OECD Health Statistics 2025
Definitions, Sources and Methods

Overweight or obese population - Measured data (age 15+)

The Body Mass Index (BMI) is a single number that evaluates an individual's weight status in relation to height (weight/height2) with weight in kilograms and height in meters.

- Overweight (but not obese) **is defined as a BMI between 25 and 30 kg/m² (25≤ BMI <30 kg/m²).**
- Obesity is defined as a BMI of 30 kg/m² or more (BMI ≥30 kg/m²).
- Overweight or obese population is the sum of the population with a BMI over 25 kg/m² (BMI ≥25 kg/m²).

For further details on the BMI classification, see https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight and https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi.

Sources and Methods

Australia

Sources:
2022: **Australian Bureau of Statistics** (2022). National Health Survey. ABS. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/latest-release, viewed 5 January 2024.
2017: National Health Survey: First Results, 2017-18 - Australia. ABS Cat. No. 4364.0.55.001. Canberra: ABS.
2014: National Health Survey: First Results, 2014-15 - Australia. ABS Cat. No. 4364. Canberra: ABS.
2011: **Australian Bureau of Statistics**. 2012. Australian Health Survey: First Results, 2011-12 - Australia. ABS Cat. No. 4364.0.55.001. Canberra: ABS.
2007: **Australian Bureau of Statistics**. 2009. National Health Survey, 2007-08: Summary of results (re-issue). ABS Cat. No. 4364.0. Canberra: ABS.
1995: **Australian Bureau of Statistics**. National Nutrition Survey.
1980, 1983 and 1989: **National Heart Foundation**. Risk Factor Prevalence Surveys.
Note: The National Health Survey is usually conducted every three years. The National Health Survey 2020-21 was collected online during the COVID-19 pandemic and represents a break in time series. Data cannot be compared to previous years, and have not been updated for this dataset.
Coverage:
- Data for 2017 and 2022 are for the population aged 15 years and over.
- Approximately 17073 persons were surveyed in 2022, 21315 in 2017, 19259 in 2014, 20400 in 2011, 20800 in 2007 and 25900 in 2004.
Deviations from the OECD definition:
- Data for 1995, 2007, 2011 and 2014 are for the population aged 18 years old and over.
- Data for 1980, 1983 and 1989 are for the population aged 25-64 years old.
Note: The ABS 2022 National Health Survey uses the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 to collect the Sex at birth variable used in this data table. Due to small numbers and the need to protect privacy, people who reported sex at birth as a term other than male or female are not reported separately or included in the total Persons category.
Methodology:

2017: Data are derived from measured height and weight. In 2017-18, 34.4% of respondents aged 15 years and over did not have their height, weight or both measured. For these respondents, imputation was used to obtain height, weight and BMI score.
2014: Data are derived from measured height and weight. In 2014-15, 26.8% of respondents aged 18 years and over did not have their BMI measured. For these respondents, imputation was used to obtain BMI score.
From 2007: Data are based on measured height and weight. Percentages are based on those for whom measurements were taken.
1995: 9599 respondents. Height and weight measured by trained nutritionists.
Further care should be exercised in comparing data as they do not represent the same populations: 1980, 1983 and 1989 data are for participants living in State capital cities, with weight and height measured by trained nurses. BMI calculated for all participants except pregnant women.
Break in time series in 1995 due to a change in coverage (age group) and methodology.
Further information: http://www.abs.gov.au/.

Austria

Data not available.

Belgium

Sources: Sciensano (formerly Scientific Institute of Public Health).
2023: **National Food Consumption Survey 2022-2023**.
2018: **Scientific Institute of Public Health, Operational Direction of Public Health and Surveillance, Health examination survey**.
2014: **National Food Consumption Survey 2014**.
Coverage:
2023: Population aged 18 years old and over. The survey conducted in 2022-2023 involves 3020 participants aged 3 and older, plus an extra sample of 1000 in Brussels and 160 in the German-speaking community.
2018: Population aged 18 years old and over (about 1000 participants).
2014: Population aged 18-64 years old.
Further information: https://www.sciensano.be/en/results-national-food-consumption-survey-2022-2023/weight-status/overweight-and-obesity-bmi.

Canada

Source: Statistics Canada, Canadian Health Measures Survey (CHMS) and Canadian Community Health Survey (CCHS).
2019: CHMS Cycle 6 (2018-2019): Table 13-10-0323-01 (formerly CANSIM 117-0005). Data for 18+ only. See https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310037301.
2017: CHMS Cycle 5 (2016-2017): Table 13-10-0323-01 (formerly CANSIM 117-0005). Data for 18+ only.
2015: CHMS Cycle 4 (2014-2015). Table 13-10-0323-01 (formerly CANSIM 117-0005). Data for 18+ only.
2011 and 2013: CHMS Cycles 2 (2009-2011) and 3 (2012-2013), Table 13-10-0323-01 (formerly CANSIM 117-0005). Data for 18+ only.
2005 and 2008: CCHS annual survey, custom tabulations.
2004: CCHS Cycle 2.2 - Nutrition, one-time focus content, custom tabulations.
Coverage:
- 2015: Data for the population aged 18 years old and over.
- CCHS and CHMS data describe the Canadian household population aged 15 years old and over.
Methodology:
- CHMS collects key information relevant to health in Canada by means of direct physical measurements. The CHMS covers the population 3 to 79 years old living in the ten provinces and the three territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the

provinces; full-time members of the Canadian Forces; the institutionalised population and residents of certain remote regions. Altogether these exclusions represent less than 4% of the target population.
- CCHS content is comprised of three components:
    a. Core content is asked of all respondents and remains relatively stable over time;
    b. Theme content is asked of all respondents and varies from year to year;
    c. Optional content is chosen by health regions but is usually coordinated at the provincial level and is carried out each year.
- In 2008, the theme content was "Prevention of Chronic Illnesses" and data collection included measured height and weight.
- The 2005 survey also contained a question on measured height and weight.
- CCHS - Nutrition data for 2004 describe the household population 15 years old and over, living in the ten provinces (not in the Territories), with generally the same exclusions as the two other surveys.

Break in time series in 2023: Data refer to the population aged 18+ (instead of 15+ for previous years). Data for the 2023 reference year come from the CCHS but are now limited in coverage to the population aged 18+. The underlying survey program CCHS underwent a target population change beginning with the 2023 reference year, with coverage of youths aged 12 to 17 being removed. This change was implemented because of the launch of the annual Canadian Health Survey on Children and Youth (https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5233), which will cover the youth aged 12 to 17 with a richer sample size and content more appropriately designed to cover the health characteristics, behaviors, and outcomes for this population.

Break in time series in 2015: As a result of the 2015 redesign, the Canadian Community Health Survey (CCHS) has a new collection strategy, a new sample design, and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards. Annual estimates from 2015 onwards cover only respondents in the ten provinces.

Further information: http://www.statcan.gc.ca/.

Chile

Source: Ministry of Health (MINSAL). Epidemiology Department, Studies Unit. **National Health Survey** ("Encuesta Nacional de Salud") ENS 2003, ENS 2009-2010 and ENS 2016-2017.
Coverage:
- Nationwide.
- In 2006 and 2016-2017, population aged 15 years old and over.
- In 2003, population aged 17 years old and over.

Methodology:
2016-2017: Measurements were taken on a voluntary sample of 4908 adults.
2009: Measurements were taken on a voluntary sample of 4908 adults.
2003: Measurements were taken on a voluntary sample of 3600 adults.
Further information: http://epi.minsal.cl.
2009: http://www.redsalud.gov.cl/portal/url/item/99c12b89738d80d5e04001011e0113f8.pdf.
2003: http://epi.minsal.cl/epi/html/invest/ENS/InformeFinalENS.pdf (in Spanish).

Colombia

Source: National Survey of Nutritional Health Situation ENSIN 2005, 2010 and 2015.
Coverage: Population aged 18 to 64 years old.

Costa Rica

Source: Sistema de Vigilancia de Factores de Riesgo Cardiovascular, Caja Costarricense de Seguro Social, 2014 and 2018.
Coverage: Population aged 19 years old and over.
Deviation from the definition:
- Overweight: BMI comprised between 25.0 and 29.9 kg/m2.
- Obesity: BMI greater than 29.9 kg/m2.

Czechia

Source: Czech Society for the Study of Obesity. Lifestyle and obesity study.
Coverage: Population aged 18 years old and over.
Methodology: Nationally representative sample survey: 2000: 3053 persons; 2005: 2096 persons; 2008: 2058 persons; and 2010: 2065 persons.
Further information: http://www.obesitas.cz.

Denmark

Data not available.

Estonia

Source: National Institute for Health Development. Estonian National Dietary Survey 2013-2015.
Coverage: The age-group 18-74 is used for the 2014 data.
Further information: Data are published in the *Health Statistics and Health Research Database* available under the category "Health and health behaviour" at https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas__05Uuringud/. Also see https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas__05Uuringud__09RTU__h_KMIkategooriad/?tablelist=true.

Finland

Source: Finnish Institute for Health and Welfare (THL). The National Health Examination Studies.
2022: Healthy Finland Survey 2023, Jonna Ikonen.
2017: FinHealth 2017.
2012: National FINRISK Study 2012.
2011: Health 2011 (collected in 2011-2012).
2007: National FINRISK Study 2007.
2000: Health 2000 (collected in 2000-2001).
1979: Mini-Finland.
Coverage:
2017 and 2022: Population aged 30 years or older.
2012: Population aged 25 to 74 years old.
2011: Population aged 30 years or older.
2007: Population aged 25 to 74 years old.
2000: Population aged 30 years or older.
1979: Population aged 30 years or older.
Methodology: 2022: A random sample of 10000 of the population aged 20 years or older.
Further information:
http://www.thl.fi/healthyfinland, http://www.thl.fi/finhealth and http://www.thl.fi/health2000.

France

Sources:
2017: **Constance Survey** (https://www.constances.fr/).
Constances is a prospective cohort whose recruitment began in 2012 and ended in 2019; volunteers were aged 18–69 years at baseline, and living in 21 selected departments from a total of 26 sub-centers, which were not randomly selected, throughout metropolitan France, in both rural and urban settings.
Participants were selected among individuals covered by the general insurance scheme or partner health mutual societies (in all, 85% of the French population) using a random sampling scheme stratified on place of residence, age, gender, occupation and socioeconomic status. Eligible individuals were invited to participate in the study by mail. Volunteers completed a self-administered questionnaire on socio-professional status, and attended a Health Screening Center for a comprehensive evaluation including a physical examination and laboratory tests.

2015: **Esteban**, http://www.santepubliquefrance.fr/Actualites/Etude-ESTEBAN-2014-2016-Chapitre-corpulence-stabilisation-du-surpoids-et-de-l-obesite-chez-l-enfant-et-l-adulte.
2006: **ENNS,** National nutritional health study.
Coverage:
- Metropolitan France (excluding Corsica).
- Adults aged 18 to 74 years old living in private households.
Methodology:
- Measured height and weight data, weighted and adjusted.

Germany

Sources:
2012: **Robert Koch-Institute (RKI)**, German Health Interview and Examination Survey for Adults (DEGS1); Bundesgesundheitsblatt 2013 56:786-794, Übergewicht und Adipositas in Deutschland - Ergebnisse der Studie zur Gesundheit Erwachsener in Deutschland (DEGS1).
1998: **Robert Koch-Institute (RKI)**, German National Health Interview and Examination Survey 1998 (BGS98).
Methodology for 2012 data:
- The "German Health Interview and Examination Survey for Adults" (DEGS1) is part of the health monitoring of the Robert Koch-Institute (RKI) and is designed as a combined cross-sectional and longitudinal survey. The aim of the study is to repeatedly provide nationally representative data on the health status of the adult general population (18-79 years) in Germany.
- In order to perform both cross-sectional and longitudinal analyses, a mixed study design was implemented. Therefore, a sample of participants was randomly chosen from local population registries and then supplemented by former participants of the "German National Health Interview and Examination Survey 1998" (BGS98) – a previous nationwide cross-sectional study conducted by the RKI.
- In total 8,152 adults took part in the study. Among them were 4,193 participants who had been invited for the first time as well as 3,959 participants who had already taken part in BGS98.
- A nonresponse analysis and a comparison of several indicators of the study with official statistics show a high representativeness of this net random sample for the German resident population.
- The interview and examination programme comprised standardised interviews, such as a medical interview conducted by a physician and an interview on pharmaceutical drug use, as well as self-administered questionnaires on health and nutritional issues. Further, physical examinations were performed (anthropometry, blood pressure, pulse, and thyroid gland volume) and blood and urine were analysed.
- Participants of DEGS1 were measured and weighed in a standardised way. Using the Body Mass Index, calculated from body height and weight [BMI = weight (kg)/height squared (m2)], overweight (BMI ≥25 kg/m2) and obesity (BMI ≥30 kg/m2) were defined.
- DEGS1 was carried out by the RKI from November 2008 through December 2011.
Methodology for 1998 data:
- The German National Health Interview and Examination Survey 1998 (BGS98) was part of the health monitoring of the Robert Koch-Institute (RKI). The aim of the survey was to collect data on the health and health determinants of the adult general population (18-79 years) in Germany on a regular basis.
- The health data were collected in all federal states using uniform characteristics. BGS98 was thus the first nationwide representative survey on the health status of Germany's adult population.
- The BGS98, collected data required to describe health status, morbidity trends and regional differences, including information on diseases and risk factors, health-related modes of behaviour living conditions and the extent to which people use medical services.
- In total 7,124 adults were interviewed and medically examined. Among them were 4,705 participants in 80 sample points of former federal republic of Germany and 2,419 participants in 40 sample points of the new lander. Representativeness of the collapsed sample for the German general population was ensured by the use of weighting procedures.
- BGS98 derived its health data from personal interviews and physical examinations, questionnaires and medical or laboratory examinations forms (blood, serum, urine partly).
- The BGS98 was carried out by the Robert Koch-Institute from 1997 to 1999.
- BGS98 continued in the German Health Interview and Examination Survey for Adults (DEGS1).

Further information:
2012: http://www.rki.de or http://www.degs-studie.de.
1998: http://www.rki.de.

Greece

Data not available.

Hungary

Sources: National Institute of Pharmacy and Nutrition (OGYÉI, in Hungarian).
2019: National Diet and Nutritional Status Survey 2019 (OTÁP2019, in Hungarian).
2014: National Diet and Nutritional Status Survey 2014 (OTÁP2014, in Hungarian).
2009: National Diet and Nutritional Status Survey 2009 (OTÁP2009, in Hungarian).
1988: First Hungarian Representative Nutrition Survey (1985-1988).
Coverage:
2009, 2014 and 2019: Population aged 18 years old and over.
1988: Population aged 15 years old and over.
Deviation from the definition: OTÁP survey data refer to 18+ year old population.
Methodology:
2019:
- The OTÁP2019 survey was carried out by the National Institute for Food and Nutrition Science on a subsample of the European Health Interview Survey (EHIS).
- The sampling followed steps of the EHIS survey, i.e. a two-stage stratified sampling design.
- The OTÁP2019 survey was based on three-day dietary records as well as anthropometric measurements of weight, height and waist circumference. Interviews and measurements took place in the interviewees' home; standard and validated SECA instruments were used for the measurements.
- The sampling design and the subsequent weighting ensured that the group of OTÁP2019 participants is representative of the Hungarian adult population (18 years old and over) by age and gender.
2014:
- The OTÁP2014 survey was carried out by the National Institute for Food and Nutrition Science on a subsample of the European Health Interview Survey (EHIS).
- The sampling followed steps of the EHIS survey, i.e. a two-stage stratified sampling design.
- The OTÁP2014 survey was based on three-day dietary records as well as anthropometric measurements of weight, height and waist circumference. Interviews and measurements took place in the interviewees' home; standard and validated SECA instruments were used for the measurements.
- The sampling design and the subsequent weighting ensured that the group of the OTÁP2014 participants is representative of the Hungarian adult population (18 years old and over) by age and gender.
2009:
- The OTÁP2009 survey was performed by the National Institute for Food and Nutrition Science on a subsample of the European Health Interview Survey (EHIS).
- The sampling followed steps of the EHIS survey, i.e. a two-stage stratified sampling design.
- The OTÁP2009 survey was based on three-day dietary records as well as anthropometric measurements of weight, height and waist circumference. Interviews and measurements took place in the interviewees' home; standard and validated SECA instruments were used for the measurements.
- The sampling design and the subsequent weighting ensured that the group of the OTÁP2009 participants is representative of the Hungarian adult population by age and gender.
1988: Examination survey based on representative samples, started in 1985 and continued until 1988.
Further information:
2009, 2014 and 2019: https://www.ogyei.gov.hu/otap.
1988: Bíró Gy. First Hungarian Representative Nutrition Survey (1985-1988) Results. Volume 1-2. Budapest, 1992.

Iceland

Data not available.

Ireland

Sources:
From 2015: **Annual Healthy Ireland Survey**, commissioned by the **Department of Health** as part of the Healthy Ireland initiative. The questions used are standard EHIS questions.
2007: SLÁN (Survey of Lifestyle, Attitudes and Nutrition), commissioned by the Health Promotion Unit of the **Department of Health and Children** and carried out at the Centre for Health Promotion Studies, National University of Ireland, Galway.
Coverage:
From 2015: Data refer to adults aged 15 years and over.
2007: Data refer to adults aged 18 years old and older.
Methodology:
From 2022 onwards: In addition to completing the main survey questionnaire over the phone, individuals interviewed in the Healthy Ireland Survey were asked to participate in a physical measurement module. Within this module, individuals were asked to provide measurements for their height, weight, and waist circumference. For this reason, the data are now reported under "self-reported" variables, even though citing the same source.
2015, 2017 and 2019: In addition to completing the main survey questionnaire, individuals interviewed in the Healthy Ireland Survey are asked to undertake a physical measurement module. Within this module interviewers measured and recorded the respondent's height, weight, and waist circumference. A total of 6,142 respondents (81%) participated in this module.
Up to 2007: Published in the National Health and Lifestyle Surveys, SLÁN was first undertaken in 1998 and repeated in 2002 and 2007. The 2007 study involved face-to-face interviews with 10364 adults (62% response rate) along with a sub-study on body size of 967 younger adults (18-44 years old) and a more detailed physical examination of approximately 1250 adults over 45 years old.
Further information:
- Healthy Ireland Survey: The results of the first Healthy Ireland Survey were published in 2015 and all reports are available at https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/.
- Survey of Lifestyle, Attitudes and Nutrition (SLÁN) results:
http://www.ucd.ie/issda/data/surveyonlifestyleandattitudestonutritionslan. The results of SLÁN 1998 were published in 1999 and are available at http://www.dohc.ie/publications/pdf/SLAN_1998.pdf?direct=1. The results of SLÁN 2007 were published in 2008 and are available at
http://www.slan06.ie/SLAN2007MainReport.pdf.

Israel

Sources:
2015: **Central Bureau of Statistics and the Israel Center for Disease Control (ICDC) -** The Israeli National Health and Nutrition Survey (MABAT).
1999: The **Israel Center for Disease Control (ICDC)** and the **Ministry of Health**, Department of Food and Nutrition Services; The First Israeli National Health and Nutrition (MABAT).
Coverage:
Deviations from the definition:
2015: Data based on national survey of residents aged 18+ years old.
1999: Data based on national survey of residents aged 25-64 years old.
Methodology:
2015: Survey conducted through face-to-face interviews in 2014-2015. There were two different samples, for ages 18-64 and for ages 65+. The Population Register was the sampling frame, excluding institutional population and residents living outside of localities. There were 2,956 respondents aged 18-64 and 1,039 aged 65+. Measured BMI was calculated for all the respondents from the two samples, each respondent with its suitable weight. The survey included detailed health and nutrition questionnaires and anthropometric measurements, including weight and height.
1999: Survey conducted through face-to-face interviews in 1999-2000, on a population sample of 3,246 residents (non-institutionalised civilians). The survey includes questionnaire (demographic, health, nutrition, health behaviors, food frequency) and anthropometric measurements.
Further information:

- For further information regarding MABAT surveys (partially in English):
MABAT 1999 (age 25-64): https://www.health.gov.il/PublicationsFiles/Mabat_1999-2001-a.pdf
MABAT 2015a (age 18-64): https://www.health.gov.il/publicationsfiles/mabat_adults_2014_2016_383.pdf
MABAT 2015b (age 65+): https://www.health.gov.il/publicationsfiles/mabat_zahav_2014-2015.pdf
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Data not available.

Japan

Source: Ministry of Health, Labour and Welfare, National Health and Nutrition Survey.
Coverage: Data refer to the population aged 20 years old and over.
Methodology:
- Data not available for the years 2020 and 2021, as the survey was cancelled due to COVID-19.
- The survey actually measures the height and weight of people at examination sites. It uses a stratified random sampling method from 300 unit areas, and it surveyed the following number of households each year:

Year	2018	2019	2022	2023
Number of households	3,268	2,836	2,910	2,921

- The survey rule allows self-reporting, but this is unusual.
Further information: https://www.mhlw.go.jp/stf/newpage_14156.html (https://www.e-stat.go.jp/en/stat-search/files?page=1&toukei=00450011&tstat=000001028897).

Korea

Sources:
From 2007: **Ministry of Health and Welfare**, **Korea Disease Control and Prevention Agency**, Report on the National Health and Examination Nutrition Survey.
1998-2005: **Ministry of Health and Welfare**, **Korea Institute for Health and Social Affairs**, Report on the National Health and Nutrition Survey.
Methodology:
- The measured body weight question is from the Community Health Survey (2022-2024). Criteria: Overweight (but not obese) is defined as a BMI between 25 and 30 kg/m² (25≤ BMI <30 kg/m²). Obesity is defined as a BMI of 30 kg/m²or more (BMI ≥30 kg/m²). Overweight or obese population is the sum of the population with a BMI over 25 kg/m² (BMI ≥25 kg/m²). Data represent responses on questions regarding perceived height and weight for those who are aged 19 years old and over. The survey is conducted at 258 community health centers. Each center implements face-to-face survey with about 900 people in their community. The sample size was 231,785 in 2022, 231,752 in 2023, and 231,728 in 2024.
- The sample size of the 8th National Health and Examination Nutrition Survey (2019-2021) is 4800 household each year. The sample size of the 7th National Health and Examination Nutrition Survey (2016-2018) was 4416 families each year. It excludes the institutional dwelling units (e.g. dormitories, social welfare institutions, prisons, military camps, etc.) and foreigners.
- The National Health and Examination Nutrition Survey had been conducted every three years until 2005, and has become an annual survey in 2007.
- Data are measured in mobile health examination centers.
Further information: https://knhanes.cdc.go.kr/knhanes/eng/index.do.

Latvia

Source: Centre for Disease Prevention and Control of Latvia, Health Behaviour Survey among Latvian Adult Population.
Break in time series in 2016: Data for 2014 are for the age group 15-64 years old; data from 2016 onwards are for the age group 15-74 years old.

Lithuania

Data not available.

Luxembourg

Data not available.

Mexico

Sources:
2006, 2012, 2016, 2018 and 2020: **Ministry of Health, National Institute of Public Health, National Health and Nutrition Survey** (ENSANUT 2006, 2012, 2016, 2018 and 2020 COVID-19).
2007 and 2008: Estimated for **General Directorate of Health Promotion**, using ENSANUT 2006 and Projections of Population of Mexico 2005-2050 (**CONAPO**).
2005 and 2006: **Ministry of Health. National Institute of Public Health** - National Health and Nutrition Survey (ENSANUT 2006).
2000: **Ministry of Health**. National Health Survey (ENSA) 2000.
Coverage: Data refer to the population aged 20 years old and over.
Methodology:
- In 2006, results were from 48000 households. Data included 32 states. The survey is representative at the national and state level.
- In 2005, results are from 22000 households. Data include only 15 states.

Netherlands

Data are not available.

New Zealand

Sources:
2012 onwards: **Ministry of Health**, New Zealand Health Survey 2011-2012, 2012-2013, 2013-2014, 2014-2015, 2015-2016, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21, 2022-23 and 2023-24.
2009: **Ministry of Health**, Adult Nutrition Survey (ANS 2008-2009).
2007 and 2003: **Ministry of Health**, New Zealand Health Survey 2006-2007 and 2002-03.
1997: **Ministry of Health**, National Nutrition Survey, 1997.
1989: **Ministry of Health**, Life in New Zealand (LINZ) Survey, 1989-1990.
Methodology:
- Note that body measurement collection was suspended in the New Zealand Health Survey for the 2021-22 year, in order to allow social distancing during COVID-19, hence no data are available for the year 2022.
- Height and weight were measured during the interview to determine BMI. Most respondents consent to having their height and weight measured during the interview, however a small proportion of respondents do not consent. Additional survey weights are created to account for this.
2012 onwards:
- See the indicator on "Perceived health status (http://stats.oecd.org/wbos/fileview2.aspx?IDFile=3627d99d-fb9f-40e1-98a0-20f19c80ac5f)" for details on the New Zealand Health Surveys' periods and sample sizes.
- As part of the regular process of the continuous New Zealand Health Survey, data are periodically revised where improvements are identified. As a result, data from 2011-12 onwards may be revised.
- For more information, see: https://www.health.govt.nz/publications/methodology-report-202324-new-zealand-health-survey.

2009: The 2008-2009 Adult Nutrition Survey was carried out from October 2008 to October 2009, collecting information on 4721 adults.
2003-2007:
- The 2006-2007 survey was carried out from October 2006 to November 2007, collecting information on 12488 adults aged 15 years old and over.
- In 2002-2003, approximately 13000 people were surveyed.
Further information: https://www.health.govt.nz/statistics-research/surveys/new-zealand-health-survey.

Norway

Data not available.

Poland

Data not available.

Portugal

Source: INSEF survey. Ministry of Health, National Health Institute - Doutor Ricardo Jorge. 2015 data.
Coverage: The target population of this cross-sectional, observational, epidemiological study consisted of all individuals aged between 25 and 74 years old, residents in mainland Portugal or in the Autonomous Regions of Azores and Madeira.
Further information:
http://repositorio.insa.pt/bitstream/10400.18/4115/3/1_INSEF_relat%C3%B3rio_estado-de-saude.pdf.

Slovak Republic

Sources:
2008: **Public Health Institute**, **CINDI** (Countrywide Integrated Non-communicable Disease Intervention Program), supervised by the WHO.
2004 and 2005: Voluntary public outpatient programme.
Coverage: For 2008, data refer to the population aged 15-64 years old.
Methodology:
- 2008: Volunteers were gathered from the evidence of the population.
- 2004 and 2005: Data are from voluntary public outpatient programme (i.e. preventive and consulting programme with no fees which includes some examinations: e.g. search for biological parameters, blood pressure measuring, measuring of waist-line, hip-size and height, calculation of BMI index, etc). All provided data were measured by researchers from Public Health Offices of the Slovak Republic. Data cover population from all regions of the Slovak Republic.
- In 2004, there were 12353 persons examined for the first time (4338 men and 8015 women). In 2005, there were 11240 persons examined for the first time (3772 men and 7468 women). In 2007, there were 15948 persons examined (5383 men and 10565 women) in that voluntary public outpatient programme.
Further information: http://www.uvzsr.sk/.

Slovenia

Data not available from NIJZ databases.

Spain

Data not available.

Sweden

Data not available.

Switzerland

Data not available.

Türkiye

Sources:

2017 data: **Ministry of Health**, **General Directorate of Health Services**, Türkiye Household Health Survey, 2017 (published in 2018).
2011: **Ministry of Health**, Public Health Institution of Türkiye, Chronic Diseases and Risk Factors Survey in Türkiye, 2011 (published in 2012).
Methodology:
2017 data: Data were collected between April and September 2017. The target population for this study was the population aged 15 and over. The sample size was 8664 people. For sample design, the WHO STEPwise approach was used.
2011 data: The population registered to a family physician (FP) comprises approximately 3500 individuals.

United Kingdom

Sources:
From 1991: Trend table 4, Body mass index (BMI), by survey year, age and sex, **Health Survey for England, NHS Digital**.
1987: **OPCS Adult Nutrition Survey**.
1980: **Office of Population Censuses and Surveys** (OPCS, now ONS) report 'The Heights and Weights of Adults in Great Britain".
Coverage:
1980, 1987: Great Britain; 1991 onwards: England only.
- Data are for adults aged 16 years old and over. For 1980 data, the survey only covered the population aged 16 to 64 years old.
Methodology:
- Data based on actual measurement of weight and height.
- Total percentage of population (persons) calculated by applying Health Survey for England male/female percentages to the England male/female populations and summing both as proportion of total England population.
- Data from 1991 up to and including 2002 are unweighted; from 2003 onwards data have been weighted for non-response.
Further information: http://www.content.digital.nhs.uk/catalogue/PUB22610/HSE2015-Adult-obe.pdf. The questionnaires used in the survey for HSE 2015 can be found in the 2015 Field documents and measurement protocols report: http://www.content.digital.nhs.uk/catalogue/PUB22610/HSE%202015-documentation.pdf.

United States

Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), various years. See http://www.cdc.gov/nchs/nhanes.htm.
Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population aged 20 to 74 years old.
Methodology:
- The NHANES program includes a series of cross-sectional nationally representative health examination surveys beginning in 1960. Beginning in 1999, the NHANES became a continuous, annual survey rather than a periodic survey.
- Each cross-sectional survey provides a national estimate for the US population at the time of the survey, enabling examination of trends over time. All samples were selected using complex, stratified, multistage probability cluster sampling designs.

- The results are presented for the middle year (or last year if only two years) of the survey period, i.e. data reported for the year 2018 correspond to estimates from NHANES 2017-2018.
- Estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period. Age-adjusted estimates are standardised by the direct method to the projected 2000 U.S. Census population using age groups 20-39, 40-59, and 60-74 years. Pregnant females are excluded from estimates.
Note: The NHANES program suspended field operations in March 2020 due to the COVID-19 pandemic. As a result, data collection for the NHANES 2019-2020 cycle was not completed and the collected data are not nationally representative. Therefore, data collected from 2019 to March 2020 were combined with data from the NHANES 2017-2018 cycle to form a nationally representative sample of NHANES 2017-March 2020 pre-pandemic data.
Further information:
- Stierman B, Afful J, Carroll MD, Chen TC, Davy O, Fink S, et al. National Health and Nutrition Examination Survey 2017–March 2020 prepandemic data files—Development of files and prevalence estimates for selected health outcomes. National Health Statistics Reports; no 158. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi.org/10.15620/cdc:106273.
- Ogden CL, Fryar CD, Martin CB, Freedman DS, Carroll MD, Gu Q, Hales CM. Trends in obesity prevalence by race and Hispanic origin - 1999-2000 to 2017-2018. JAMA 324(12):1208–10. 2020. doi:10.1001/jama.2020.14590.
- Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults: United States, Trends 1960–1962 Through 2017–2018. Available from https://www.cdc.gov/nchs/data/hestat/obesity-adult-17-18/overweight-obesity-adults-H.pdf.

NON-OECD ECONOMIES

Argentina

Source: Global Health Inventory (GHO), WHO. Data extracted June 2025.
Methodology: Prevalence of obesity among adults, BMI >= 30 (crude estimate) (%), based on measured height and weight.
Method of estimation: Input data and methods are described here: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-=-30-(crude-estimate)-(-).

Brazil

Source: Global Health Inventory (GHO), WHO. Data extracted June 2025.
Methodology: Prevalence of obesity among adults, BMI >= 30 (crude estimate) (%), based on measured height and weight.
Method of estimation: Input data and methods are described here: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-=-30-(crude-estimate)-(-).

Bulgaria

Data not available.

China

Source: Global Health Inventory (GHO), WHO. Data extracted June 2025.

Methodology: Prevalence of obesity among adults, BMI >= 30 (crude estimate) (%), based on measured height and weight.
Method of estimation: Input data and methods are described here: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-=-30-(crude-estimate)-(-).

Croatia

Data not available.

India

Source: Global Health Inventory (GHO), WHO. Data extracted June 2025.
Methodology: Prevalence of obesity among adults, BMI >= 30 (crude estimate) (%), based on measured height and weight.
Method of estimation: Input data and methods are described here: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-=-30-(crude-estimate)-(-).

Indonesia

Source: Global Health Inventory (GHO), WHO. Data extracted June 2025.
Methodology: Prevalence of obesity among adults, BMI >= 30 (crude estimate) (%), based on measured height and weight.
Method of estimation: Input data and methods are described here: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-=-30-(crude-estimate)-(-).

Peru

Source: Demographic and Family Health Survey (ENDES).
Coverage: National estimates.
Methodology:
Numerator: Number of individuals aged 15 years and over with overweight
Denominator: Total number of individuals aged 15 and over with anthropometric measurements and with complete information.
- The calculation of overweight has been considered for adolescents (15 to 17 years) and adults according to the following table:

Age group	Overweight	BMI
Adolescents (15 to 17 years)	BMI for age > 1 SD	BMI = weight / (height)^2
Adults (18 to 59 years)	25 kg/m2 ≤ BMI < 30 kg/m2	
Older adults (60 and over)	28 kg/m2 ≤ BMI < 32 kg/m2	

Further information: http://iinei.inei.gob.pe/microdatos.

Romania

Data not available.

Russian Federation

Source: Global Health Inventory (GHO), WHO. Data extracted June 2025.
Methodology: Prevalence of obesity among adults, BMI >= 30 (crude estimate) (%), based on measured height and weight.
Method of estimation: Input data and methods are described here: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-=-30-(crude-estimate)-(-).

South Africa

Source: Global Health Inventory (GHO), WHO. Data extracted June 2025.
Methodology: Prevalence of obesity among adults, BMI >= 30 (crude estimate) (%), based on measured height and weight.
Method of estimation: Input data and methods are described here: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-=-30-(crude-estimate)-(-).

Ukraine

Source: Global Health Inventory (GHO), WHO. Data extracted 21 June 2023.
Methodology: Prevalence of obesity among adults, BMI >= 30 (crude estimate) (%), based on measured height and weight.
Method of estimation: Input data and methods are described here: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million participants. Lancet 2017. DOI: http://dx.doi.org/10.1016/S0140-6736(17)32129-3.
Further information: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-=-30-(crude-estimate)-(-).