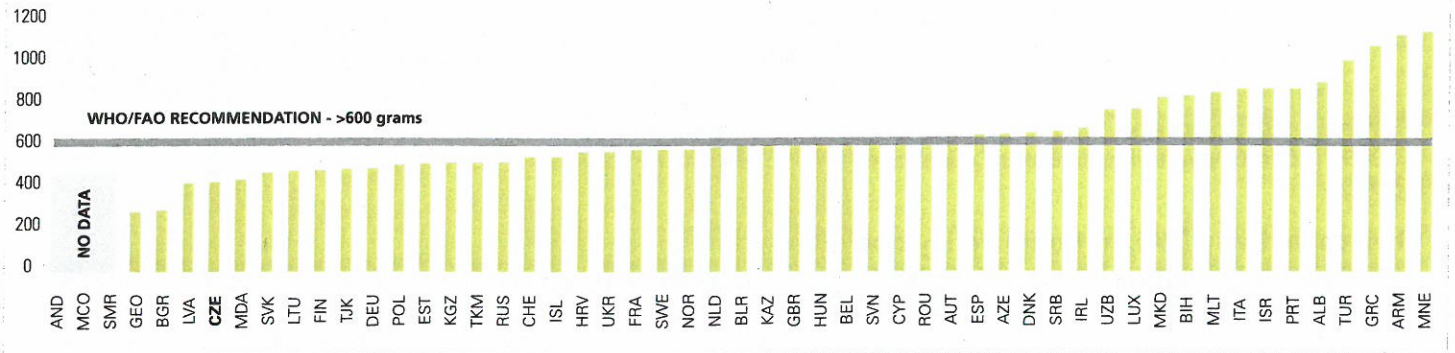
<sup>2</sup> Based on 2007 WHO growth reference.

<sup>3</sup> WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

## Fruit and vegetable supply

The Czech Republic had a fruit and vegetable supply of 419 grams per capita per day, according to 2009 estimates (4).

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



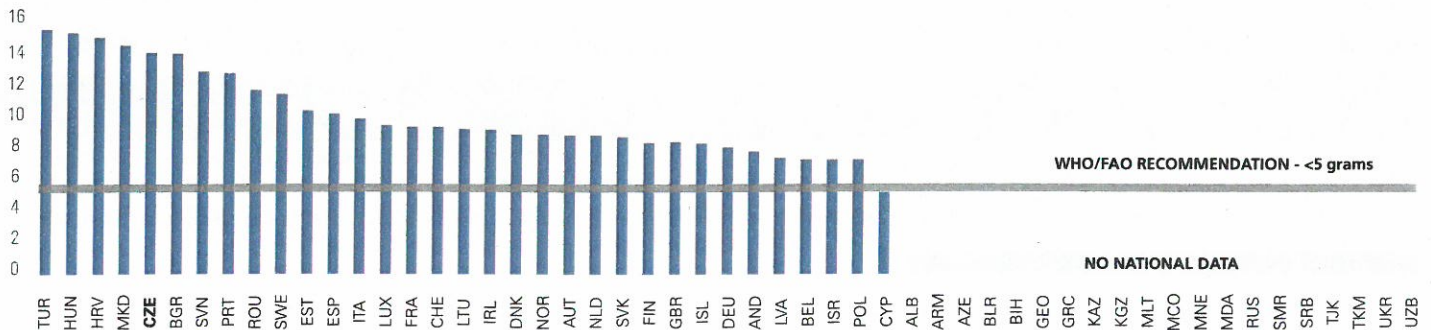
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (4).

## Salt intake

Data from 2003–2004 show that salt intake in the Czech Republic was 16.6 grams per day for men and 10.5 grams per day for women (5).

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 (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 13.4% (6, 7).

## Physical inactivity

In the Czech Republic, 29.1% of the population aged 15 years and over were insufficiently active (men 30.7% and women 27.6%), 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 Czech Republic; (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	TV	Web site	Education	Conference	Reporting
Salt content in food					Print	Radio	Software	Schools		
Salt intake								Health care facilities		
Consumer awareness										
Behavioural change	xxx									
Urinary salt excretion (24 hrs)				xx			xxx			

Notes. xx partially implemented; xxx fully implemented.

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
	✓

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 web site (8).

## Marketing of food and non-alcoholic beverages to children (9)

In 2008 the Czech Advertising Standards Council launched a self-regulatory advertising code of practice (10). No further details have been reported.

## 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	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>		

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

Source: country reporting template on the Czech Republic 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 Czech Republic 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	✓

Source: country reporting template on the Czech Republic 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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