WORLD OBESITY

World Obesity Atlas 2026

Childhood Obesity 2nd edition

Overweight and obesity in children and adolescents

- New global, regional and national estimates of the numbers of children living with overweight and obesity now and projected to 2040
- New estimates of the numbers of children with early signs of heart disease, stroke, diabetes and liver disease due to overweight and obesity
- National performance on seven indicators for children's exposure to obesity risk factors
- National performance on seven policies to protect children from obesity
- Plus 196 national scorecards for individual country-level figures for childhood obesity, early signs of chronic disease, extent of the preventable risks, and policy actions

March 2026

Source information compiled by Tim Lobstein, Rachel Thompson, Rachel Jackson-Leach, Sarah Spreckley and Jaynaide Powis. Additional material from the World Obesity Federation Communications and Policy teams.

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For further details, please see the methods section in the Annex and the reference list.

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Definitions

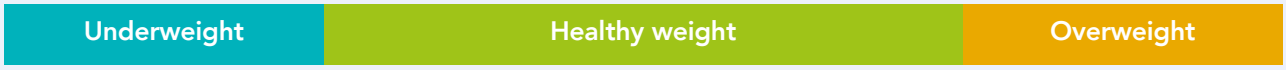
Two age groups are referred to in the Atlas: children under age 5 years and children aged 5-19 years (also referred to here as 'school-age children', although many adolescents may no longer attend school).

For children under 5 years, overweight is defined as weight-for-height greater than 2 standard deviations above the WHO Child Growth Standards median. The definition of overweight is at the upper end of the distribution of weight-for-height, and is close to the definition for obesity in older children and adults. For children aged 5-19 years, overweight is defined as BMI-for-age greater than 1 standard deviation above the WHO Growth Reference median; and obesity is defined as greater than 2 standard deviations above the WHO Growth Reference median. The phrase 'High BMI' refers to a body mass index in either category.

For children under 5 years, underweight (wasting) is defined as weight-for-height greater than 2 standard deviations below the WHO Child Growth Standards median. For children aged 5-19 years, underweight is defined as greater than 2 standard deviations below the WHO Growth Reference median.

Although widely used, BMI has well-documented limitations. As a measure of size not health, it is useful as a screening tool at the individual level and for estimating overweight and obesity at a population level. It is not recommended that it be used in isolation as a diagnostic tool in a clinical setting.

Children under 5 years:



Adults and children aged over 5 years:

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Acronyms

AFR	African Region
AMR	Region of the Americas
BMI	Body Mass Index
EMR	Eastern Mediterranean Region
EUR	European Region
FAO	Food and Agriculture Organization of the United Nations
GCNF	Global Child Nutrition Foundation
GDD	Global Dietary Database
GHO	Global Health Observatory
GIFNA	Global database on the Implementation of Food and Nutrition Action
IBFAN	International Baby Food Action Network
IHME	Institute for Health Metrics and Evaluation
JME	Joint Child Malnutrition Estimates
MASLD	Metabolic dysfunction-associated steatotic liver disease
NAFLD	Non-alcoholic fatty liver disease
NCD	Non-Communicable Disease
NCD-RisC	Non-Communicable Disease Risk Factor Collaboration
SEAR	South East Asia Region
SSB	Sugar-Sweetened Beverages
UHC	Universal Health Coverage
UN	United Nations
UNICEF	United Nations Children's Fund
UPFD	Ultra-processed Food and Drink
WOF	World Obesity Federation
WHO	World Health Organization
WPR	Western Pacific Region

Foreword

Simón Barquera
President, World Obesity Federation

Johanna Ralston
CEO, World Obesity Federation

Childhood obesity is rising at an unprecedented rate, making it the focus of the World Obesity Atlas 2026. The prevalence of obesity among school-age children has increased from 4% in 1975 to nearly 20% in 2022. For the first time in history, more children globally will be living with obesity than with underweight.

The increases are fastest in low- and middle-income countries, where most of the world's children live. Childhood obesity is no longer confined to high-income settings; it is a global social and economic development challenge. Without urgent action, rising obesity rates will place growing strain on health systems, communities and future generations.

Obesity in childhood frequently persists into adulthood, increasing the risk of non-communicable diseases (NCDs) such as diabetes, heart disease and certain cancers. Early signs of these chronic diseases are already appearing in children today. Beyond physical health, childhood and adolescent obesity also carries significant psychosocial consequences.

The data in this Atlas presents a comprehensive and urgent picture of the scale, distribution and projected trajectory of childhood obesity. It includes new global, regional, and national estimates of children living with overweight and obesity, along with projections extending to 2040. It also provides updated figures on the number of children already exhibiting early signs of heart disease, stroke, diabetes, and liver disease as a result of excess weight. In addition, it assesses national performance across seven indicators measuring children's exposure to obesity risk factors and evaluates how countries are performing on seven key policies designed to protect children from obesity. Finally, the Atlas includes 196 national scorecards detailing country-level data to inform local advocacy and action.

While many governments have begun implementing prevention strategies, progress is not keeping pace with the rise. We know effective measures exist to protect children's health – including restricting marketing to children, promoting breastfeeding and ensuring access to healthy food and physical activity in schools. However, millions of children are already living with obesity, making improved access to health services equally essential. The WHO Acceleration Plan to Stop Obesity is supporting countries to implement coordinated, multisectoral action to stop the rise of childhood obesity.

Today, nearly three billion people are living with overweight and obesity, and projections show that nearly four billion people – half the global population – are expected to be living with overweight and obesity by 2035. But in reality, obesity at that scale affects all of society. The measures we take to address obesity will benefit every single one of us.

The World Obesity Federation is seeking to change the story on childhood obesity from one of slow, inevitable increase to one of urgent, achievable action. Preventing childhood obesity, supporting those living with the condition, and building healthier food and health systems are shared responsibilities. The opportunity to change course exists – but action must accelerate now.

Personal stories

I still vividly remember the very first moment when I became aware of my body weight. I was a child, playing a game with my friends where we took turns pointing out each other's characteristics. When it was my turn, someone said, "Yoohyun is the only one who's fat." I was deeply shocked and hurt.

From that moment on, I began to see myself simply as 'a fat person'. Blame did not make me lose weight. Instead, it made me give up on myself. I tried starving myself. I tried exercising. But each time, the weight came back. And eventually, I gained even more weight than before. I came to believe that I was someone who simply could not lose weight.

What feels most heartbreaking is knowing that if someone – anyone – had explained to me that obesity is a disease, and if I had received proper care and support as a child, I might not have spent over 30 years believing that obesity was my identity. Obesity is not a personal failure. It is a complex, chronic disease – and children deserve understanding, early support, and care, not labels or blame. If we change the way we talk about obesity, we can change lives. And for many children, that change cannot wait.

Kim Yoohyun, Lived Experience Advocate
Healthy Together Social Cooperative Chair (South Korea)

I lived with childhood obesity for most of my life, carrying shame, self-blame, and the belief that my body was a burden. It deeply affected my self-esteem, shaped my relationships, and exposed me to bullying that left lasting emotional scars. Losing my mother to obesity-related illnesses became a turning point, helping me understand obesity as a complex, chronic condition shaped by environment, behavior, and access to support, not personal failure. Through consistent movement, purpose, and learning to care for my body with intention, I was able to lose half my body weight and reclaim my health. Today, more than a decade later, I live a sustainable, healthy lifestyle. I share my story to reduce stigma, promote compassion, and remind others that change is possible when people are supported, not blamed. Childhood obesity continues to rise around the world; let us come together to fight this with evidence-based action and supportive environments for every child.

Emmanuel Akoto
Be Active Foundation (Ghana)

In my home state of Uttar Pradesh, 1 in 5 adults is now overweight or living with obesity. This isn't just a personal choice; it's a reflection of a shifting landscape where the urban prevalence of obesity is nearly 10% higher than in rural areas.

Despite commendable government initiatives like the 'Fit India Movement' and 'Eat Right India', rapid urbanization often creates a 'health vacuum'. As someone lean until age 21, I saw how moving to New Delhi fundamentally altered my health trajectory. Without systemic intervention, we leave the next generation to navigate an environment where ultra-processed foods are more accessible and affordable than basic nutrition.

The primary barrier I faced was a total lack of support for young adults moving from rural settings to urban independence. I found myself overwhelmed by cheap, addictive processed food versus the high cost of fresh meals. We must integrate food literacy into school curriculums to empower children to decode labelling and resist aggressive marketing. Health support cannot stop at the school gates; it must be built into urban infrastructure to ensure economic opportunity doesn't lead to a decline in physical health.

Sandeep Srivastava
NGO CEO (India)

When I was a child, I learned – without anyone fully explaining it – that my body was not the 'right' one. At home, there was constant talk about taking care of myself and changing, and I understood that I needed to look like others in order to be okay. At school, the looks and comments made me feel that I had something to prove.

Football became an escape: running, getting tired, and playing became my way of trying to fit in. On the field, I was no longer the singled-out child – I was part of a team. Over time, exercise transformed not only my body but also the way I saw myself. Still, I know that this motivation was born from the fear of not being accepted.

Today, I understand that no one should learn to love themselves from a place of shame.

Ismael Jaramillo, Psychologist
Los Fresnos Foundation – Casa de Diabetes (Ecuador)

Section 1
Headlines from the World Obesity Atlas 2026

Section 1: Headlines from the World Obesity Atlas 2026

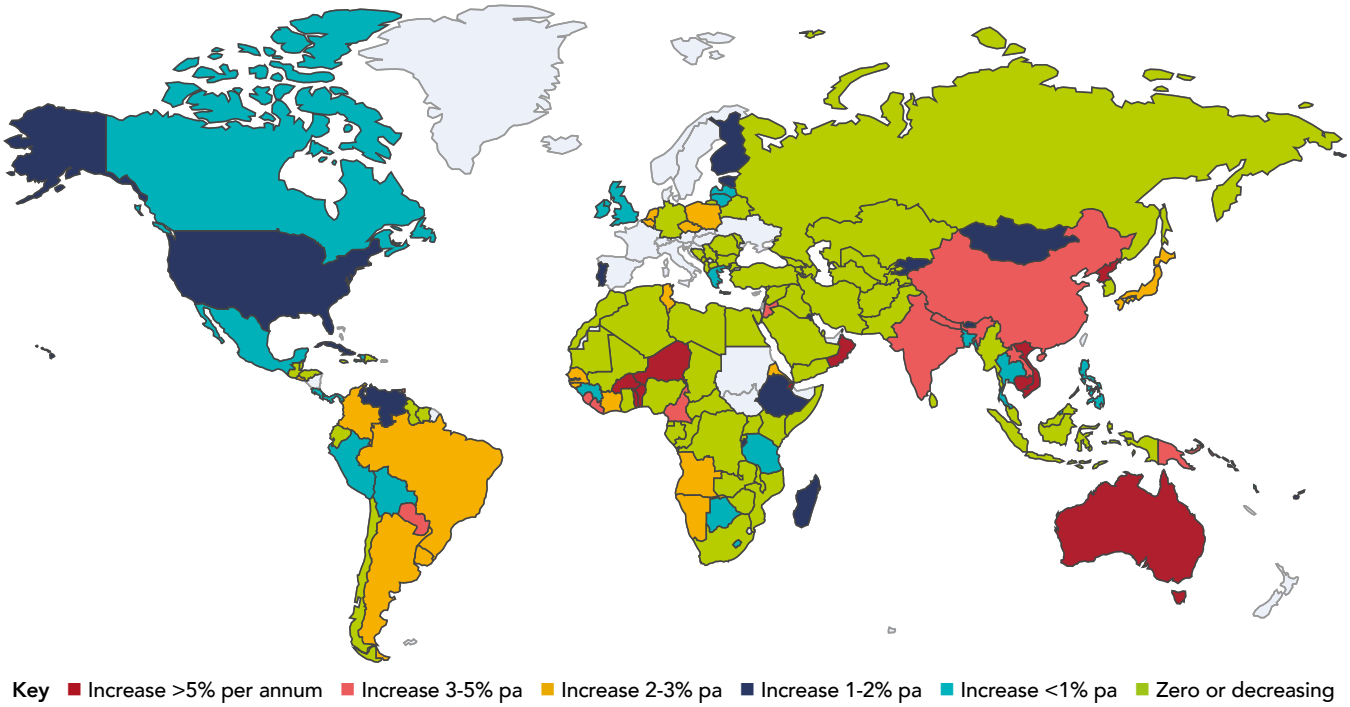
1.1 Children under 5 years: 86 countries have seen an increase in overweight prevalence since 2010, and 38 countries are not reporting their prevalence data

At the 2013 World Health Assembly, the World Health Organization (WHO) NCD Global Monitoring Framework was adopted, including the target of 'No increase in overweight among children under 5 years by 2025 (from 2010-2012 levels)'.

Latest global estimates state that 5.5% of children under 5 years were living with overweight in 2024, compared to 5.4% in 2010. Therefore, it is likely that the original WHO target has been met. However, of the 196 countries with data estimates, 86 countries are still showing an increase in the prevalence of overweight among this age group. Furthermore, the prevalence of childhood overweight in this age group is currently not reported in many higher-income countries, where prevalence levels are likely to be high and may be increasing.

Figure 1.1: Annual growth rate of overweight prevalence among children under 5 years, 2010-2024

Annual growth rate is the compound annual growth rate in obesity prevalence.



Source: WOF estimates from UNICEF/WHO/World Bank JME (2025)

In recognition of the near achievement of this target, at the 78th World Health Assembly in 2025, the target was revised to be more ambitious and in line with the 2030 Sustainable Development Goals.

Now, the target is to reduce overweight among children under 5 years to below 5% by 2030. This increases the case for action as 101 countries currently have a prevalence over 5%. Similarly, the WHO projects global prevalence to be 5.4% by 2030 (WHO, 2025b).

The 2025 global target for children under 5 years has likely been met, though over 80 countries are still showing rises in prevalence, and the revised 2030 global target is currently off track.

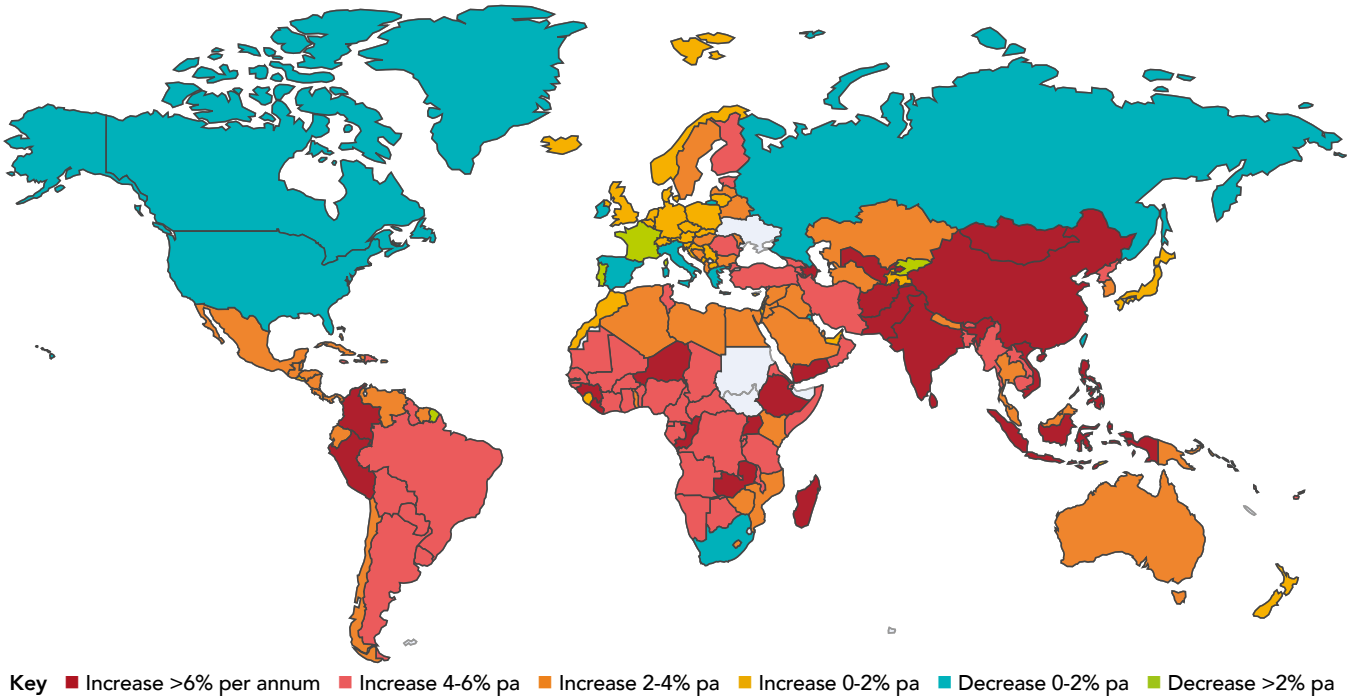
1.2 School-age children 5-19 years: More than 180 countries have seen a rise in prevalence of overweight and obesity since 2010

In 2013, a similar target was adopted to "halt the rise in diabetes and obesity" in adolescents by 2025 (from 2010-2012 levels). The WHO typically defines adolescence as from ages 10-19.

This Atlas estimates that 181 countries missed this target, including 24 countries that saw a per annum increase of over 6% between 2010 and 2025. On the other hand, only 15 countries saw a per annum decrease in prevalence over the same period.

Figure 1.2: Annual growth rate of obesity prevalence among children 10-19 years, 2010-2025

Annual growth rate is the compound annual growth rate (CAGR) in obesity prevalence.



Source: WOF projections from WHO GHO (2025)

The 2025 global target for adolescents 10-19 years was likely missed as over 180 countries saw a rise in prevalence.

While global targets are in place for children under 5 years and adolescents 10-19 years, there are no existing global targets for children 5-9 years. When looking at children and adolescents 5-19 years together, the estimated global prevalence of overweight and obesity (high BMI) was 14.6% in 2010. This Atlas estimates that by the year 2025, it was 20.7%.

Only 15 countries are likely to have seen no increase in overweight and obesity in children 5-19 years since 2010. Instead, over 180 countries have seen a rise in prevalence. Rates of obesity and high BMI are increasing particularly rapidly in middle-income countries.

Table 1.1: The top ten countries with the greatest rate of increase in the prevalence of high BMI and obesity among children 5-19 years, 2010-2025

Annual increase is calculated as the compound annual growth rate over the 15-year period.

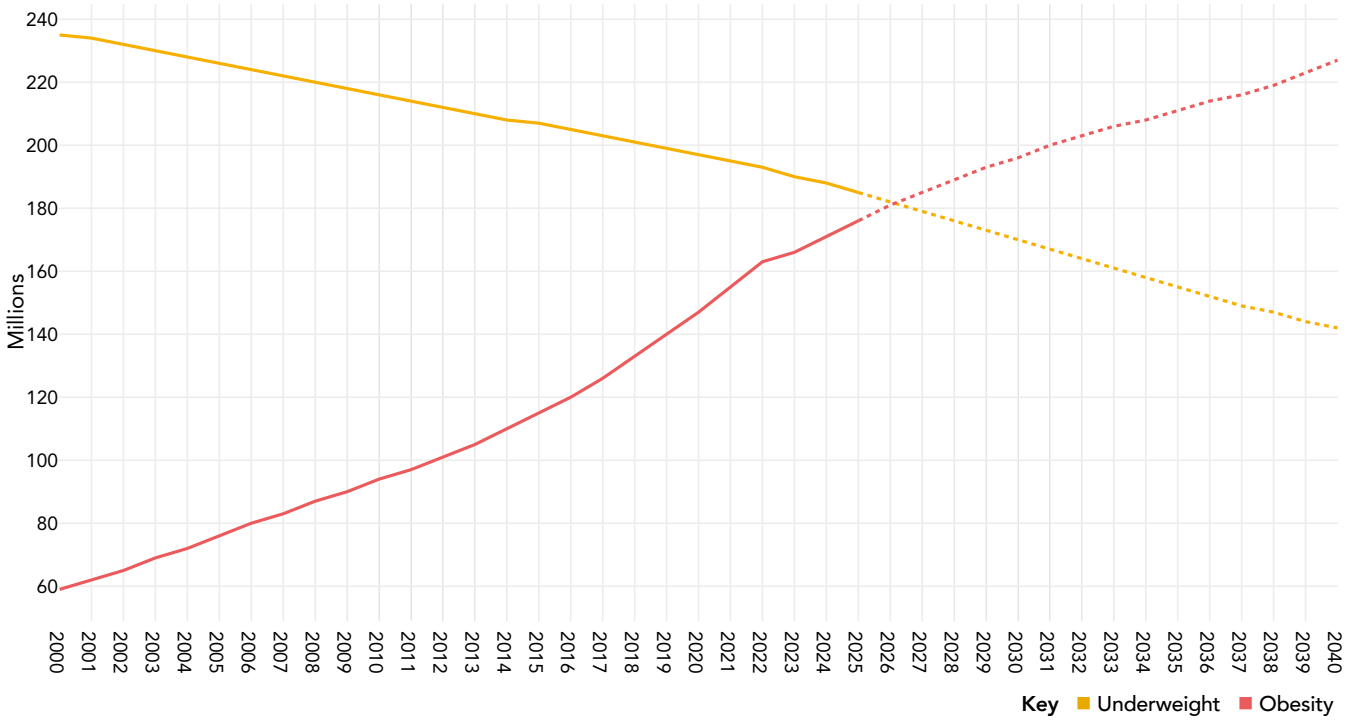
	Annual increase in the prevalence of children living with high BMI		Annual increase in the prevalence of children living with obesity
Vietnam	7.9%	**Liberia**	13.3%
Pakistan	7.1%	**Uganda**	10.8%
Indonesia	6.4%	**Pakistan**	10.6%
Liberia	6.4%	**Vietnam**	8.7%
Maldives	5.8%	**Indonesia**	8.0%
Afghanistan	5.7%	**Zambia**	7.4%
Sri Lanka	5.3%	**Peru**	7.3%
Philippines	5.2%	**Afghanistan**	7.2%
India	4.8%	**Sri Lanka**	7.1%
Ethiopia	4.6%	**Solomon Islands**	7.0%

Source: WOF projections from NCD-RisC database (2025)

Since 2010, over 180 countries have seen a rise in overweight and obesity prevalence in children 5-19 years – with rates rising fastest in middle-income countries.

Obesity rates have risen to the point that globally, the number of children 5-19 years living with obesity will exceed those living with underweight. This Atlas and the 2025 Child Nutrition Report estimate that this transition occurs between 2025 and 2027 (UNICEF, 2025). By 2040, this Atlas predicts that 228 million children 5-19 years will be living with obesity compared to 142 million living with underweight.

Figure 1.3: Global number of children 5-19 years living with underweight or obesity, 2000-2040



Sources: WOF estimates and UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (2025)

Looking ahead, more school-age children 5-19 years globally will be living with obesity than underweight.

1.3 In some countries, more than half of school-age children 5-19 years live with high BMI, including more than a third with obesity

The top 10 countries with the highest prevalence of children 5-19 years living with high BMI and obesity are all based in the Western Pacific region and the Americas, with 8 out of 10 in the former.

Table 1.2: The top 10 countries with the highest proportion of children 5-19 years living with high BMI or obesity, 2025

	Percentage of children 5-19 years living with high BMI (%)		Percentage of children 5-19 years living with obesity (%)
Niue	66.6%	**Niue**	42.2%
Cook Islands	65.5%	**Cook Islands**	41.2%
Chile	61.1%	**Nauru**	35.6%
Nauru	59.7%	**Tonga**	35.6%
Tonga	58.6%	**Tokelau**	34.8%
Tokelau	58.1%	**Tuvalu**	32.1%
American Samoa	57.2%	**American Samoa**	31.3%
Tuvalu	53.9%	**Palau**	30.0%
Bahamas	52.8%	**Chile**	29.0%
Samoa	51.7%	**Bahamas**	28.6%

Source: WOF projections from NCD-RisC database (2025)

Ten countries now have more than 50% of their school-age children 5-19 years living with overweight and obesity.

1.4 Ten countries alone account for over 200 million school-age children 5-19 years with high BMI

Large numbers of children 5-19 years are estimated to be living with high BMI and obesity in the world's most populous countries. Eight countries worldwide are estimated to have over 10 million living with high BMI and three countries are estimated to have over 10 million living with obesity (China, India and the United States).

Table 1.3: The top 10 countries with the greatest number of children 5-19 years living with high BMI or obesity, 2025

	Number of children 5-19 years living with high BMI (millions)		Number of children 5-19 years living with obesity (millions)
China	62m	**China**	33m
India	41m	**India**	14m
United States of America	27m	**United States of America**	13m
Indonesia	19m	**Indonesia**	8m
Pakistan	18m	**Pakistan**	8m
Brazil	17m	**Egypt**	8m
Egypt	16m	**Brazil**	7m
Mexico	13m	**Mexico**	6m
Nigeria	9m	**Nigeria**	4m
Democratic Republic of the Congo	7m	**Iraq**	3m

Sources: WOF projections from NCD-RisC database (2025) and UN Population Division (2025)

Over 200 million school-age children 5-19 years living with overweight and obesity are concentrated in just 10 countries around the world. Of these, three have over 10 million children living with obesity.

1.5 The majority of school-age children 5-19 years living with obesity reside in middle-income countries

Whilst the prevalence of obesity is generally accepted as being higher in high-income countries, the distribution of the world's population means that the greatest absolute numbers of children living with obesity reside in middle-income countries. In 2025, the WHO region with the highest prevalence of children living with obesity was the Americas. Between 2025 and 2040, the greatest rates of increase in prevalence are expected to be seen in the South-East Asia region followed by the Western Pacific, Eastern Mediterranean and African regions.

Table 1.4: Numbers of children and proportion of all children 5-19 years living with obesity, 2025 and 2040

	Number of children 5-19 years living with obesity (millions)		Prevalence of children 5-19 years living with obesity (%)	
	2025	2040	2025	2040
Global	177m	228m	8.7%	11.9%
High income	30m	29m	12.8%	14.2%
Upper-middle income	80m	87m	13.7%	20.7%
Lower-middle income	51m	82m	5.6%	8.9%
Low income	13m	27m	5.6%	8.7%
African region	20m	36m	4.2%	6.2%
Region of the Americas	40m	44m	17.8%	22.3%
Eastern Mediterranean region	33m	55m	12.8%	19.0%
European region	14m	13m	8.0%	9.3%
South-East Asia region	27m	40m	5.1%	8.3%
Western Pacific region	43m	39m	11.8%	17.7%

Note: Numbers may not add due to rounding

Sources: WOF projections from NCD-RisC database (2025) and UN Population Division (2025)

Most of the world's school-age children 5-19 living with obesity reside in middle-income countries. By 2040, this is estimated to be as much as 169 million children.

1.6 At least 120 million school-age children 5-19 years are expected to have early signs of chronic disease caused by high BMI by 2040

Overweight and obesity in childhood not only increase the risk of chronic disease in adulthood, but also increase the risk of developing such diseases before adulthood. Surveys have shown that the early signs of chronic disease are found in millions of children worldwide. These early signs can often go unnoticed for several years.

Table 1.5: Numbers of children 5-19 years projected to be living with early signs of chronic disease before adulthood due to high BMI worldwide, 2025 and 2040

	2025	2040
MASLD due to high BMI	98m	124m
High triglycerides due to high BMI	47m	58m
Hyperglycaemia due to high BMI	14m	18m
Hypertension due to high BMI	34m	43m

Note: Figures should not be added as some children may have two or more disease indicators

Sources: WOF projections based on Sharma et al (2019) and Lobstein and Jackson-Leach (2016)

Overweight and obesity in childhood result in millions of children 5-19 years living with early signs of chronic disease.

1.7 Children remain exposed to known risks for developing obesity

The risk of developing overweight in childhood is increased by a number of known factors, including mothers' health status and health behaviours, early nutrition environments and inadequate physical activity. Table 1.6 shows how many countries are scoring highly for seven known risk factors though there are gaps in reporting. In a majority of countries, children face a high risk of exposure to one or more of these risk factors. Most countries would benefit from further comprehensive action to reduce these preventable risks. Many other risk factors exist but most are not measured and monitored consistently.

Table 1.6: Proportion of 195* countries where known preventable risks for childhood obesity are high

	Of those countries with estimates	Countries with no estimate (n)
Maternal overweight and obesity: Percentage of countries where the summary exposure value of high BMI (≥25kg/m^2) exceeds 20% of women of childbearing age (15-49 years)	81%	0
Maternal diabetes: Percentage of countries where the prevalence of Type 2 diabetes exceeds 3% in women of childbearing age (15-49 years)	57%	0
Maternal smoking: Percentage of countries where the summary exposure value of tobacco smoking exceeds 10% in women of childbearing age (15-49 years)	31%	0
Insufficient breastfeeding: Percentage of countries where the summary exposure value of sub-optimal breastfeeding exceeds 25% among infants 1-5 months	95%	0
School meals provision: Percentage of countries where fewer than 70% of school children, primary and secondary, receive school meals	86%	40
Sugary drinks consumption: Percentage of countries where the daily consumption of sugar-sweetened beverages exceeds 100ml among children 6-10 years	74%	13
Physical activity: Percentage of countries where more than 75% of adolescents 11-17 years are failing to meet physical activity recommendations	95%	65

Sources: IHME (2026), GCNF (2024) GDD (2022) and WHO GHO (2025)

** Note: There is no available data for French Polynesia.*

Country action to reduce children's exposure to obesity risk factors remains inadequate.

1.8 More countries need to take comprehensive action to prevent childhood obesity

Efforts to reduce childhood obesity have led to the development of numerous policies worldwide, but relatively few are formally monitored and reported to the World Health Organization and other international agencies. Table 1.7 summarises selected policy measures that have been documented. However, these indicators represent only a subset of the broader recommendations under the WHO Acceleration Plan to Stop Obesity and related WHO guidance. They do not capture other critical measures such as fiscal policies, front-of-pack nutrition labelling, product reformulation policies, restrictions on unhealthy food promotion, and the integration of obesity prevention and care into primary health care. Moreover, the presence of a policy does not reflect its strength, enforcement, coverage, financing, or impact, nor does it assess whether policies are implemented at a sufficient scale to influence childhood obesity trends.

Of these select indicators, the majority of reporting countries score well on the existence of guidelines for physical activity and mandatory requirements for school food procurement, but only a minority are actively addressing children's exposure to food marketing. Overall, many countries are not systematically monitoring or reporting on the implementation of their policies.

Table 1.7: Childhood obesity prevention policies in 196 countries

	Countries reporting 'yes'	Countries reporting 'no'	Countries not reporting
Implementation of the International Code of Marketing of Breast-milk Substitutes exceeds 70/100	49	93	54
National guidelines for physical activity for children under 5 years	70	18	108
National policies to promote physical activity in childcare settings	75	97	24
School food guidelines promoting nutrition goals	135	0	61
School food guidelines promoting obesity goals	70	72	54
Mandatory requirements for school food procurement to include health criteria	75	26	95
National guidelines for physical activity for children 5-19 years	89	5	102
National policies to reduce children's exposure to food marketing	73	111	12

Sources: GCNF (2024), UNICEF/WHO/IBFAN (2024), WHO GHO (2025), WHO GIFNA (2025)

The implementation of national policies to prevent childhood obesity is currently insufficient and is not consistently monitored. All countries need to implement the full range of WHO recommendations to halt obesity.

1.9 Childhood obesity monitoring, screening and treatment services appear to be substantially lacking

Few countries appear to undertake annual surveys of children's weight status and as a result, much of the modelled estimates used for this Atlas have significant margins of error. According to the WHO, around 70 countries have not reported any surveys of children under 5 years in the last decade (2014-2024). The NCD Risk Factor Collaboration indicates that, between 1990 and 2022, 35 countries have not reported any surveys of older children 5-19 years, and a further 61 countries have not conducted such surveys more than three times.

Screening for weight status and associated comorbidity indicators does not appear to be reported to any international agencies at all. This is despite the known existence of regular school-based medical examinations in some countries. Research by the World Obesity Federation (Jackson-Leach et al, 2020) found that national adult obesity treatment and management services are poorly reported, making international comparisons difficult. This is also the case for children. Using two possible proxies for paediatric weight management services, the Universal Health Coverage (UHC) indicators for maternal and child health and for NCDs, suggests that a third of countries fall below a score of 70 out of 100 for maternal and child health coverage (WHO GHO, 2025), and more than three quarters of countries fall below this threshold for non-communicable disease health coverage.

More countries need to conduct regular surveys of children's weight status to allow national and global progress to be monitored.

Section 2
Childhood overweight and obesity

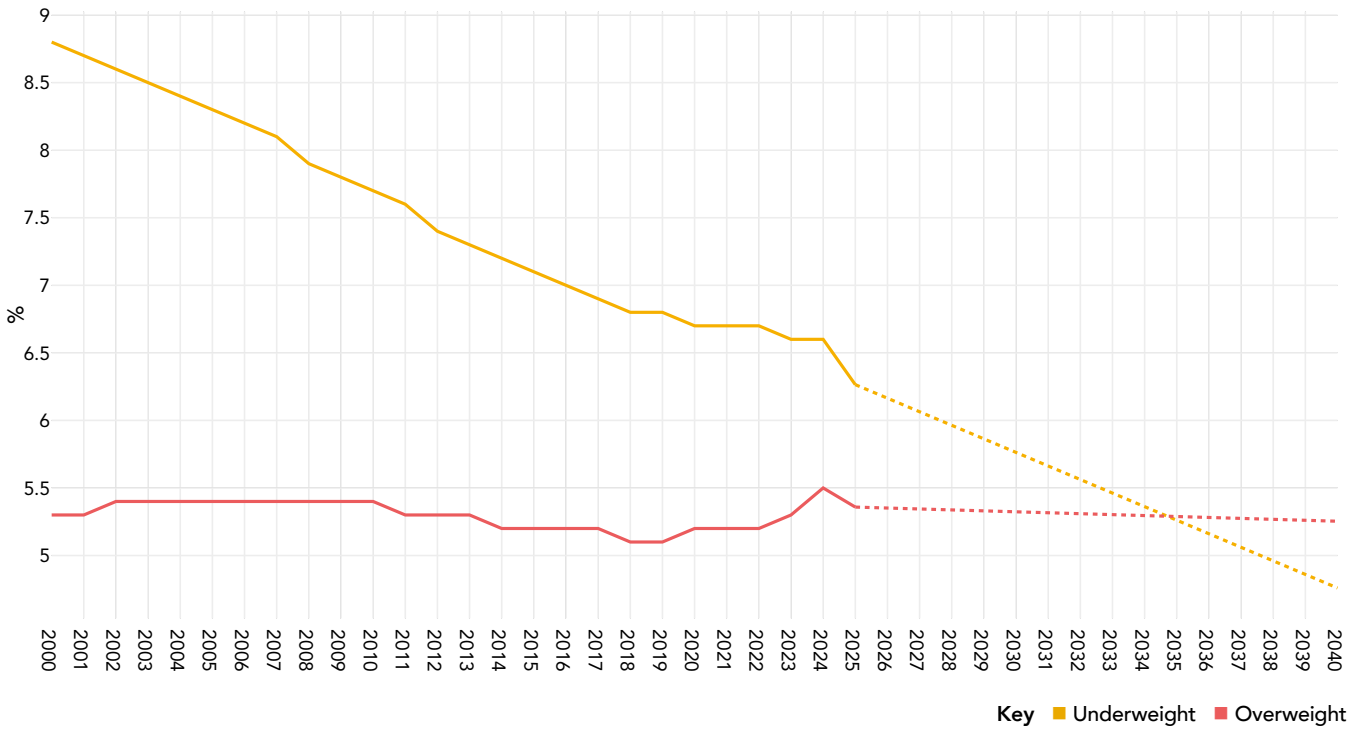
Section 2: Childhood overweight and obesity

2.1 The global transition

Estimated trends and projections for the prevalence of underweight (wasting) and overweight in children under 5 years predicts a transition occurring in the mid-2030's. At this point, it is expected that the prevalence of overweight will exceed that of underweight due to underweight showing a steady decline over the years while overweight remains fairly stable.

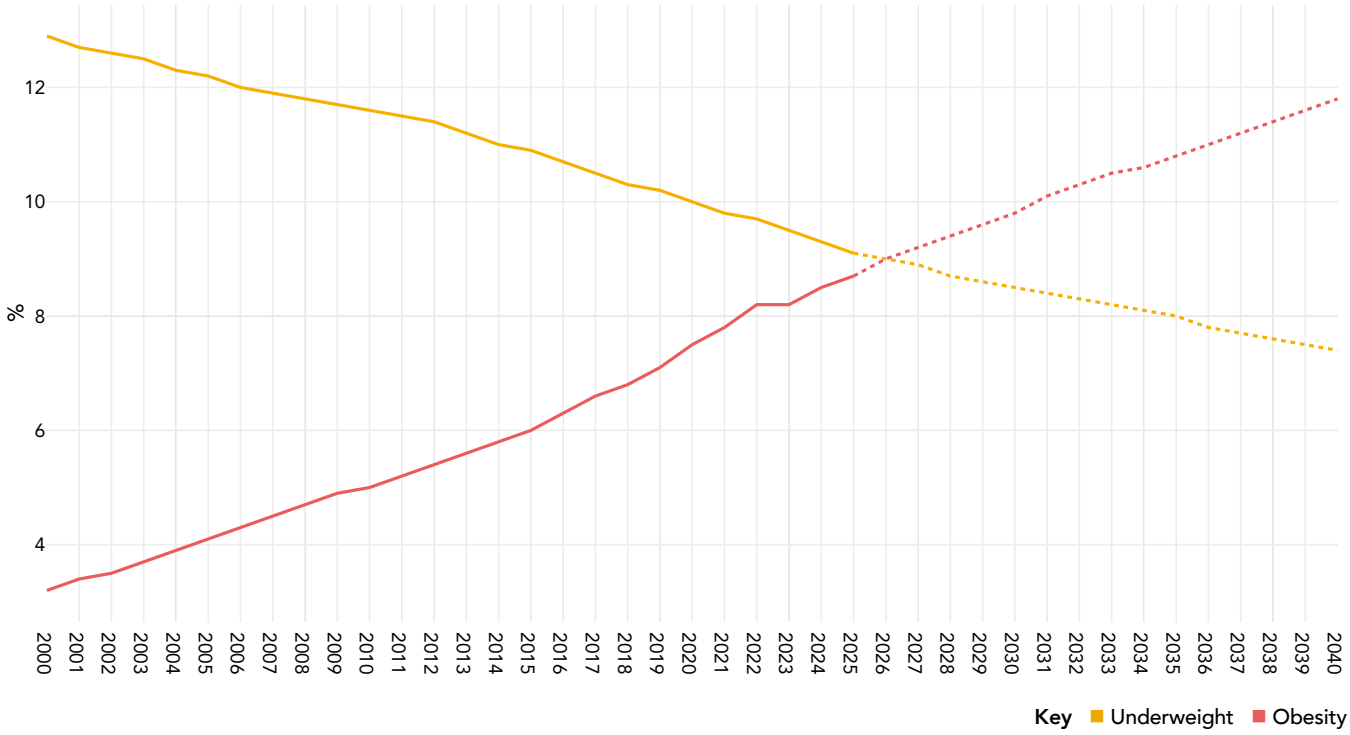
For children 5-19 years, estimated trends and projections for the prevalence of underweight and obesity show the transition occurring earlier, in the mid-2020s. For the first time, a greater proportion of children will be experiencing obesity than underweight across the world's population. This was also reported by UNICEF in their 2025 Child Nutrition Report, which found 2025 to be the year that the global prevalence of obesity among school-age children and adolescents first exceeded underweight (UNICEF, 2025). This reflects a major shift in global malnutrition trends and global action should shift accordingly.

Figure 2.1: Proportion of the world's children under 5 years living with underweight or overweight, 2000-2040



Sources: UNICEF (2025) and WOF projections

Figure 2.2: Proportion of the world's children 5-19 years living with underweight or obesity, 2000-2040



Source: NCD-RisC database (2025) and WOF projections

2.2 Children under 5 years

At a global level, overweight among children under 5 years has increased very little in the last ten years. In 2024, 5.5% of children under 5 years were estimated to be living with overweight – the equivalent of 35.2 million children.

At the same time, some countries and regions have seen significant increases. In many regions more than one in twenty children under 5 years were experiencing overweight, rising to nearly one in every ten in the Western Pacific and the Americas. Overall, 29 million children under 5 years were estimated to be living with overweight in low- and middle-income countries.

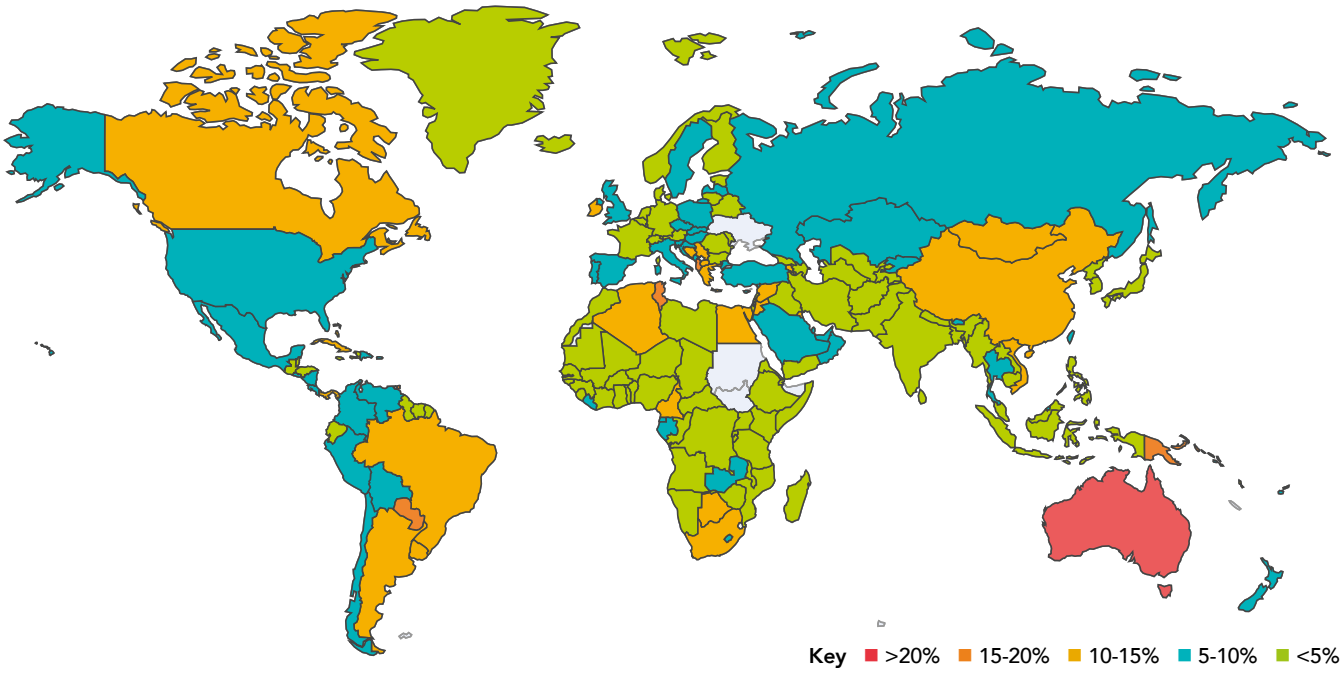
Table 2.1: Numbers and prevalence of overweight among children under 5 years, 2024

	Number of children under 5 years with overweight (millions)	Prevalence of children under 5 years with overweight (%)
Global	35.2m	5.5%
High income	5.4m	8.1%
Upper-middle income	13.2m	8.6%
Lower-middle income	12.3m	4.0%
Low income	3.5m	3.6%
African region	7.7m	4.2%
Region of the Americas	6.1m	9.1%
Eastern Mediterranean region	4.3m	4.6%
European region	3.6m	7.2%
South-East Asia region	5.5m	3.3%
Western Pacific region	8.0m	9.7%

Note: Numbers may not add due to rounding

Sources: WOF estimates and UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (2025)

Figure 2.3: Prevalence of overweight among children under 5 years, 2024



Sources: WOF estimates and UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (2025)

Table 2.2: Top 20 countries for prevalence of overweight in children under 5 years, 2000 and 2024

	2000		2024
Albania	19.9	**Australia**	26.4
Libya	19.9	**Papua New Guinea**	18.5
Georgia	18.2	**Turks and Caicos Islands**	18.3
Bosnia and Herzegovina	17.9	**Tunisia**	17.5
Syrian Arab Republic	17.7	**Albania**	16.7
Serbia	16.4	**Paraguay**	15.4
Russian Federation	16.0	**Trinidad and Tobago**	15.0
Montenegro	14.9	**Argentina**	14.3
Uzbekistan	13.8	**Cameroon**	13.6
Morocco	13.6	**Greece**	13.5
Comoros	13.3	**Uruguay**	13.5
Algeria	13.2	**Algeria**	13.3
Egypt	13.1	**Barbados**	13.0
Eswatini	13.0	**Bosnia and Herzegovina**	13.0
Tonga	13.0	**Armenia**	12.9
Malawi	12.0	**South Africa**	12.8
Armenia	11.9	**Mongolia**	12.3
Belize	11.8	**North Macedonia**	12.3
North Macedonia	11.5	**Serbia**	12.2
Chile	11.4	**Bahamas**	11.8

Sources: WOF estimates and UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (2025)

Section 1 noted the increasing prevalence of overweight among children under 5 years in 86 countries. Nearly 30 countries are estimated to have experienced an increase at a rate greater than 3% compound growth per year, most of which (23) are low- or middle-income.

Table 2.3: Countries reporting high rates of increase in overweight prevalence among children under 5 years, 2010-2024

Compound annual growth rate greater than 3% per year

	Compound annual increase in prevalence
Djibouti	12.8%
Oman	9.7%
Cambodia	8.3%
Sao Tome and Principe	8.1%
Vietnam	7.7%
Niger	7.4%
Benin	7.2%
Togo	7.0%
North Korea	6.2%
Nauru	6.2%
Australia	6.0%
Cameroon	5.6%
Liberia	5.3%
Jordan	5.0%
Solomon Islands	4.9%
Papua New Guinea	4.8%
India	4.4%
Laos	4.4%
Sierra Leone	4.2%
China	3.9%
Angola	3.8%
Samoa	3.8%
Burkina Faso	3.8%
Poland	3.6%
Nepal	3.4%
Paraguay	3.3%
Eritrea	3.3%
Uruguay	3.2%
Trinidad and Tobago	3.0%

Sources: WOF estimates and UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (2025)

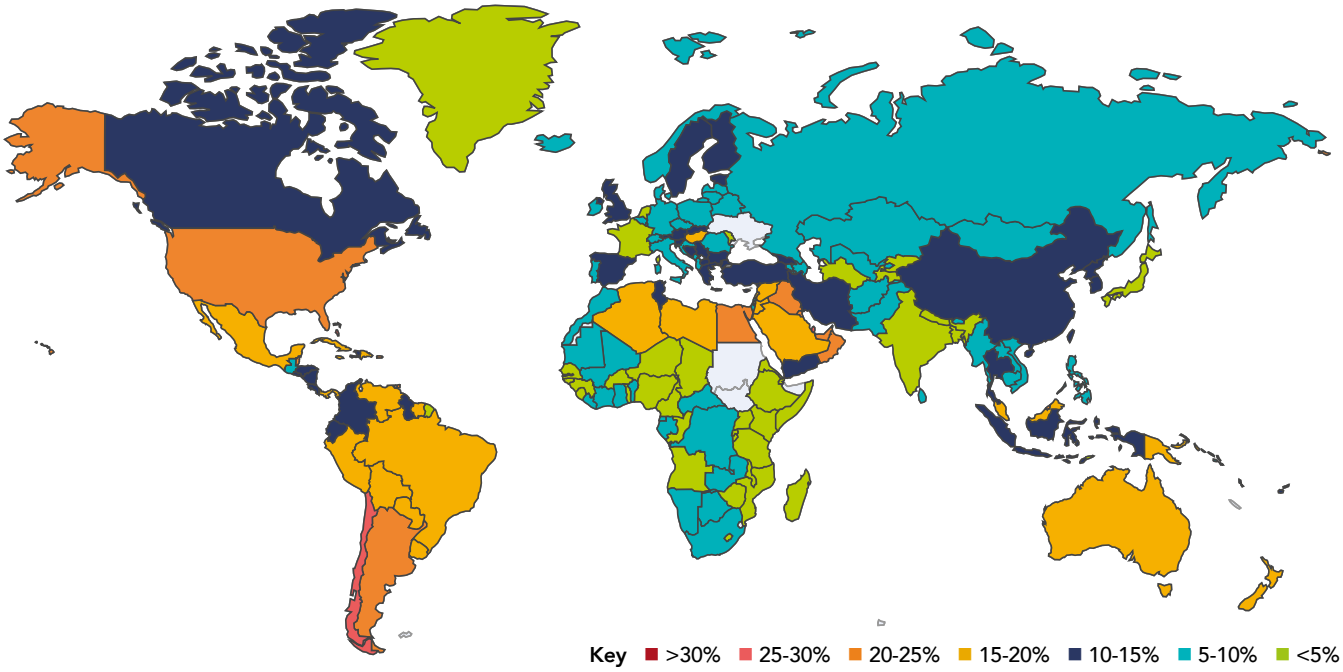
2.3 Children 5-19 years

This Atlas estimates that in 14 countries more than 25% of children and adolescents 5-19 years lived with obesity in 2025. Namely, Niue, Cook Islands, Nauru, Tonga, Tokelau, Tuvalu, American Samoa, Palau, Chile, Bahamas, French Polynesia, Antigua and Barbuda, Qatar and Samoa.

In the same year, it is estimated that over 30% of children and adolescents 5-19 years lived with high BMI in more than 80 countries. In 10 countries – Niue, Cook Islands, Chile, Nauru, Tonga, Tokelau, American Samoa, Tuvalu, Bahamas and Samoa – this rises to 50%.

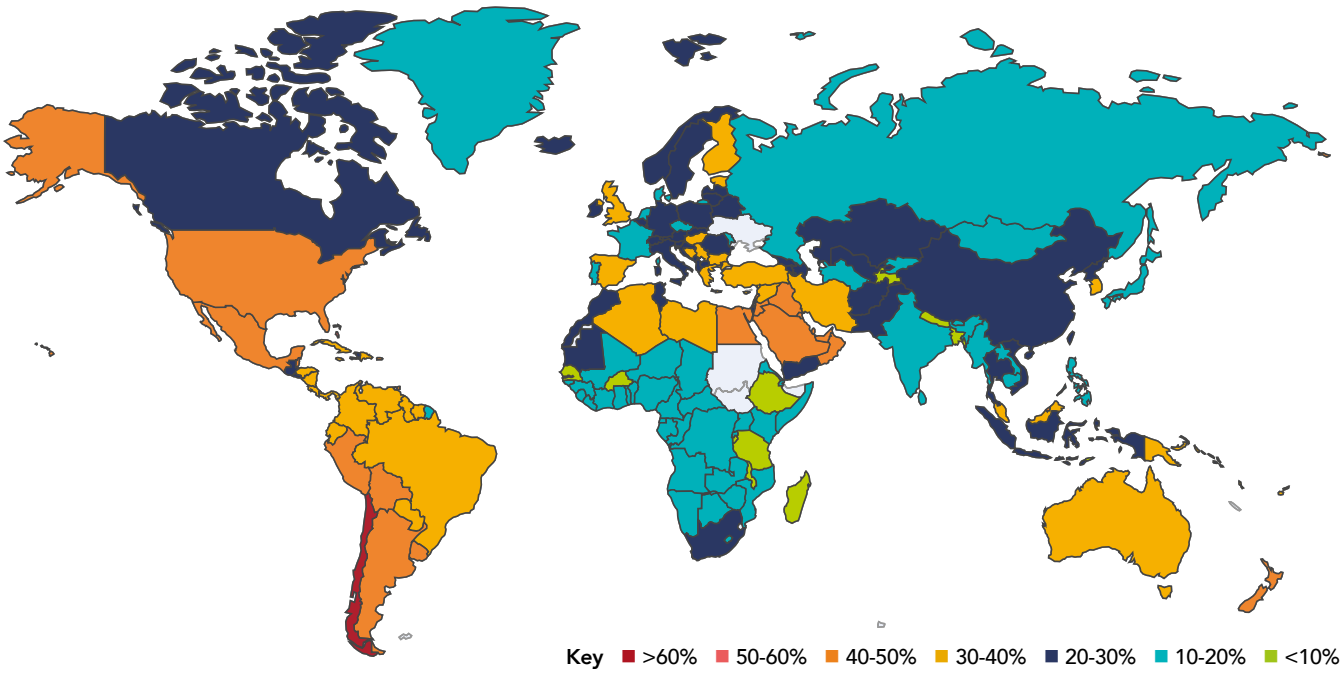
The highest prevalences of both obesity and high BMI are concentrated in the Western Pacific region.

Figure 2.4: Prevalence of obesity among children 5-19 years, 2025



Source: WOF projections from NCD-RisC database (2025)

Figure 2.5: Prevalence of high BMI among children 5-19 years, 2025



Source: WOF projections from NCD-RisC database (2025)

2.3.1 Trends and projections to 2040: children 5-19 years living with obesity

It is estimated that approximately 177 million children and adolescents 5-19 years were living with obesity in 2025, rising to 228 million by 2040. This is the equivalent of a rise from 8.7% to 11.9% of the world's children and adolescents.

Historically, the prevalence of obesity was highest in high-income countries. This is no longer the case as prevalence has risen rapidly in upper-middle-income countries. Low- and lower-middle-income countries continue to have lower prevalence levels (compared to high- and upper-middle-income countries) but nearly 50% of children and adolescents 5-19 years who live with obesity will reside in these countries by 2040 and over 85% in low- and middle-income countries (largely due to their population sizes).

The highest prevalences will continue to be seen in the Americas, the Eastern Mediterranean region and the Western Pacific.

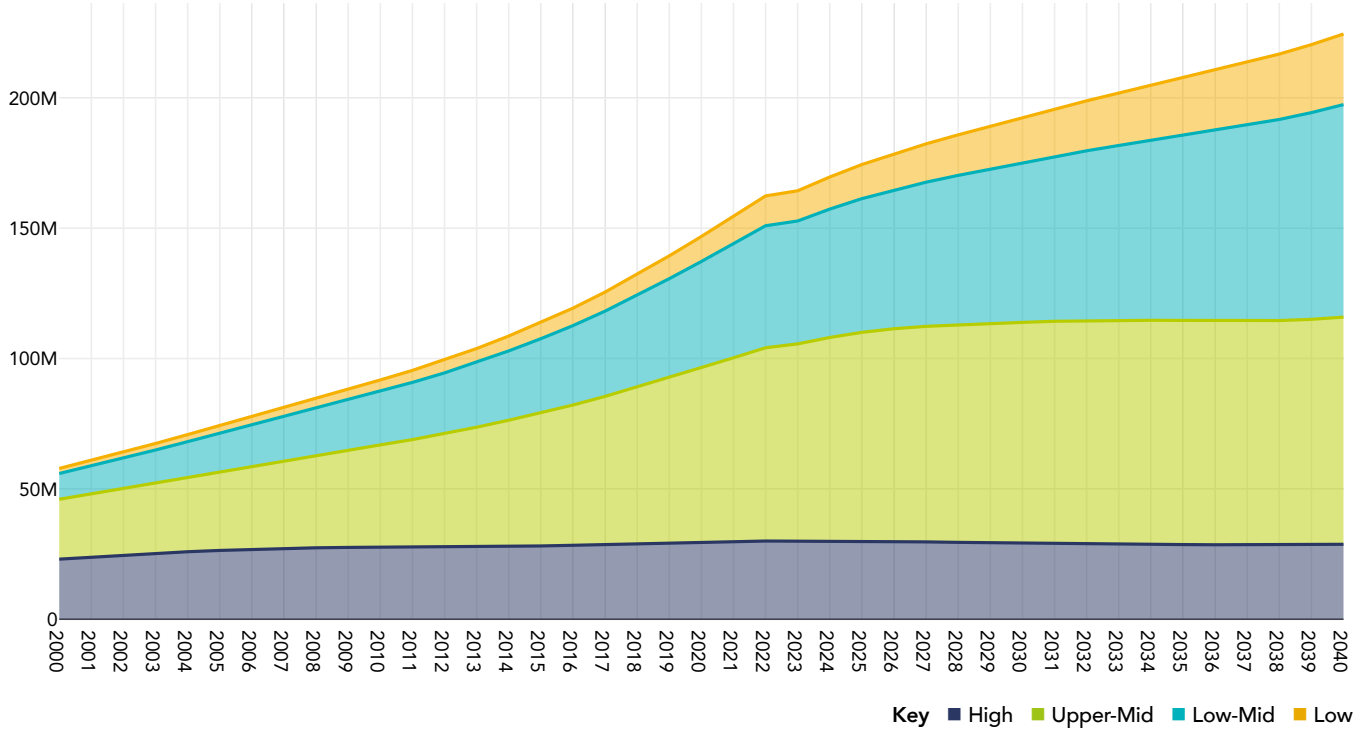
Table 2.4: Numbers of children and proportion of all children 5-19 years living with obesity, 2025 and 2040

	Number of children 5-19 years living with obesity (millions)		Percentage of children 5-19 years living with obesity (%)	
	2025	2040	2025	2040
Global	177m	228m	8.7%	11.9%
High income	30m	29m	12.8%	14.2%
Upper-middle income	80m	87m	13.7%	20.7%
Lower-middle income	51m	82m	5.6%	8.9%
Low income	13m	27m	5.6%	8.7%
African region	20m	36m	4.2%	6.2%
Region of the Americas	40m	44m	17.8%	22.3%
Eastern Mediterranean region	33m	55m	12.8%	19.0%
European region	14m	13m	8.0%	9.3%
South-East Asia region	27m	40m	5.1%	8.3%
Western Pacific region	43m	39m	11.8%	17.7%

Note: Numbers may not add due to rounding

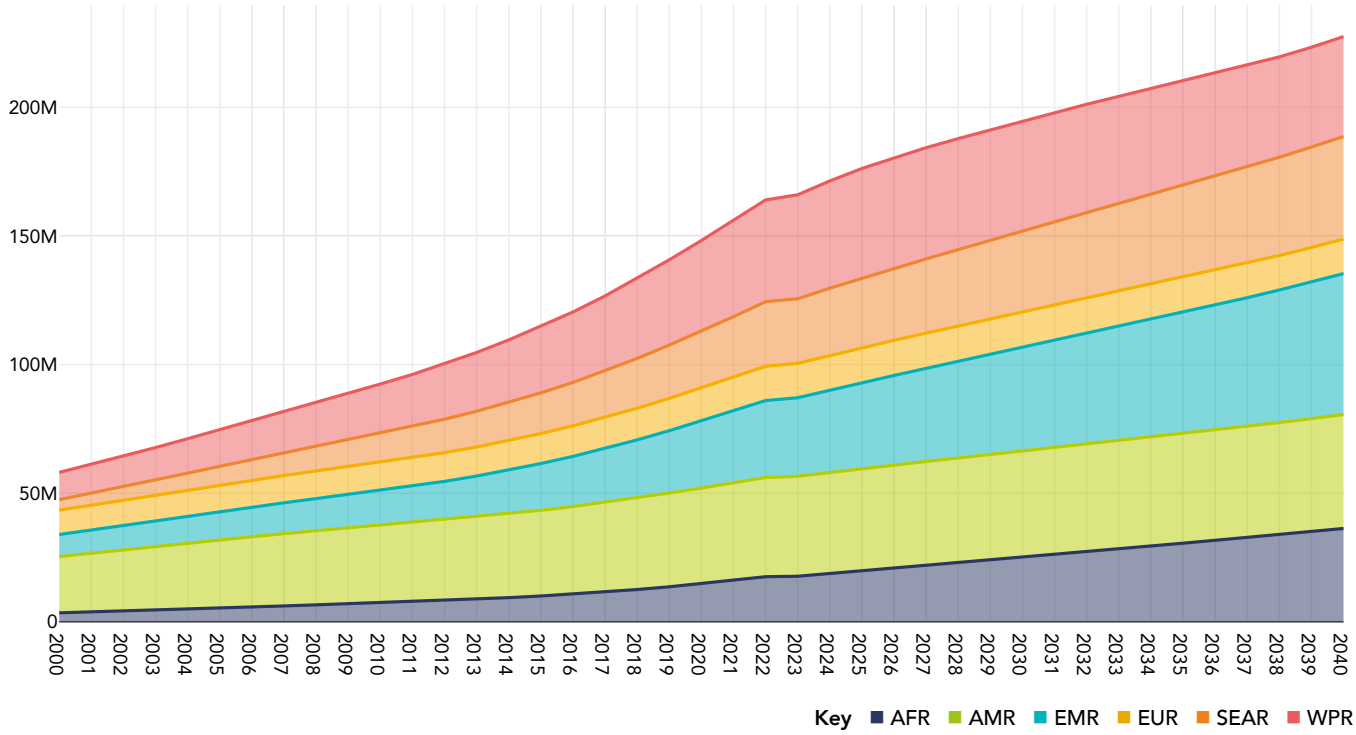
Sources: WOF projections from NCD-RisC database (2025) and UN Population Division (2025)

Figure 2.6: Numbers of children 5-19 years living with obesity by World Bank income level, 2000-2040



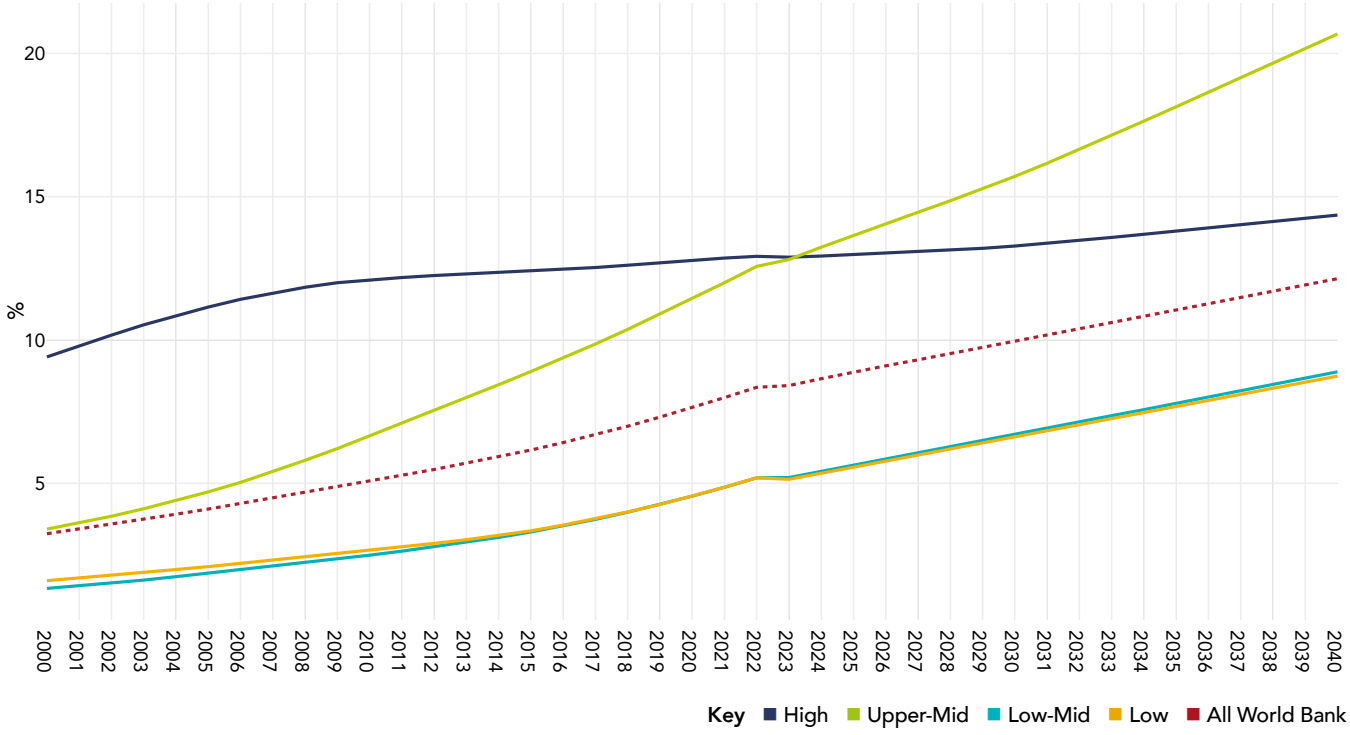
Sources: WOF projections from NCD-RisC database (2025) and UN Population Division (2025)

Figure 2.7: Numbers of children 5-19 years living with obesity by WHO region, 2000-2040



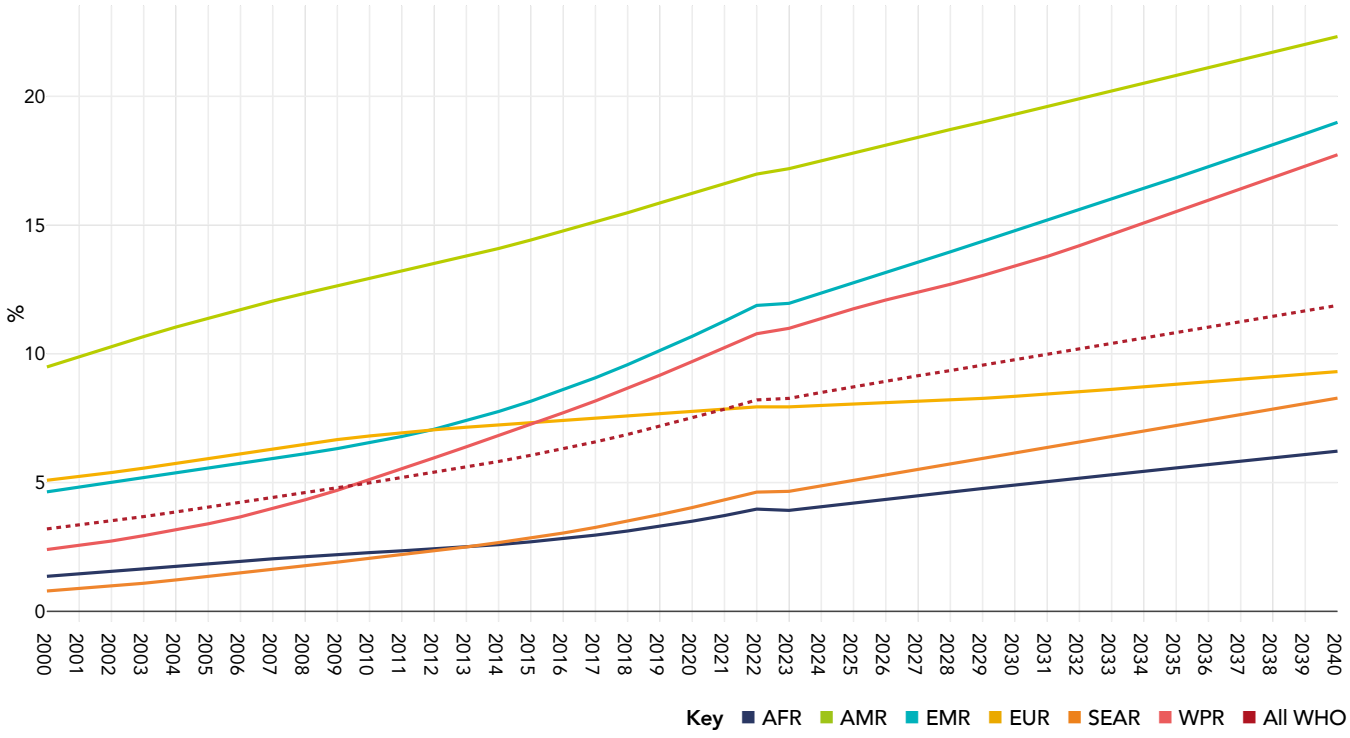
Sources: WOF projections from NCD-RisC database (2025) and UN Population Division (2025)

Figure 2.8: Prevalence of obesity among children 5-19 years by World Bank income level, 2000-2040



Source: WOF projections from NCD-RisC database (2025)

Figure 2.9: Prevalence of obesity among children 5-19 years by WHO region, 2000-2040



Source: WOF projections from NCD-RisC database (2025)

2.3.2 Trends and projections to 2040: children 5-19 years living with high BMI

In 2025, an estimated 419 million children and adolescents 5-19 years were living with overweight and obesity. This is predicted to rise to 507 million by 2040 when it is estimated that over one in four children will be living with high BMI.

While all income groups will likely continue to see increases in prevalence over this period, lower-middle- and low-income countries are expected to show the biggest increases. In these countries, the absolute numbers of children living with high BMI will also rise significantly. As a result, in 2040, over 85% of children 5-19 years living with high BMI will reside in low- and middle-income countries.

In 2025, the highest prevalences of high BMI were in the Region of the Americas, the Eastern Mediterranean region and the European region. By 2040, this Atlas predicts it will be the Region of the Americas, the Eastern Mediterranean region and the Western Pacific.

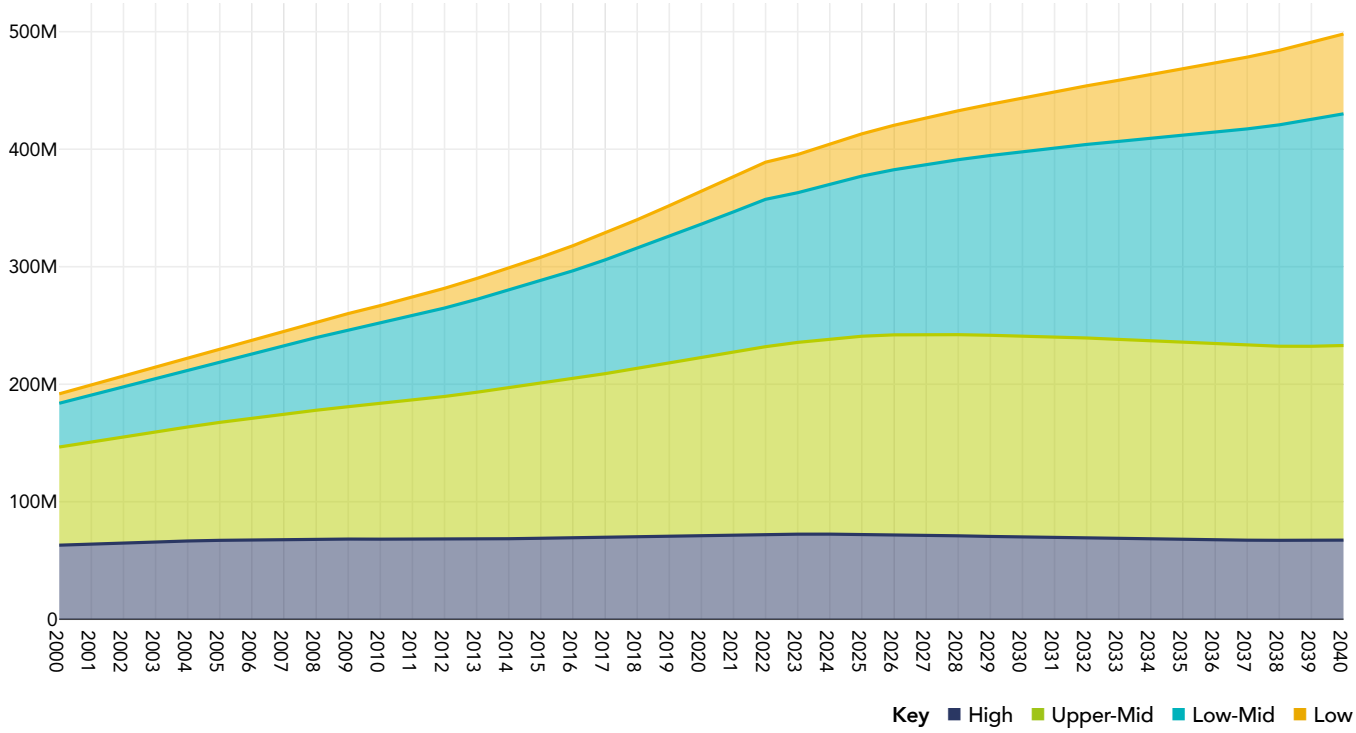
Table 2.5: Numbers of children and proportion of all children 5-19 years living with high BMI, 2025 and 2040

	Number of children 5-19 years living with high BMI (millions)		Percentage of children 5-19 years living with high BMI (%)	
	2025	2040	2025	2040
Global	419m	507m	20.7%	26.4%
High income	72m	67m	30.9%	33.3%
Upper-middle income	169m	166m	28.7%	39.3%
Lower-middle income	136m	197m	15.0%	21.5%
Low income	36m	68m	15.3%	21.9%
African region	59m	98m	12.5%	16.9%
Region of the Americas	87m	91m	39.0%	45.9%
Eastern Mediterranean region	74m	111m	28.3%	38.4%
European region	41m	38m	24.0%	26.1%
South-East Asia region	73m	101m	13.7%	20.9%
Western Pacific region	85m	68m	23.5%	30.8%

Note: Numbers may not add due to rounding

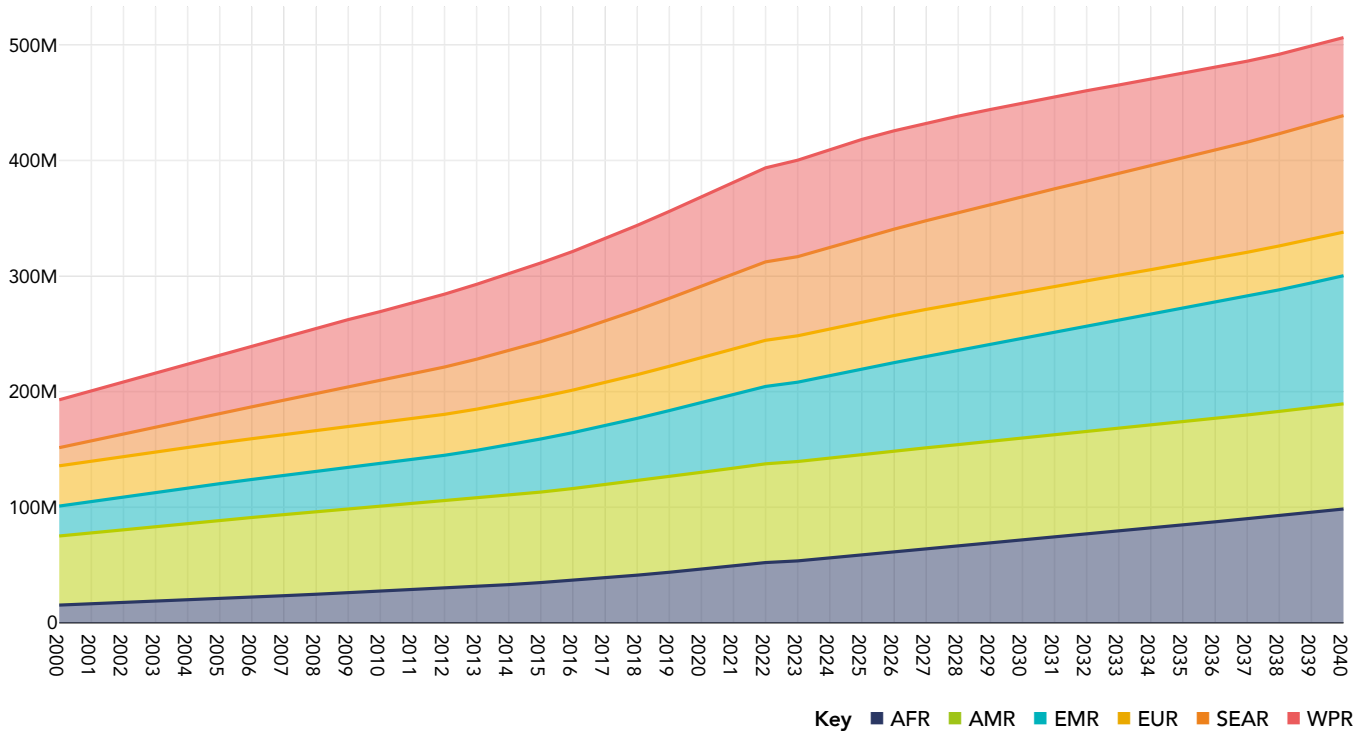
Sources: WOF projections from NCD-RisC database (2025) and UN Population Division (2025)

Figure 2.10: Numbers of children 5-19 years living with high BMI by World Bank income level, 2000-2040



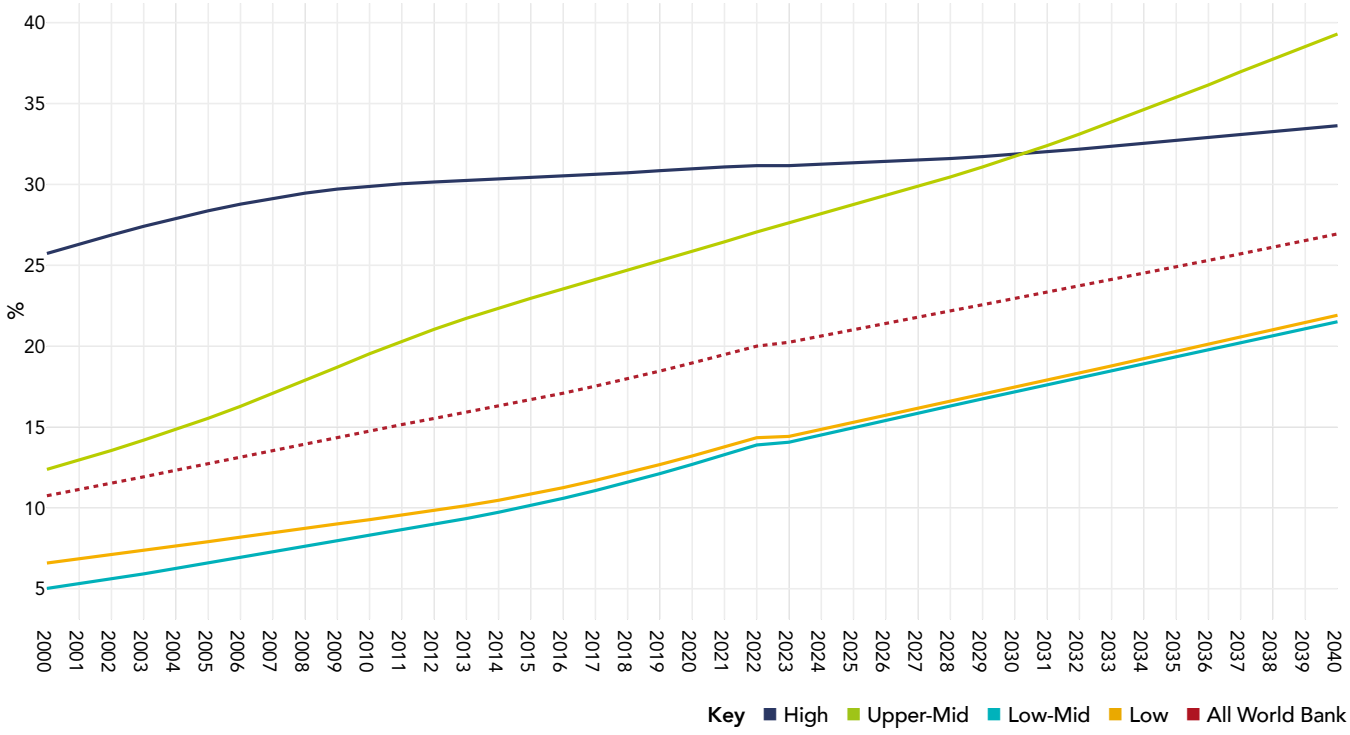
Sources: WOF projections from NCD-RisC database (2025) and UN Population Division (2025)

Figure 2.11: Numbers of children 5-19 years living with high BMI by WHO region, 2000-2040



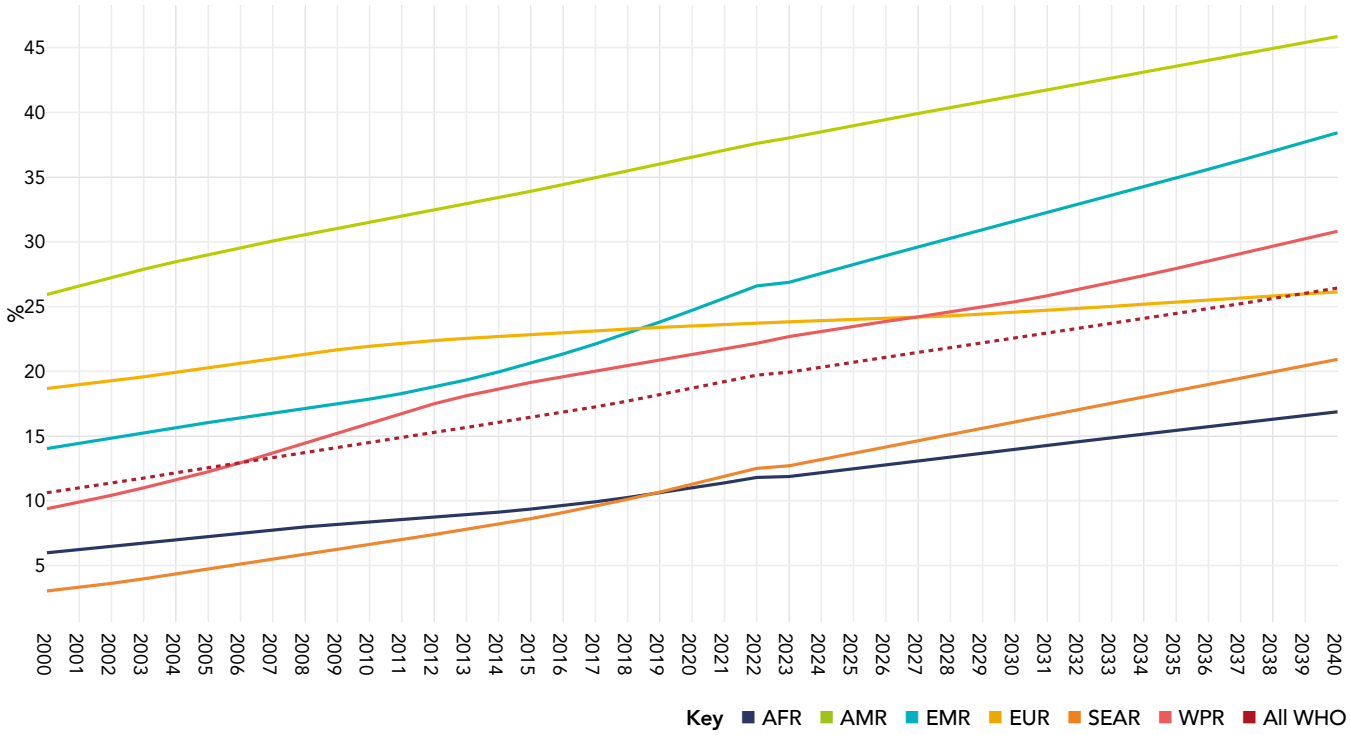
Sources: WOF projections from NCD-RisC database (2025) and UN Population Division (2025)

Figure 2.12: Prevalence of high BMI among children 5-19 years by World Bank income level, 2000-2040



Source: WOF projections from NCD-RisC database (2025)

Figure 2.13: Prevalence of high BMI among children 5-19 years by WHO region, 2000-2040



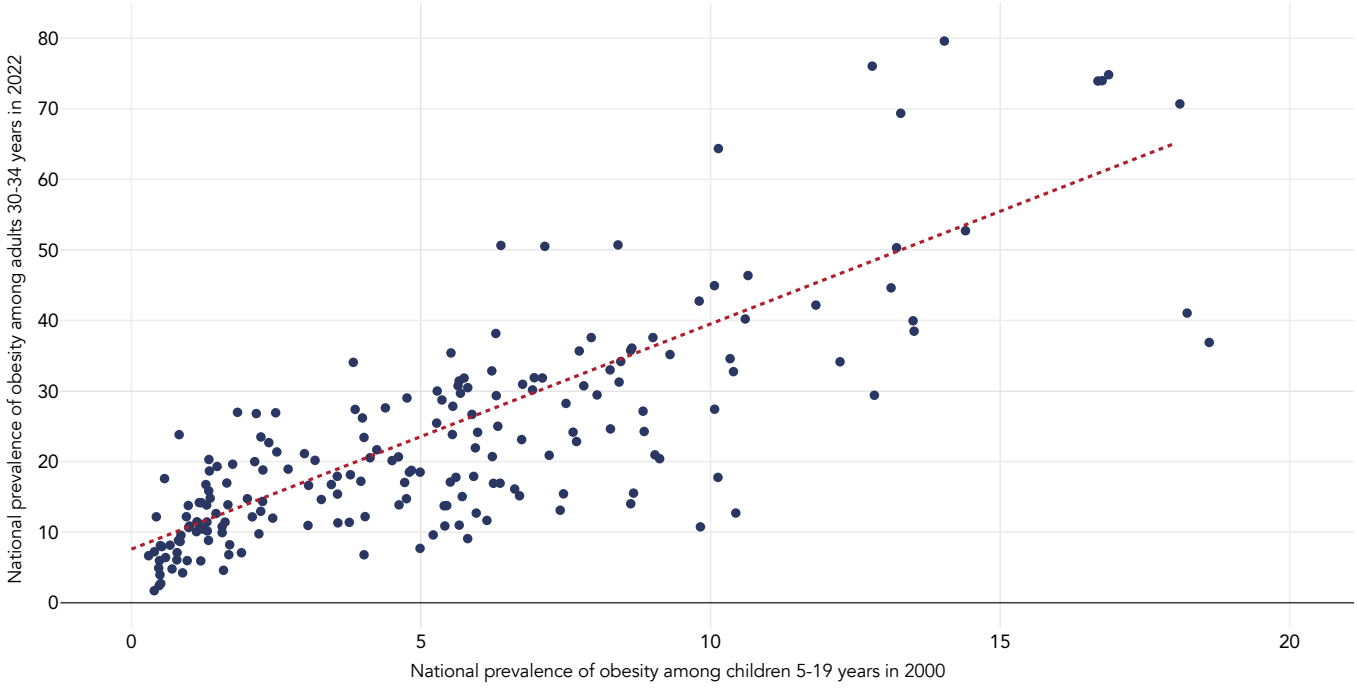
Source: WOF projections from NCD-RisC database (2025)

Section 3
School-age children 5-19 years and risk factors for chronic disease due to overweight and obesity

Section 3: School-age children 5-19 years and risk factors for chronic disease due to overweight and obesity

Estimates of childhood obesity prevalence in 2000 and adult obesity prevalence two decades later (2022) are available for 206 countries. These show a very strong correlation (r=0.79, p<0.0001), indicating that national childhood obesity prevalence is a strong predictor of later adult obesity prevalence.

Figure 3.1: National prevalence of obesity in children 5-19 years in 2000 and obesity in adults 30-34 years in 2022



Source: WOF estimates from NCD-RisC database (2025)

Childhood obesity is a known predictor of obesity and other chronic diseases, such as heart disease and cancer, in adulthood. However, children living with obesity may already show early signs and risk factors of these chronic diseases during childhood.

Children's health surveys show that several indicators of early chronic disease can be attributed to BMI status. Four examples are shown here:

(i) Liver disorders (Metabolic Dysfunction-Associated Steatotic Liver Disease [MASLD], the updated term for what was formerly known as Non-Alcoholic Fatty Liver Disease [NAFLD], a risk factor for liver fibrosis, liver cirrhosis and liver cancer),

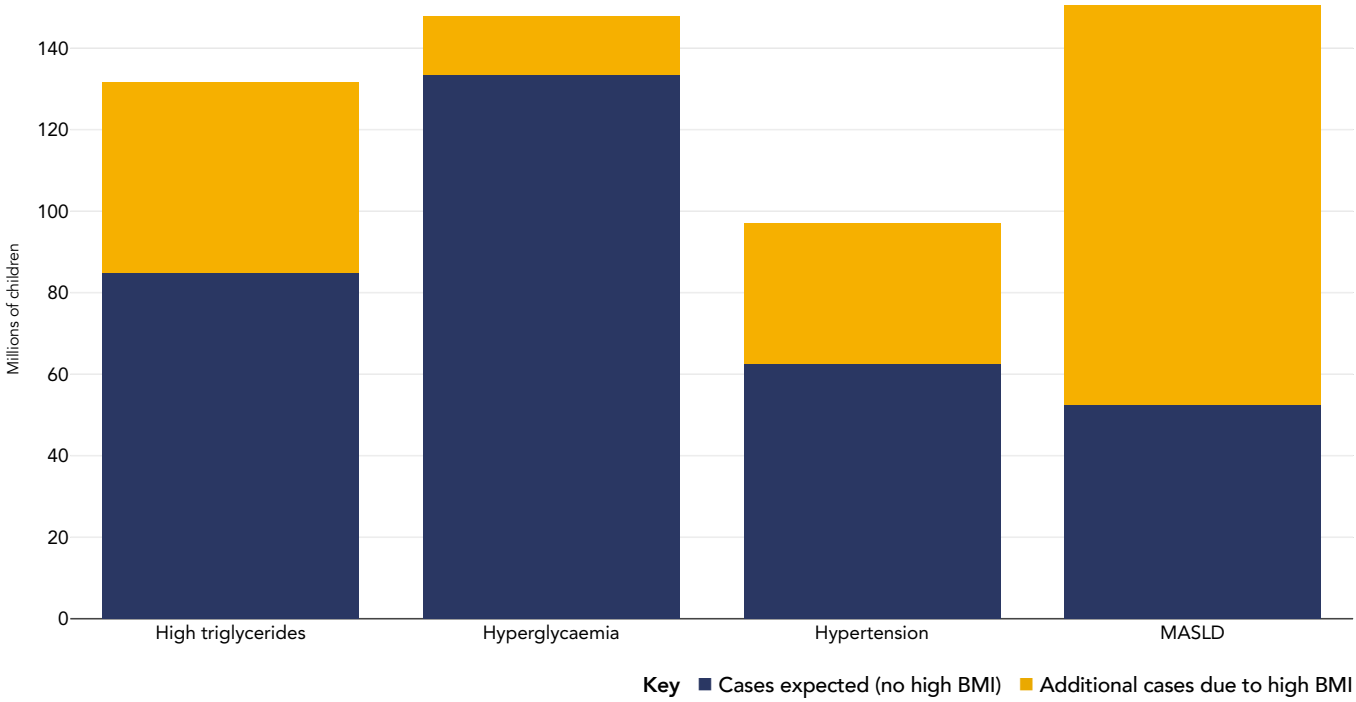
(ii) High triglycerides (a risk factor for cardiovascular disease),

(iii) Hyperglycaemia (a risk factor for diabetes), and

(iv) Hypertension (a risk factor for stroke).

In 2025, there was estimated to be 98 million additional cases of MASLD, 47 million additional cases of high triglycerides, 14 million additional cases of hyperglycaemia and 34 million additional cases of hypertension due to high BMI in children 5-19 years. This is equivalent to 65%, 36%, 10% and 35% of all cases, respectively.

Figure 3.2: Expected numbers of cases of chronic disease indicators in children 5-19 years, 2025



Sources: WOF projections based on Sharma et al (2019) and Lobstein and Jackson-Leach (2016)

These indicators of early chronic disease can often go unnoticed. Liver disorders, high triglycerides, hyperglycaemia and hypertension may not have clear symptoms, but a child living with these conditions will be at significantly increased risk of major chronic disease earlier in adulthood.

Treatment costs of these chronic diseases in adulthood will greatly exceed those for preventing obesity in childhood. The burden falls heavily on lower income countries where a large number of children live with high BMI and where medical services may be less able to treat the future chronic disease.

The following tables show the likely numbers of children 5-19 years with early stages of chronic disease, estimated for 2025 and for 2040, if no interventions are made. The majority of these children globally currently live in middle income countries, and will continue to do so. In 2025, the Western Pacific region saw the greatest number of children with these early stages of chronic disease due to high BMI. By 2040, it will be the Eastern Mediterranean region.

Table 3.1: MASLD (early sign of liver fibrosis, liver cirrhosis and liver cancer) due to high BMI in children 5-19 years, 2025 and 2040

	Number of children (millions)	
	2025	2040
Global	98.0m	123.6m
High income	16.7m	15.9m
Upper-middle income	42.7m	44.9m
Lower-middle income	29.7m	45.5m
Low income	7.7m	15.3m
African region	11.9m	21.2m
Region of the Americas	21.5m	23.4m
Eastern Mediterranean region	18.1m	28.9m
European region	8.2m	7.9m
South-East Asia region	15.7m	22.6m
Western Pacific region	22.3m	19.5m

Note: Numbers may not add due to rounding

Sources: WOF projections based on Sharma et al (2019) and Lobstein and Jackson-Leach (2016)

Table 3.2: High triglycerides (early sign of cardiovascular disease) due to high BMI in children 5-19 years, 2025 and 2040

	Number of children (millions)	
	2025	2040
Global	46.8m	57.6m
High income	8.0m	7.6m
Upper-middle income	19.4m	19.7m
Lower-middle income	14.8m	21.9m
Low income	3.9m	7.5m
African region	6.2m	10.7m
Region of the Americas	9.9m	10.6m
Eastern Mediterranean region	8.4m	12.9m
European region	4.3m	4.1m
South-East Asia region	7.9m	11.1m
Western Pacific region	10.0m	8.2m

Note: Numbers may not add due to rounding

Sources: WOF projections based on Sharma et al (2019) and Lobstein and Jackson-Leach (2016)

Table 3.3: Hyperglycaemia (early sign of diabetes) due to high BMI in children 5-19 years, 2025 and 2040

	Number of children (millions)	
	2025	2040
Global	14.4m	17.5m
High income	2.5m	2.3m
Upper-middle income	5.9m	5.8m
Lower-middle income	4.6m	6.8m
Low income	1.2m	2.3m
African region	2.0m	3.3m
Region of the Americas	3.0m	3.2m
Eastern Mediterranean region	2.6m	3.9m
European region	1.4m	1.3m
South-East Asia region	2.5m	3.4m
Western Pacific region	3.0m	2.4m

Note: Numbers may not add due to rounding

Sources: WOF projections based on Sharma et al (2019) and Lobstein and Jackson-Leach (2016)

Table 3.4: Hypertension (early sign of stroke) due to high BMI in children 5-19 years, 2025 and 2040

	Number of children (millions)	
	2025	2040
Global	34.4m	43.2m
High income	5.9m	5.6m
Upper-middle income	14.9m	15.6m
Lower-middle income	10.5m	16.0m
Low income	2.7m	5.4m
African region	4.2m	7.5m
Region of the Americas	7.5m	8.1m
Eastern Mediterranean region	6.3m	10.0m
European region	2.9m	2.8m
South-East Asia region	5.6m	8.0m
Western Pacific region	7.8m	6.7m

Note: Numbers may not add due to rounding

Sources: WOF projections based on Sharma et al (2019) and Lobstein and Jackson-Leach (2016)

Section 4
Preventable risks that increase the likelihood of childhood obesity

Section 4: Preventable risks that increase the likelihood of childhood obesity

4.1 Identifiable risk factors

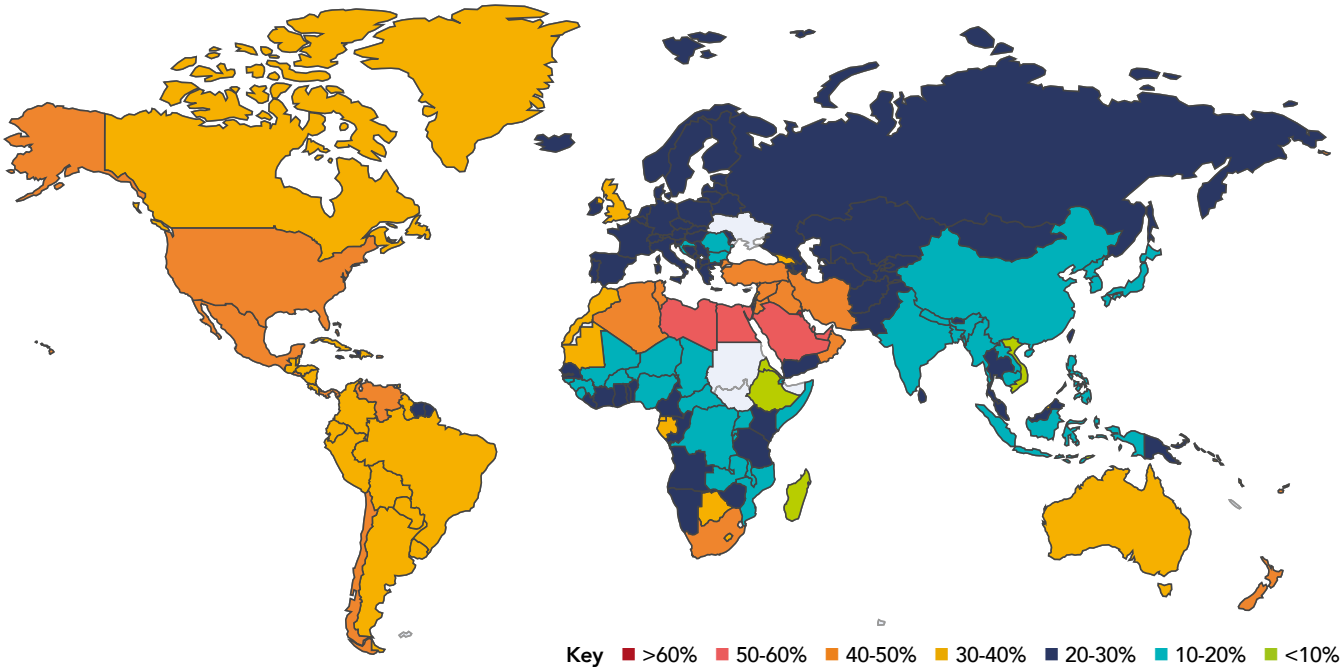
Many factors that increase the risk of childhood overweight are not measured and monitored consistently, making it difficult to track global progress on the reduction of preventable risks. Of those that are, we show here seven that can be tackled through appropriate health policies.

- Maternal overweight and obesity: indicated by the summary exposure values (SEVs) of high BMI (≥25kg/m^2) among women of childbearing age (15-49 years) [1]
- Maternal diabetes: indicated by the prevalence of Type 2 diabetes among women of childbearing age (15-49 years)
- Maternal smoking: indicated by the SEVs of tobacco smoking among women of childbearing age (15-49 years)
- Insufficient breastfeeding: indicated by the SEVs of sub-optimal breastfeeding among infants 1-5 months
- School meals provision: indicated by the proportion of school-age children, primary and secondary, who receive school meals
- Sugary drinks consumption: indicated by the prevalence of daily consumption of sugar-sweetened beverages among children 6-10 years
- Physical activity: indicated by the prevalence of adolescents 11-17 years meeting physical activity recommendations

Maternal overweight and obesity, diabetes, and smoking are all associated with an increased risk of childhood obesity. SEVs indicate that rates of high BMI among women of childbearing age are particularly high in the Western Pacific and Eastern Mediterranean regions. In these regions, women of childbearing age also exhibit a high prevalence of Type-2 diabetes. Therefore, children in these regions are likely at a higher risk of developing obesity. In contrast, SEV data suggest that maternal smoking is comparatively rare in the Western Pacific and Eastern Mediterranean regions, but considerably more prevalent in the European region.

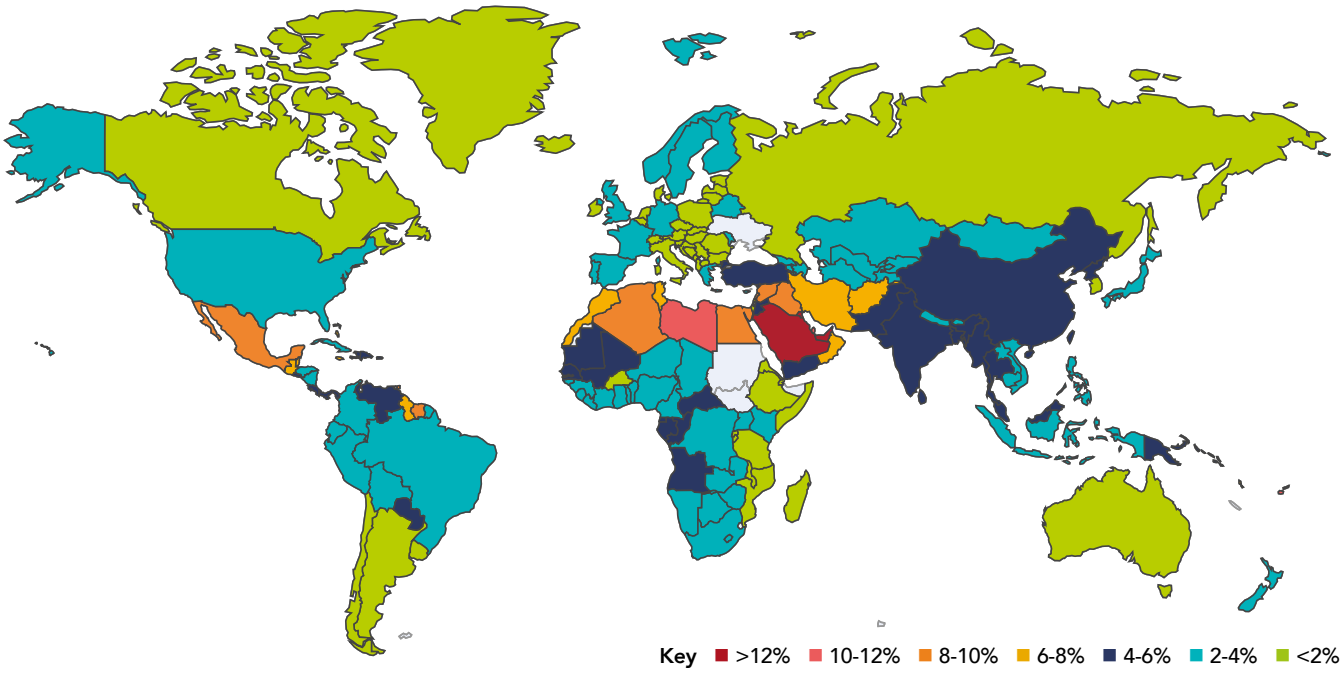
1 'Summary exposure value' takes into account the extent of the risk and the severity of that risk's contribution to overall disease burden (IHME 2026)

Figure 4.1: Summary exposure values of high BMI among women 15-49 years, 2023



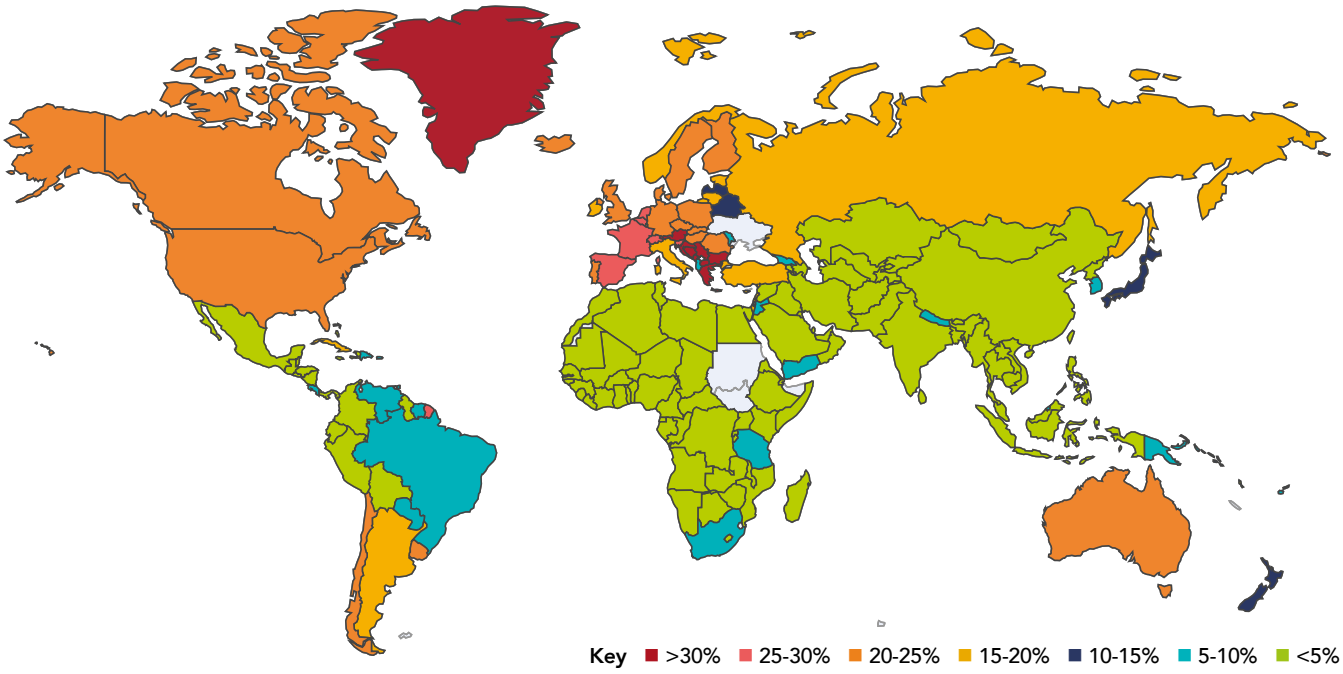
Source: IHME (2026)

Figure 4.2: Prevalence of Type-2 diabetes among women 15-49 years, 2023



Source: IHME (2026)

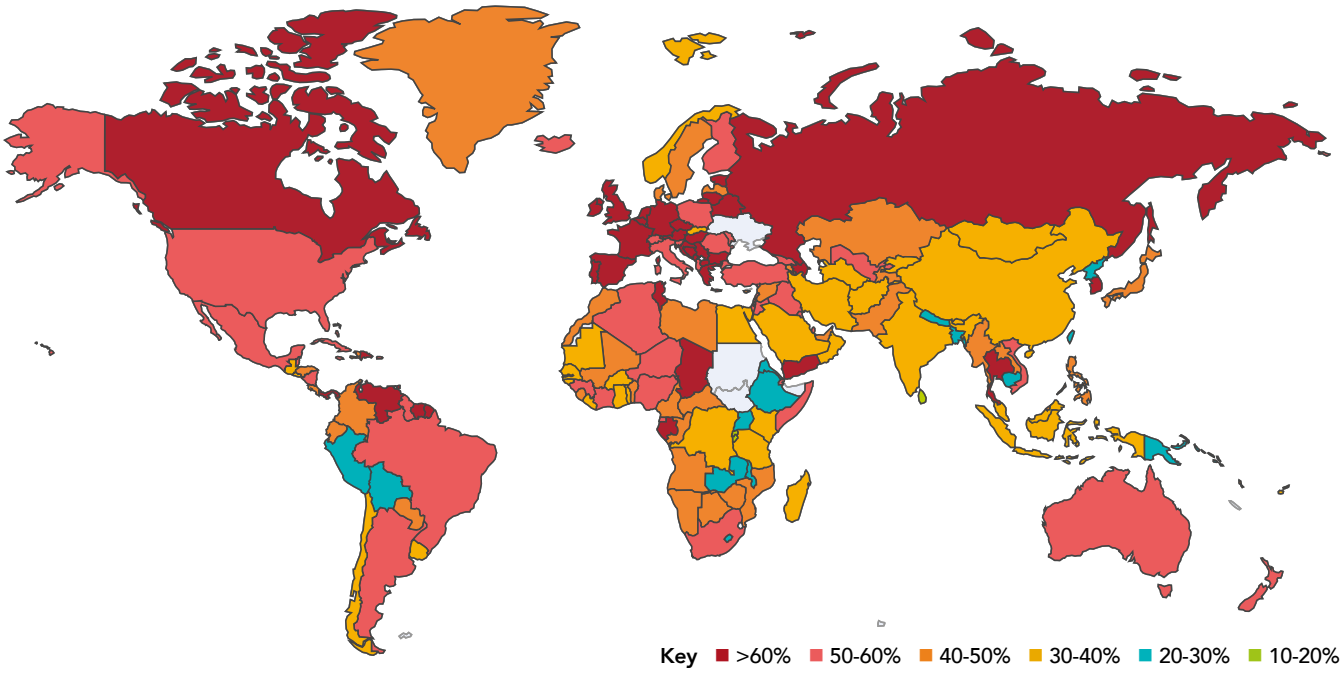
Figure 4.3: Summary exposure values of tobacco smoking among women 15-49 years, 2023



Source: IHME (2026)

Breastfeeding has a number of health benefits for mother and child, including a lower risk of childhood obesity. The WHO recommends that all children are exclusively breastfed for the first six months of life. SEVs show that most countries around the world have high levels of sub-optimal breastfeeding (defined as non-exclusive or discontinued breastfeeding) for infants 1-5 months. The SEV for sub-optimal breastfeeding is 50% or higher in 88 countries.

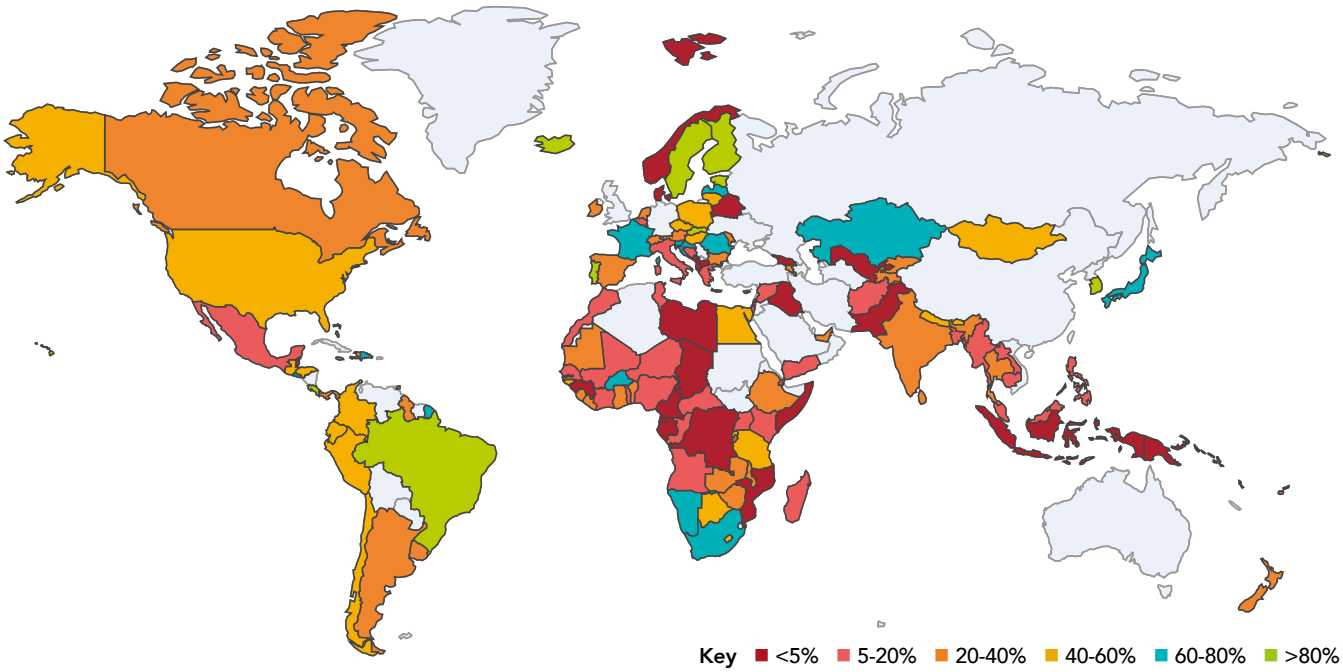
Figure 4.4: Summary exposure values of sub-optimal breastfeeding for infants 1-5 months, 2023



Source: IHME (2026)

School meal programmes aim to improve children's health, nutrition and educational outcomes by providing access to balanced and healthy meals. By instilling preferences for healthy food at a young age, they have the potential to shape lifelong dietary habits and reduce obesity. Many countries do not report data on the coverage of school meal programmes. The Global Child Nutrition Foundation (GCNF) analysed countries with available data, and found that in 86 countries less than 70% of children were reported (or estimated) to be receiving school meals, and in a further 43 countries, less than 10% were. The lowest coverage rates were observed in the African region.

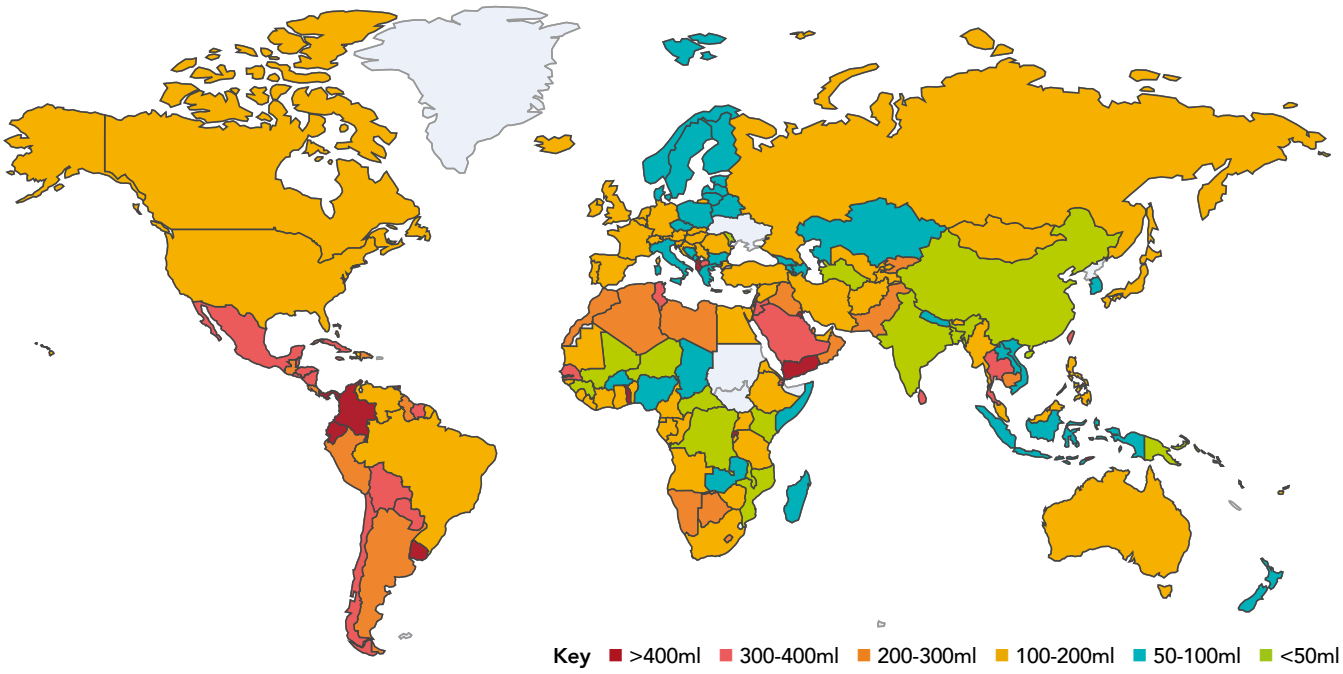
Figure 4.5: Proportion of school-age children receiving school meals, 2017-2023



Source: GCNF (2024)

The consumption of sugar-sweetened beverages (SSBs), due to their high free sugar content, has been linked to an increased risk of obesity in children. Across much of the world, children consume a large quantity of these beverages everyday. In 134 countries, children 6-10 years consume, on average, over 100ml of sugar-sweetened beverages per day, and in a further 39 countries, over 300ml.

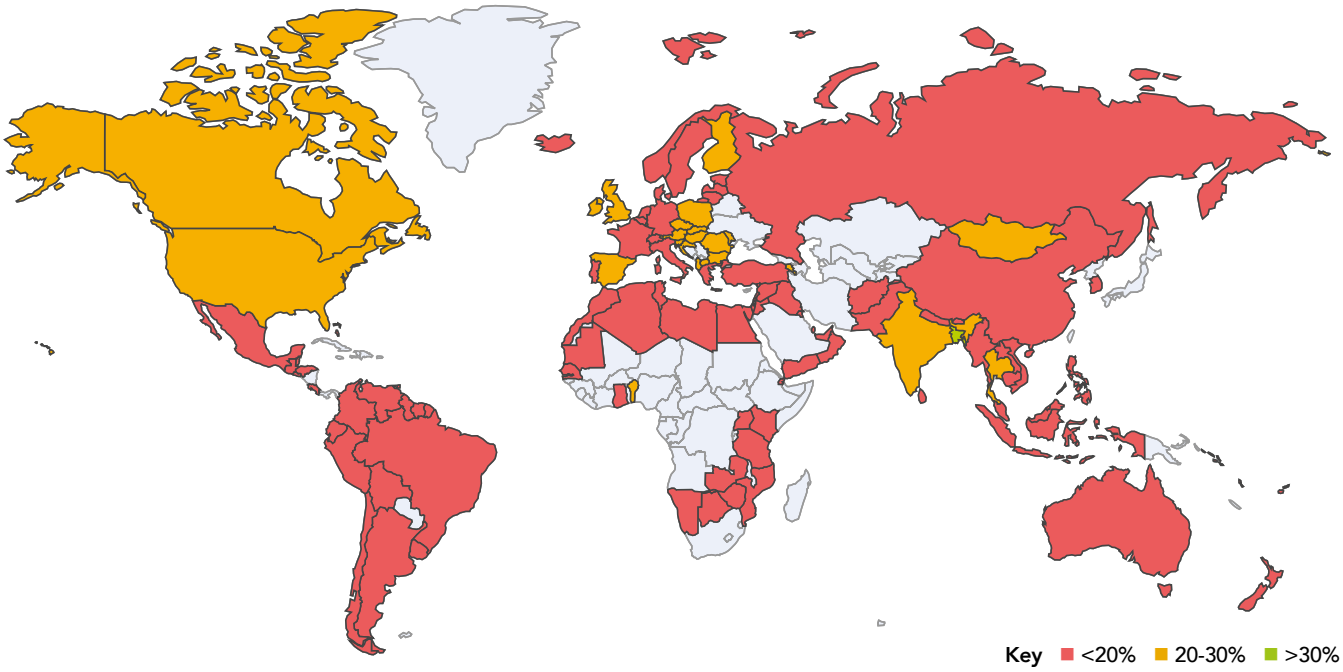
Figure 4.6: Daily sugar-sweetened beverage consumption among children 6-10 years, 2018



Source: GDD (2022)

Regular physical activity has significant physical and mental health benefits for children and adolescents, including improved cardiometabolic health and cognitive function (WHO, 2020). Although evidence is limited, physical activity has also been associated with a lower risk of obesity in children and adolescents. The WHO recommends that adolescents should do at least 60 minutes of moderate- to vigorous-intensity physical activity daily. Many countries do not provide data on the percentage of adolescents meeting these recommendations. Of the countries that do, only Bangladesh reported that more than 30% of adolescents were meeting physical activity recommendations. Only 28 countries reported that more than 20% of their adolescents were doing so.

Figure 4.7: Prevalence of adolescents 11-17 years meeting physical activity recommendations, 2016



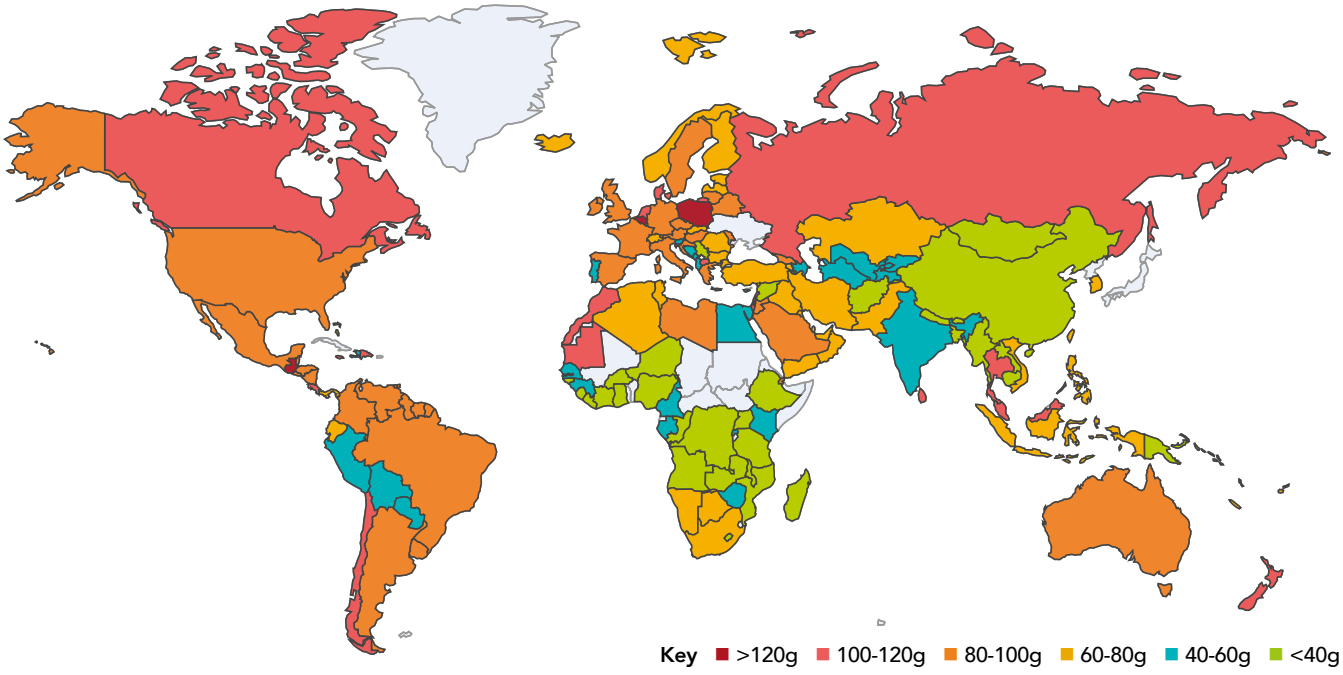
Source: WHO GHO (2025)

4.2 National dietary patterns

Dietary habits in childhood can influence weight status in childhood years as well as food preferences in adulthood. An overview of national dietary patterns can be broadly shown by national population-level data for the consumption of food groups and items that are associated with overweight and obesity, such as sugar, salt and ultra-processed food and drink (UPFD). Where consumption data itself is not available, proxies such as sales per capita and food supply are often used to produce estimates instead.

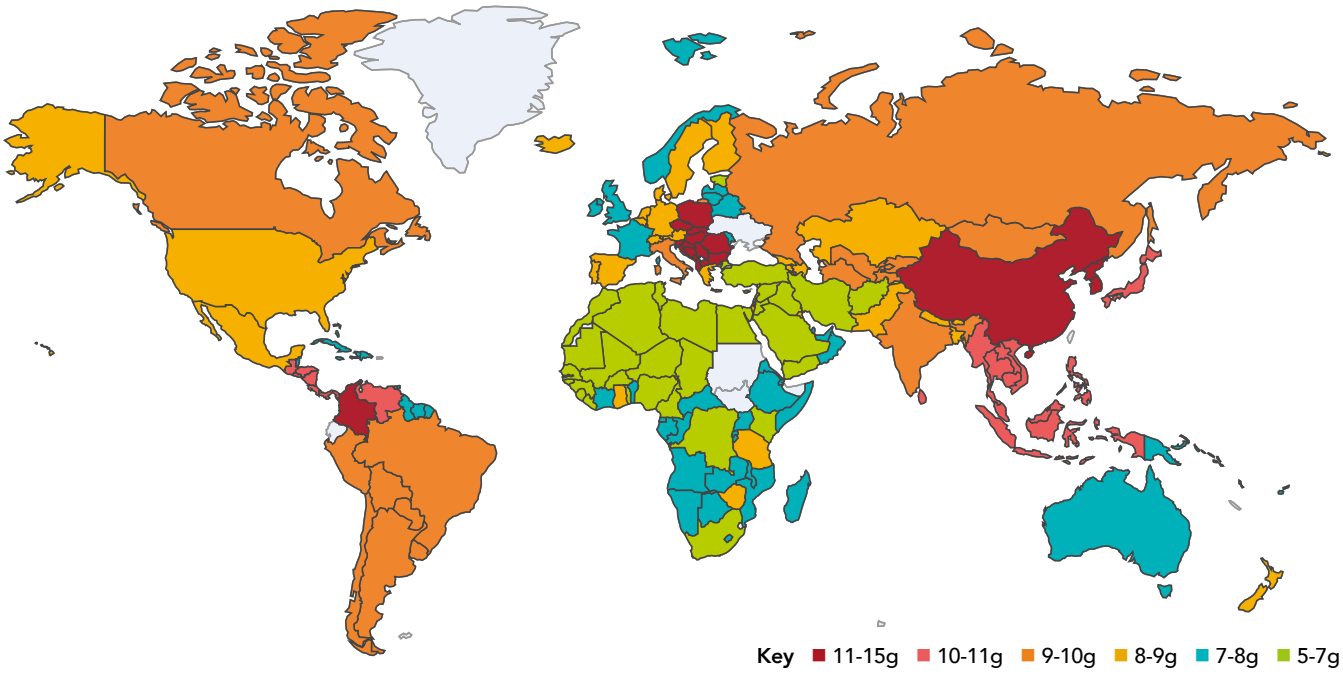
Data suggests that daily per capita sugar and salt consumption tends to be lower in many African countries compared to other countries worldwide. Sugar consumption is generally higher in the Americas, while salt consumption is generally higher in Eastern Europe and the Western Pacific. Many countries do not report on UPFD consumption – only 79 countries provide data – but of those that do, annual consumption tends to be highest in higher income countries.

Figure 4.8: Estimated sugar consumption (grams per person per day), 2023



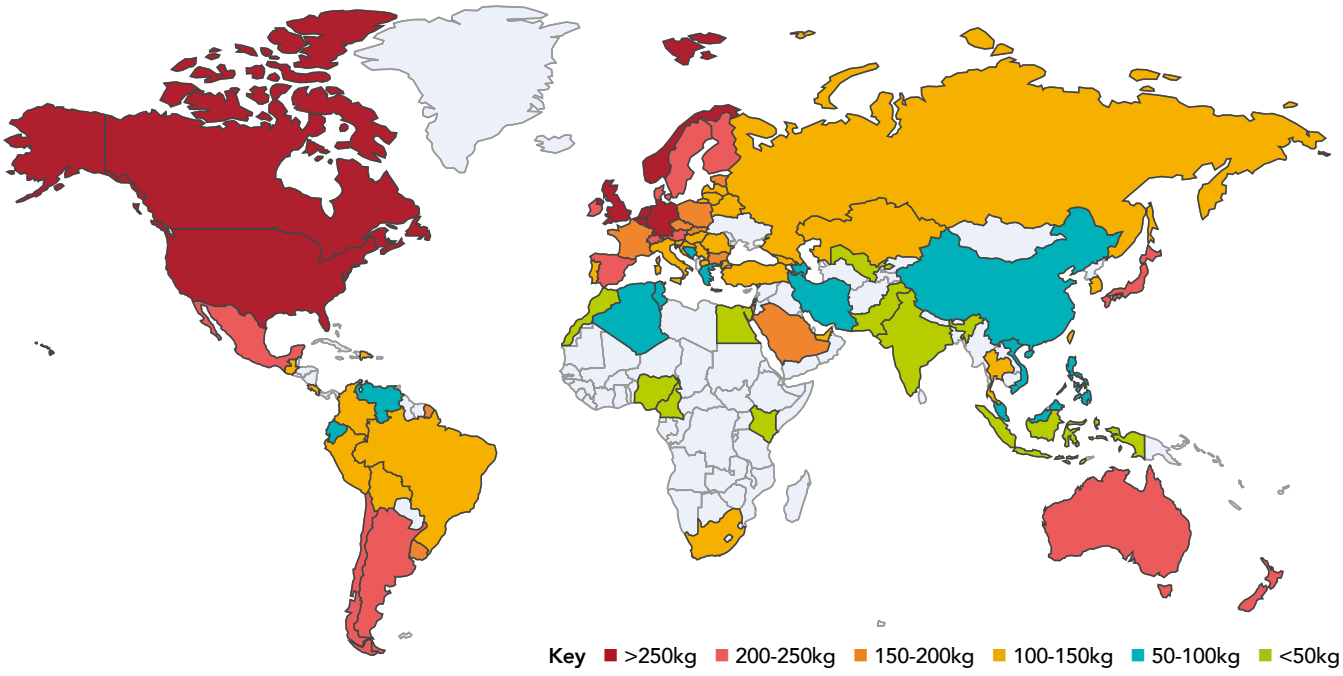
Source: FAO (2025)

Figure 4.9: Estimated salt consumption (grams per person per day), 2019



Source: WHO (2023c)

Figure 4.10: Estimated annual ultra-processed food and drink consumption (kilograms per person per year), 2016



Source: Vandevijvere et al (2019)

Section 5
Indicators for national policies to prevent childhood obesity

Section 5: Indicators for national policies to prevent childhood obesity

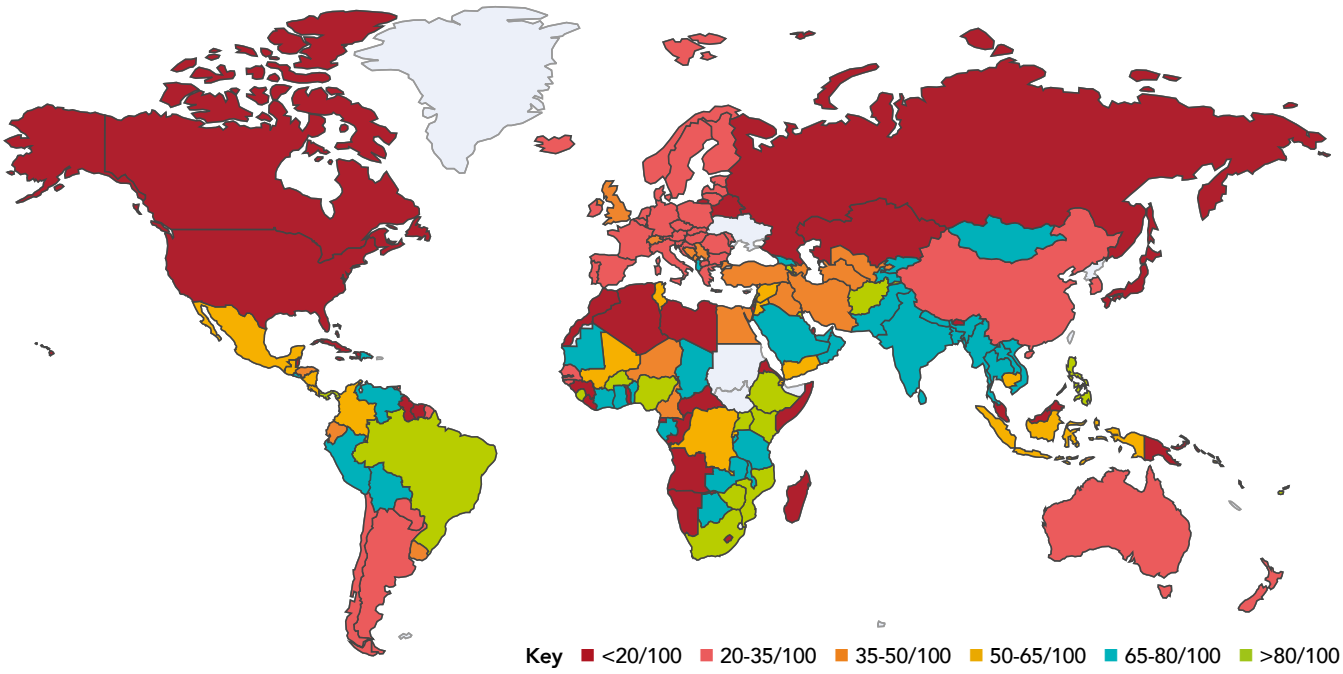
As noted in section 1, countries are taking steps to address childhood obesity, but the monitoring and reporting of these initiatives is poor. The World Health Organization and other agencies capture only a few prevention-related indicators reported across the majority of countries.

In this section we focus on:

- Implementation of the International Code of Marketing of Breast-milk Substitutes
- Countries reporting that they have national guidelines for physical activity for children under 5 years
- Countries reporting that they have national policies to promote physical activity in childcare settings
- Countries reporting that they have school food guidelines promoting nutrition goals and/or obesity goals
- Countries reporting that they have mandatory requirements for school food procurement to include health criteria
- Countries reporting that they have national guidelines for physical activity for children 5-19 years
- Countries reporting that they have national policies to reduce children's exposure to food marketing

Breastfeeding confers significant health benefits for both mother and child, and importantly lowers the risk of childhood overweight or obesity. The International Code of Marketing of Breast-milk Substitutes, first adopted by the World Health Assembly in 1981, aims to protect and promote breastfeeding through legal restrictions on the promotion of breast-milk substitutes. In 2024, the WHO published a report analysing national implementation of the Code. Using a scoring algorithm with a maximum of 100 points, the report assesses the extent to which national legal measures align with the Code's recommendations. While most countries have adopted at least some of the recommended provisions, relatively few closely conform with the Code, and 48 have not enacted any legal measures at all. The strongest legislation has been enacted by countries in the WHO African, Eastern Mediterranean, and South-East Asian regions.

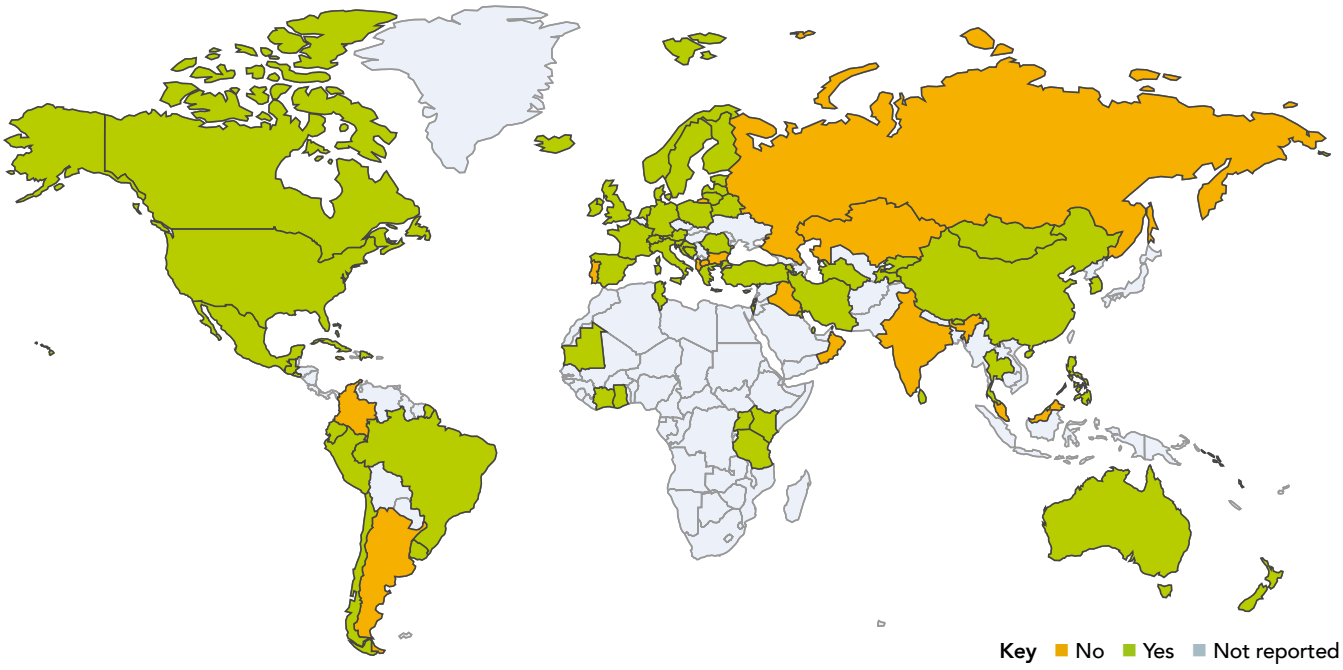
Figure 5.1: Implementation of the International Code of Marketing of Breast-milk Substitutes, 2024



Source: UNICEF/WHO/IBFAN (2024)

In the latest WHO NCD Country Capacity Survey (WHO, 2025a), countries were asked to report on the existence of national physical activity guidelines for different population groups. As previously mentioned, evidence shows that regular physical activity during childhood has a number of health benefits, and is associated with a lower risk of obesity. Despite this, data on the presence of national guidelines for physical activity for children under 5 years is not available in over 100 countries. In the countries that do have data, higher income countries are the most likely to report having these guidelines.

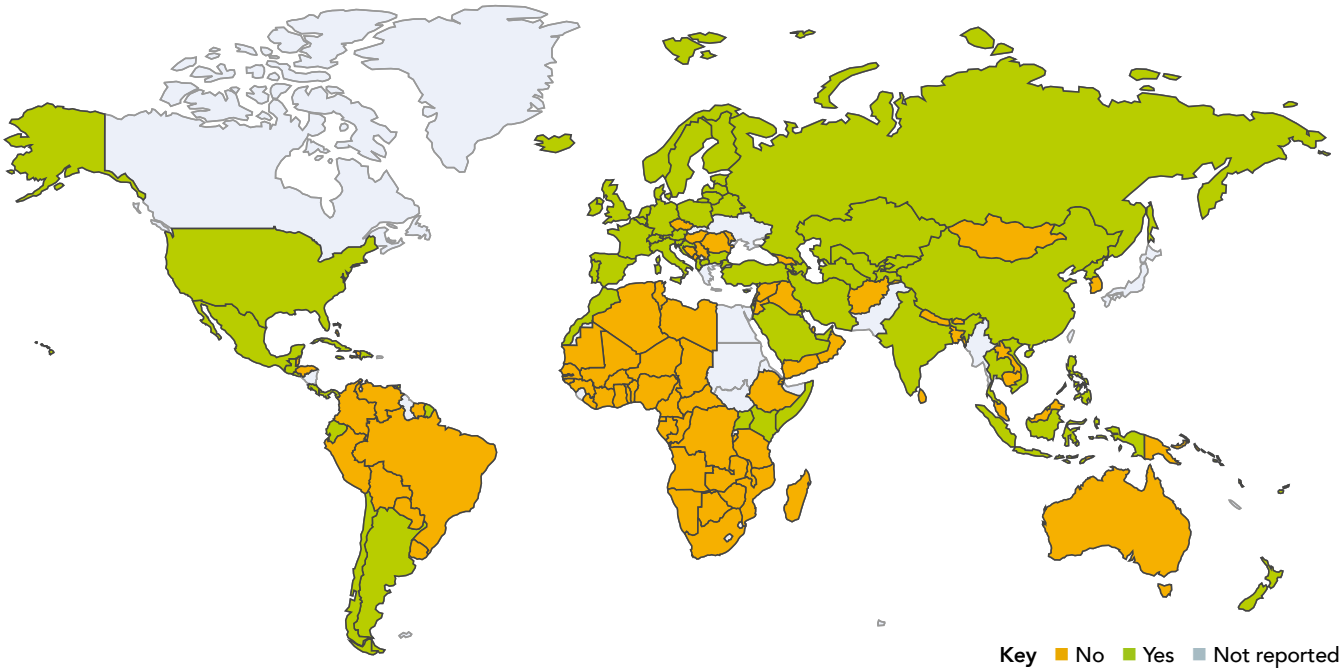
Figure 5.2: National guidelines for physical activity for children under 5 years, 2023



Source: WHO GHO (2025)

In the same survey, countries were also asked to report on the implementation of policies to promote physical activity across six topics/settings (WHO, 2025a). The only childhood-specific category included was childcare settings, and, of the six categories, it was the least prevalent policy implemented. Over 90 countries reported not having national policies in place to promote physical activity in childcare settings, including much of the African region and South America. Like national physical activity guidelines for children under 5 years, these policies were more likely to be present in higher income countries. Of the WHO regions, policy implementation was highest in the WHO European region.

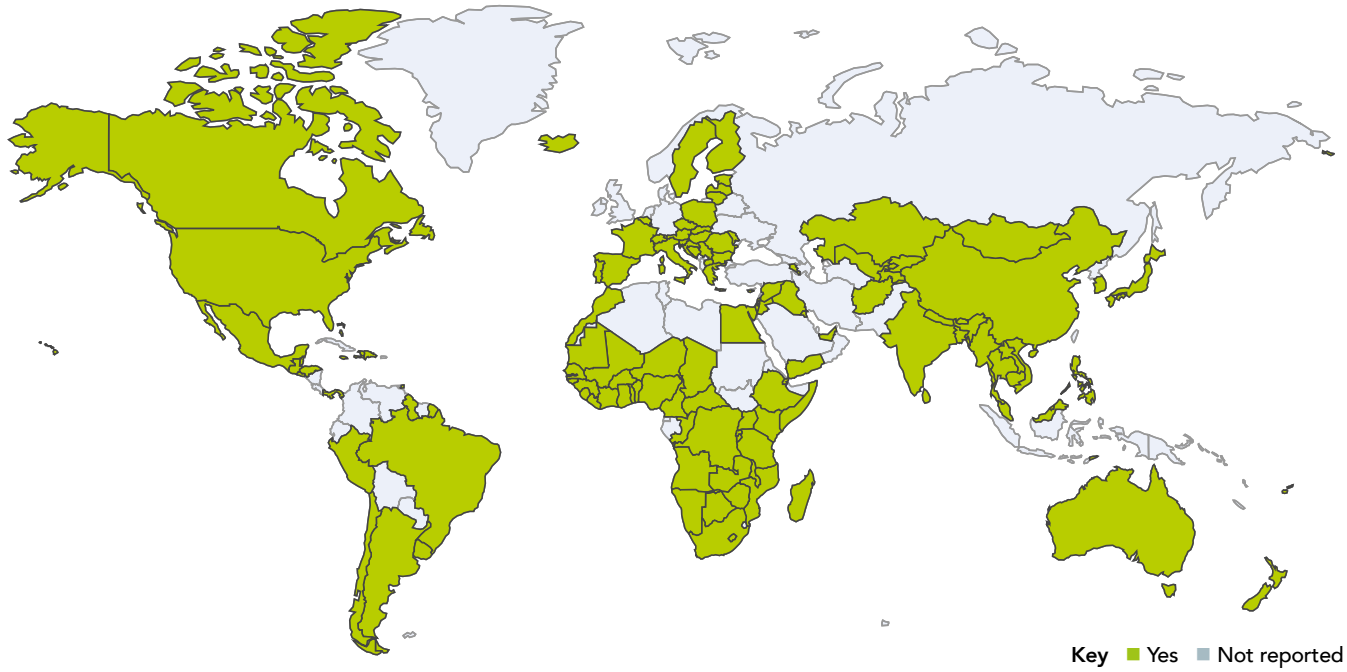
Figure 5.3: National policy promoting physical activity in childcare settings, 2023



Source: WHO GHO (2025)

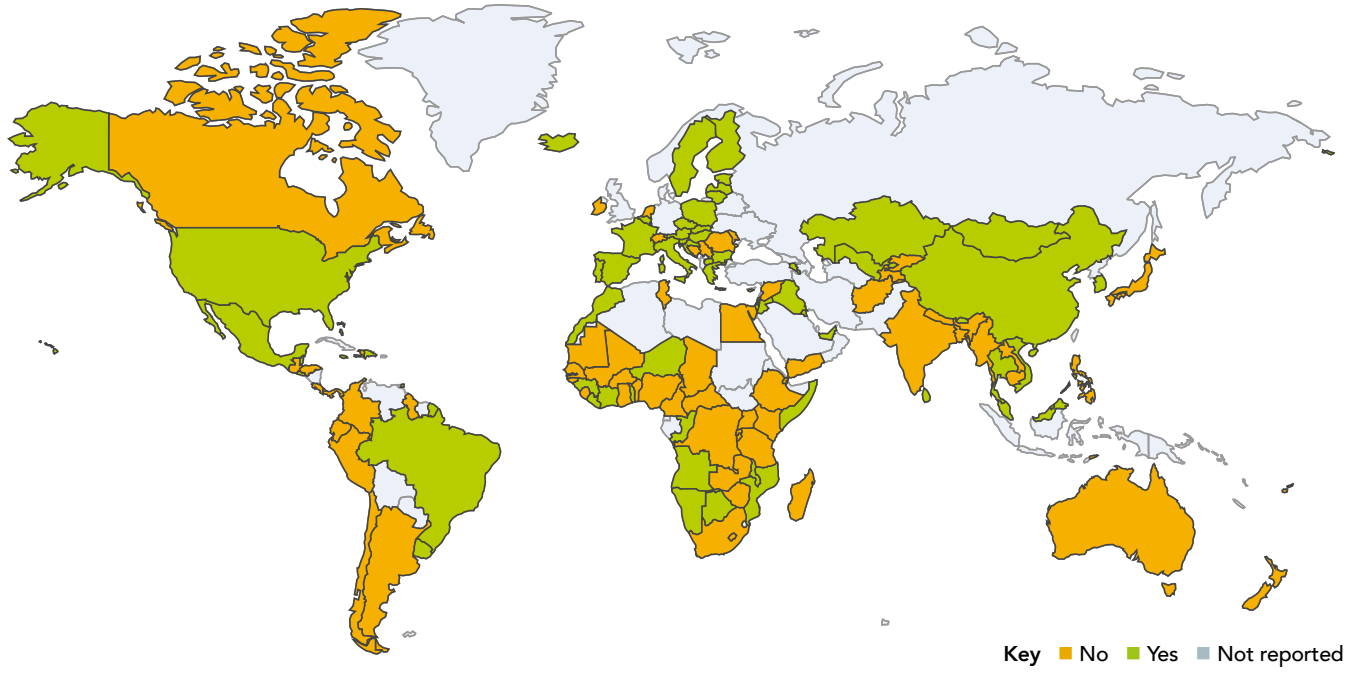
School food programmes typically have multiple objectives, including the improvement of children's health, nutrition, and educational outcomes. The Global Survey of School Meal Programs, conducted by the GCNF, gathers detailed data on large-scale school meal programmes across the world. Most recent available data, shown in Figure 5.4, indicates that the vast majority of countries reporting large-scale school feeding programmes also report an objective to meet nutritional goals. This was the most commonly stated objective of school food programmes. Only around half of the countries citing an objective to meet nutritional goals also cite an objective to prevent or mitigate obesity. Most of these are higher income countries.

Figure 5.4: National objective to meet nutrition goals in school food, 2017-2023



Source: GCNF (2024)

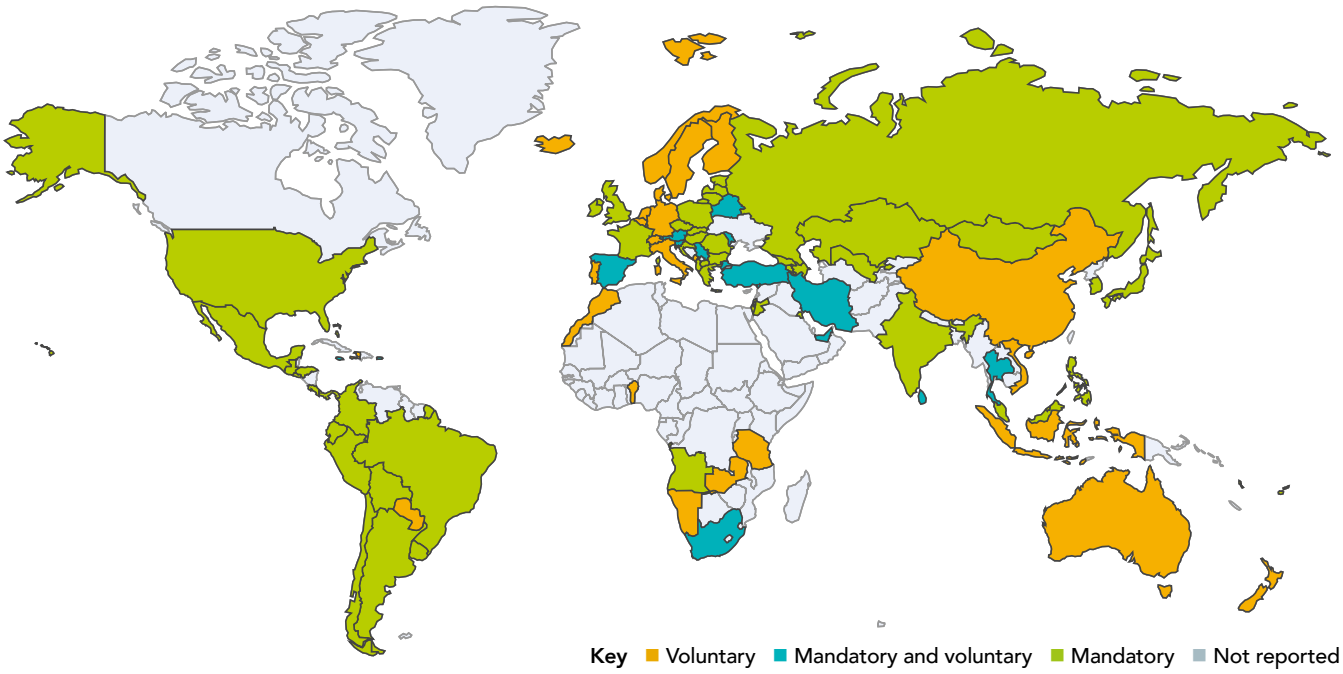
Figure 5.5: National objective to meet obesity goals in school food, 2017-2023



Source: GCNF (2024)

Health and nutritional requirements for school food procurement establish criteria for the foods and beverages offered to children at school, promoting those that support a healthy diet while limiting those that do not. Mandatory policies are recommended to ensure that nutritional standards are consistently met across all schools. Available data indicates that while many countries have stated nutritional goals for school food (Figure 5.4), far fewer have implemented mandatory nutritional criteria (Figure 5.6).

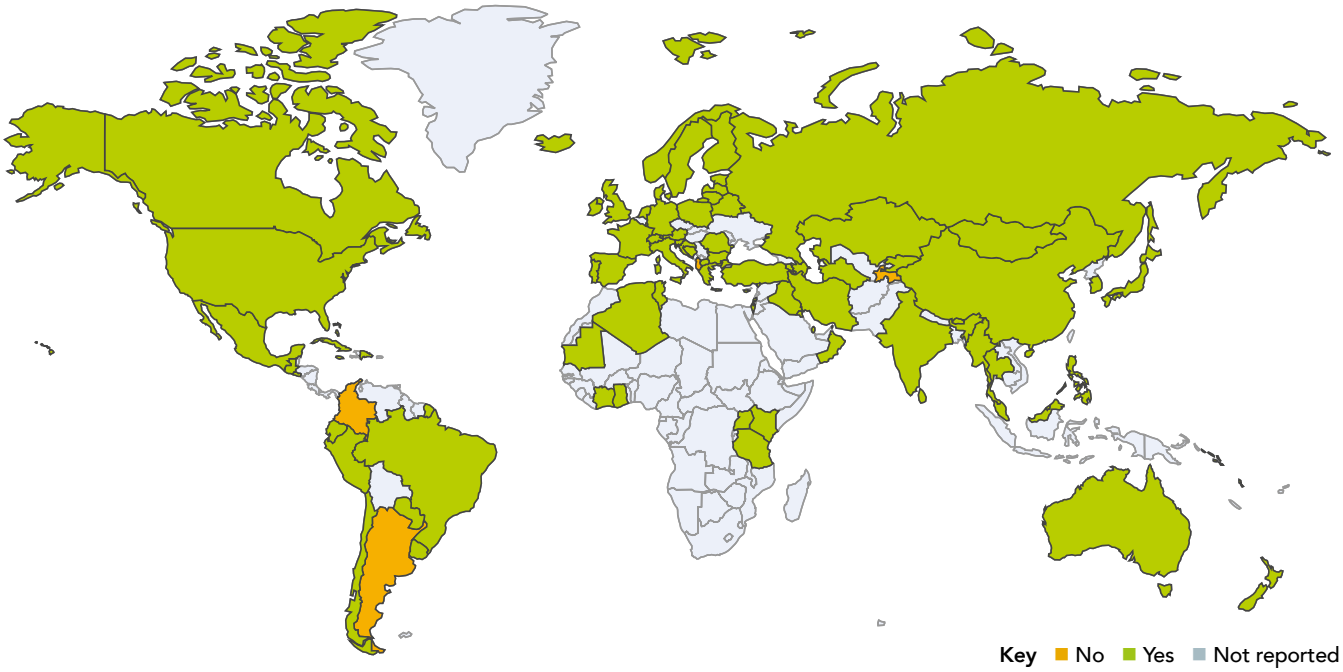
Figure 5.6: School food procurement includes health or nutrition requirements, 2025



Source: WHO GIFNA (2025)

Although more countries report having national physical activity guidelines for children 5-19 years than for children under 5 years, data is again not available in over 100 countries. For the countries that do report data, as is the case for children under 5 years, higher income countries are most likely to report having these guidelines.

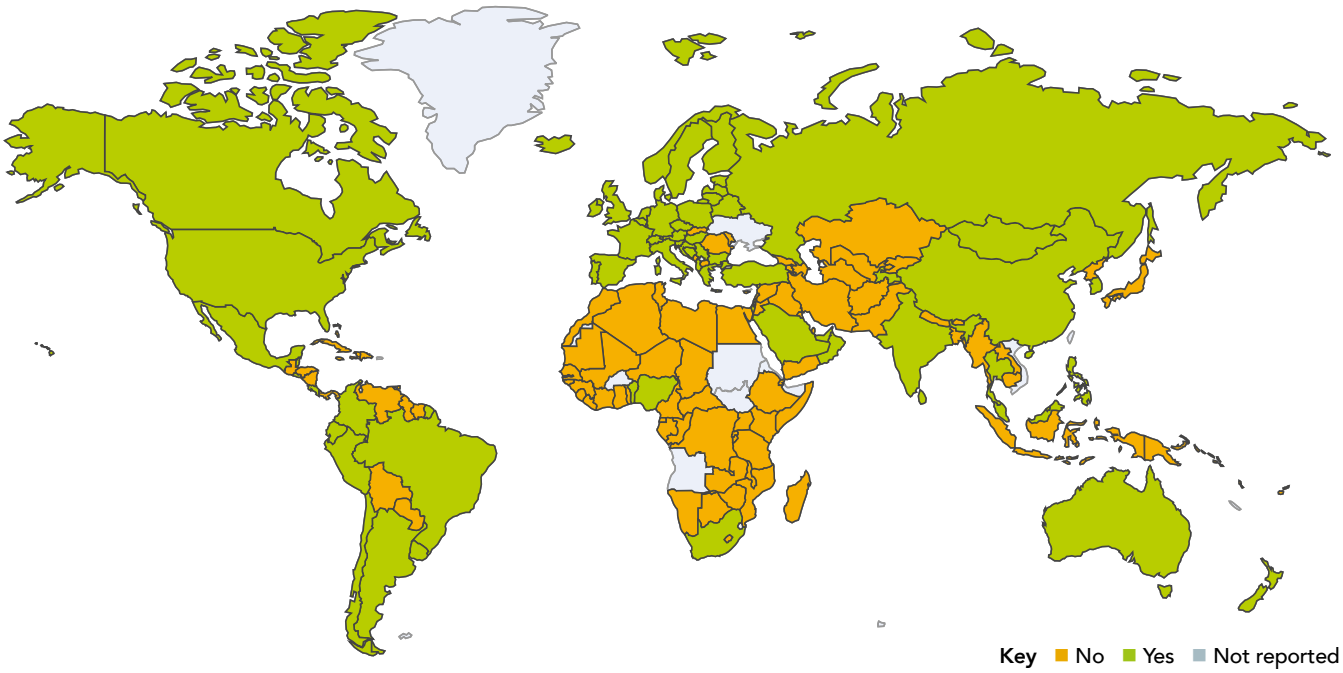
Figure 5.7: National guidelines for physical activity for children 5-19 years, 2023



Source: WHO GHO (2025)

In addition to other known risk factors for childhood obesity, population-wide food environments influence children of school-age years and set preferences for adulthood. 'Obesogenic' food environments promote weight gain in individuals and populations through different ways, including the built environment, food availability and affordability, and the marketing of food. Figure 5.8 shows that over 70 countries currently report having policies in place to reduce children's exposure to food marketing. However, not all of these policies will be mandatory which evidence suggests are more effective than voluntary policies and pledges.

Figure 5.8: Existence of any policies on marketing of foods to children, 2023



Source: WHO GHO (2025)

Section 6
Monitoring, screening and treatment services

Section 6: Monitoring, screening and treatment services

Policies for the prevention of obesity need to be matched with policies that can provide treatment to those children already living with the disease. A fully operational service would include annual monitoring of the nutritional status of the child population throughout their school years, with more detailed screening at specific times to assess the potential 'hidden' chronic disease indicators discussed in section 3 of this Atlas.

Monitoring and screening are of little value unless they can be linked to follow-up services. For children with high BMI, treatment services need to be available for weight management and the reduction of comorbidity risk.

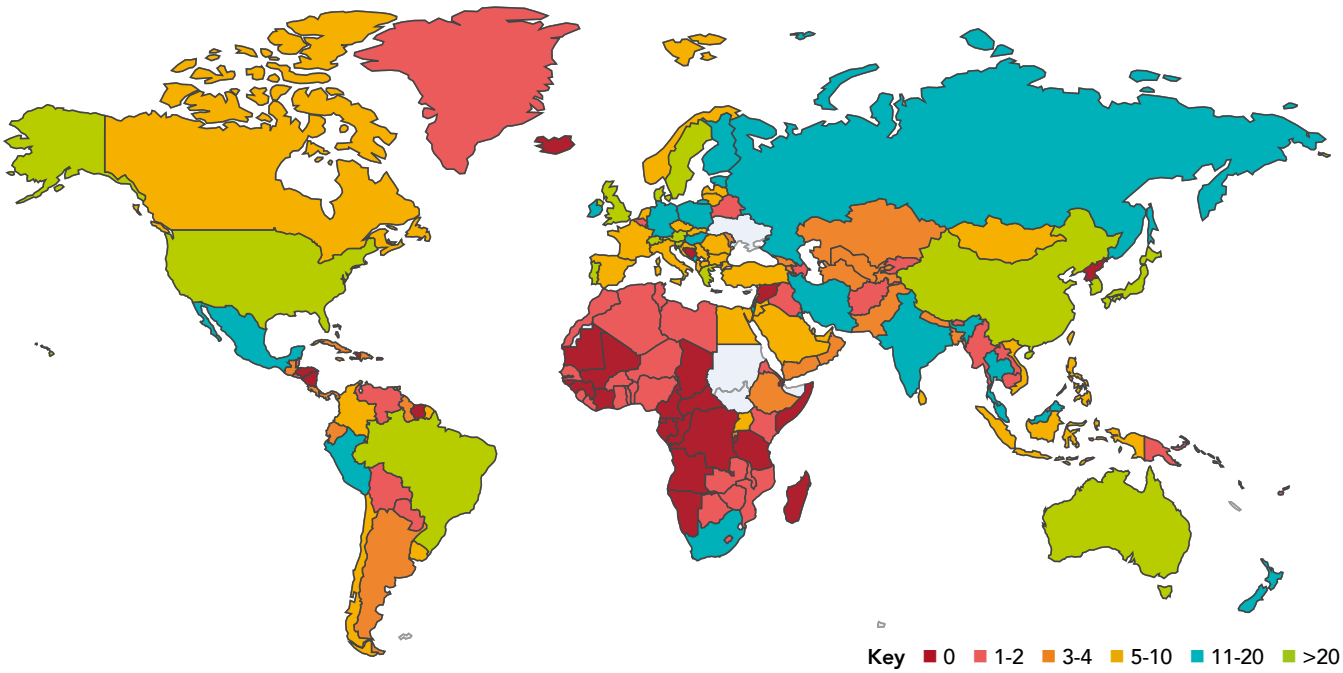
6.1 Monitoring

Two large-scale modelling initiatives (the NCD Risk Factor Collaboration and the IHME Global Burden of Disease study) undertake extensive reviews of published surveys and additional data to model the extent of obesity in children over time and for some 200 countries and additional sub-regions. These have been used to generate the figures and projections reported in this Atlas.

However, it seems that remarkably few countries conduct routine surveys of children's weight status, and as a result, much of the modelled estimates have significant margins of error. Monitoring undernutrition among infants and children under 5 years has been a traditional focus, especially for lower-income countries, and the WHO Global Database on Child Growth and Malnutrition database lists some 130 countries that have surveyed this younger age group at least once in the last decade (2014-2024).

For older children (5-19 years) there does not appear to be a register or database for national surveys of weight status at population level. The childhood obesity modelling initiative undertaken by the NCD Risk Factor Consortium (NCD-RisC) searched for surveys from 200 countries across 32 years (1990-2022). They found no survey data for 35 countries, and for a further 61 countries only one or two surveys had been conducted over that entire period. Only 15 countries appeared to be routinely monitoring and reporting school-age children's nutritional status, with more than 20 surveys in the 32 years.

Figure 6.1: National surveys of weight status in children 5-19 years, 1990-2022



Source: NCD-RisC (2025)

6.2 Screening

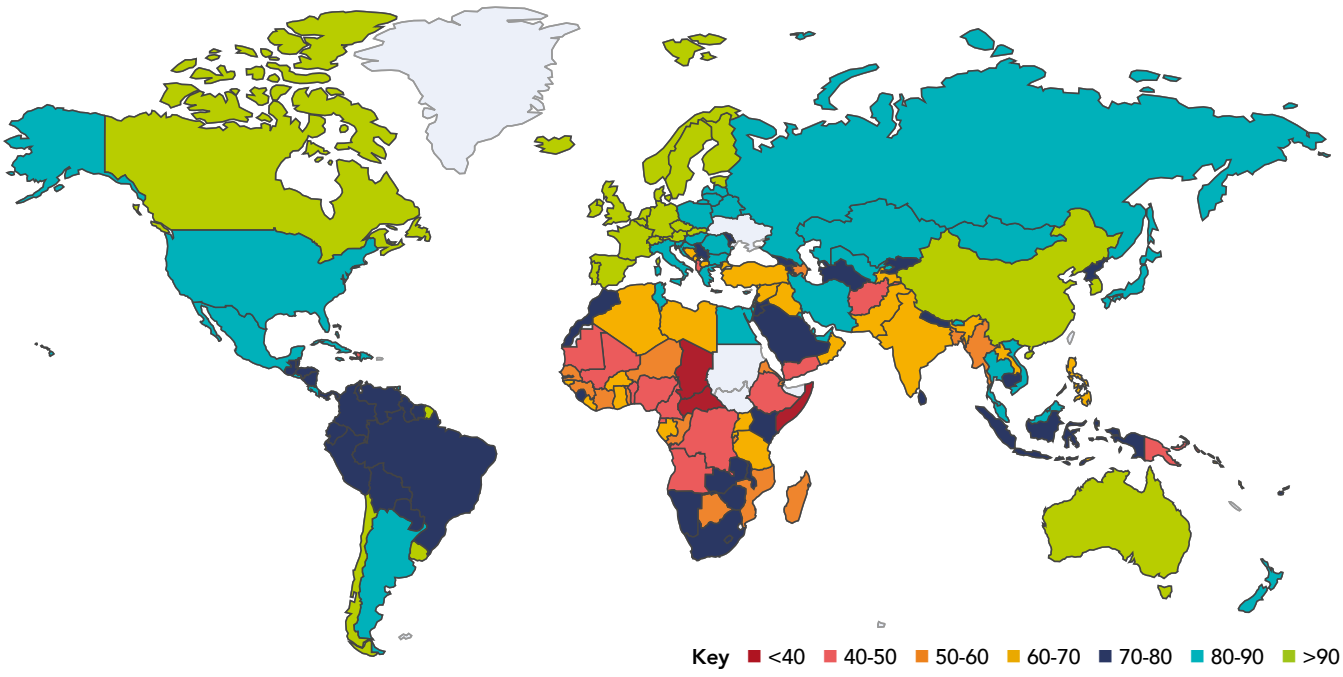
Screening for weight status and associated comorbidity indicators does not appear to be reported to any international agencies. While some countries are known to offer regular school medical examinations, neither their frequency, their coverage across age groups, nor their outcomes appear to be collated for international comparison.

6.3 Treatment and management services

As has been reported by the World Obesity Federation (Jackson-Leach et al, 2020), the status of treatment and management services for adult obesity is poorly reported nationally and international comparisons are difficult. The same is true for children.

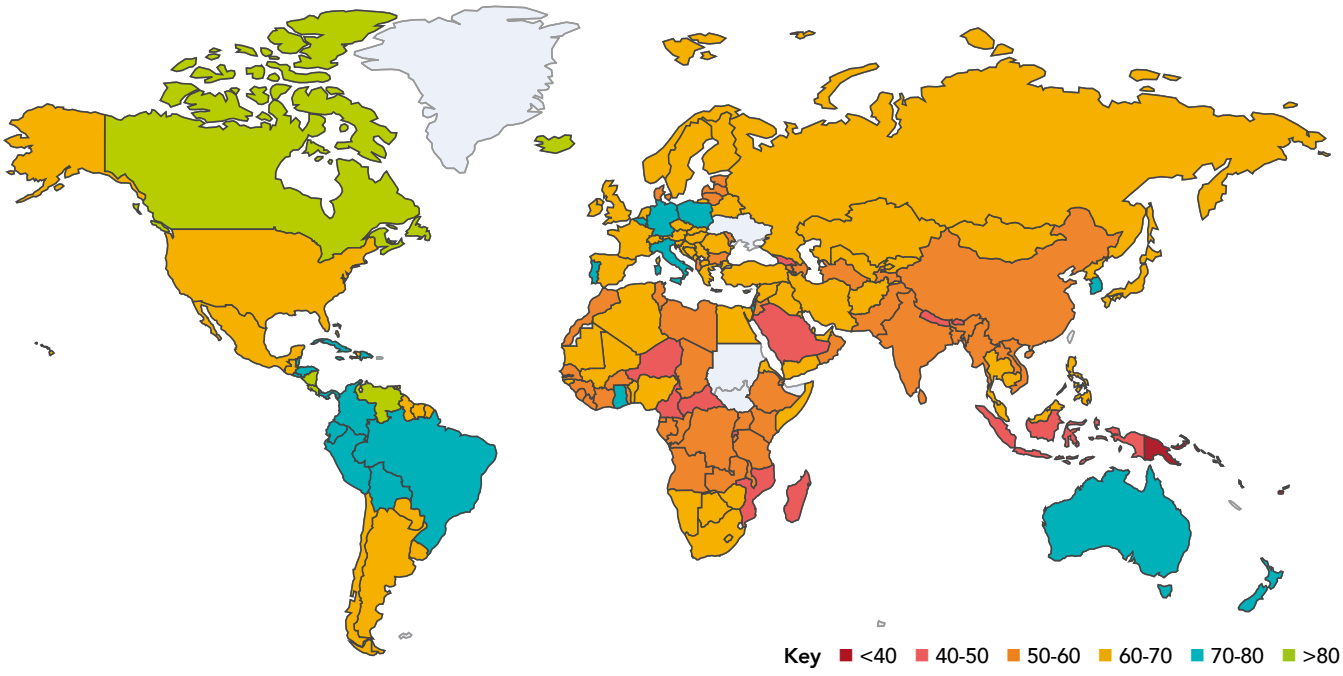
As a proxy for the services that might be available, two of the Universal Health Coverage indicators compiled by the WHO might be indicative of available obesity services for children. The first is the Universal Health Coverage (UHC) Service Coverage sub-index on reproductive, maternal, newborn and child health, and the second is the UHC Service Coverage sub-index on NCDs. The figures below indicate the coverage of essential health services in these two sub-sectors. For the maternal and child health coverage indicator, 64 countries (of 191 examined) fall below a score of 70 out of 100. For the NCD health coverage indicator 161 countries (of 191) fall below a score of 70 out of 100.

Figure 6.2: Universal Health Coverage for maternal and child health (maximum score 100)



Source: WHO GHO (2025)

Figure 6.3: Universal Health Coverage for non-communicable disease (maximum score 100)



Source: WHO GHO (2025)

Section 7
Accelerating action on childhood obesity

Section 7: Accelerating action on childhood obesity

The data presented in this Atlas paints a stark picture. More than 180 countries are experiencing rising prevalence rates of childhood overweight and obesity, with the fastest growth occurring in low- and middle-income countries – where most of the world's children live. This Atlas and the 2025 UNICEF Child Nutrition Report estimate that globally, the number of school-age children living with obesity will exceed those living with underweight between 2025 and 2027 (UNICEF, 2025). By 2040, over 225 million school-age children will be living with obesity. What makes this trajectory particularly alarming is the speed of change. Childhood obesity is rapidly becoming not only a major public health concern, but a social and economic development challenge with long-term consequences for health systems, productivity, and equity.

Obesity in childhood often continues into adulthood, increasing the risk of serious NCDs such as type 2 diabetes, heart disease, and certain cancers. More than 170 million school-age children are already living with obesity and a prevention-only response will not suffice. All children at risk of and living with obesity must have access to the health services they need. Concerningly, early signs of chronic disease are already appearing in children today; by 2040, at least 120 million school-age children are expected to have early signs of chronic disease caused by high BMI.

Obesity doesn't occur in isolation. Poverty, stigma, unequal access to education and treatment, limited availability of healthy food, and environments that do not support healthy living all contribute to rising childhood obesity and the risk of disease later in life. Obesity in childhood and adolescence also carries significant psychosocial consequences, affecting school performance, mental wellbeing and quality of life, compounded by stigma, discrimination and bullying.

Changing the story on childhood obesity

The World Obesity Federation is seeking to change the story on childhood obesity from one of slow, inevitable increase to one of urgent, achievable action. Childhood obesity is preventable, treatable, and reversible in its early stages, but only if governments act decisively and systemically.

We are calling for stronger health, food, school and built-environment policies, alongside equitable access to care and nutritious food for all children. The investment case for action on childhood obesity has already been demonstrated in multiple country contexts, showing that early, coordinated interventions can deliver substantial health and economic returns (Brero et al, 2023; Ma et al, 2024; Ugaz et al, 2024).

The WHO Recommendations for the prevention and management of obesity over the life course (WHO, 2021), and the WHO Acceleration Plan to Stop Obesity (WHO, 2023b) to support their implementation, highlight the need for a systemic, whole-of-government and whole-of-society approach to addressing childhood obesity. Key components of a multisectoral response are outlined below.

Health-promoting food systems

Food systems must enable healthy choices, protect children, and make healthy, affordable food accessible to everyone, including:

- Taxes on sugar-sweetened beverages, front-of-pack labels, and marketing restrictions, especially those targeting children and young people.
- Equitable access to nutritious foods in schools and communities.
- Support for healthy public procurement, breastfeeding, and food reformulation programmes.
- Social protection measures that reduce income-related barriers to nutritious diets.

For more recommendations to improve food environments and protect children's right to food and nutrition see: Feeding Profit: How food environments are failing children – Child Nutrition Report 2025 (UNICEF, 2025).

Stronger health systems

Health systems must recognise obesity as a chronic, complex disease and provide compassionate, accessible care for all ages, including:

- Integration of obesity prevention and treatment into NCD programmes.
- Equitable access to primary, secondary, and tertiary obesity care, including services for children and adolescents.
- Strong monitoring and surveillance systems to track trends and guide action.

WHO has produced a new practice- and science-informed, people-centred guideline on the integrated management of children 0–9 years of age in all their diversity with obesity using a primary health care approach. This is due to be published in March 2026 and made available here: www.who.int/publications.

For technical guidance on health service delivery for prevention and management of obesity see: Health service delivery framework for prevention and management of obesity (WHO, 2023a).

Healthier built environments

Policies and systems that create supportive environments where healthy lifestyles are accessible, safe, and equitable for all, including:

- Creation of safe, accessible public green spaces for activity for all ages and abilities.
- Active transport systems that support walking and cycling.
- Fiscal incentives that promote physical activity, such as reduced taxes on sporting goods or subsidies for youth activity programmes.

The WHO Global action plan on physical activity (WHO, 2018) provides policy recommendations for countries and communities to promote physical activity and ensure everyone has more opportunities to be regularly active.

School environments

Interventions in school settings can have a high impact on large numbers of children of different ages and from different socioeconomic backgrounds. For many children, school is the only place where they can reliably access healthy food, safe drinking water and opportunities for physical activity consistent with WHO recommendations. Policies to improve school environments are thus critical to addressing childhood obesity.

Schools can also play an important role in delivering obesity-related health services and supporting monitoring of obesity-related indicators among a critical population group. Relevant health services include healthy diet counselling and referral to specialist support services for treatment.

A new WHO guideline on Policies and interventions (WHO, 2025c) to create healthy school food environments has recently been published.

Section 8
196 country scorecards

Country index

For the 2026 Atlas we are excluding Hong Kong (CSAR), Palestine, South Sudan, Sudan, Turks and Caicos and Ukraine from our estimates of childhood overweight and obesity due to a lack of reliable information.

Afghanistan

1.442m

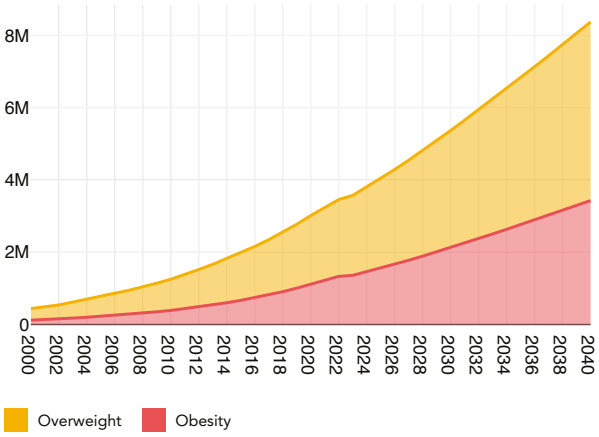
Children 5-9 years with overweight or obesity in 2025

2.599m

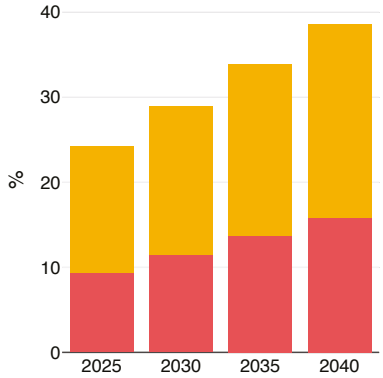
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**315,000**	**675,000**
Numbers of children with BMI-attributed hyperglycaemia	**138,000**	**287,000**
Numbers of children with BMI-attributed high triglycerides	**442,000**	**929,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**894,000**	**1,922,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**33.4%**
School-age children, including primary and secondary, receiving school meals	**7.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**88%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	92/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Albania

41,000

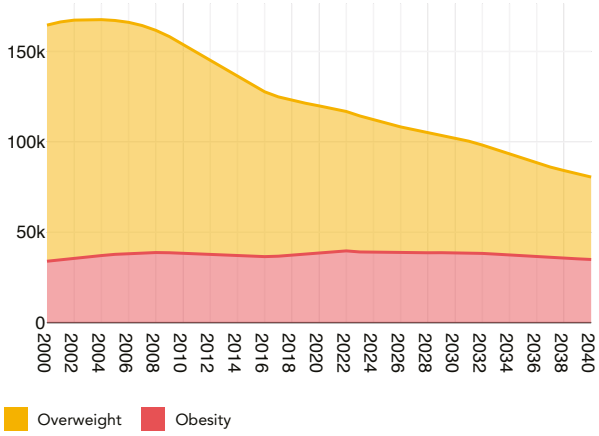
Children 5-9 years with overweight or obesity in 2025

69,000

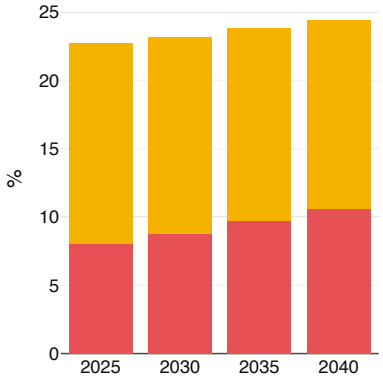
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**8,000**	**7,000**
Numbers of children with BMI-attributed hyperglycaemia	**4,000**	**3,000**
Numbers of children with BMI-attributed high triglycerides	**12,000**	**9,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**23,000**	**19,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**26.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**0.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**7.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**56.5%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**74%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	74/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	No
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

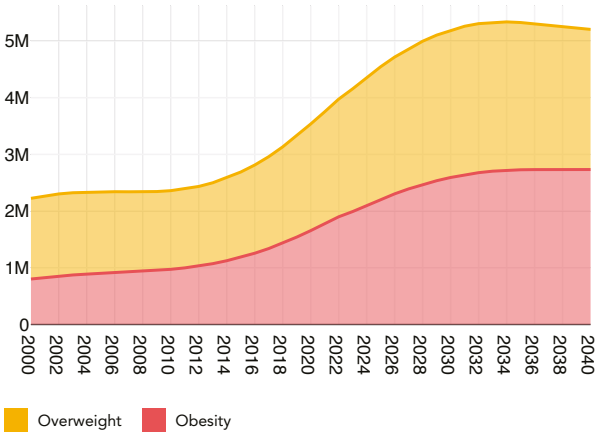
Algeria

1.648m

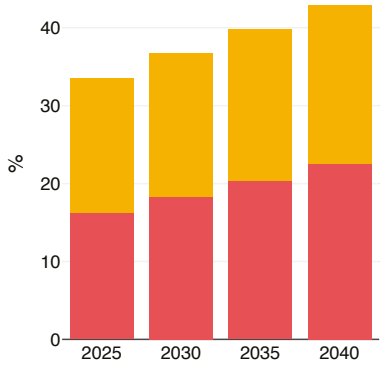
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



2.899m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**406,000**	**489,000**
Numbers of children with BMI-attributed hyperglycaemia	**159,000**	**183,000**
Numbers of children with BMI-attributed high triglycerides	**528,000**	**618,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,168,000**	**1,410,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**41.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**8.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**53.7%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**250-300ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	6/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

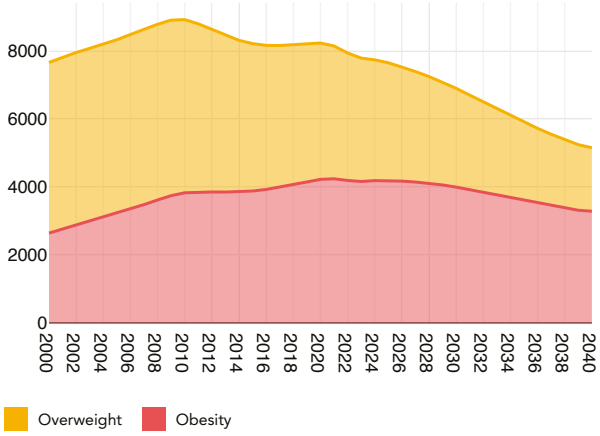
American Samoa

2,000

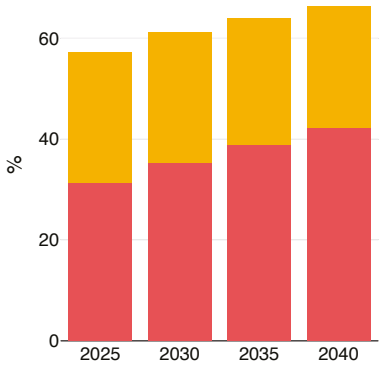
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



6,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**738**	**550**
Numbers of children with BMI-attributed hyperglycaemia	**271**	**186**
Numbers of children with BMI-attributed high triglycerides	**1,000**	**650**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**2,000**	**2,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**73.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**13.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**11.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**30.3%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	Not reported
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Andorra

993

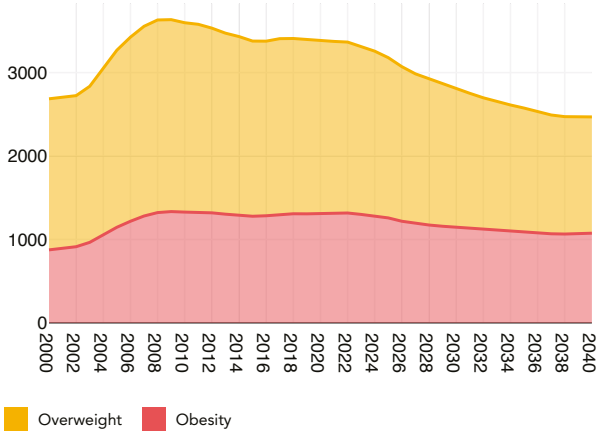
Children 5-9 years with overweight or obesity in 2025

2,000

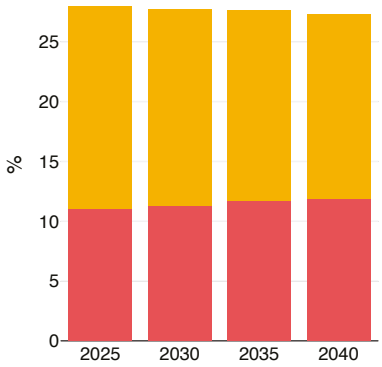
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**251**	**206**
Numbers of children with BMI-attributed hyperglycaemia	**109**	**85**
Numbers of children with BMI-attributed high triglycerides	**350**	**278**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**714**	**590**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**27.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**30.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**48.6%**
School-age children, including primary and secondary, receiving school meals	**14.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Angola

814,000

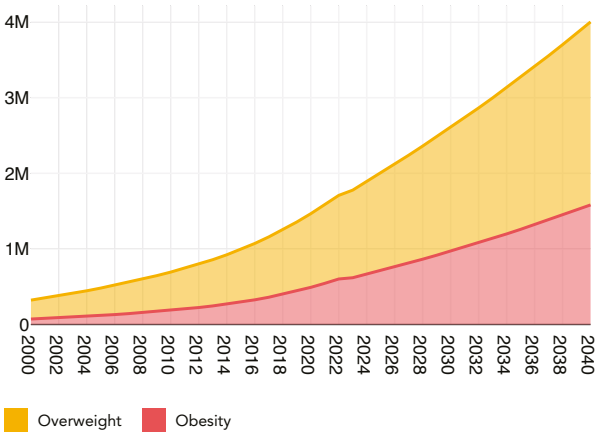
Children 5-9 years with overweight or obesity in 2025

1.189m

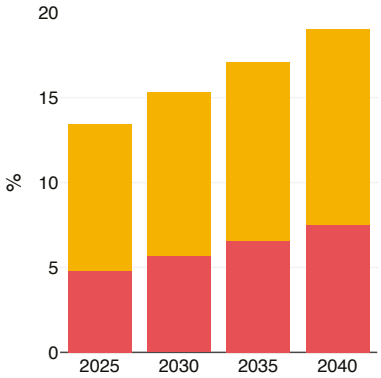
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**149,000**	**316,000**
Numbers of children with BMI-attributed hyperglycaemia	**68,000**	**137,000**
Numbers of children with BMI-attributed high triglycerides	**215,000**	**441,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**421,000**	**899,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**20.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**41.6%**
School-age children, including primary and secondary, receiving school meals	**15.9%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

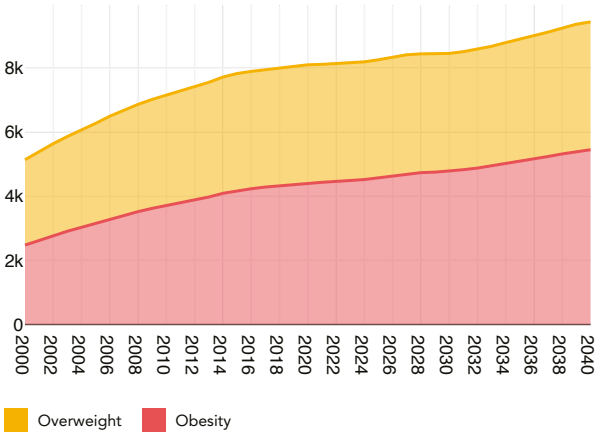
Antigua and Barbuda

2,000

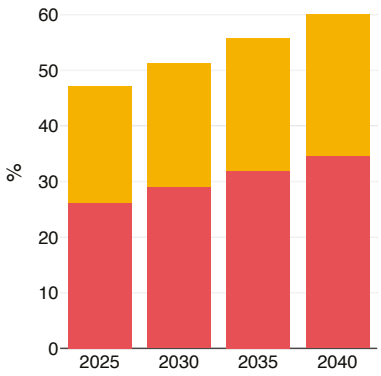
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



6,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**802**	**1,000**
Numbers of children with BMI-attributed hyperglycaemia	**292**	**336**
Numbers of children with BMI-attributed high triglycerides	**1,000**	**1,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**2,000**	**3,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**38.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**7.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**7.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**53.4%**
School-age children, including primary and secondary, receiving school meals	**41.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**79%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

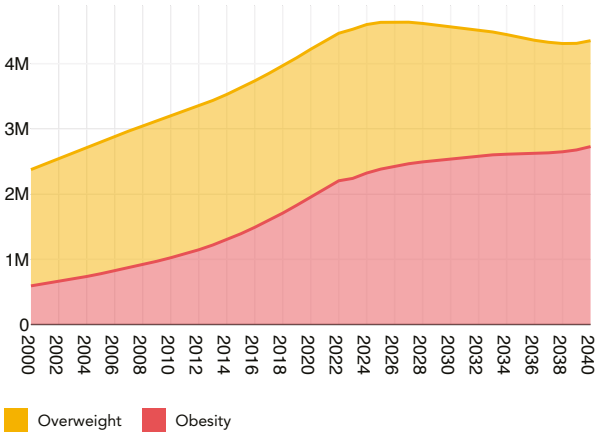
Argentina

1.594m

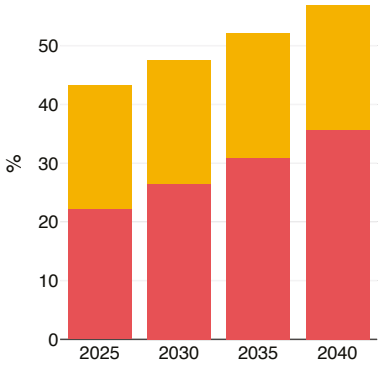
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

3.040m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**429,000**	**459,000**
Numbers of children with BMI-attributed hyperglycaemia	**163,000**	**157,000**
Numbers of children with BMI-attributed high triglycerides	**547,000**	**546,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,238,000**	**1,338,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**37.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**15.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**50.2%**
School-age children, including primary and secondary, receiving school meals	**35.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	33/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	No
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Armenia

58,000

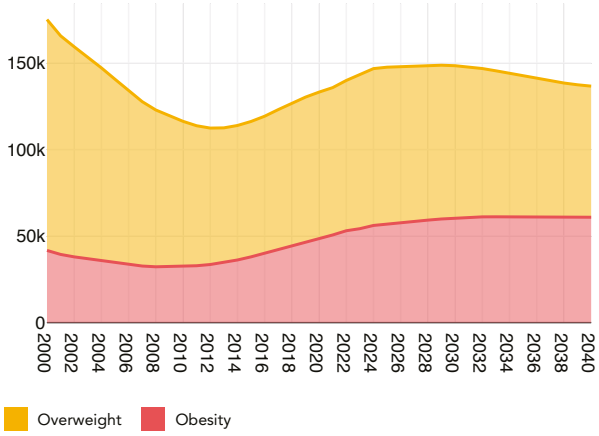
Children 5-9 years with overweight or obesity in 2025

90,000

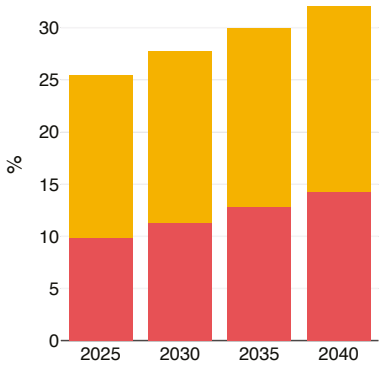
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	12,000	12,000
Numbers of children with BMI-attributed hyperglycaemia	5,000	5,000
Numbers of children with BMI-attributed high triglycerides	16,000	16,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	33,000	33,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	26.0%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	2.3%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	1.8%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	46.3%
School-age children, including primary and secondary, receiving school meals	22.7%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	50-100ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	78%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	90/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

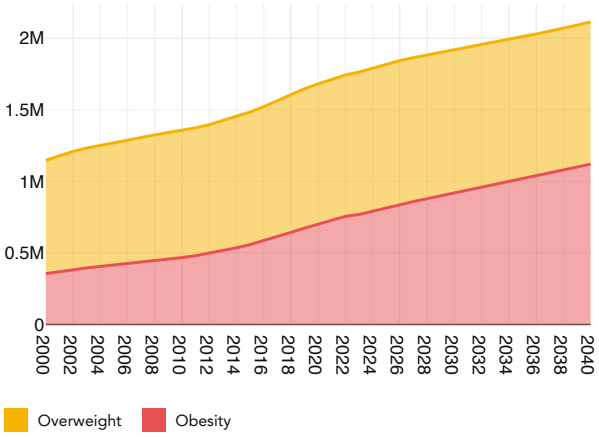
Australia

600,000

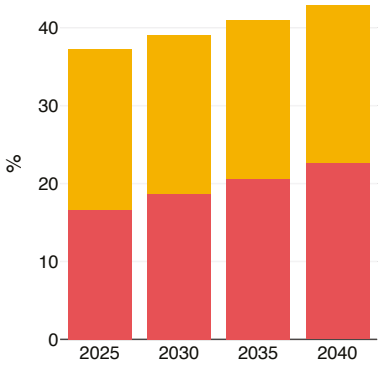
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.219m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**155,000**	**199,000**
Numbers of children with BMI-attributed hyperglycaemia	**63,000**	**74,000**
Numbers of children with BMI-attributed high triglycerides	**207,000**	**251,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**443,000**	**576,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**31.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**21.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**53.7%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**89%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	27/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

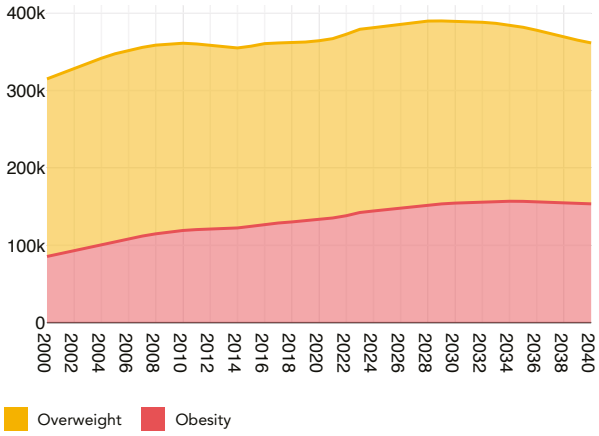
Austria

122,000

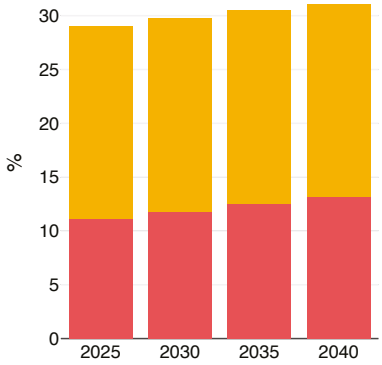
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



262,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**30,000**	**30,000**
Numbers of children with BMI-attributed hyperglycaemia	**13,000**	**12,000**
Numbers of children with BMI-attributed high triglycerides	**42,000**	**41,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**84,000**	**85,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**20.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**30.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**88.0%**
School-age children, including primary and secondary, receiving school meals	**34.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**78%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

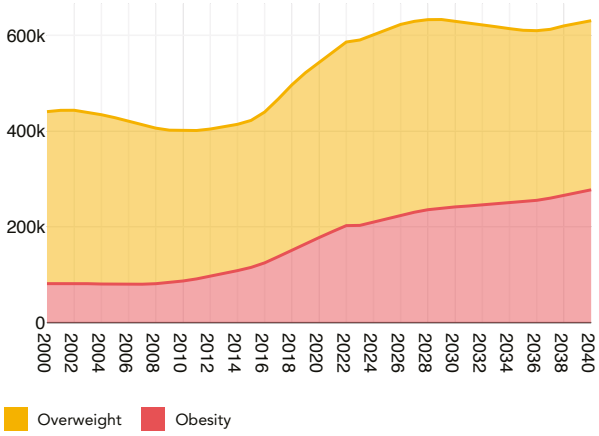
Azerbaijan

202,000

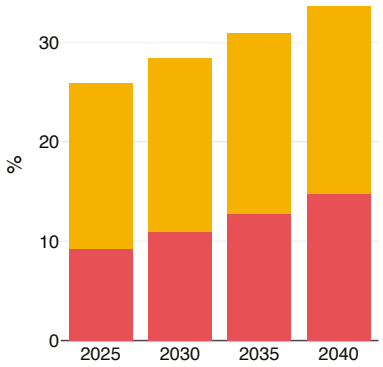
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



411,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**46,000**	**53,000**
Numbers of children with BMI-attributed hyperglycaemia	**21,000**	**22,000**
Numbers of children with BMI-attributed high triglycerides	**66,000**	**71,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**129,000**	**152,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**66.6%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	35/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

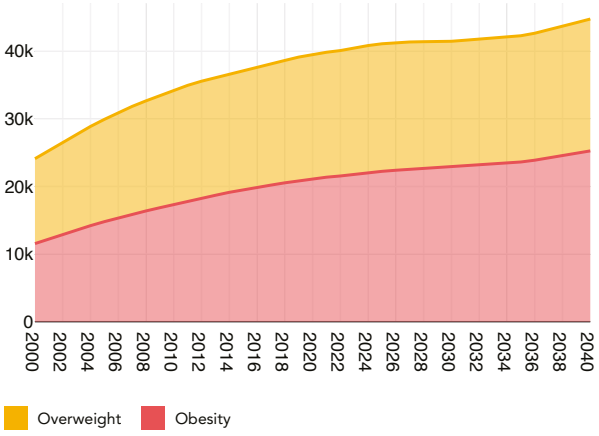
Bahamas

12,000

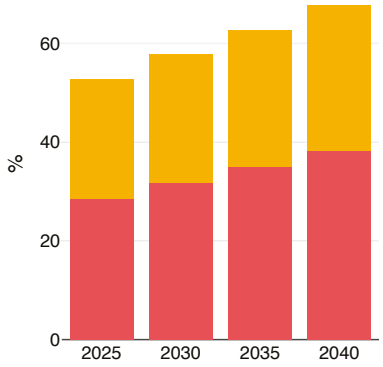
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



29,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**4,000**	**4,000**
Numbers of children with BMI-attributed hyperglycaemia	**1,000**	**2,000**
Numbers of children with BMI-attributed high triglycerides	**5,000**	**5,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**11,000**	**13,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**48.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**53.2%**
School-age children, including primary and secondary, receiving school meals	**9.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

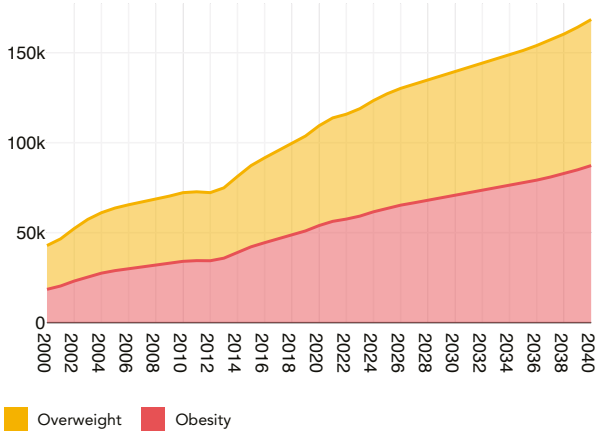
Bahrain

38,000

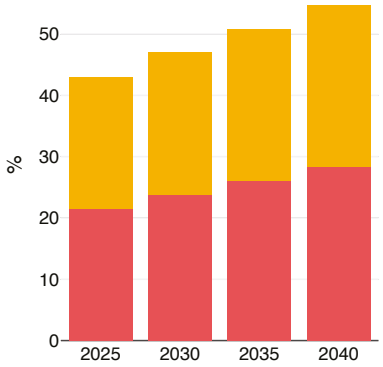
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



89,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	12,000	16,000
Numbers of children with BMI-attributed hyperglycaemia	4,000	6,000
Numbers of children with BMI-attributed high triglycerides	15,000	20,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	33,000	45,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	49.3%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	11.7%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	3.0%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	50.0%
School-age children, including primary and secondary, receiving school meals	Not reported
School-age children 6-10 years quantity of sugary drinks consumed per day on average	250-300ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	81%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	80/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Bangladesh

1.065m

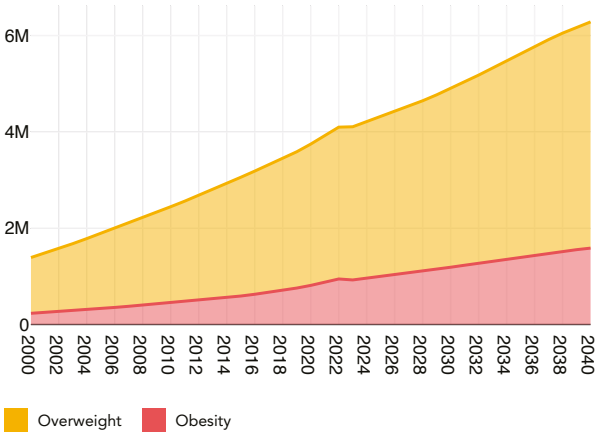
Children 5-9 years with overweight or obesity in 2025

3.248m

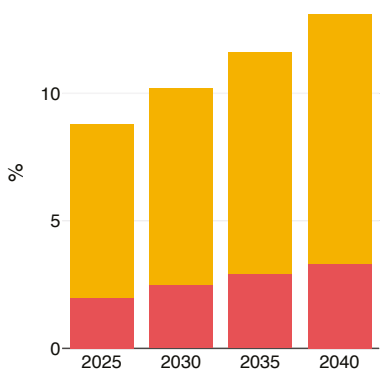
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**260,000**	**394,000**
Numbers of children with BMI-attributed hyperglycaemia	**142,000**	**207,000**
Numbers of children with BMI-attributed high triglycerides	**428,000**	**633,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**714,000**	**1,089,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**17.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**26.6%**
School-age children, including primary and secondary, receiving school meals	**8.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**66%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	79/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Barbados

7,000

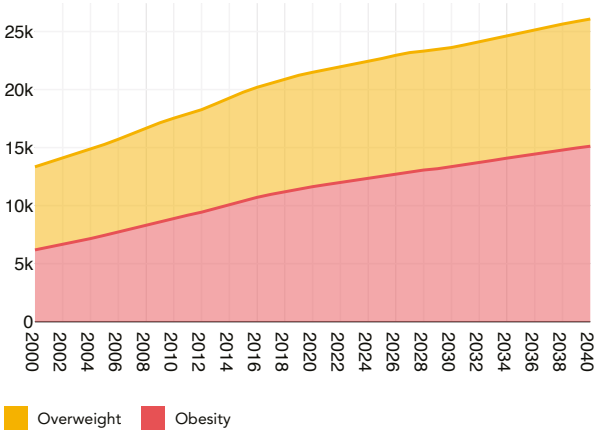
Children 5-9 years with overweight or obesity in 2025

15,000

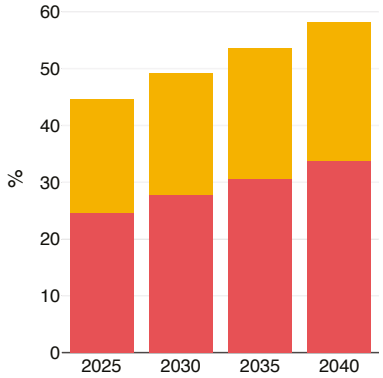
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**2,000**	**3,000**
Numbers of children with BMI-attributed hyperglycaemia	**804**	**1,000**
Numbers of children with BMI-attributed high triglycerides	**3,000**	**3,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**6,000**	**8,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**45.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**7.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**60.6%**
School-age children, including primary and secondary, receiving school meals	**65.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**82%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

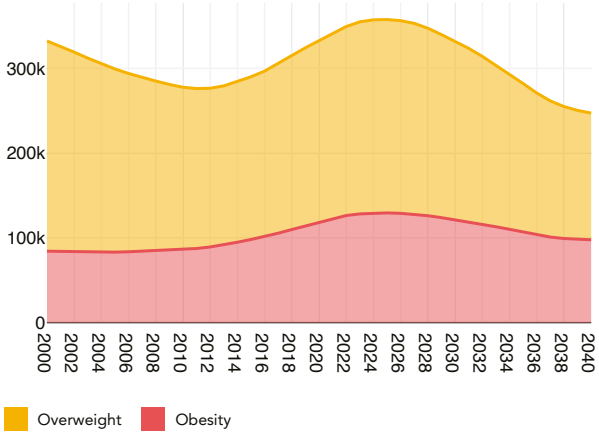
Belarus

139,000

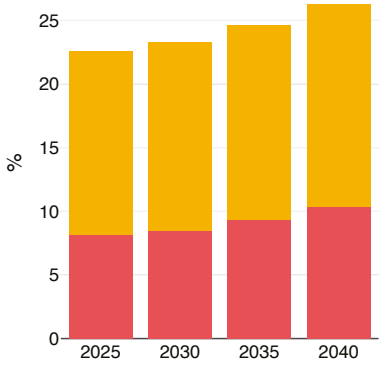
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



218,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**27,000**	**20,000**
Numbers of children with BMI-attributed hyperglycaemia	**12,000**	**8,000**
Numbers of children with BMI-attributed high triglycerides	**39,000**	**27,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**76,000**	**56,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**27.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**10.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**73.1%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

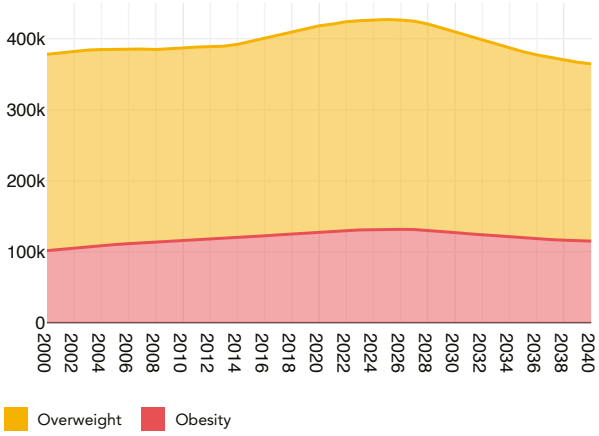
Belgium

130,000

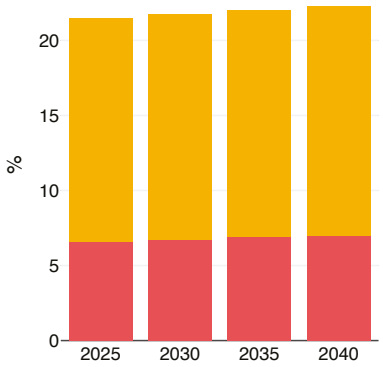
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



298,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**30,000**	**26,000**
Numbers of children with BMI-attributed hyperglycaemia	**14,000**	**12,000**
Numbers of children with BMI-attributed high triglycerides	**45,000**	**38,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**83,000**	**71,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**26.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**71.1%**
School-age children, including primary and secondary, receiving school meals	**19.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**83%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

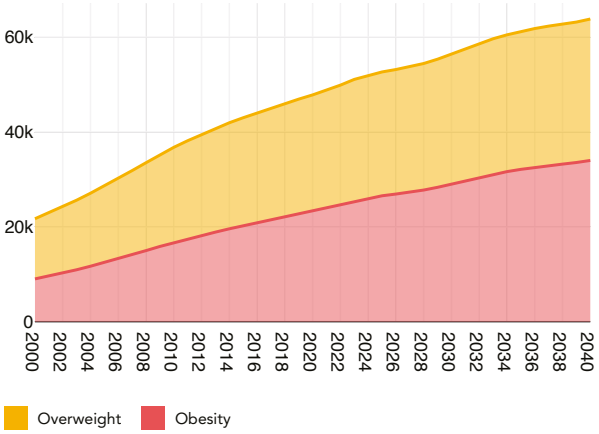
Belize

18,000

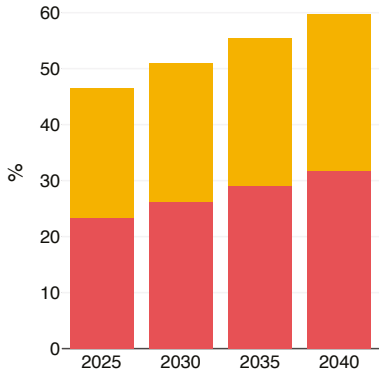
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



34,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**5,000**	**6,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,000**	**2,000**
Numbers of children with BMI-attributed high triglycerides	**6,000**	**8,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**14,000**	**17,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**34.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**4.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**55.2%**
School-age children, including primary and secondary, receiving school meals	**1.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**80%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

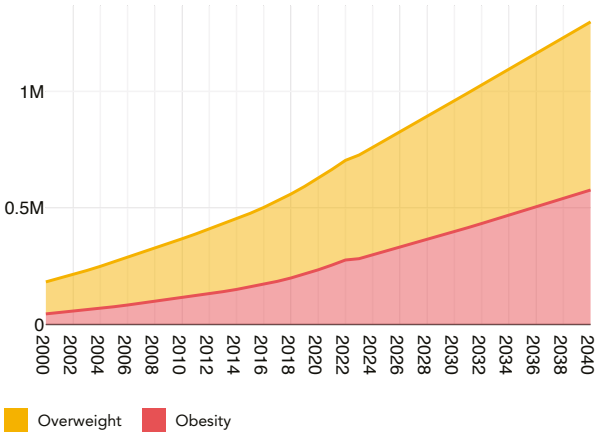
Benin

343,000

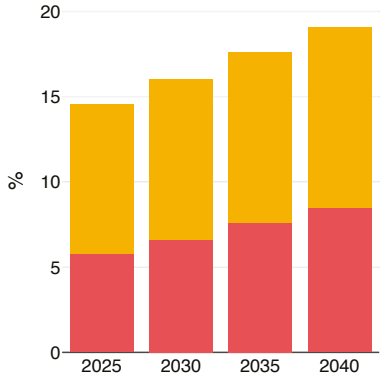
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



450,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**63,000**	**110,000**
Numbers of children with BMI-attributed hyperglycaemia	**27,000**	**45,000**
Numbers of children with BMI-attributed high triglycerides	**87,000**	**147,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**178,000**	**314,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**21.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**40.7%**
School-age children, including primary and secondary, receiving school meals	**30.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**76%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	65/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Bermuda

1,000

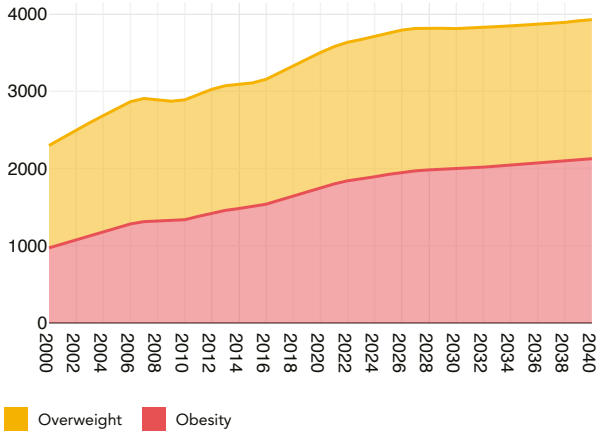
Children 5-9 years with overweight or obesity in 2025

3,000

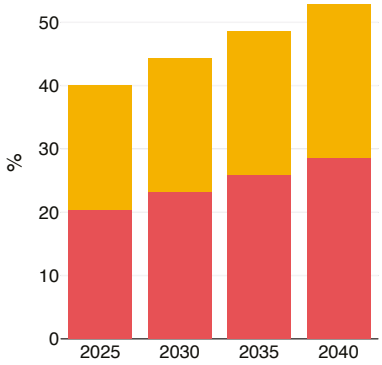
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**347**	**376**
Numbers of children with BMI-attributed hyperglycaemia	**132**	**139**
Numbers of children with BMI-attributed high triglycerides	**442**	**470**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,000**	**1,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**40.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**9.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**52.6%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	Not reported
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Bhutan

10,000

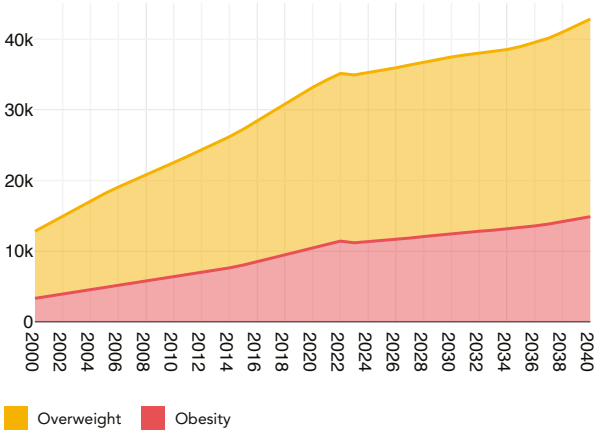
Children 5-9 years with overweight or obesity in 2025

26,000

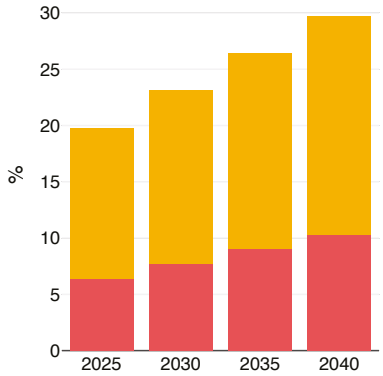
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	3,000	3,000
Numbers of children with BMI-attributed hyperglycaemia	1,000	1,000
Numbers of children with BMI-attributed high triglycerides	4,000	5,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	7,000	9,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	25.9%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	3.0%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	3.1%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	36.3%
School-age children, including primary and secondary, receiving school meals	58.1%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	100-150ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	84%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

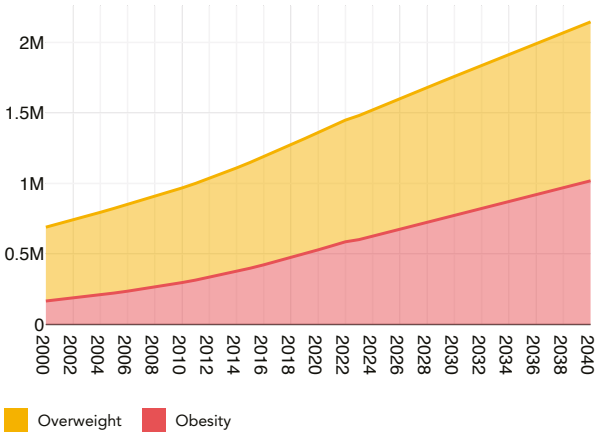
Bolivia

601,000

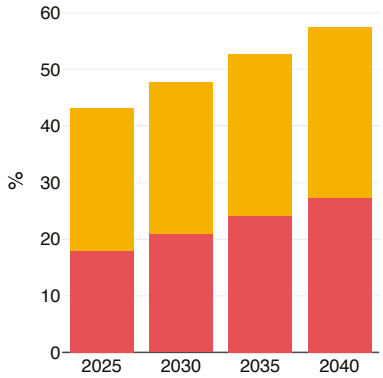
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



962,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**127,000**	**189,000**
Numbers of children with BMI-attributed hyperglycaemia	**54,000**	**75,000**
Numbers of children with BMI-attributed high triglycerides	**174,000**	**247,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**363,000**	**543,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**39.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**29.6%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	68/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

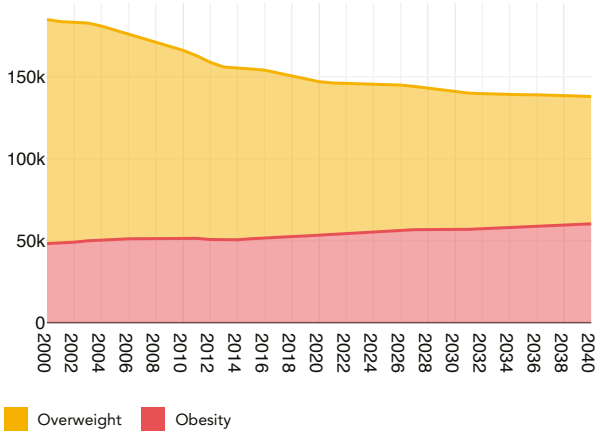
Bosnia and Herzegovina

55,000

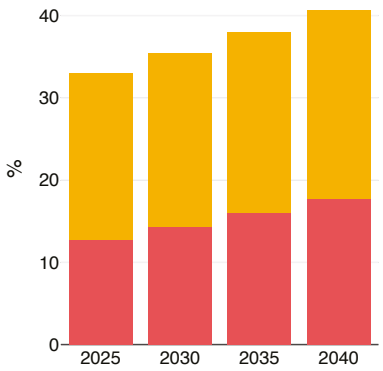
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



90,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**11,000**	**12,000**
Numbers of children with BMI-attributed hyperglycaemia	**5,000**	**5,000**
Numbers of children with BMI-attributed high triglycerides	**16,000**	**16,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**32,000**	**33,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**21.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**32.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**71.2%**
School-age children, including primary and secondary, receiving school meals	**6.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	42/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

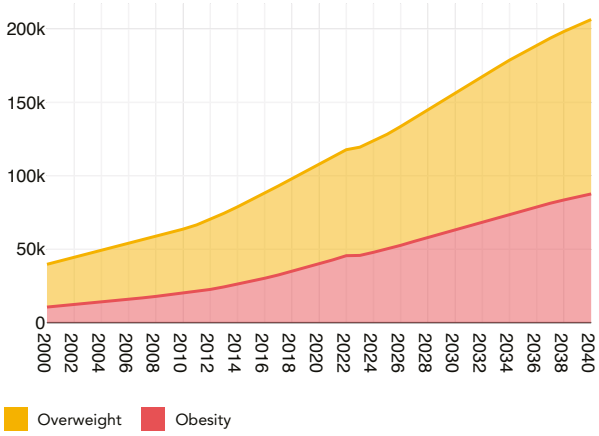
Botswana

47,000

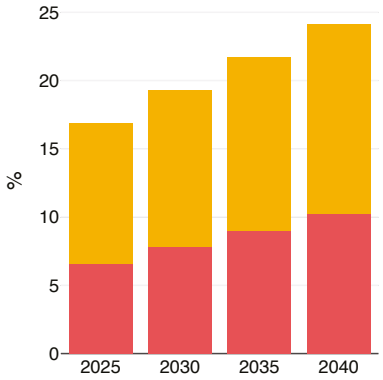
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



81,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**10,000**	**17,000**
Numbers of children with BMI-attributed hyperglycaemia	**4,000**	**7,000**
Numbers of children with BMI-attributed high triglycerides	**14,000**	**23,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**29,000**	**49,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**30.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**47.8%**
School-age children, including primary and secondary, receiving school meals	**56.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**250-300ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	73/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

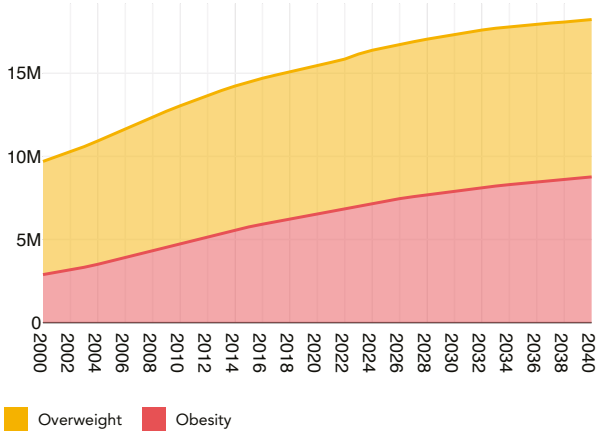
Brazil

6.645m

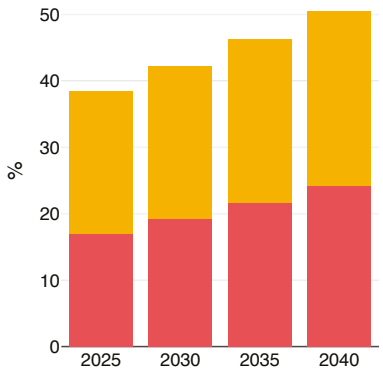
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



9.920m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	1,399,000	1,619,000
Numbers of children with BMI-attributed hyperglycaemia	572,000	635,000
Numbers of children with BMI-attributed high triglycerides	1,875,000	2,110,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	4,000,000	4,651,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	32.9 %
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	3.7%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	8.6%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	51.7%
School-age children, including primary and secondary, receiving school meals	100.0%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	150-200ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	84%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	83/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

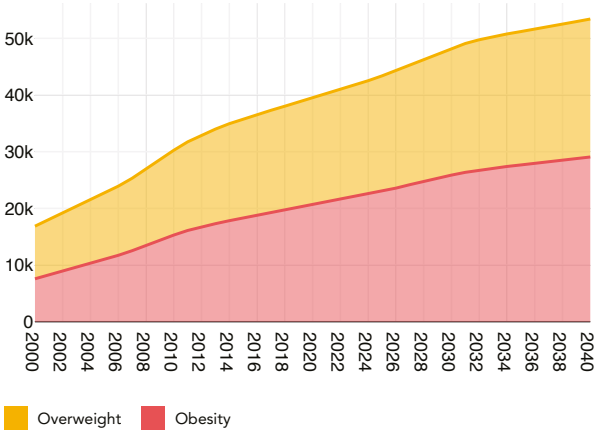
Brunei Darussalam

14,000

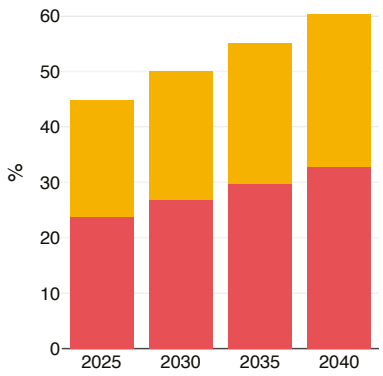
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



29,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**4,000**	**5,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,000**	**2,000**
Numbers of children with BMI-attributed high triglycerides	**5,000**	**6,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**12,000**	**15,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**37.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**6.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**41.1%**
School-age children, including primary and secondary, receiving school meals	**37.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**250-300ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

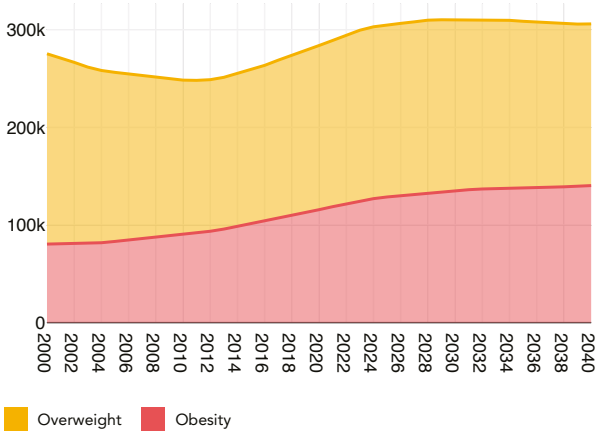
Bulgaria

113,000

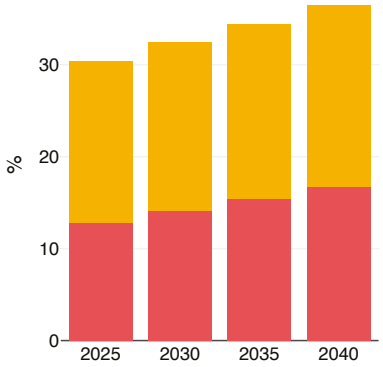
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



193,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**25,000**	**26,000**
Numbers of children with BMI-attributed hyperglycaemia	**10,000**	**11,000**
Numbers of children with BMI-attributed high triglycerides	**34,000**	**35,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**71,000**	**76,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**19.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**39.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**72.9%**
School-age children, including primary and secondary, receiving school meals	**28.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**73%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

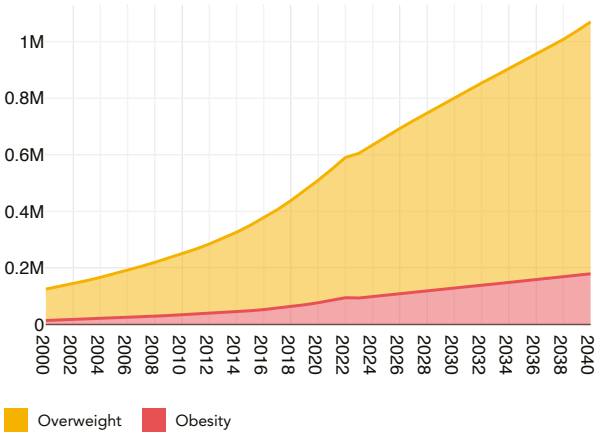
Burkina Faso

248,000

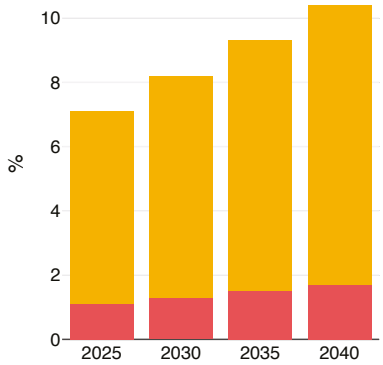
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



417,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**35,000**	**57,000**
Numbers of children with BMI-attributed hyperglycaemia	**21,000**	**35,000**
Numbers of children with BMI-attributed high triglycerides	**63,000**	**102,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**93,000**	**153,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**11.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**39.9%**
School-age children, including primary and secondary, receiving school meals	**76.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	96/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

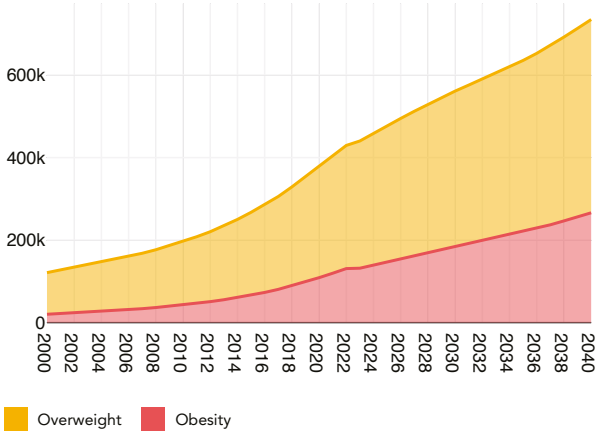
Burundi

213,000

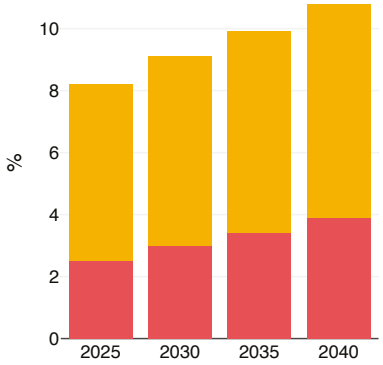
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



264,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**33,000**	**55,000**
Numbers of children with BMI-attributed hyperglycaemia	**16,000**	**25,000**
Numbers of children with BMI-attributed high triglycerides	**50,000**	**79,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**92,000**	**156,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**10.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**14.5%**
School-age children, including primary and secondary, receiving school meals	**17.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	75/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

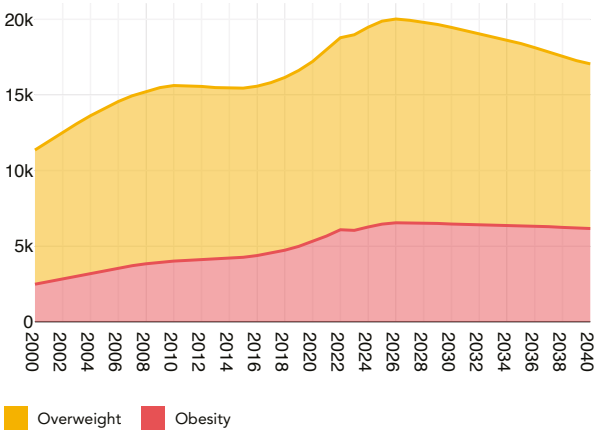
Cabo Verde

7,000

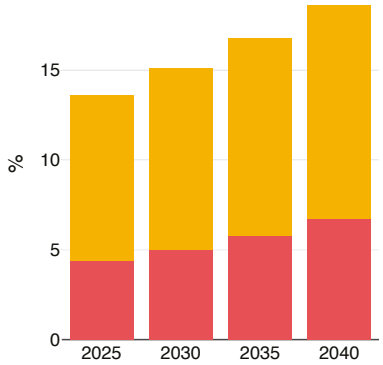
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



13,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	1,000	1,000
Numbers of children with BMI-attributed hyperglycaemia	668	578
Numbers of children with BMI-attributed high triglycerides	2,000	2,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	4,000	4,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	29.7%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	4.1%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	1.4%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	40.7%
School-age children, including primary and secondary, receiving school meals	48.2%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	50-100ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	Not available

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	78/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Cambodia

331,000

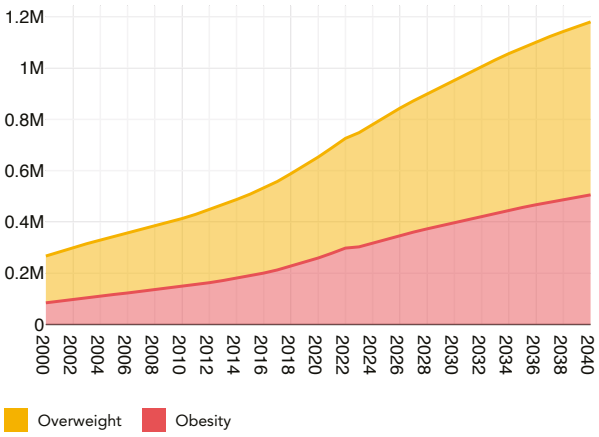
Children 5-9 years with overweight or obesity in 2025

482,000

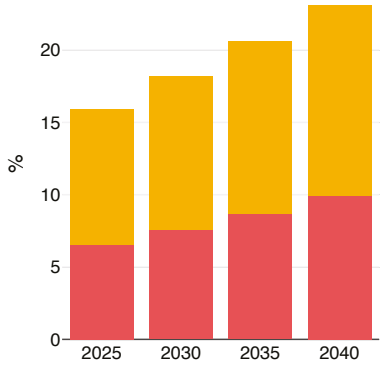
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**66,000**	**98,000**
Numbers of children with BMI-attributed hyperglycaemia	**28,000**	**41,000**
Numbers of children with BMI-attributed high triglycerides	**90,000**	**133,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**187,000**	**279,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**12.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**26.0%**
School-age children, including primary and secondary, receiving school meals	**7.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**92%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	51/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

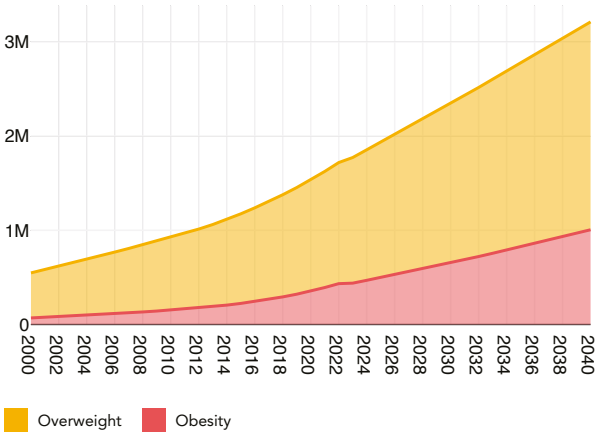
Cameroon

724,000

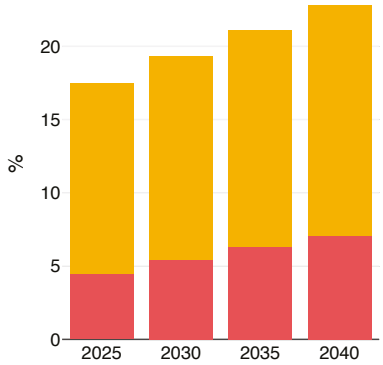
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.211m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**123,000**	**224,000**
Numbers of children with BMI-attributed hyperglycaemia	**64,000**	**108,000**
Numbers of children with BMI-attributed high triglycerides	**196,000**	**336,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**339,000**	**627,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**49.1%**
School-age children, including primary and secondary, receiving school meals	**1.9%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	41/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

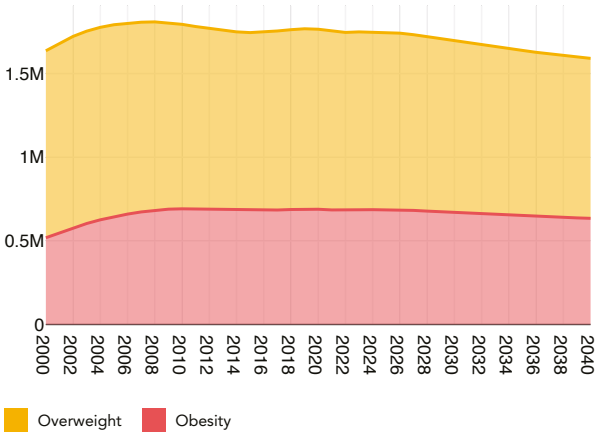
Canada

512,000

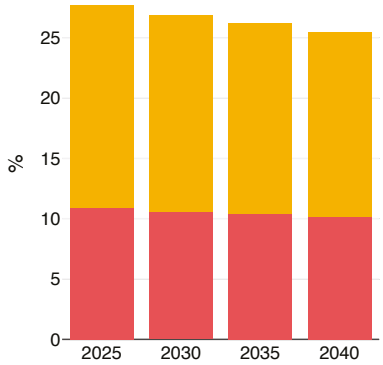
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.235m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**138,000**	**126,000**
Numbers of children with BMI-attributed hyperglycaemia	**60,000**	**54,000**
Numbers of children with BMI-attributed high triglycerides	**192,000**	**176,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**391,000**	**359,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**30.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**23.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**66.9%**
School-age children, including primary and secondary, receiving school meals	**23.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**76%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Central African Republic

138,000

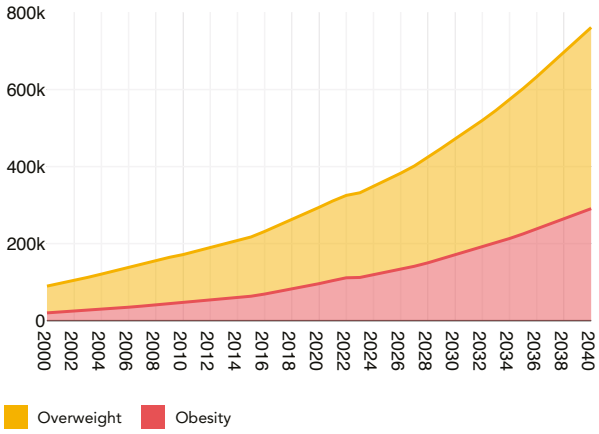
Children 5-9 years with overweight or obesity in 2025

227,000

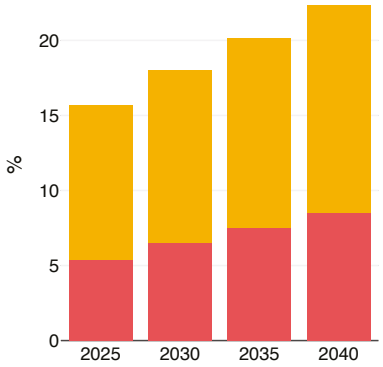
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**27,000**	**59,000**
Numbers of children with BMI-attributed hyperglycaemia	**12,000**	**26,000**
Numbers of children with BMI-attributed high triglycerides	**39,000**	**83,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**75,000**	**167,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**15.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**40.4%**
School-age children, including primary and secondary, receiving school meals	**8.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

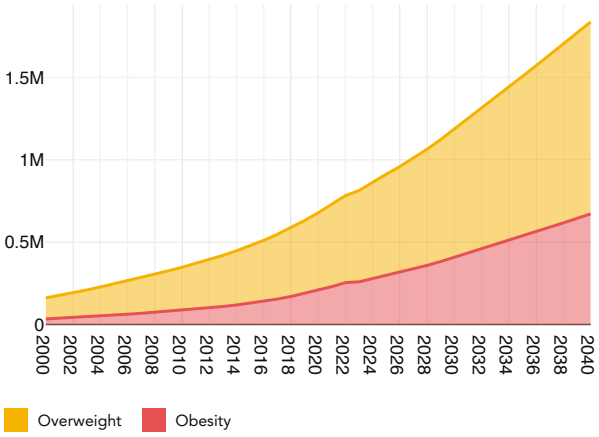
Chad

411,000

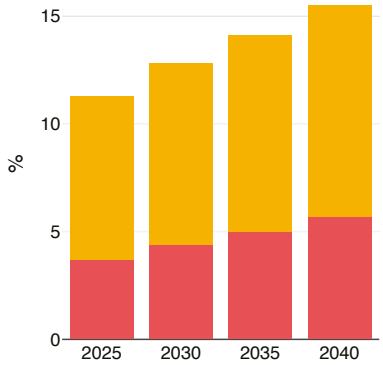
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



502,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**65,000**	**139,000**
Numbers of children with BMI-attributed hyperglycaemia	**31,000**	**62,000**
Numbers of children with BMI-attributed high triglycerides	**96,000**	**199,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**182,000**	**393,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**11.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**64.3%**
School-age children, including primary and secondary, receiving school meals	**4.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	72/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

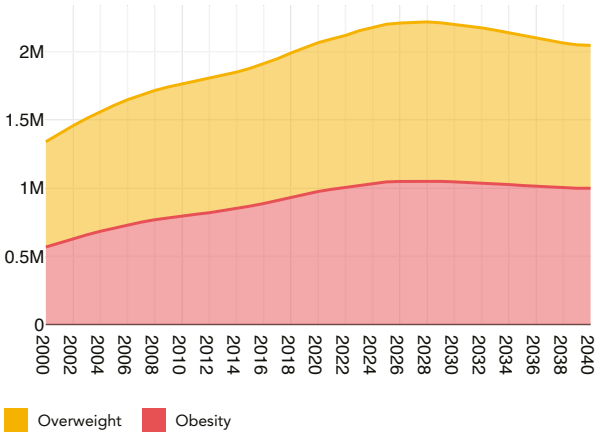
Chile

760,000

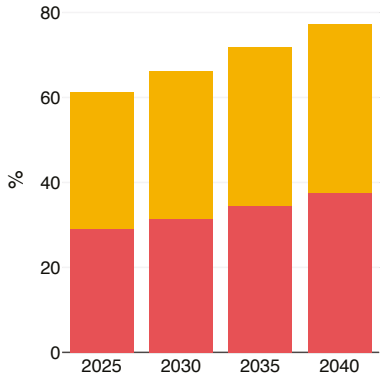
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.441m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**194,000**	**183,000**
Numbers of children with BMI-attributed hyperglycaemia	**77,000**	**71,000**
Numbers of children with BMI-attributed high triglycerides	**254,000**	**238,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**557,000**	**528,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**43.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**20.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**37.5%**
School-age children, including primary and secondary, receiving school meals	**45.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**88%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	29/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

China

22.808m

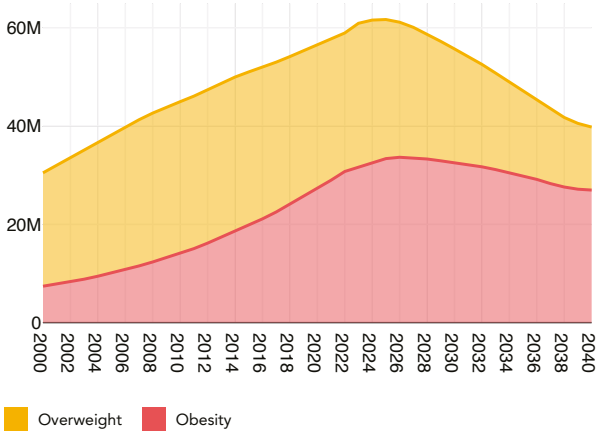
Children 5-9 years with overweight or obesity in 2025

38.869m

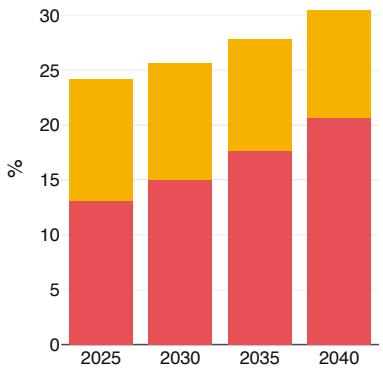
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**5,902,000**	**4,428,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,179,000**	**1,449,000**
Numbers of children with BMI-attributed high triglycerides	**7,384,000**	**5,123,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**17,067,000**	**12,959,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**16.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**36.8%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	27/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Colombia

1.130m

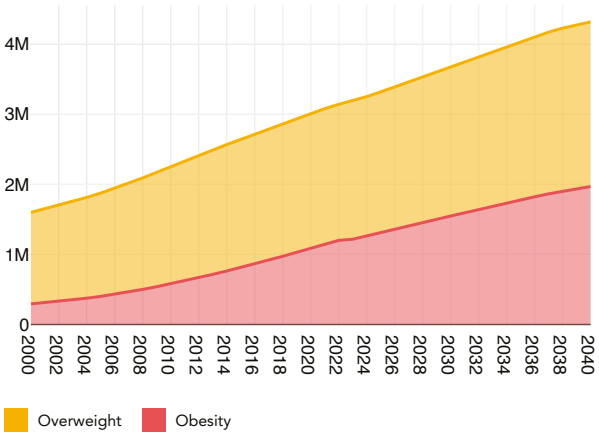
Children 5-9 years with overweight or obesity in 2025

2.188m

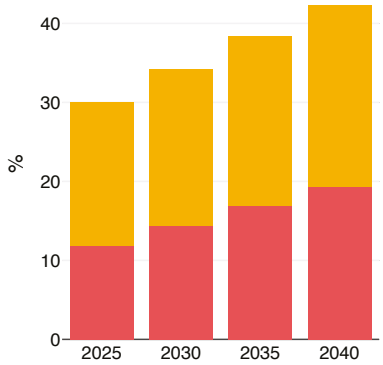
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**262,000**	**371,000**
Numbers of children with BMI-attributed hyperglycaemia	**113,000**	**150,000**
Numbers of children with BMI-attributed high triglycerides	**365,000**	**493,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**744,000**	**1,063,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**34.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**4.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**44.4%**
School-age children, including primary and secondary, receiving school meals	**52.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	55/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	No
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Comoros

17,000

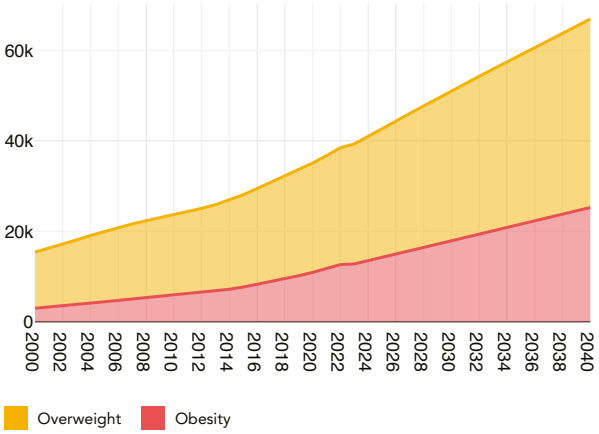
Children 5-9 years with overweight or obesity in 2025

25,000

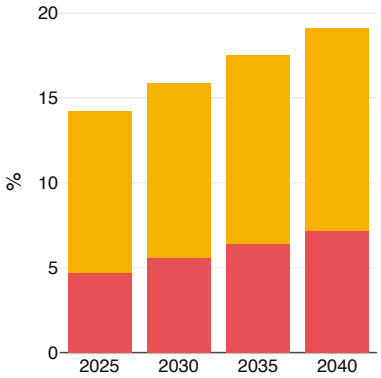
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	3,000	5,000
Numbers of children with BMI-attributed hyperglycaemia	1,000	2,000
Numbers of children with BMI-attributed high triglycerides	5,000	7,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	9,000	15,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	25.3%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	2.4%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	0.9%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	63.0%
School-age children, including primary and secondary, receiving school meals	0.0%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	100-150ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	Not available

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	60/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

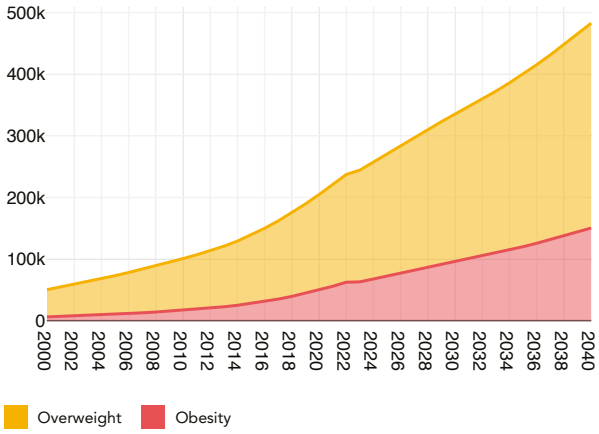
Congo

92,000

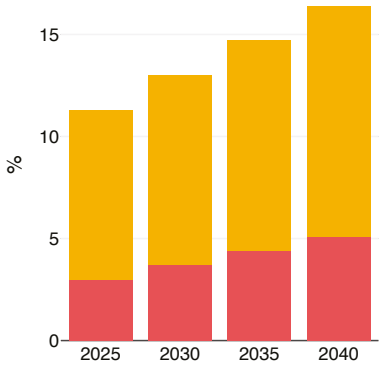
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



179,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	17,000	34,000
Numbers of children with BMI-attributed hyperglycaemia	9,000	16,000
Numbers of children with BMI-attributed high triglycerides	28,000	50,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	48,000	94,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	23.8%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	4.6%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	0.8%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	49.1%
School-age children, including primary and secondary, receiving school meals	Not reported
School-age children 6-10 years quantity of sugary drinks consumed per day on average	150-200ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	Not available

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Cook Islands

571

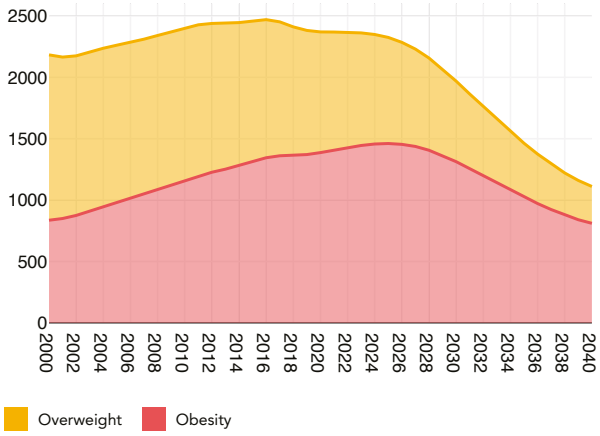
Children 5-9 years with overweight or obesity in 2025

2,000

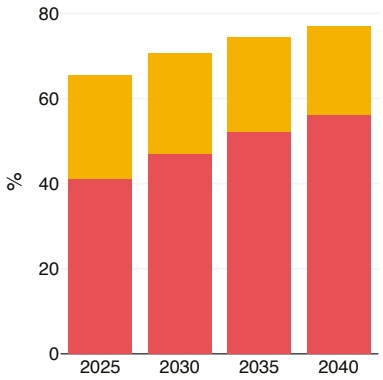
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**246**	**130**
Numbers of children with BMI-attributed hyperglycaemia	**84**	**41**
Numbers of children with BMI-attributed high triglycerides	**292**	**147**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**716**	**383**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**75.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**14.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**15.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**28.6%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**83%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	37/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

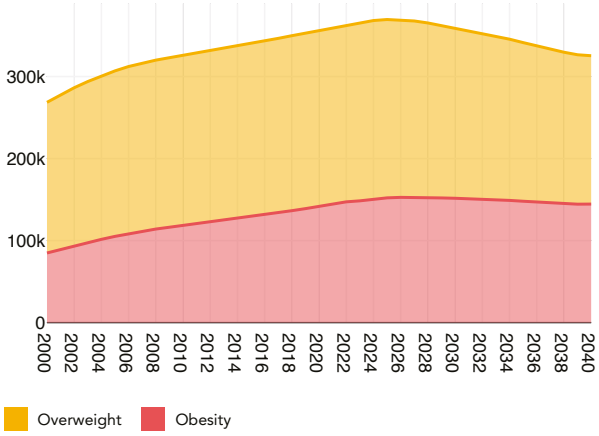
Costa Rica

115,000

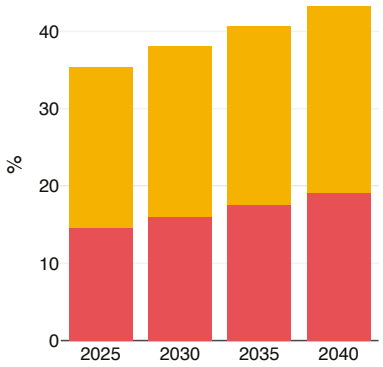
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



255,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**30,000**	**28,000**
Numbers of children with BMI-attributed hyperglycaemia	**13,000**	**11,000**
Numbers of children with BMI-attributed high triglycerides	**41,000**	**37,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**85,000**	**79,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**38.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**6.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**45.1%**
School-age children, including primary and secondary, receiving school meals	**85.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**82%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	56/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

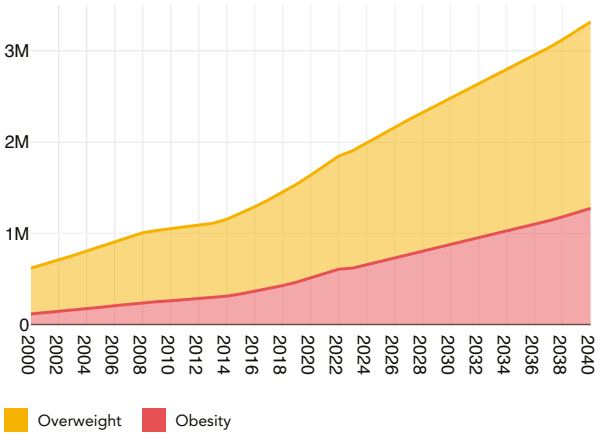
Cote d'Ivoire

847,000

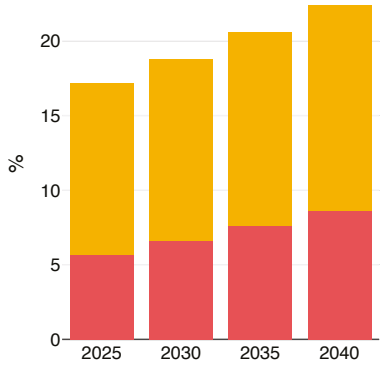
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

1.234m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**150,000**	**258,000**
Numbers of children with BMI-attributed hyperglycaemia	**70,000**	**113,000**
Numbers of children with BMI-attributed high triglycerides	**220,000**	**363,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**420,000**	**731,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**21.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**53.3%**
School-age children, including primary and secondary, receiving school meals	**10.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	73/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

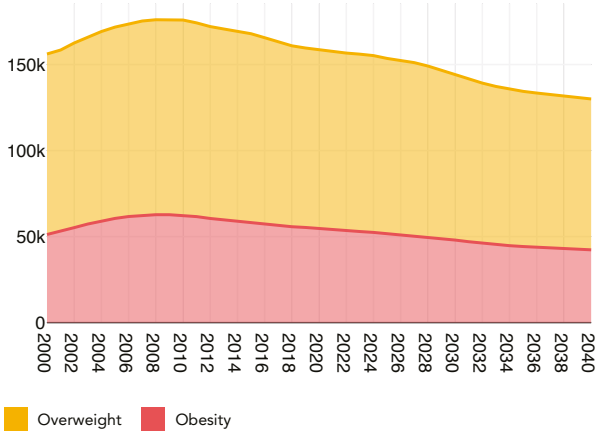
Croatia

52,000

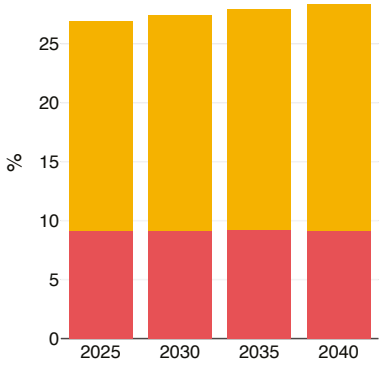
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



101,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**11,000**	**9,000**
Numbers of children with BMI-attributed hyperglycaemia	**5,000**	**4,000**
Numbers of children with BMI-attributed high triglycerides	**16,000**	**14,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**31,000**	**26,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**19.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**33.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**81.0%**
School-age children, including primary and secondary, receiving school meals	**70.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**77%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Cuba

258,000

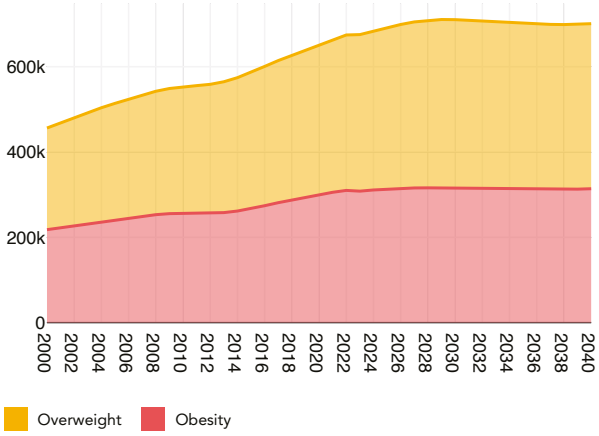
Children 5-9 years with overweight or obesity in 2025

434,000

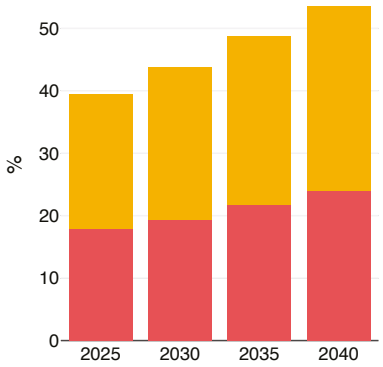
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**59,000**	**60,000**
Numbers of children with BMI-attributed hyperglycaemia	**24,000**	**24,000**
Numbers of children with BMI-attributed high triglycerides	**79,000**	**80,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**170,000**	**171,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**39.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**15.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**54.7%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Cyprus

26,000

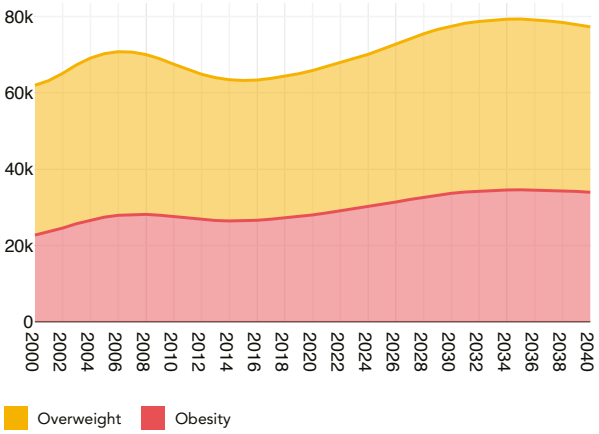
Children 5-9 years with overweight or obesity in 2025

46,000

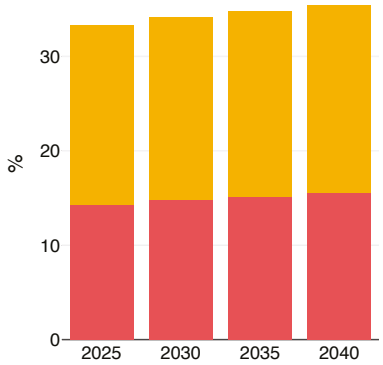
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**6,000**	**6,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,000**	**3,000**
Numbers of children with BMI-attributed high triglycerides	**8,000**	**9,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**17,000**	**19,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**19.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**49.8%**
School-age children, including primary and secondary, receiving school meals	**11.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Czechia

121,000

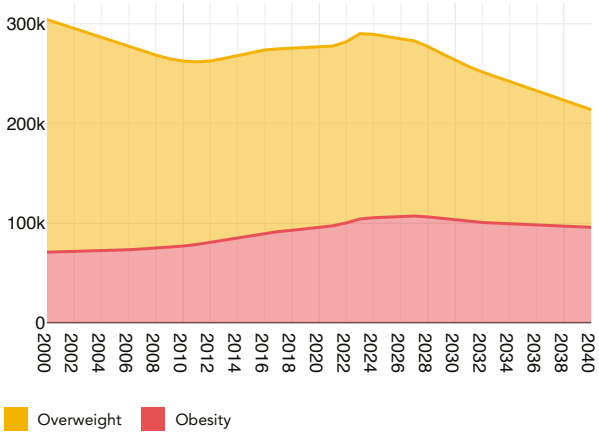
Children 5-9 years with overweight or obesity in 2025

166,000

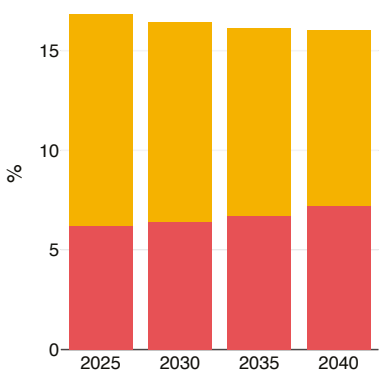
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**22,000**	**18,000**
Numbers of children with BMI-attributed hyperglycaemia	**10,000**	**7,000**
Numbers of children with BMI-attributed high triglycerides	**31,000**	**24,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**62,000**	**52,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**21.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**24.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**66.0%**
School-age children, including primary and secondary, receiving school meals	**57.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**77%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Democratic Republic of Congo

3.182m

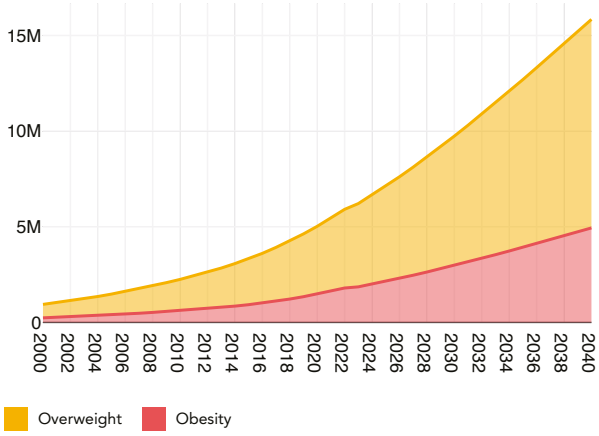
Children 5-9 years with overweight or obesity in 2025

3.946m

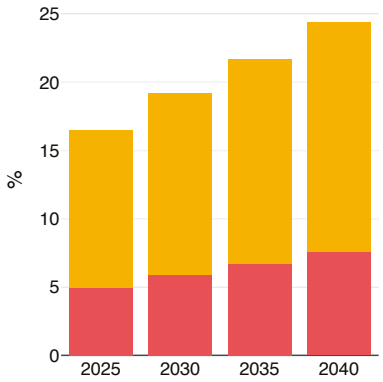
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**487,000**	**1,102,000**
Numbers of children with BMI-attributed hyperglycaemia	**238,000**	**531,000**
Numbers of children with BMI-attributed high triglycerides	**741,000**	**1,657,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,361,000**	**3,083,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**13.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**35.8%**
School-age children, including primary and secondary, receiving school meals	**0.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	60/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

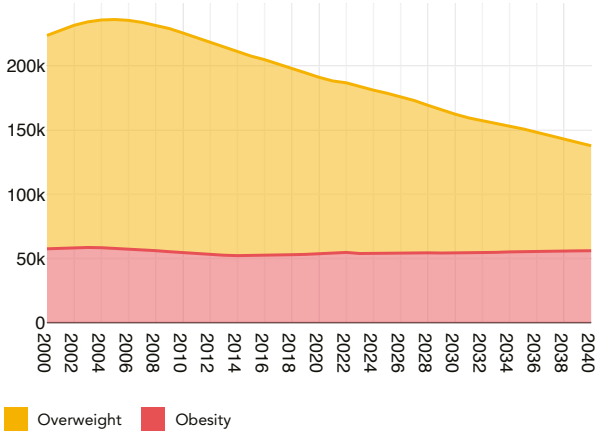
Denmark

62,000

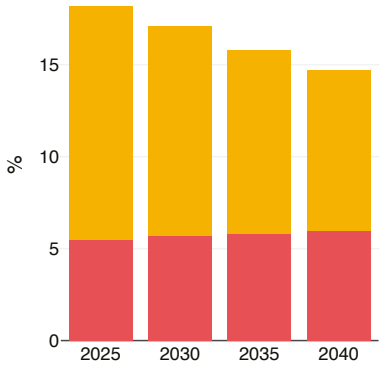
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



116,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	12,000	11,000
Numbers of children with BMI-attributed hyperglycaemia	6,000	5,000
Numbers of children with BMI-attributed high triglycerides	19,000	15,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	34,000	31,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	25.2%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	1.4%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	22.8%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	46.3%
School-age children, including primary and secondary, receiving school meals	0.0%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	50-100ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	85%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Djibouti

15,000

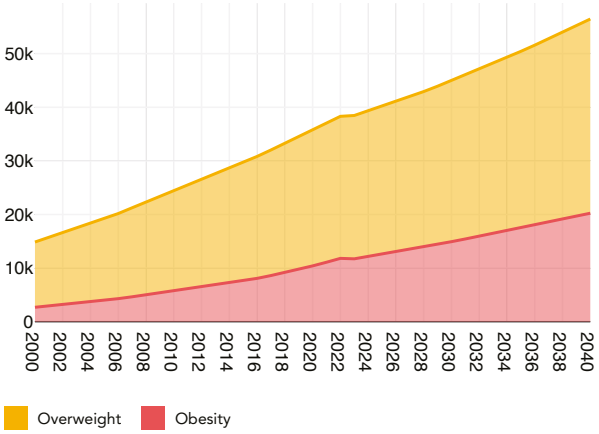
Children 5-9 years with overweight or obesity in 2025

25,000

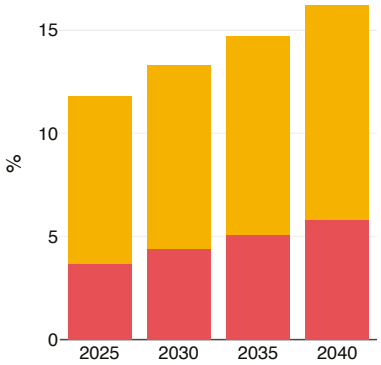
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	3,000	4,000
Numbers of children with BMI-attributed hyperglycaemia	1,000	2,000
Numbers of children with BMI-attributed high triglycerides	4,000	6,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	8,000	12,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	12.2%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	2.0%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	1.9%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	57.4%
School-age children, including primary and secondary, receiving school meals	12.6%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	350ml or more
School-age adolescents 11-17 years failing to meet physical activity recommendations	85%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	56/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Dominica

1,000

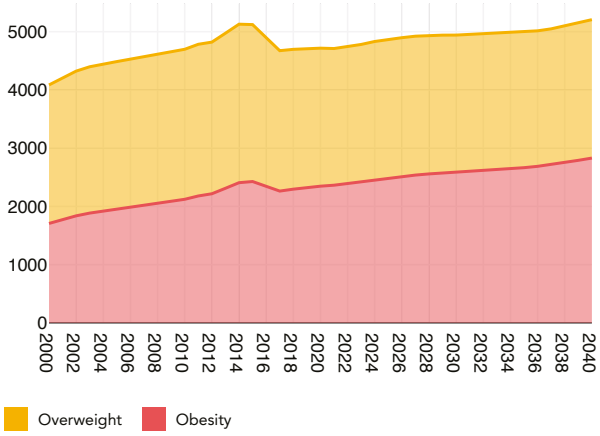
Children 5-9 years with overweight or obesity in 2025

3,000

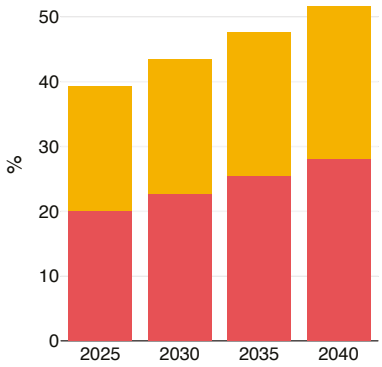
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**449**	**500**
Numbers of children with BMI-attributed hyperglycaemia	**171**	**184**
Numbers of children with BMI-attributed high triglycerides	**573**	**624**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,000**	**1,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**44.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**7.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**6.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**51.5%**
School-age children, including primary and secondary, receiving school meals	**17.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

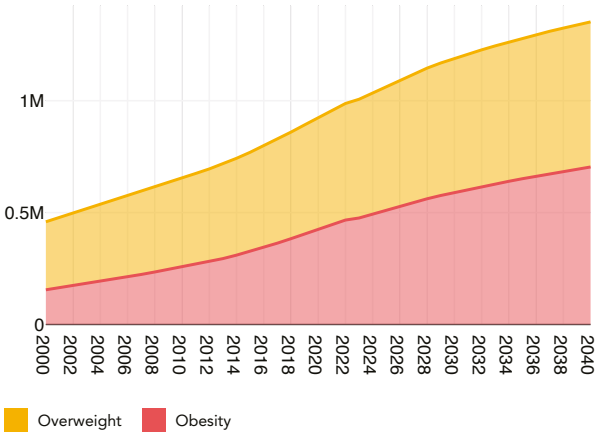
Dominican Republic

357,000

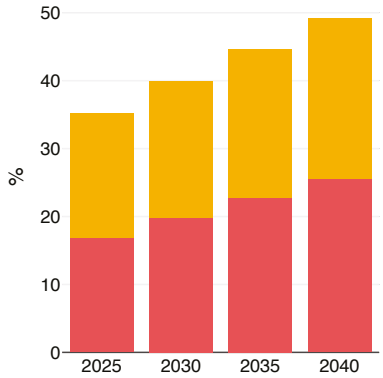
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



707,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**94,000**	**126,000**
Numbers of children with BMI-attributed hyperglycaemia	**37,000**	**48,000**
Numbers of children with BMI-attributed high triglycerides	**123,000**	**160,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**271,000**	**364,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**32.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**70.9%**
School-age children, including primary and secondary, receiving school meals	**69.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	70/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

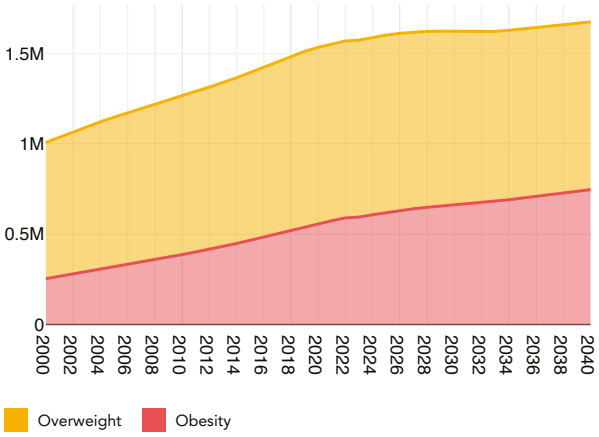
Ecuador

548,000

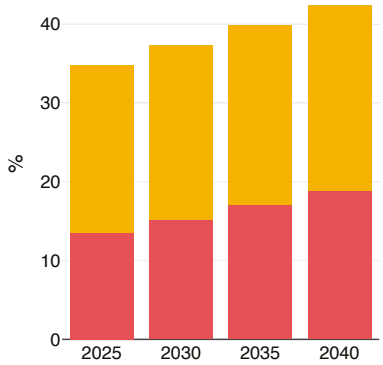
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.055m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**125,000**	**142,000**
Numbers of children with BMI-attributed hyperglycaemia	**55,000**	**58,000**
Numbers of children with BMI-attributed high triglycerides	**175,000**	**190,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**355,000**	**406,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**38.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**41.4%**
School-age children, including primary and secondary, receiving school meals	**57.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	40/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Egypt

5.944m

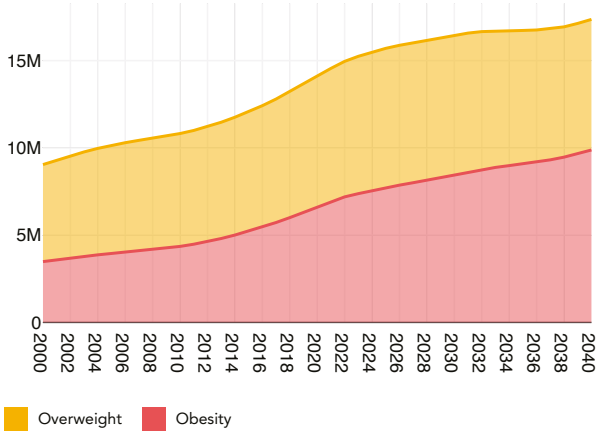
Children 5-9 years with overweight or obesity in 2025

9.760m

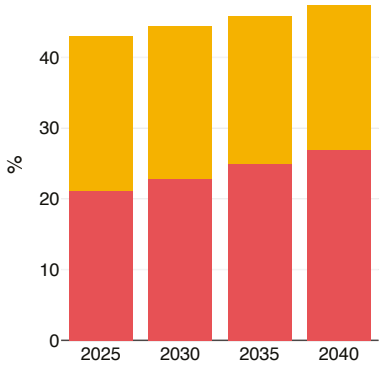
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**1,414,000**	**1,717,000**
Numbers of children with BMI-attributed hyperglycaemia	**549,000**	**617,000**
Numbers of children with BMI-attributed high triglycerides	**1,829,000**	**2,111,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**4,067,000**	**4,978,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**57.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**8.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**38.2%**
School-age children, including primary and secondary, receiving school meals	**44.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	36/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

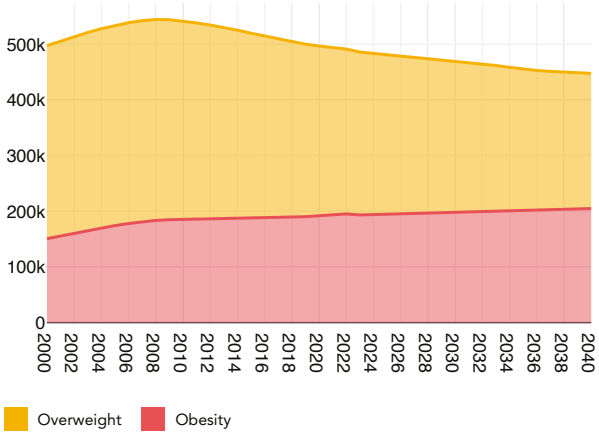
El Salvador

174,000

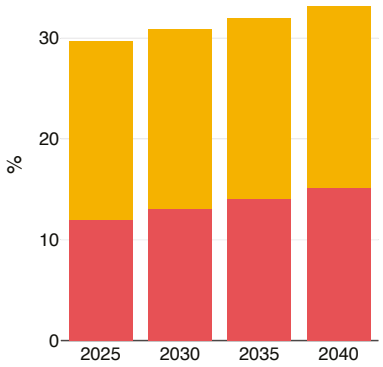
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



308,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**39,000**	**39,000**
Numbers of children with BMI-attributed hyperglycaemia	**16,000**	**16,000**
Numbers of children with BMI-attributed high triglycerides	**53,000**	**51,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**110,000**	**111,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**41.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**35.4%**
School-age children, including primary and secondary, receiving school meals	**65.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**86%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	73/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Equatorial Guinea

39,000

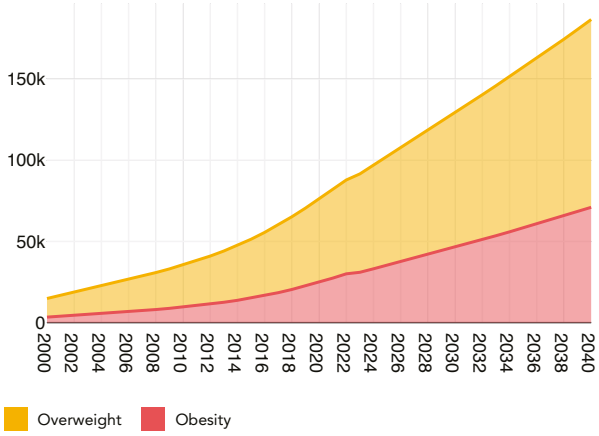
Children 5-9 years with overweight or obesity in 2025

63,000

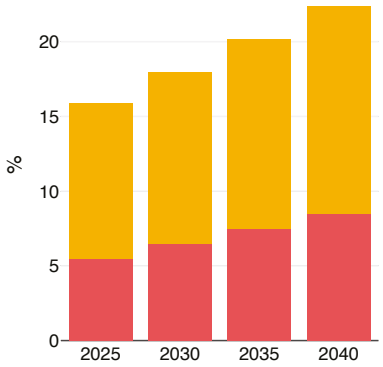
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**8,000**	**14,000**
Numbers of children with BMI-attributed hyperglycaemia	**3,000**	**6,000**
Numbers of children with BMI-attributed high triglycerides	**11,000**	**20,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**21,000**	**41,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**30.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**55.8%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Eritrea

57,000

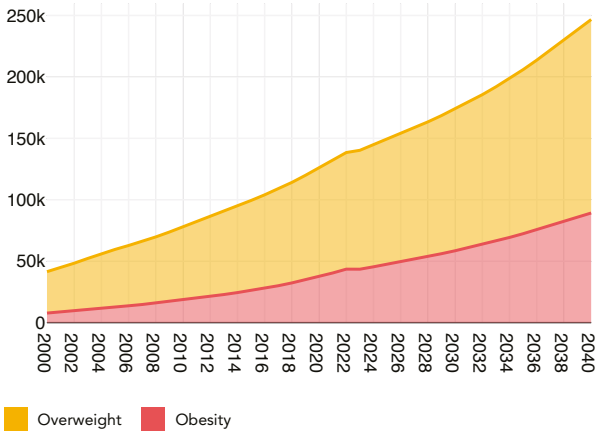
Children 5-9 years with overweight or obesity in 2025

92,000

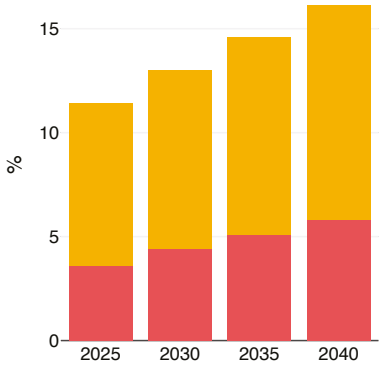
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**10,000**	**19,000**
Numbers of children with BMI-attributed hyperglycaemia	**5,000**	**8,000**
Numbers of children with BMI-attributed high triglycerides	**16,000**	**27,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**29,000**	**52,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**7.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**25.8%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

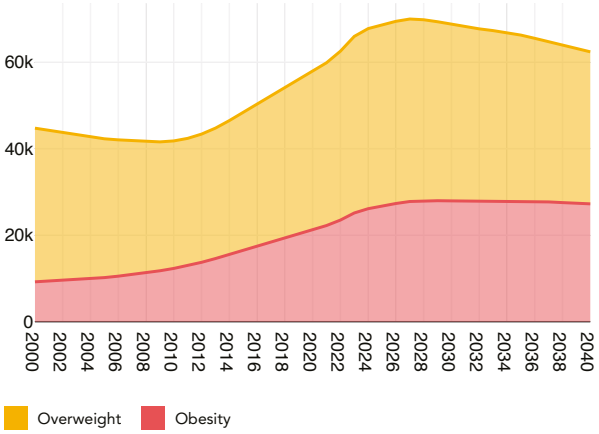
Estonia

23,000

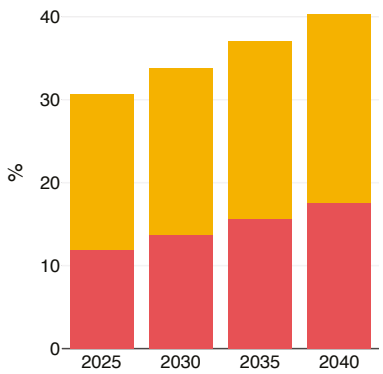
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

46,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**5,000**	**5,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,000**	**2,000**
Numbers of children with BMI-attributed high triglycerides	**8,000**	**7,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**15,000**	**15,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**24.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**19.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**68.6%**
School-age children, including primary and secondary, receiving school meals	**98.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Eswatini

28,000

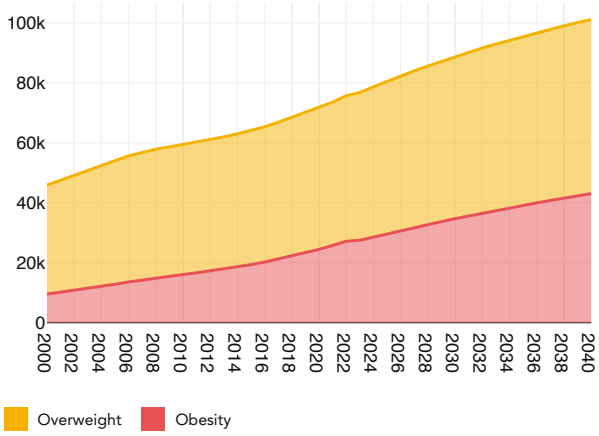
Children 5-9 years with overweight or obesity in 2025

52,000

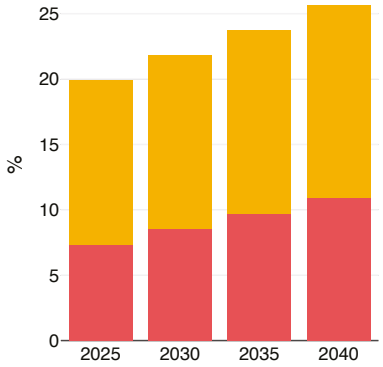
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**6,000**	**8,000**
Numbers of children with BMI-attributed hyperglycaemia	**3,000**	**3,000**
Numbers of children with BMI-attributed high triglycerides	**9,000**	**11,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**17,000**	**24,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**42.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**43.7%**
School-age children, including primary and secondary, receiving school meals	**97.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Ethiopia

1.411m

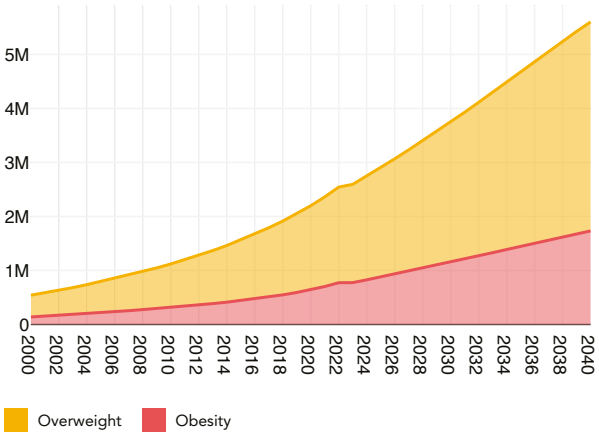
Children 5-9 years with overweight or obesity in 2025

1.495m

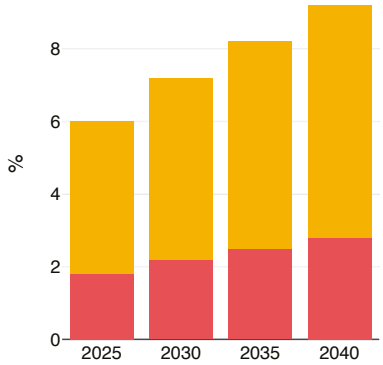
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**199,000**	**388,000**
Numbers of children with BMI-attributed hyperglycaemia	**97,000**	**188,000**
Numbers of children with BMI-attributed high triglycerides	**302,000**	**585,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**556,000**	**1,085,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**6.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**27.1%**
School-age children, including primary and secondary, receiving school meals	**23.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	85/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Federated States of Micronesia

4,000

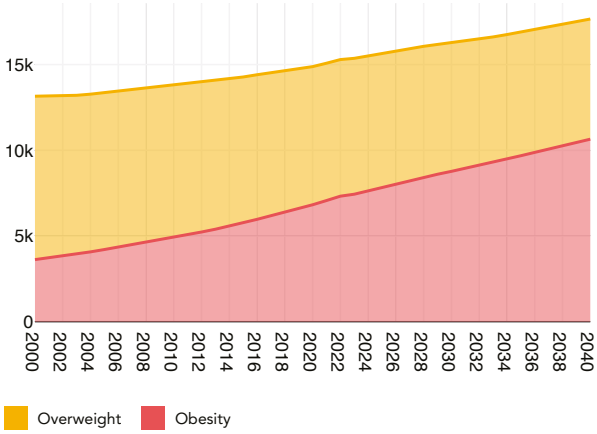
Children 5-9 years with overweight or obesity in 2025

11,000

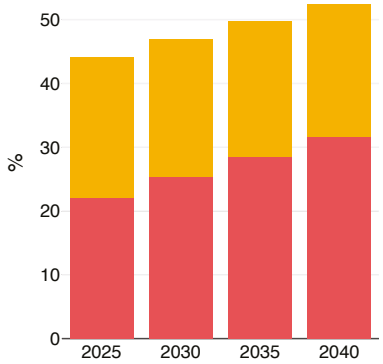
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	1,000	2,000
Numbers of children with BMI-attributed hyperglycaemia	548	633
Numbers of children with BMI-attributed high triglycerides	2,000	2,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	4,000	5,000

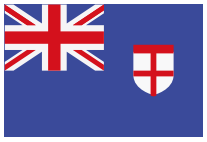
Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	58.0%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	11.0%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	16.1%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	33.1%
School-age children, including primary and secondary, receiving school meals	Not reported
School-age children 6-10 years quantity of sugary drinks consumed per day on average	150-200ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	Not available

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*



Fiji

22,000

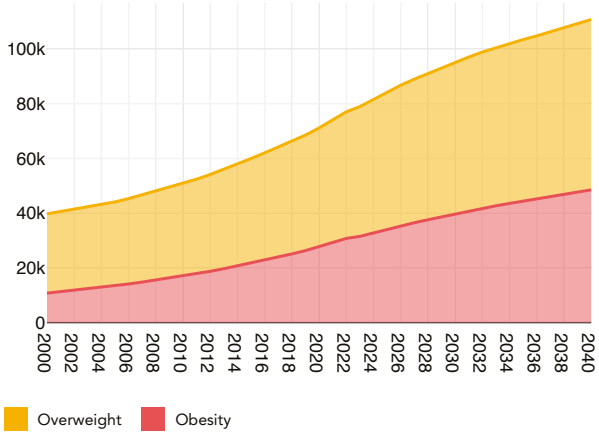
Children 5-9 years with overweight or obesity in 2025

62,000

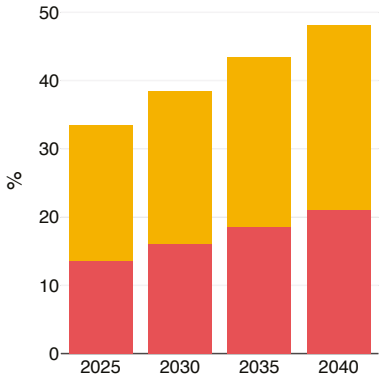
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**7,000**	**9,000**
Numbers of children with BMI-attributed hyperglycaemia	**3,000**	**4,000**
Numbers of children with BMI-attributed high triglycerides	**9,000**	**13,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**19,000**	**27,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**49.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**11.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**7.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**31.4%**
School-age children, including primary and secondary, receiving school meals	**9.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**83%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	85/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

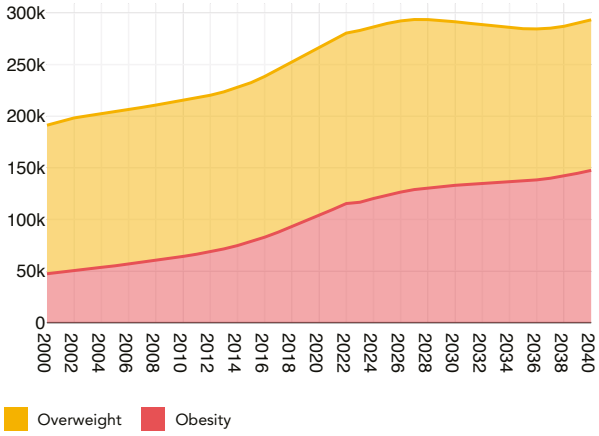
Finland

81,000

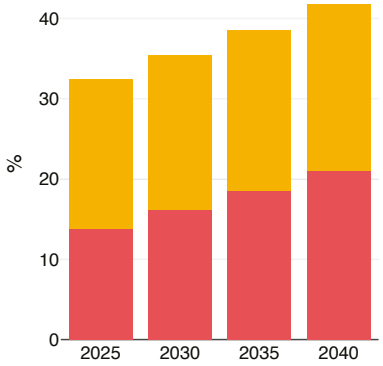
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



209,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**24,000**	**27,000**
Numbers of children with BMI-attributed hyperglycaemia	**10,000**	**10,000**
Numbers of children with BMI-attributed high triglycerides	**32,000**	**34,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**68,000**	**77,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**27.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**20.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**51.8%**
School-age children, including primary and secondary, receiving school meals	**99.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**75%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

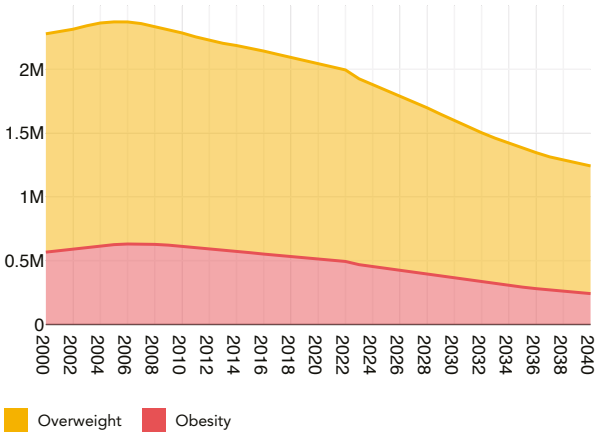
France

608,000

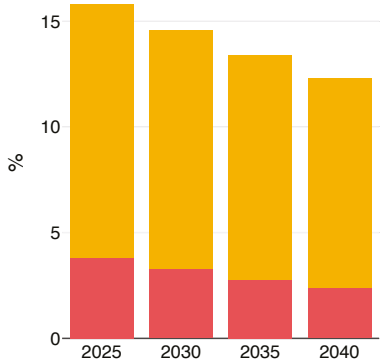
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.227m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**112,000**	**70,000**
Numbers of children with BMI-attributed hyperglycaemia	**60,000**	**40,000**
Numbers of children with BMI-attributed high triglycerides	**183,000**	**120,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**309,000**	**190,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**23.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**25.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**85.0%**
School-age children, including primary and secondary, receiving school meals	**78.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

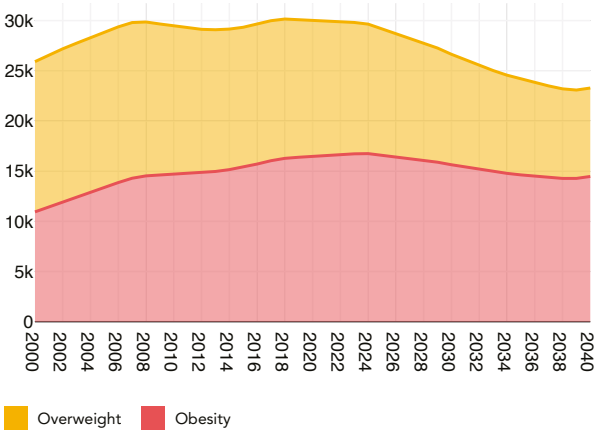
French Polynesia

7,000

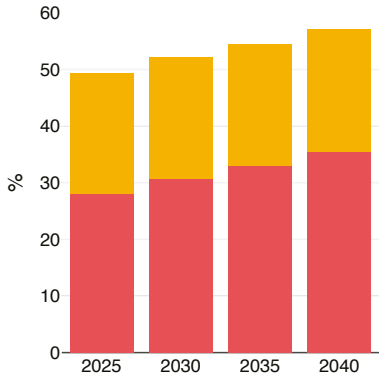
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



22,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**3,000**	**2,000**
Numbers of children with BMI-attributed hyperglycaemia	**1,000**	**838**
Numbers of children with BMI-attributed high triglycerides	**4,000**	**3,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**8,000**	**7,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**Not available**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**Not available**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**Not available**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**Not available**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	**Not reported**
National guidelines for physical activity for children under 5 years	**Not reported**
Policies to promote physical activity in childcare settings	**Not reported**
School food provision: Nutrition goals	**Not reported**
School food provision: Obesity goals	**Not reported**
School food procurement for health (mandatory or voluntary)	**Not reported**
National guidelines for physical activity for children 5-19 years	**Not reported**
Policies to reduce children's exposure to food marketing	**Not reported**

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

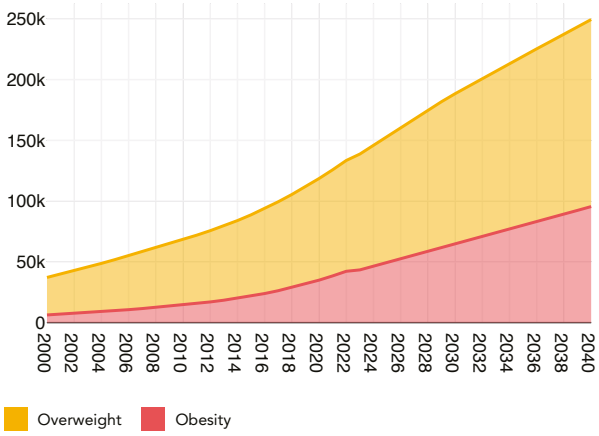
Gabon

57,000

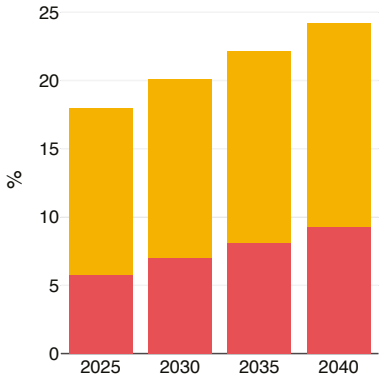
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



96,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**11,000**	**19,000**
Numbers of children with BMI-attributed hyperglycaemia	**5,000**	**8,000**
Numbers of children with BMI-attributed high triglycerides	**16,000**	**27,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**31,000**	**55,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**35.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**66.6%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	66/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

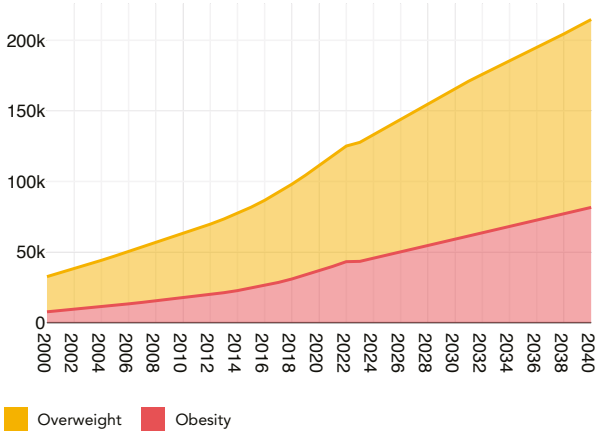
Gambia

55,000

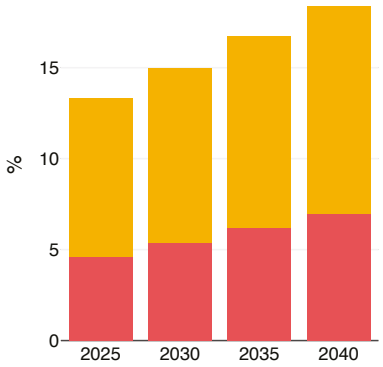
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



84,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**10,000**	**17,000**
Numbers of children with BMI-attributed hyperglycaemia	**5,000**	**7,000**
Numbers of children with BMI-attributed high triglycerides	**15,000**	**23,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**29,000**	**47,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**22.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**33.0%**
School-age children, including primary and secondary, receiving school meals	**33.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	77/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

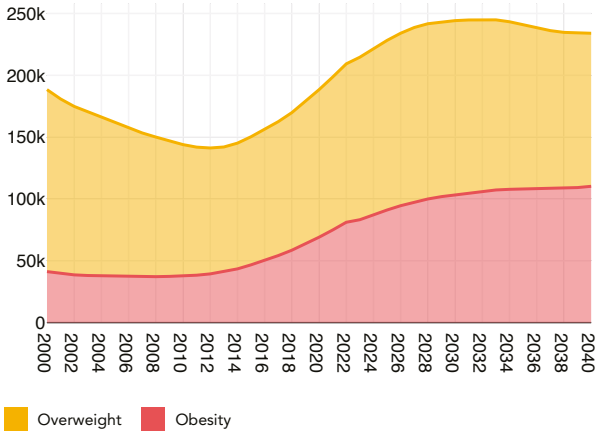
Georgia

88,000

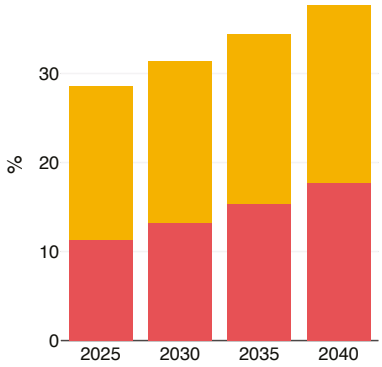
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



140,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**18,000**	**21,000**
Numbers of children with BMI-attributed hyperglycaemia	**8,000**	**8,000**
Numbers of children with BMI-attributed high triglycerides	**25,000**	**27,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**52,000**	**59,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**30.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**55.8%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	65/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

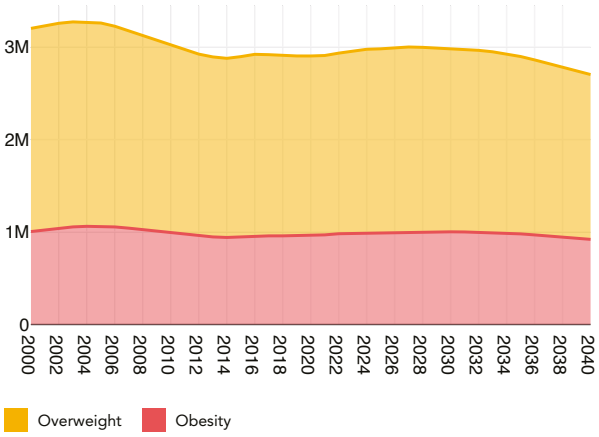
Germany

961,000

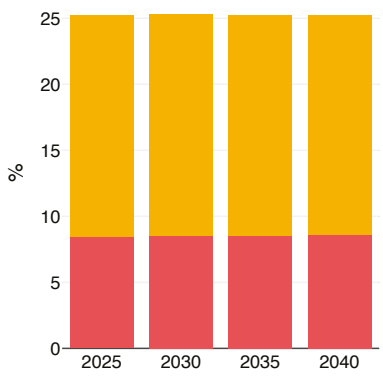
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



2.021m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**215,000**	**197,000**
Numbers of children with BMI-attributed hyperglycaemia	**100,000**	**91,000**
Numbers of children with BMI-attributed high triglycerides	**316,000**	**288,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**604,000**	**554,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**23.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**22.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**65.5%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

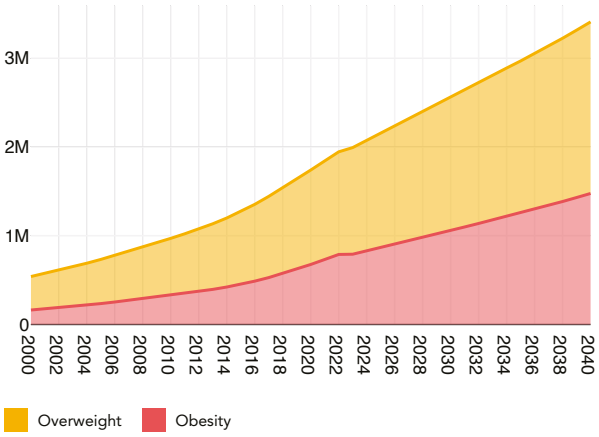
Ghana

981,000

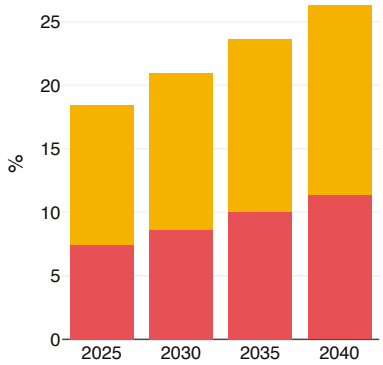
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.177m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**172,000**	**284,000**
Numbers of children with BMI-attributed hyperglycaemia	**74,000**	**118,000**
Numbers of children with BMI-attributed high triglycerides	**238,000**	**384,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**489,000**	**811,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**26.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**34.8%**
School-age children, including primary and secondary, receiving school meals	**39.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	75/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

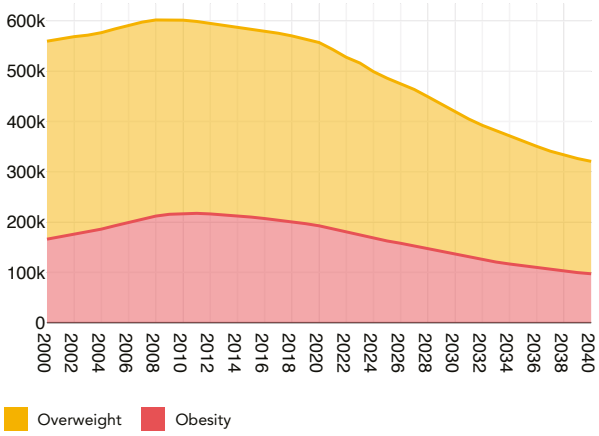
Greece

164,000

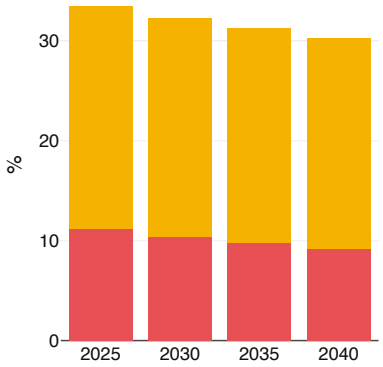
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



322,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**35,000**	**22,000**
Numbers of children with BMI-attributed hyperglycaemia	**16,000**	**11,000**
Numbers of children with BMI-attributed high triglycerides	**52,000**	**33,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**98,000**	**61,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**34.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**63.8%**
School-age children, including primary and secondary, receiving school meals	**12.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Greenland

519

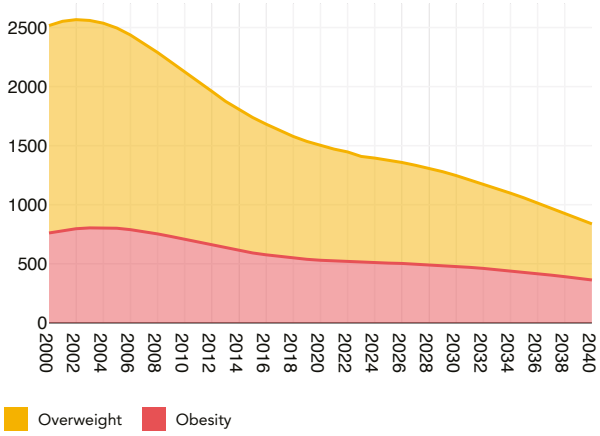
Children 5-9 years with overweight or obesity in 2025

860

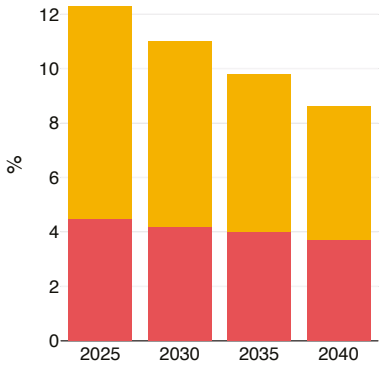
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**105**	**70**
Numbers of children with BMI-attributed hyperglycaemia	**47**	**29**
Numbers of children with BMI-attributed high triglycerides	**149**	**94**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**296**	**199**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**36.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**30.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**45.1%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	Not reported
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Grenada

3,000

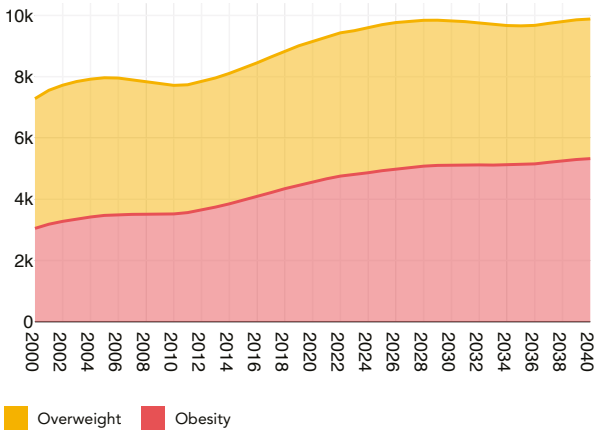
Children 5-9 years with overweight or obesity in 2025

7,000

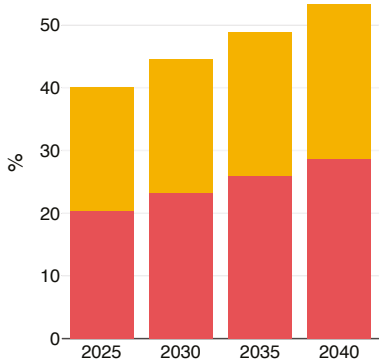
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**892**	**1,000**
Numbers of children with BMI-attributed hyperglycaemia	**340**	**349**
Numbers of children with BMI-attributed high triglycerides	**1,000**	**1,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**3,000**	**3,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**38.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**7.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**4.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**56.4%**
School-age children, including primary and secondary, receiving school meals	**29.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

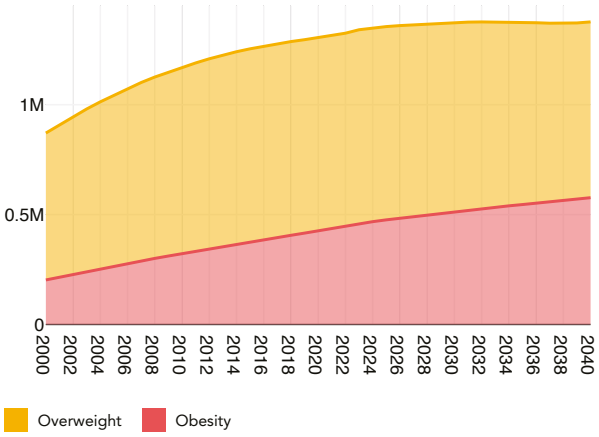
Guatemala

424,000

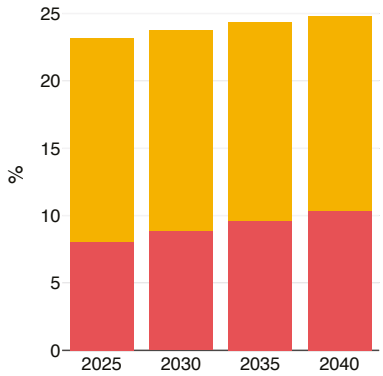
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



932,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**100,000**	**113,000**
Numbers of children with BMI-attributed hyperglycaemia	**46,000**	**47,000**
Numbers of children with BMI-attributed high triglycerides	**145,000**	**154,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**283,000**	**321,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**37.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**36.3%**
School-age children, including primary and secondary, receiving school meals	**44.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	53/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

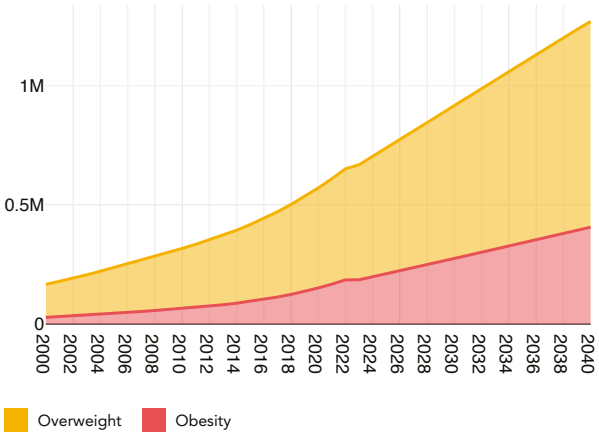
Guinea

308,000

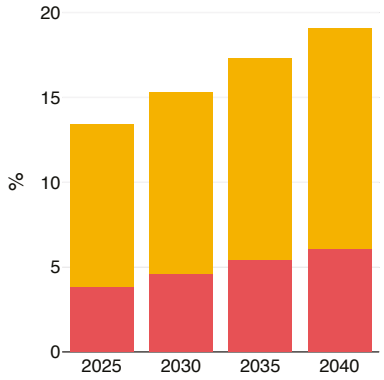
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



430,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**49,000**	**89,000**
Numbers of children with BMI-attributed hyperglycaemia	**25,000**	**43,000**
Numbers of children with BMI-attributed high triglycerides	**76,000**	**133,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**137,000**	**251,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**17.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**52.9%**
School-age children, including primary and secondary, receiving school meals	**4.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Guinea-Bissau

42,000

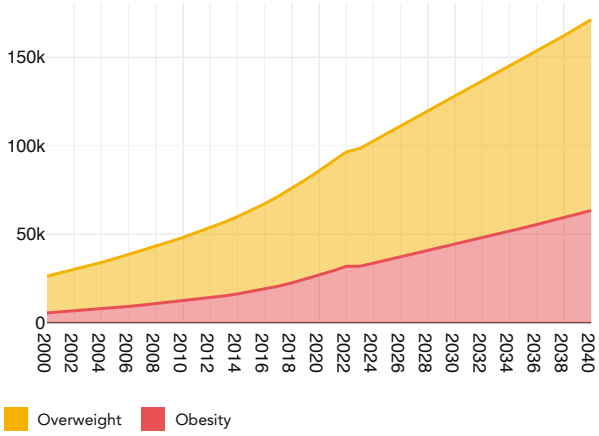
Children 5-9 years with overweight or obesity in 2025

65,000

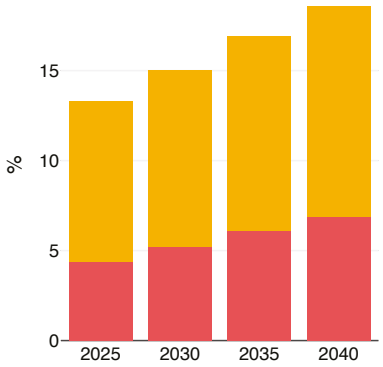
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**8,000**	**13,000**
Numbers of children with BMI-attributed hyperglycaemia	**4,000**	**6,000**
Numbers of children with BMI-attributed high triglycerides	**11,000**	**19,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**22,000**	**37,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**18.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**33.8%**
School-age children, including primary and secondary, receiving school meals	**41.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	31/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

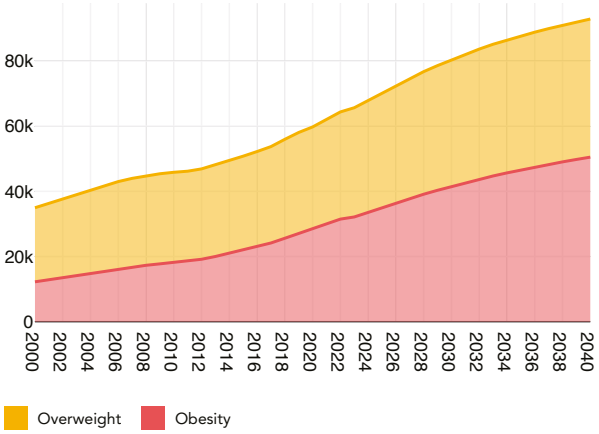
Guyana

25,000

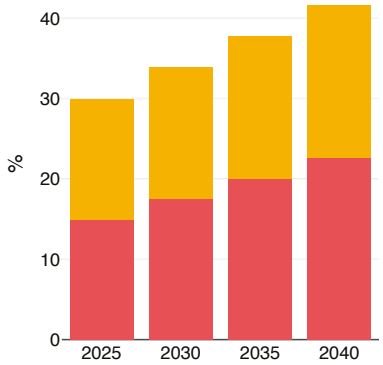
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



45,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**6,000**	**9,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,000**	**3,000**
Numbers of children with BMI-attributed high triglycerides	**8,000**	**11,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**18,000**	**26,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**36.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**7.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**54.0%**
School-age children, including primary and secondary, receiving school meals	**38.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**250-300ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Haiti

346,000

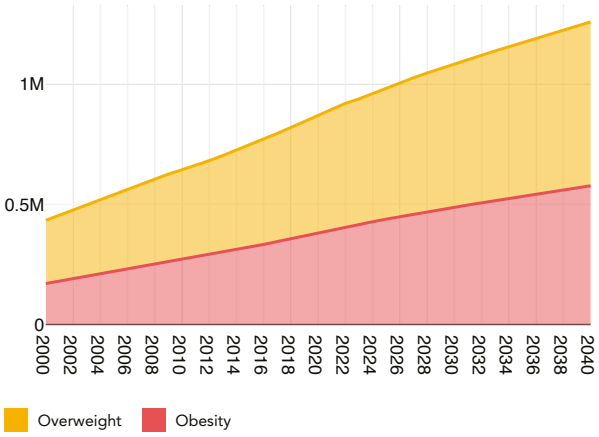
Children 5-9 years with overweight or obesity in 2025

638,000

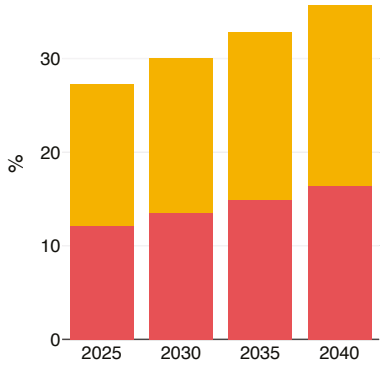
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**83,000**	**109,000**
Numbers of children with BMI-attributed hyperglycaemia	**34,000**	**44,000**
Numbers of children with BMI-attributed high triglycerides	**112,000**	**144,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**239,000**	**311,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**21.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**48.5%**
School-age children, including primary and secondary, receiving school meals	**36.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

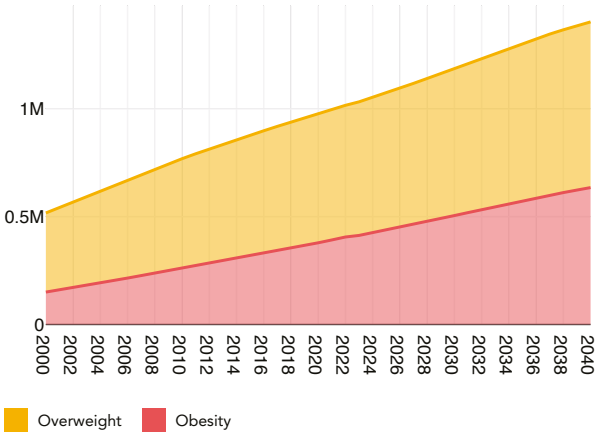
Honduras

379,000

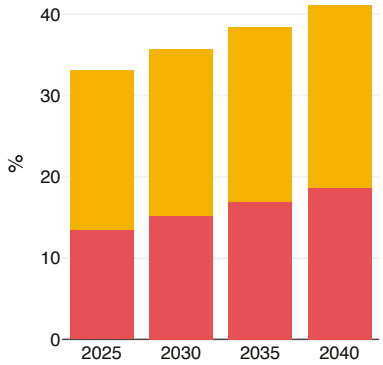
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



695,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**86,000**	**120,000**
Numbers of children with BMI-attributed hyperglycaemia	**37,000**	**49,000**
Numbers of children with BMI-attributed high triglycerides	**119,000**	**160,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**246,000**	**344,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**32.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**47.9%**
School-age children, including primary and secondary, receiving school meals	**41.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	38/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

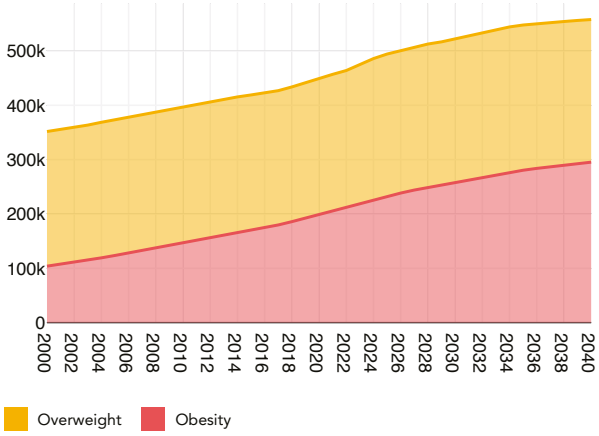
Hungary

168,000

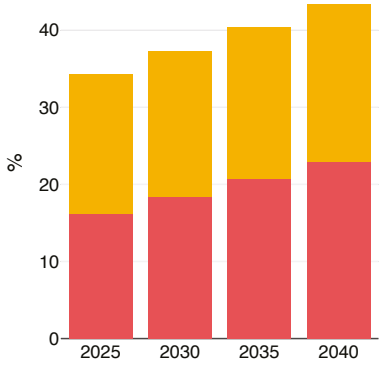
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



326,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**43,000**	**53,000**
Numbers of children with BMI-attributed hyperglycaemia	**17,000**	**20,000**
Numbers of children with BMI-attributed high triglycerides	**57,000**	**66,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**124,000**	**152,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**23.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**0.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**24.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**87.0%**
School-age children, including primary and secondary, receiving school meals	**54.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**79%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

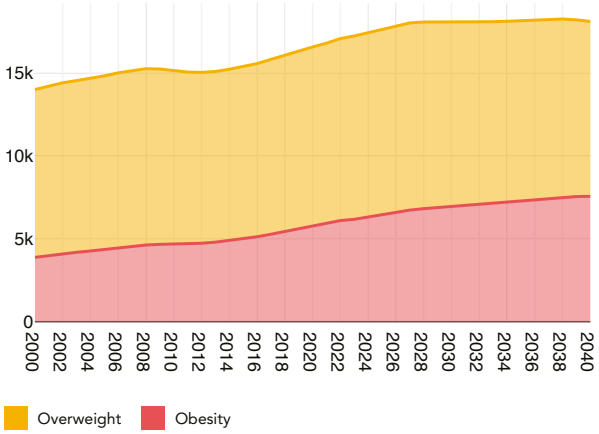
Iceland

6,000

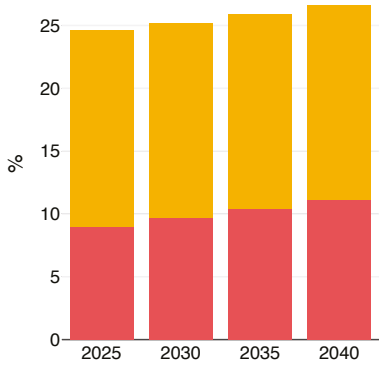
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



12,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	1,000	1,000
Numbers of children with BMI-attributed hyperglycaemia	599	622
Numbers of children with BMI-attributed high triglycerides	2,000	2,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	4,000	4,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	29.5%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	2.0%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	21.6%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	56.9%
School-age children, including primary and secondary, receiving school meals	94.1%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	100-150ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	80%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

India

14.921m

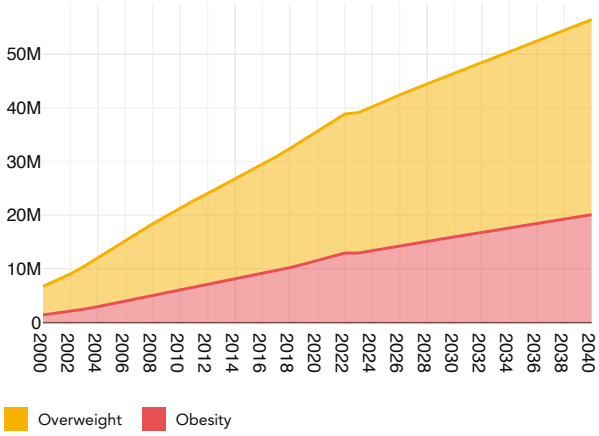
Children 5-9 years with overweight or obesity in 2025

26.402m

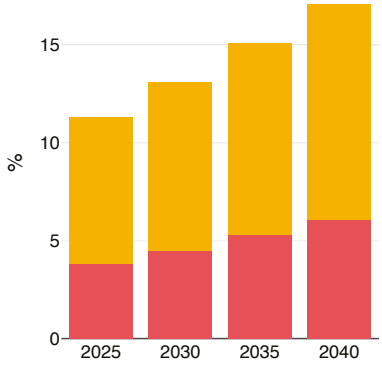
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**2,986,000**	**4,209,000**
Numbers of children with BMI-attributed hyperglycaemia	**1,392,000**	**1,910,000**
Numbers of children with BMI-attributed high triglycerides	**4,386,000**	**6,065,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**8,393,000**	**11,876,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**13.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**32.6%**
School-age children, including primary and secondary, receiving school meals	**35.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**74%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	78/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

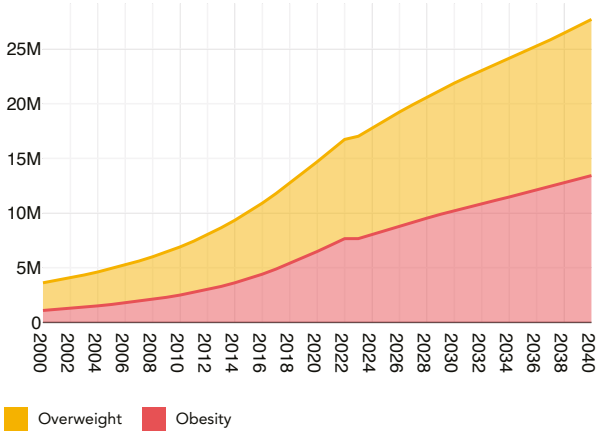
Indonesia

7.111m

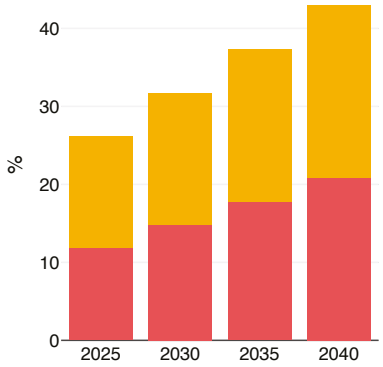
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



11.419m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**1,592,000**	**2,473,000**
Numbers of children with BMI-attributed hyperglycaemia	**642,000**	**966,000**
Numbers of children with BMI-attributed high triglycerides	**2,113,000**	**3,214,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**4,559,000**	**7,108,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**19.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**39.5%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**86%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	63/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

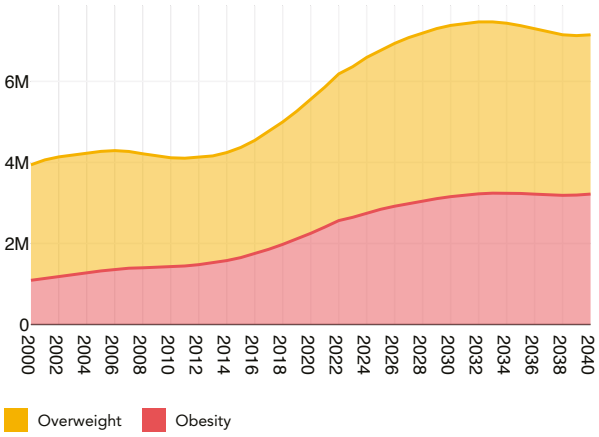
Iran

2.268m

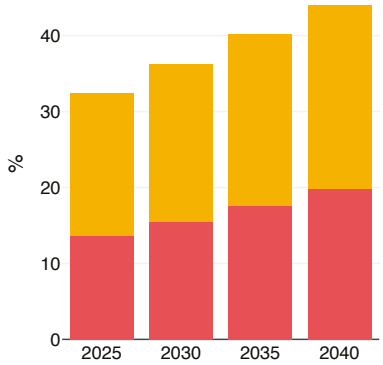
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



4.510m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**555,000**	**610,000**
Numbers of children with BMI-attributed hyperglycaemia	**233,000**	**247,000**
Numbers of children with BMI-attributed high triglycerides	**757,000**	**813,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,580,000**	**1,745,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**48.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**34.8%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	39/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

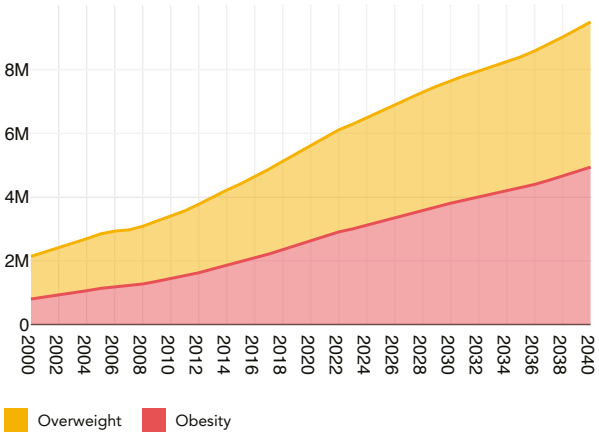
Iraq

2.212m

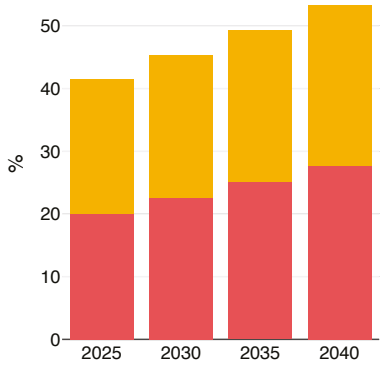
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



4.491m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**597,000**	**886,000**
Numbers of children with BMI-attributed hyperglycaemia	**234,000**	**334,000**
Numbers of children with BMI-attributed high triglycerides	**777,000**	**1,124,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,716,000**	**2,557,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**47.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**8.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**53.8%**
School-age children, including primary and secondary, receiving school meals	**3.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	40/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

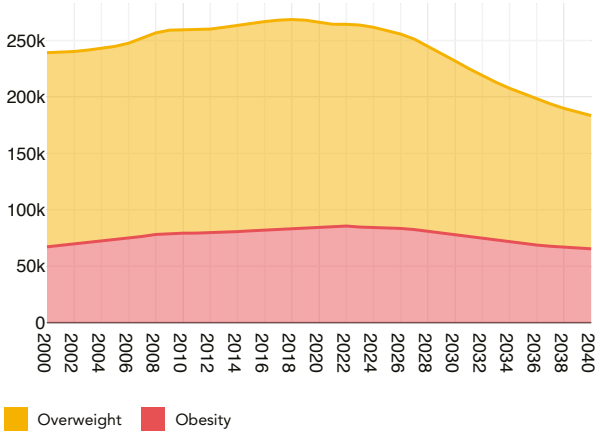
Ireland

83,000

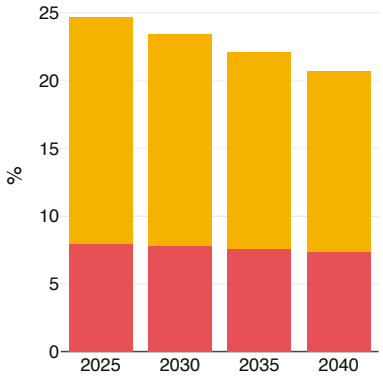
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



176,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**18,000**	**14,000**
Numbers of children with BMI-attributed hyperglycaemia	**9,000**	**6,000**
Numbers of children with BMI-attributed high triglycerides	**27,000**	**20,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**52,000**	**39,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**29.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**17.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**87.0%**
School-age children, including primary and secondary, receiving school meals	**26.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**72%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

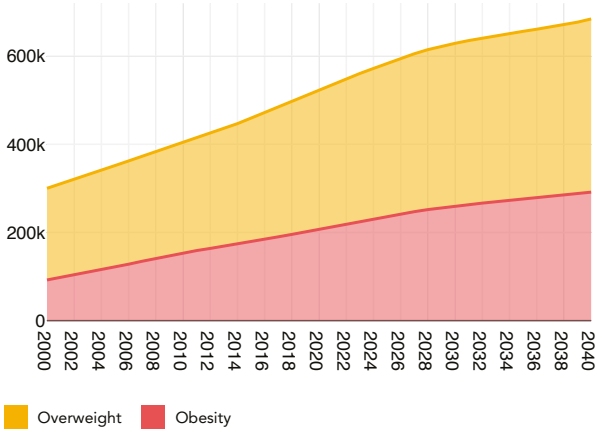
Israel

201,000

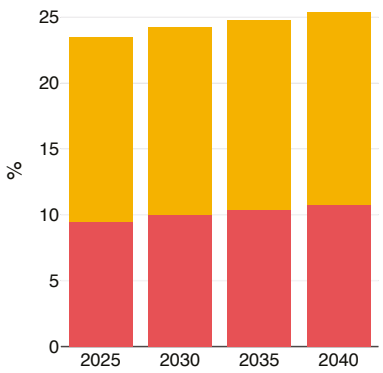
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



382,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**47,000**	**56,000**
Numbers of children with BMI-attributed hyperglycaemia	**20,000**	**24,000**
Numbers of children with BMI-attributed high triglycerides	**65,000**	**77,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**133,000**	**161,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**26.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**19.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**51.3%**
School-age children, including primary and secondary, receiving school meals	**13.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

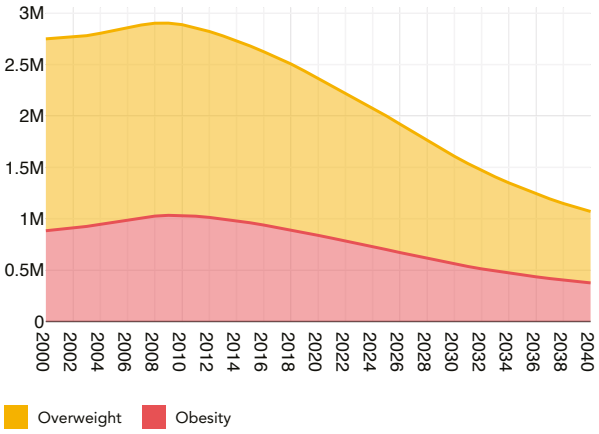
Italy

742,000

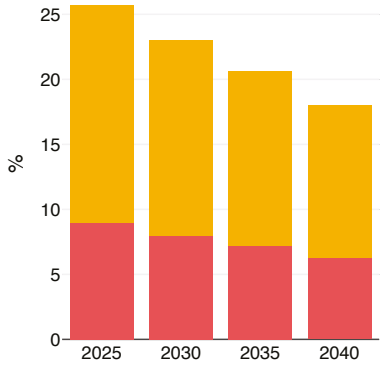
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.258m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**148,000**	**79,000**
Numbers of children with BMI-attributed hyperglycaemia	**68,000**	**36,000**
Numbers of children with BMI-attributed high triglycerides	**214,000**	**115,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**417,000**	**223,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**20.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**19.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**59.1%**
School-age children, including primary and secondary, receiving school meals	**9.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**89%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

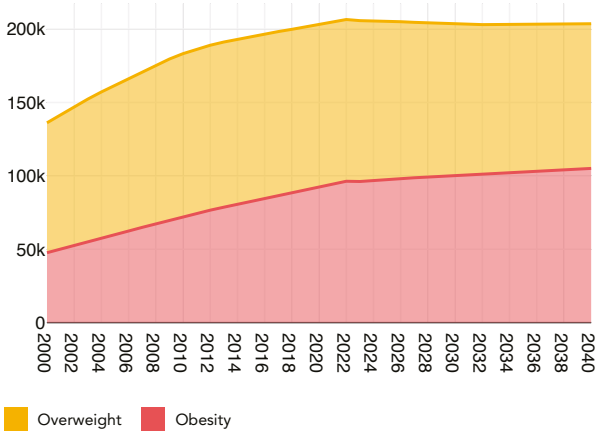
Jamaica

54,000

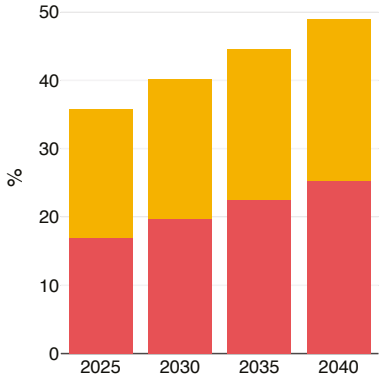
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



152,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**18,000**	**19,000**
Numbers of children with BMI-attributed hyperglycaemia	**7,000**	**7,000**
Numbers of children with BMI-attributed high triglycerides	**24,000**	**24,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**52,000**	**55,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**4.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**51.8%**
School-age children, including primary and secondary, receiving school meals	**17.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

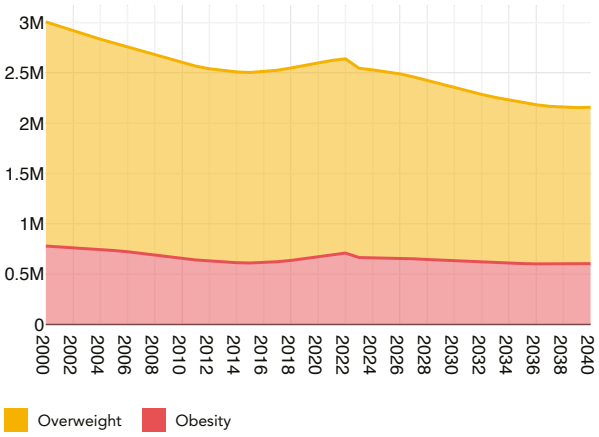
Japan

839,000

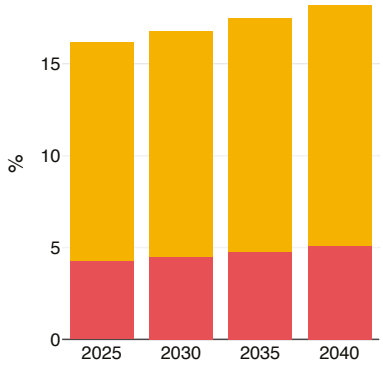
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.675m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**161,000**	**142,000**
Numbers of children with BMI-attributed hyperglycaemia	**83,000**	**72,000**
Numbers of children with BMI-attributed high triglycerides	**255,000**	**221,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**446,000**	**396,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**11.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**11.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**43.9%**
School-age children, including primary and secondary, receiving school meals	**73.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

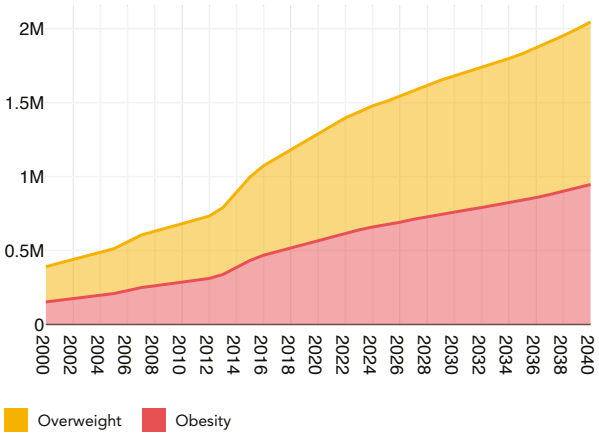
Jordan

503,000

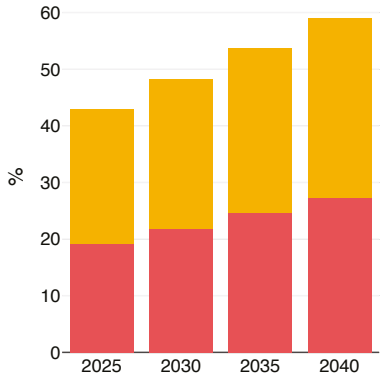
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.006m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**128,000**	**178,000**
Numbers of children with BMI-attributed hyperglycaemia	**52,000**	**71,000**
Numbers of children with BMI-attributed high triglycerides	**171,000**	**234,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**367,000**	**509,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**41.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**8.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**57.3%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	55/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

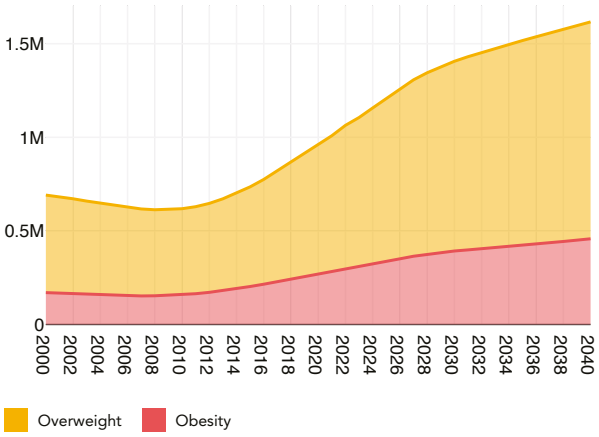
Kazakhstan

492,000

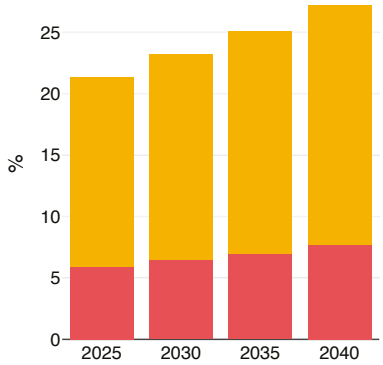
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



715,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**79,000**	**107,000**
Numbers of children with BMI-attributed hyperglycaemia	**40,000**	**54,000**
Numbers of children with BMI-attributed high triglycerides	**124,000**	**166,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**220,000**	**298,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**27.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**47.5%**
School-age children, including primary and secondary, receiving school meals	**63.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	14/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

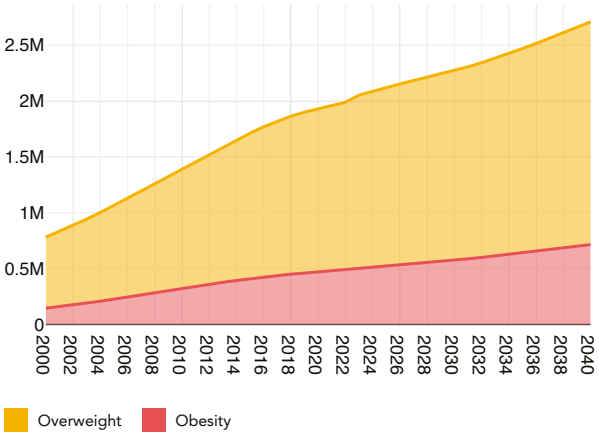
Kenya

833,000

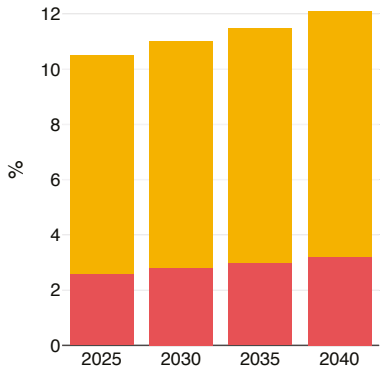
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.288m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**132,000**	**174,000**
Numbers of children with BMI-attributed hyperglycaemia	**70,000**	**90,000**
Numbers of children with BMI-attributed high triglycerides	**213,000**	**275,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**364,000**	**481,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**21.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**36.9%**
School-age children, including primary and secondary, receiving school meals	**11.9%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	82/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Kiribati

6,000

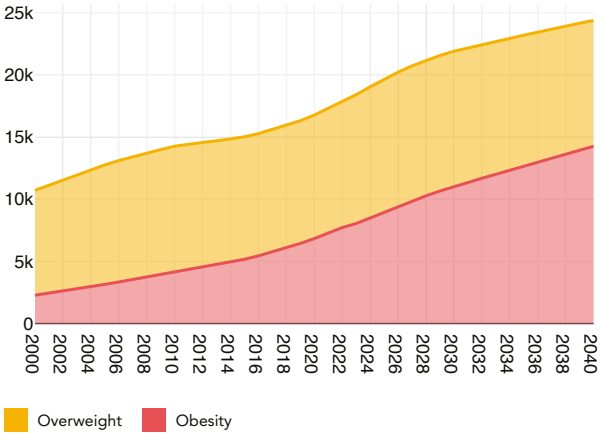
Children 5-9 years with overweight or obesity in 2025

14,000

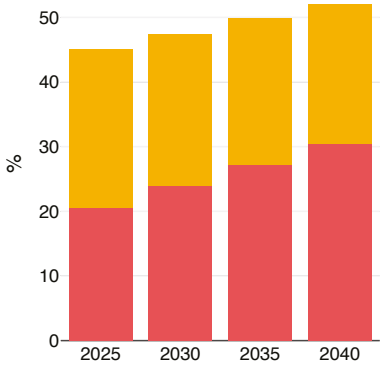
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**2,000**	**2,000**
Numbers of children with BMI-attributed hyperglycaemia	**681**	**870**
Numbers of children with BMI-attributed high triglycerides	**2,000**	**3,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**5,000**	**7,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**61.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**10.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**15.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**33.9%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**82%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	81/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

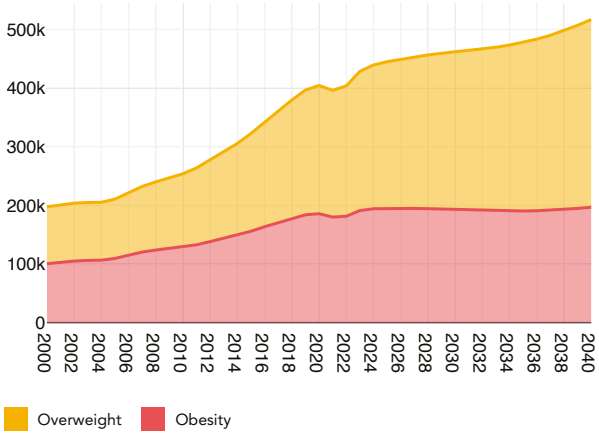
Kuwait

120,000

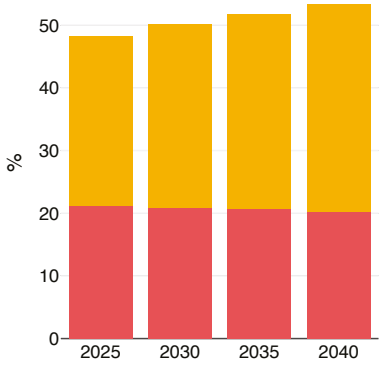
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



325,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**37,000**	**40,000**
Numbers of children with BMI-attributed hyperglycaemia	**15,000**	**18,000**
Numbers of children with BMI-attributed high triglycerides	**50,000**	**56,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**107,000**	**113,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**60.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**12.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**50.6%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	86/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

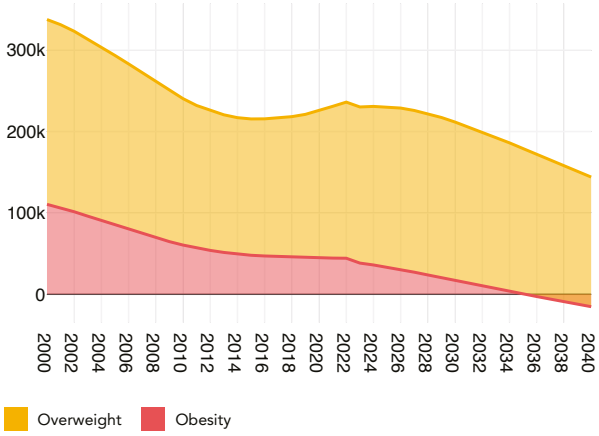
Kyrgyzstan

82,000

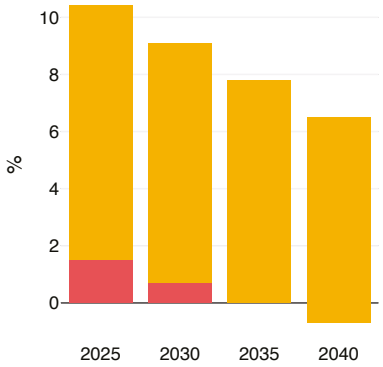
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



148,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**12,000**	**3,000**
Numbers of children with BMI-attributed hyperglycaemia	**7,000**	**4,000**
Numbers of children with BMI-attributed high triglycerides	**22,000**	**11,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**31,000**	**6,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**26.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**37.2%**
School-age children, including primary and secondary, receiving school meals	**36.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	73/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

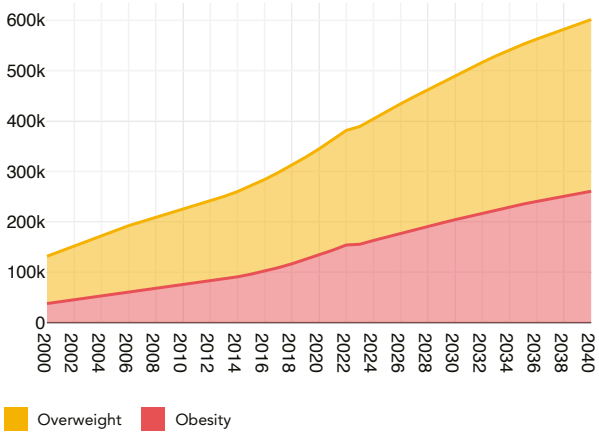
Laos

170,000

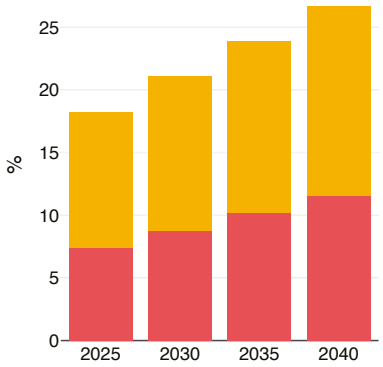
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



250,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**34,000**	**50,000**
Numbers of children with BMI-attributed hyperglycaemia	**14,000**	**21,000**
Numbers of children with BMI-attributed high triglycerides	**47,000**	**68,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**96,000**	**143,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**11.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**40.2%**
School-age children, including primary and secondary, receiving school meals	**13.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	72/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

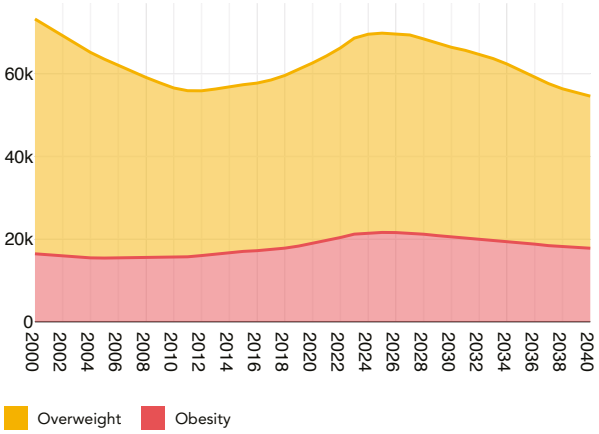
Latvia

29,000

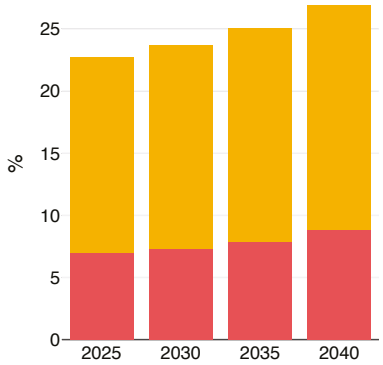
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



41,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**5,000**	**4,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,000**	**2,000**
Numbers of children with BMI-attributed high triglycerides	**7,000**	**6,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**14,000**	**11,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**22.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**13.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**49.2%**
School-age children, including primary and secondary, receiving school meals	**76.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**80%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Lebanon

207,000

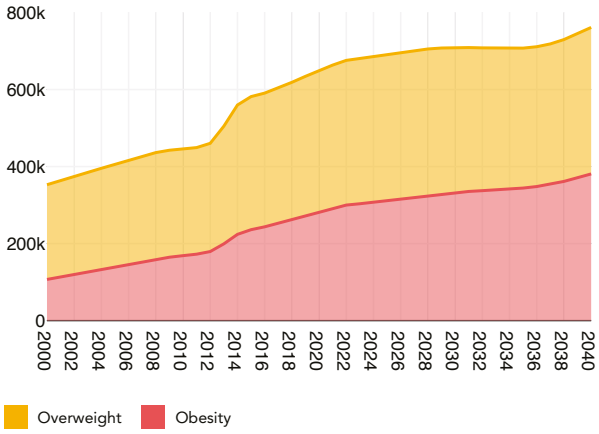
Children 5-9 years with overweight or obesity in 2025

483,000

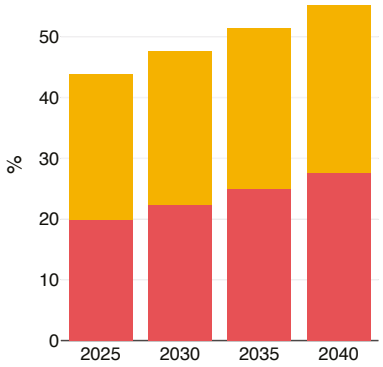
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**59,000**	**69,000**
Numbers of children with BMI-attributed hyperglycaemia	**24,000**	**27,000**
Numbers of children with BMI-attributed high triglycerides	**79,000**	**89,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**169,000**	**200,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**37.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**8.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**18.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**54.3%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**82%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	90/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

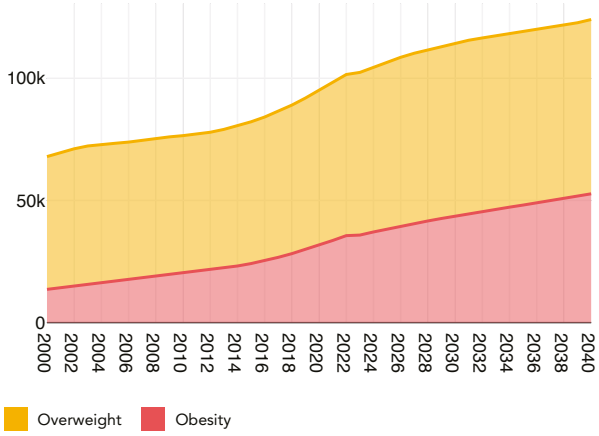
Lesotho

39,000

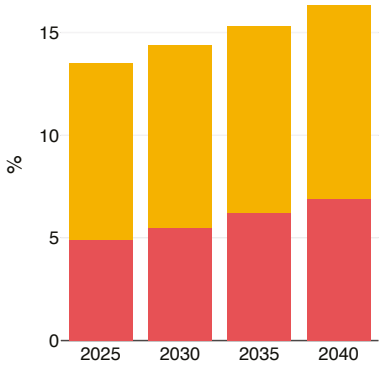
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



68,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**8,000**	**10,000**
Numbers of children with BMI-attributed hyperglycaemia	**4,000**	**4,000**
Numbers of children with BMI-attributed high triglycerides	**11,000**	**14,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**23,000**	**29,000**

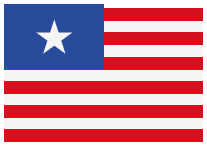
Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**33.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**29.8%**
School-age children, including primary and secondary, receiving school meals	**49.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**250-300ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*



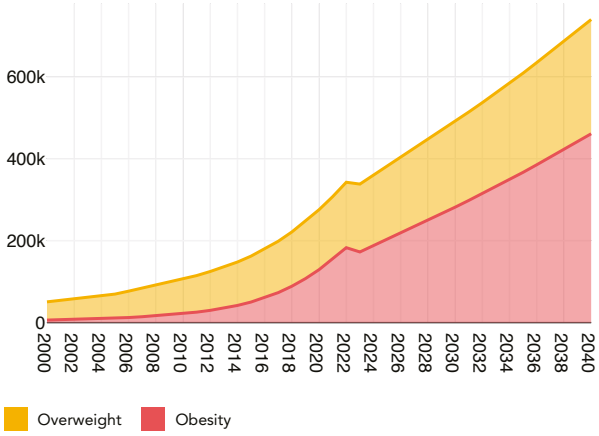
Liberia

150,000

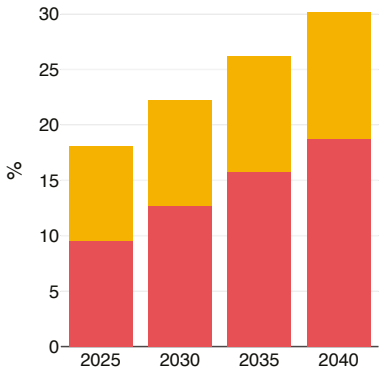
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



231,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**36,000**	**78,000**
Numbers of children with BMI-attributed hyperglycaemia	**13,000**	**27,000**
Numbers of children with BMI-attributed high triglycerides	**45,000**	**93,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**104,000**	**227,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**24.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**33.1%**
School-age children, including primary and secondary, receiving school meals	**21.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Libya

238,000

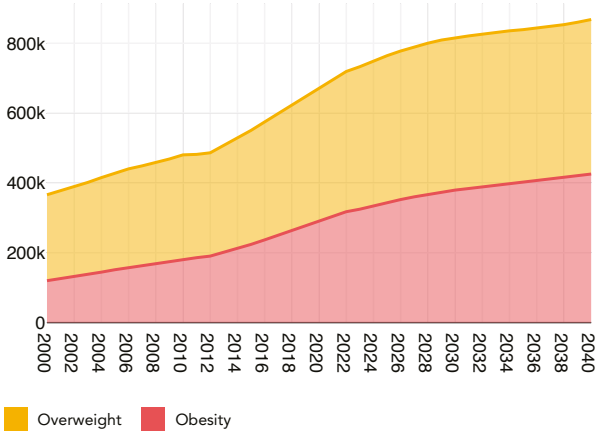
Children 5-9 years with overweight or obesity in 2025

526,000

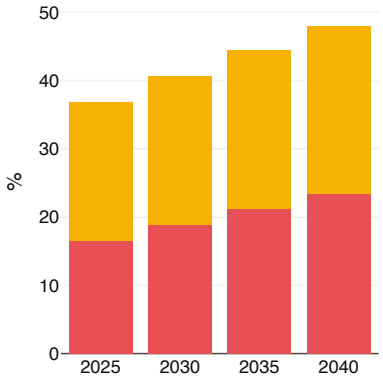
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**65,000**	**78,000**
Numbers of children with BMI-attributed hyperglycaemia	**26,000**	**30,000**
Numbers of children with BMI-attributed high triglycerides	**87,000**	**101,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**187,000**	**224,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**53.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**10.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**40.9%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**250-300ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**83%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Lithuania

41,000

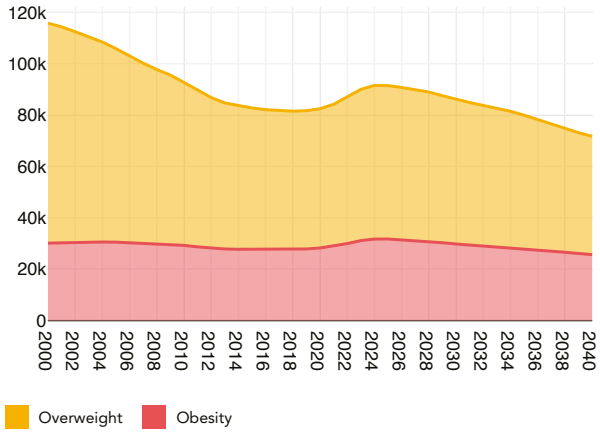
Children 5-9 years with overweight or obesity in 2025

51,000

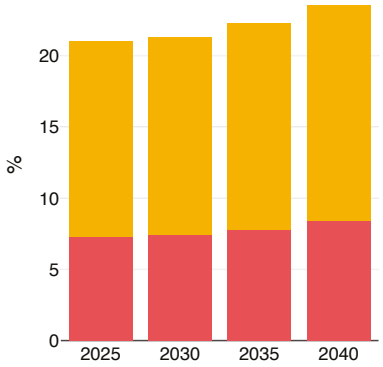
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**7,000**	**5,000**
Numbers of children with BMI-attributed hyperglycaemia	**3,000**	**2,000**
Numbers of children with BMI-attributed high triglycerides	**10,000**	**8,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**19,000**	**15,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**21.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**18.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**93.0%**
School-age children, including primary and secondary, receiving school meals	**42.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**80%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

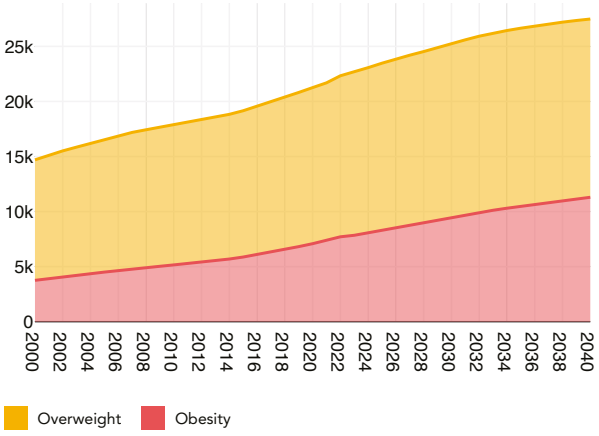
Luxembourg

8,000

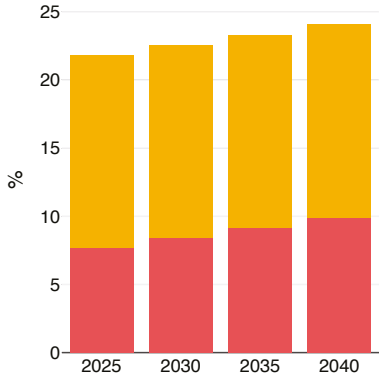
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



15,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**2,000**	**2,000**
Numbers of children with BMI-attributed hyperglycaemia	**794**	**1,000**
Numbers of children with BMI-attributed high triglycerides	**3,000**	**3,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**5,000**	**6,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**23.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**55.0%**
School-age children, including primary and secondary, receiving school meals	**100.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**79%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

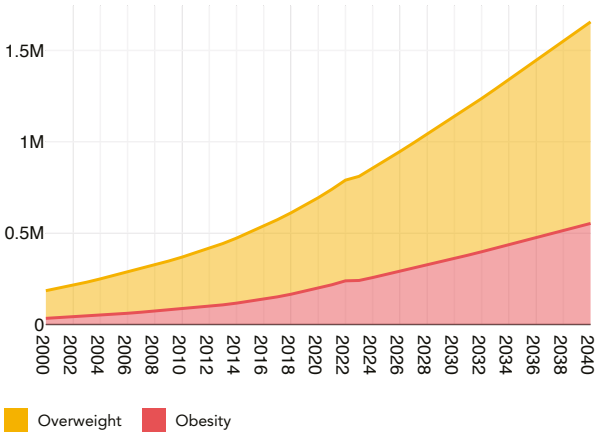
Madagascar

430,000

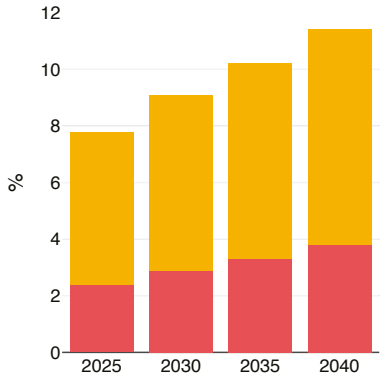
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



470,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**62,000**	**119,000**
Numbers of children with BMI-attributed hyperglycaemia	**30,000**	**56,000**
Numbers of children with BMI-attributed high triglycerides	**94,000**	**176,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**173,000**	**335,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**7.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**34.2%**
School-age children, including primary and secondary, receiving school meals	**11.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	7/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

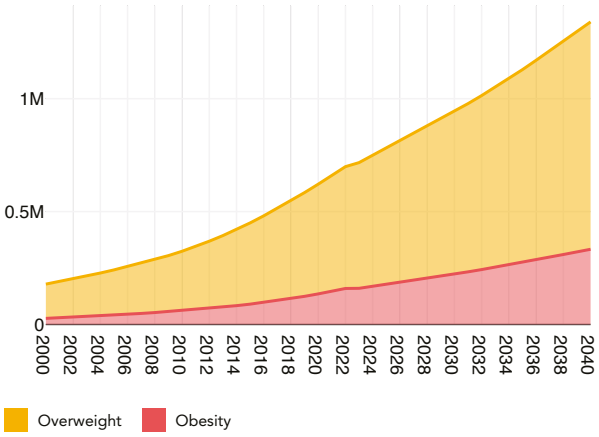
Malawi

296,000

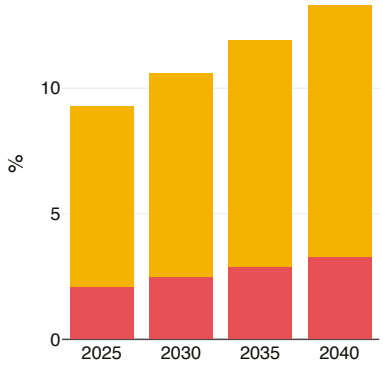
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



485,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**47,000**	**84,000**
Numbers of children with BMI-attributed hyperglycaemia	**26,000**	**44,000**
Numbers of children with BMI-attributed high triglycerides	**77,000**	**135,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**128,000**	**230,000**

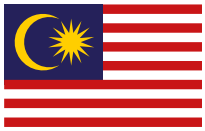
Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**18.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**26.4%**
School-age children, including primary and secondary, receiving school meals	**34.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	71/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*



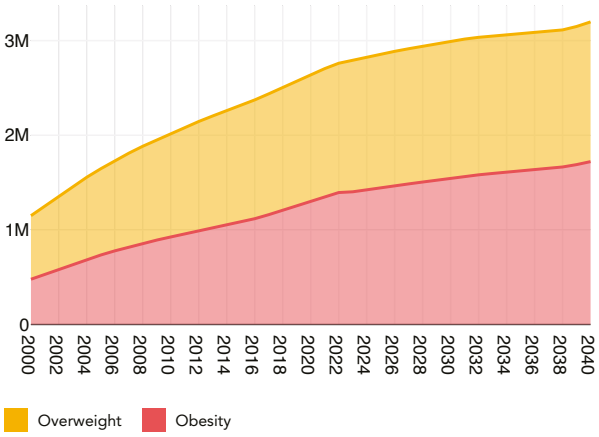
Malaysia

866,000

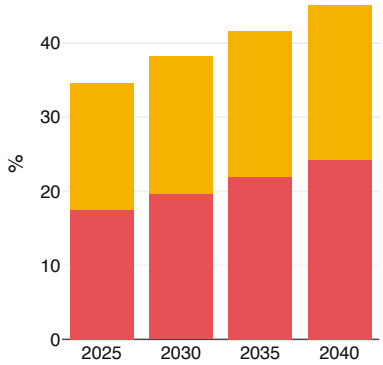
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

1.992m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**262,000**	**305,000**
Numbers of children with BMI-attributed hyperglycaemia	**100,000**	**113,000**
Numbers of children with BMI-attributed high triglycerides	**335,000**	**382,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**755,000**	**882,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**27.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**38.9%**
School-age children, including primary and secondary, receiving school meals	**13.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**86%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

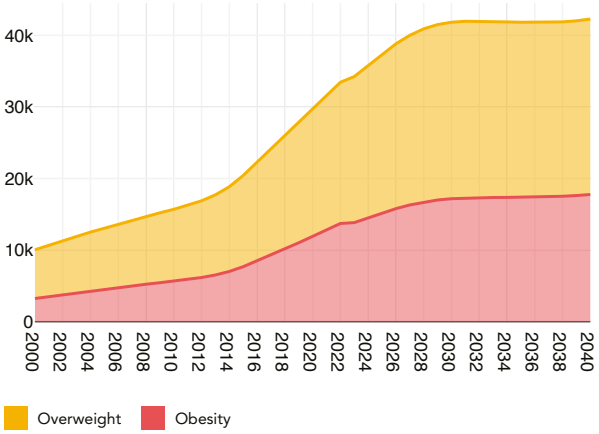
Maldives

13,000

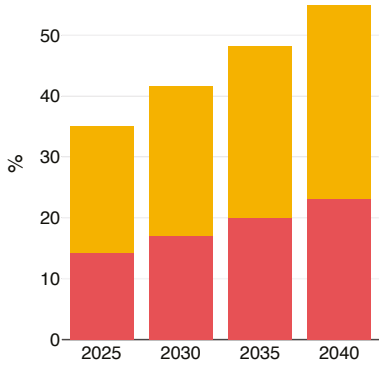
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



25,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	3,000	3,000
Numbers of children with BMI-attributed hyperglycaemia	1,000	1,000
Numbers of children with BMI-attributed high triglycerides	4,000	5,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	9,000	10,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	30.5%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	3.6%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	2.6%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	35.3%
School-age children, including primary and secondary, receiving school meals	Not reported
School-age children 6-10 years quantity of sugary drinks consumed per day on average	150-200ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	82%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	93/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

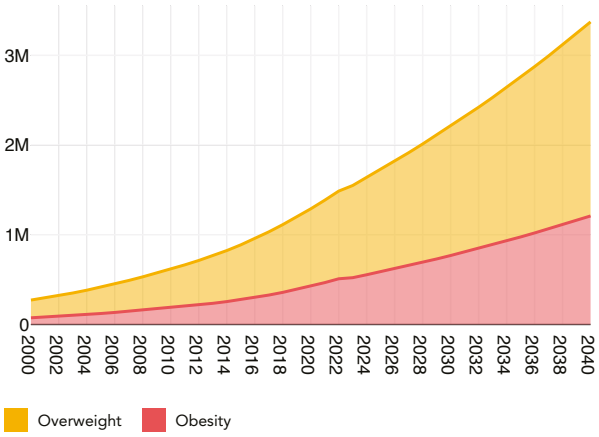
Mali

736,000

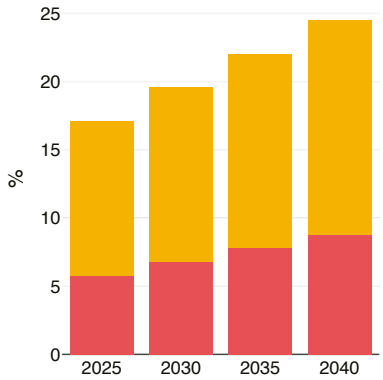
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



991,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**126,000**	**253,000**
Numbers of children with BMI-attributed hyperglycaemia	**58,000**	**114,000**
Numbers of children with BMI-attributed high triglycerides	**184,000**	**363,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**354,000**	**713,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**19.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**44.5%**
School-age children, including primary and secondary, receiving school meals	**13.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	56/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

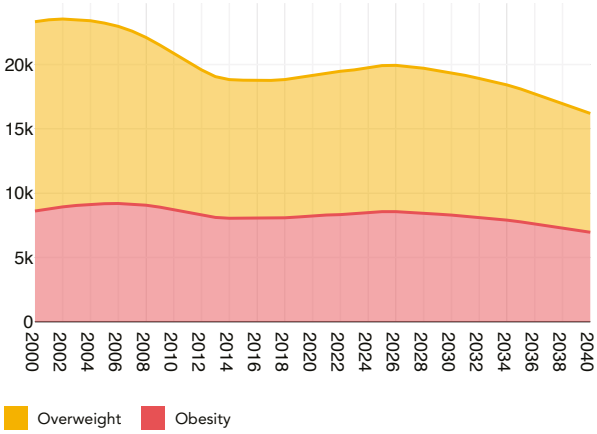
Malta

8,000

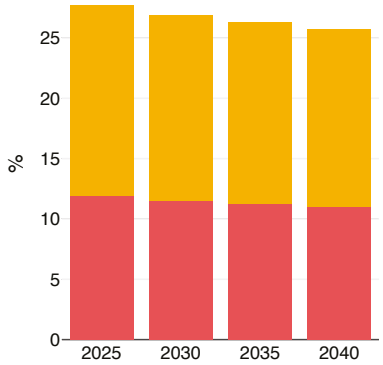
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



12,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**2,000**	**1,000**
Numbers of children with BMI-attributed hyperglycaemia	**686**	**558**
Numbers of children with BMI-attributed high triglycerides	**2,000**	**2,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**5,000**	**4,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**30.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**23.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**51.3%**
School-age children, including primary and secondary, receiving school meals	**15.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**81%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

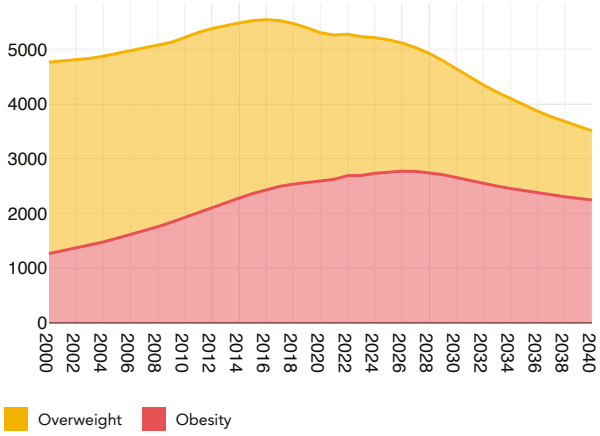
Marshall Islands

1,000

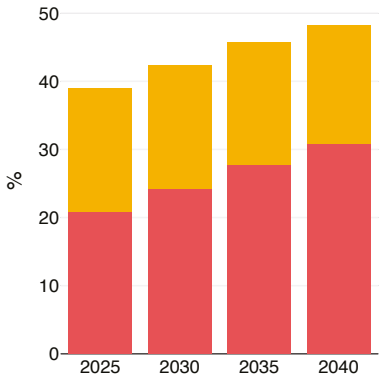
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

4,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**491**	**375**
Numbers of children with BMI-attributed hyperglycaemia	**183**	**127**
Numbers of children with BMI-attributed high triglycerides	**617**	**443**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,000**	**1,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**52.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**14.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**36.8%**
School-age children, including primary and secondary, receiving school meals	**76.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

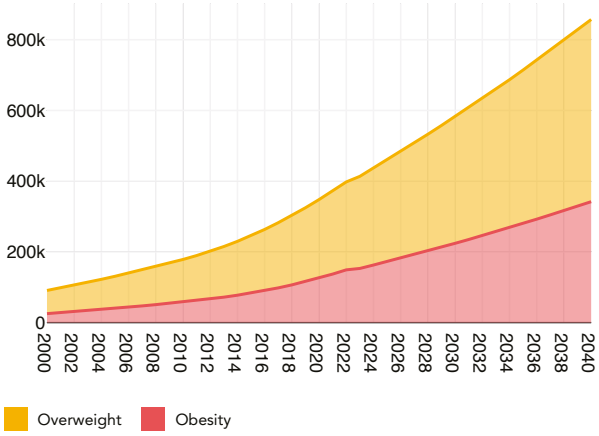
Mauritania

174,000

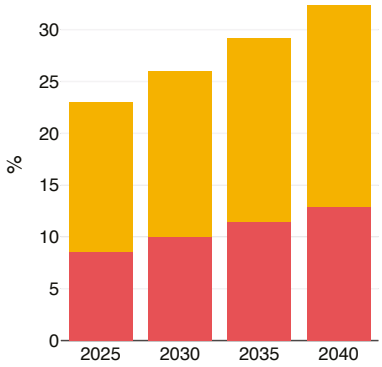
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



286,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	35,000	68,000
Numbers of children with BMI-attributed hyperglycaemia	16,000	29,000
Numbers of children with BMI-attributed high triglycerides	50,000	95,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	100,000	194,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	36.7%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	4.0%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	1.3%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	39.7%
School-age children, including primary and secondary, receiving school meals	21.0%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	150-200ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	87%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	76/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Mauritius

21,000

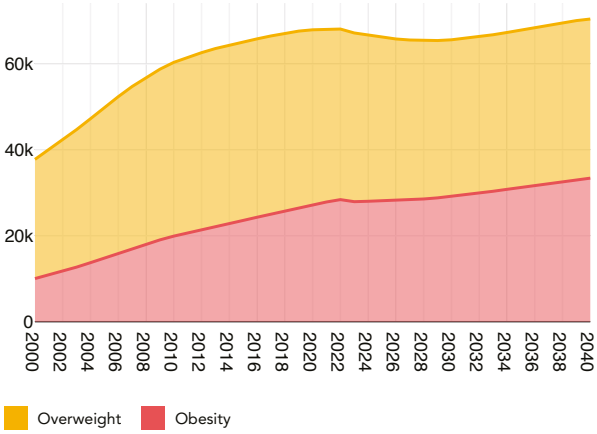
Children 5-9 years with overweight or obesity in 2025

46,000

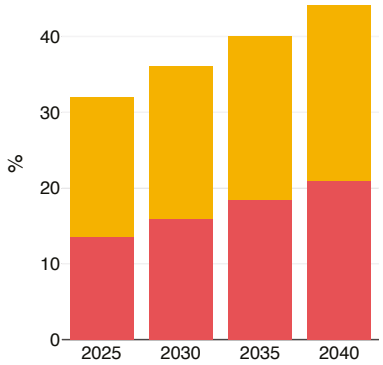
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	5,000	6,000
Numbers of children with BMI-attributed hyperglycaemia	2,000	2,000
Numbers of children with BMI-attributed high triglycerides	7,000	8,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	16,000	18,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	27.2%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	10.4%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	2.6%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	38.2%
School-age children, including primary and secondary, receiving school meals	Not reported
School-age children 6-10 years quantity of sugary drinks consumed per day on average	350ml or more
School-age adolescents 11-17 years failing to meet physical activity recommendations	82%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Mexico

3.966m

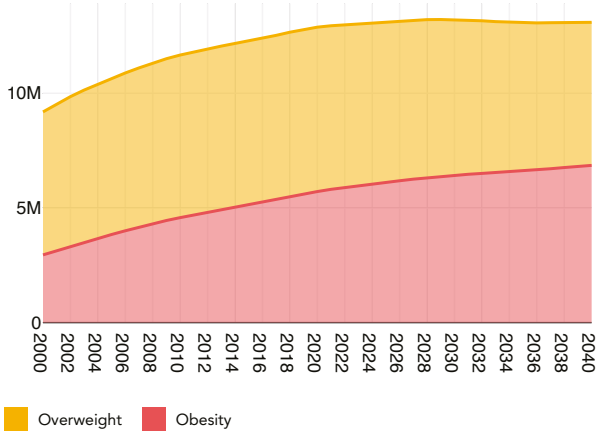
Children 5-9 years with overweight or obesity in 2025

9.161m

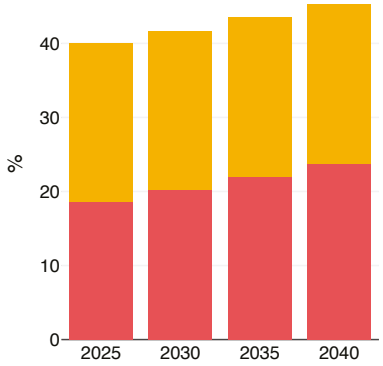
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**1,143,000**	**1,226,000**
Numbers of children with BMI-attributed hyperglycaemia	**456,000**	**461,000**
Numbers of children with BMI-attributed high triglycerides	**1,506,000**	**1,552,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**3,277,000**	**3,540,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**46.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**8.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**4.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**56.0%**
School-age children, including primary and secondary, receiving school meals	**14.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**83%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	60/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Moldova

43,000

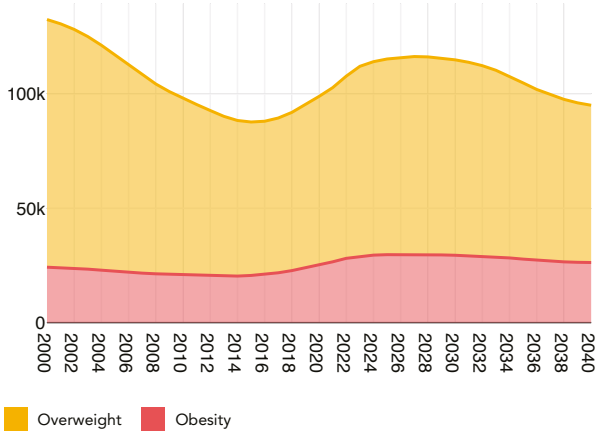
Children 5-9 years with overweight or obesity in 2025

72,000

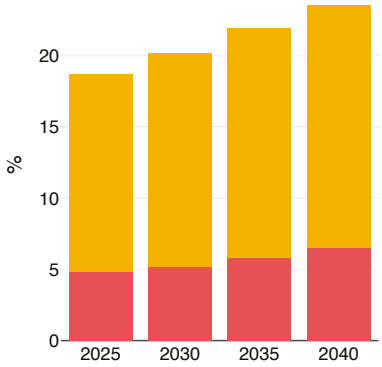
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**7,000**	**6,000**
Numbers of children with BMI-attributed hyperglycaemia	**4,000**	**3,000**
Numbers of children with BMI-attributed high triglycerides	**12,000**	**10,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**20,000**	**17,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**29.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**6.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**59.3%**
School-age children, including primary and secondary, receiving school meals	**36.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**76%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	31/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Mongolia

83,000

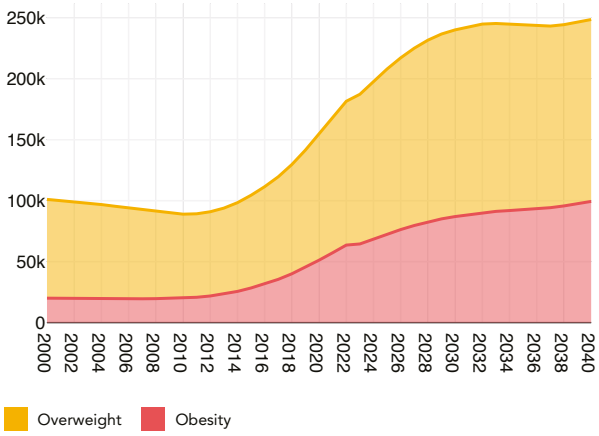
Children 5-9 years with overweight or obesity in 2025

125,000

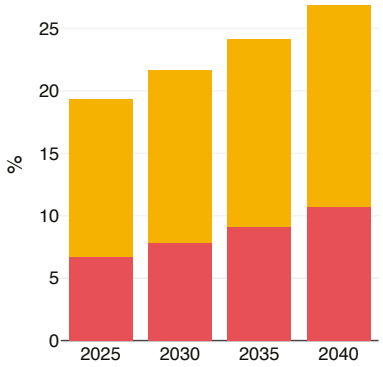
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	15,000	20,000
Numbers of children with BMI-attributed hyperglycaemia	7,000	9,000
Numbers of children with BMI-attributed high triglycerides	22,000	27,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	43,000	56,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	28.4%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	2.5%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	4.3%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	30.4%
School-age children, including primary and secondary, receiving school meals	49.1%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	100-150ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	79%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	78/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

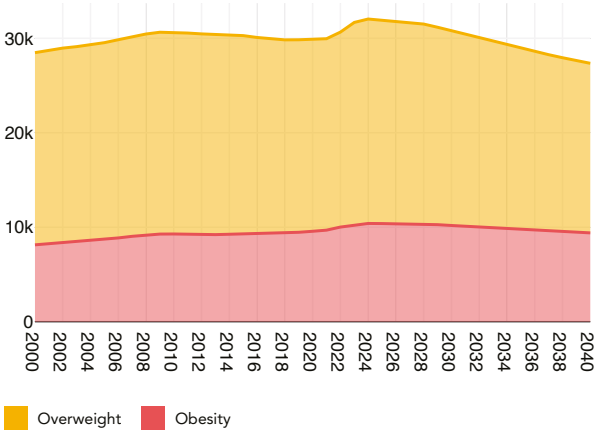
Montenegro

12,000

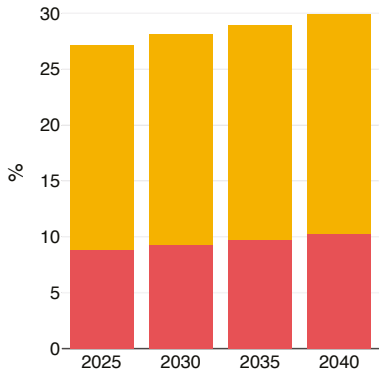
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



20,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**2,000**	**2,000**
Numbers of children with BMI-attributed hyperglycaemia	**1,000**	**1,000**
Numbers of children with BMI-attributed high triglycerides	**3,000**	**3,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**6,000**	**6,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**23.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**35.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**71.3%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	47/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

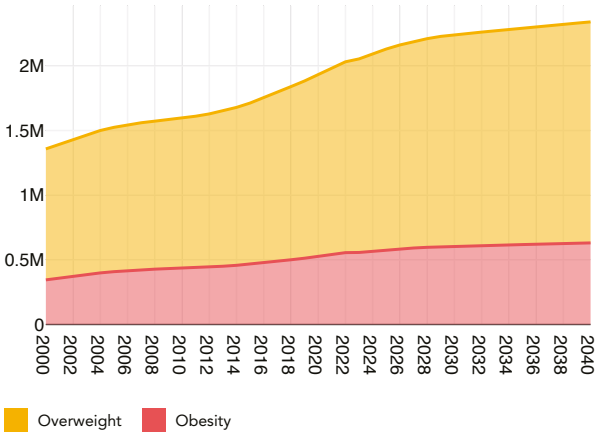
Morocco

658,000

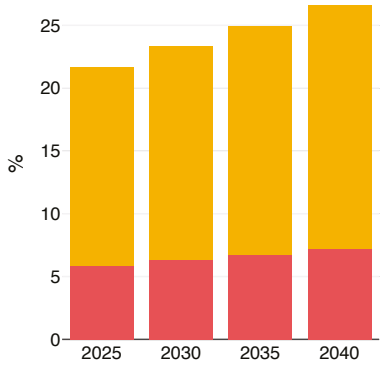
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.472m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**138,000**	**151,000**
Numbers of children with BMI-attributed hyperglycaemia	**71,000**	**78,000**
Numbers of children with BMI-attributed high triglycerides	**217,000**	**238,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**383,000**	**420,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**38.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**7.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**47.0%**
School-age children, including primary and secondary, receiving school meals	**17.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Mozambique

627,000

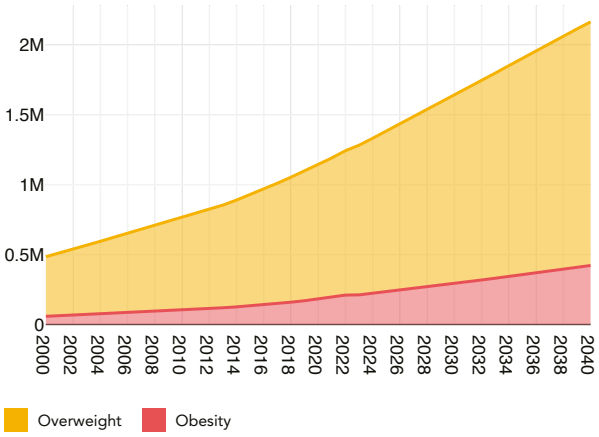
Children 5-9 years with overweight or obesity in 2025

756,000

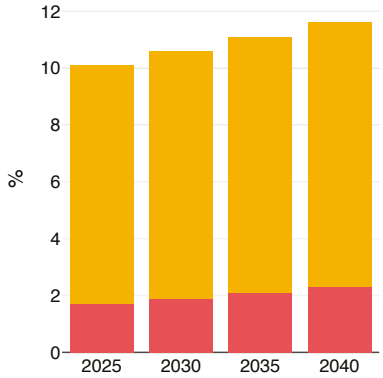
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**74,000**	**122,000**
Numbers of children with BMI-attributed hyperglycaemia	**45,000**	**70,000**
Numbers of children with BMI-attributed high triglycerides	**132,000**	**210,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**199,000**	**331,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**15.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**43.5%**
School-age children, including primary and secondary, receiving school meals	**4.9%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	81/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

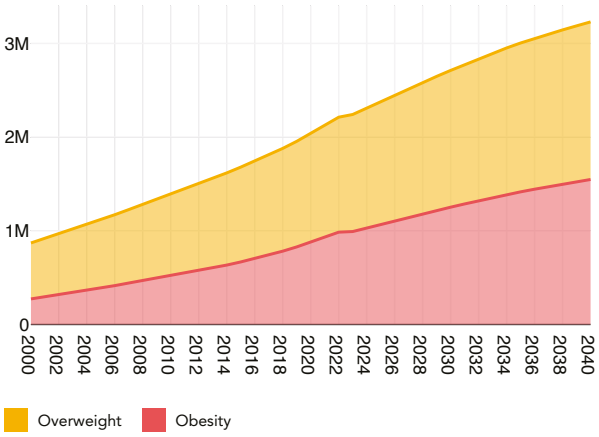
Myanmar

952,000

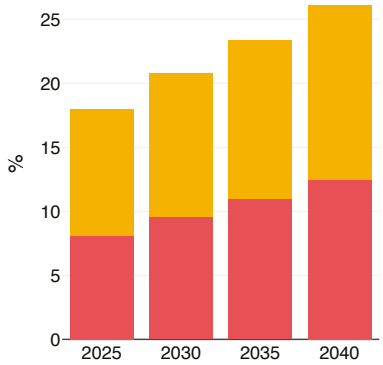
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.428m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**203,000**	**286,000**
Numbers of children with BMI-attributed hyperglycaemia	**82,000**	**113,000**
Numbers of children with BMI-attributed high triglycerides	**270,000**	**373,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**580,000**	**822,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**13.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**41.7%**
School-age children, including primary and secondary, receiving school meals	**15.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	74/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Namibia

64,000

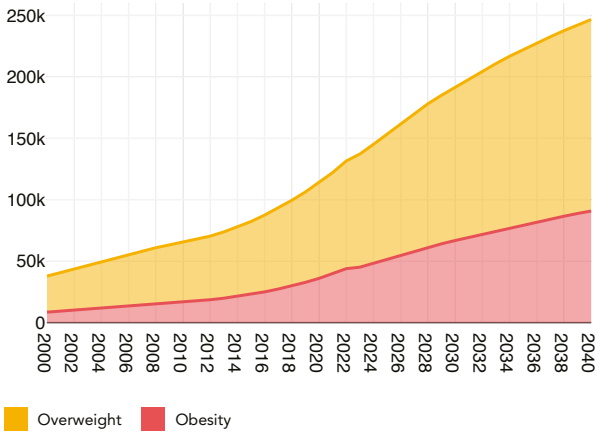
Children 5-9 years with overweight or obesity in 2025

90,000

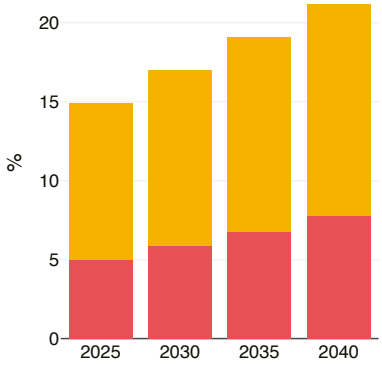
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**11,000**	**19,000**
Numbers of children with BMI-attributed hyperglycaemia	**5,000**	**8,000**
Numbers of children with BMI-attributed high triglycerides	**16,000**	**27,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**31,000**	**53,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**24.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**43.6%**
School-age children, including primary and secondary, receiving school meals	**78.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**250-300ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Nauru

719

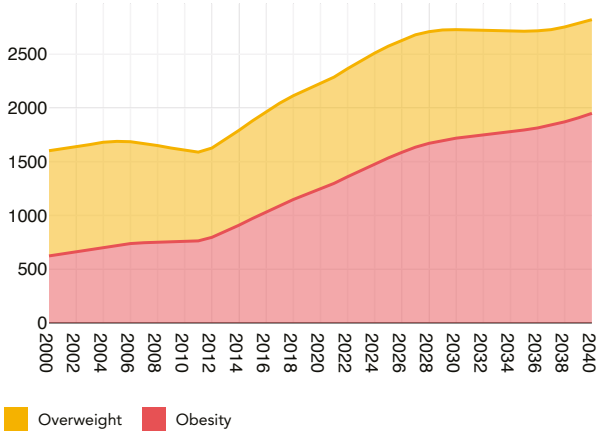
Children 5-9 years with overweight or obesity in 2025

2,000

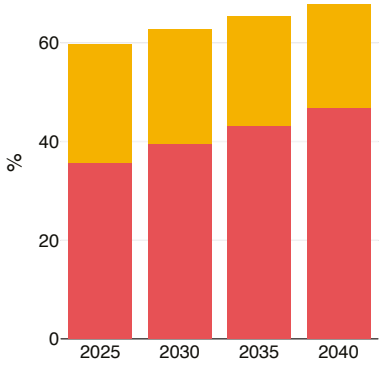
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**263**	**318**
Numbers of children with BMI-attributed hyperglycaemia	**92**	**103**
Numbers of children with BMI-attributed high triglycerides	**318**	**366**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**763**	**1,000**

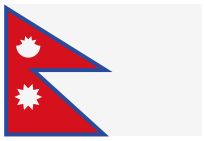
Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**71.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**11.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**22.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**33.1%**
School-age children, including primary and secondary, receiving school meals	**73.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*



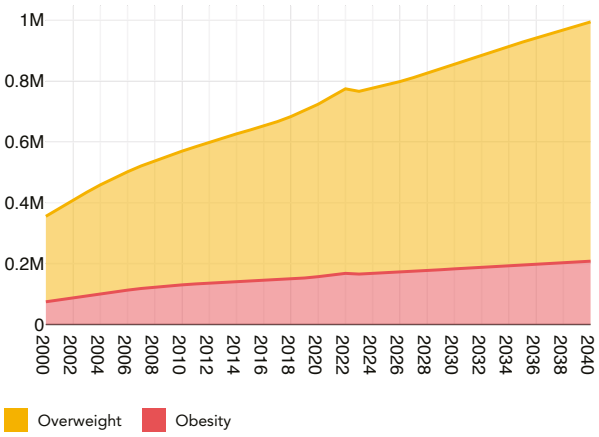
Nepal

254,000

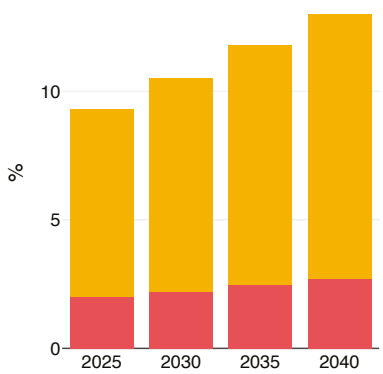
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



533,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**46,000**	**58,000**
Numbers of children with BMI-attributed hyperglycaemia	**26,000**	**32,000**
Numbers of children with BMI-attributed high triglycerides	**77,000**	**97,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**126,000**	**157,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**14.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**24.3%**
School-age children, including primary and secondary, receiving school meals	**50.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**83%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	71/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

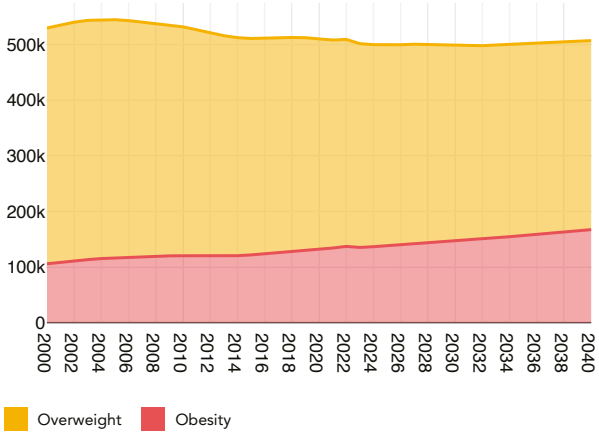
Netherlands

177,000

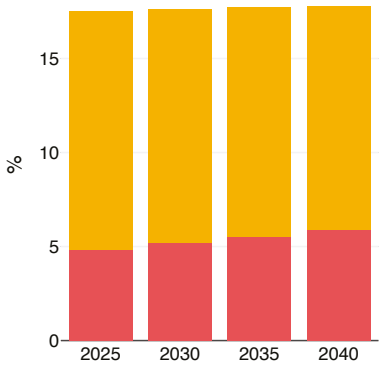
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



322,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**33,000**	**36,000**
Numbers of children with BMI-attributed hyperglycaemia	**17,000**	**17,000**
Numbers of children with BMI-attributed high triglycerides	**51,000**	**54,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**91,000**	**102,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**25.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**68.2%**
School-age children, including primary and secondary, receiving school meals	**21.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**80%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

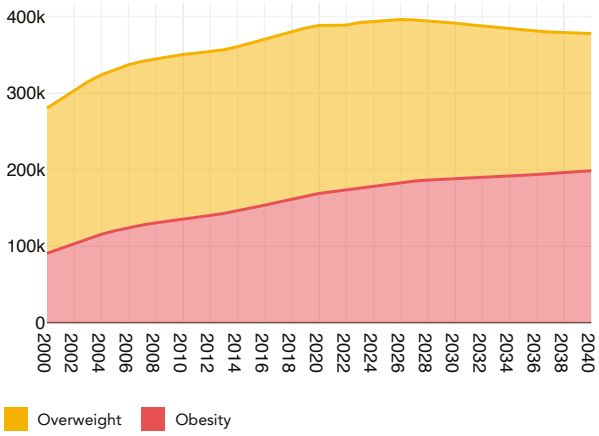
New Zealand

123,000

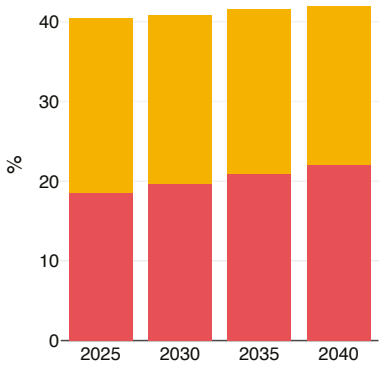
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



273,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**34,000**	**35,000**
Numbers of children with BMI-attributed hyperglycaemia	**14,000**	**13,000**
Numbers of children with BMI-attributed high triglycerides	**45,000**	**45,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**98,000**	**102,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**42.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**14.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**53.5%**
School-age children, including primary and secondary, receiving school meals	**26.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**89%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	27/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

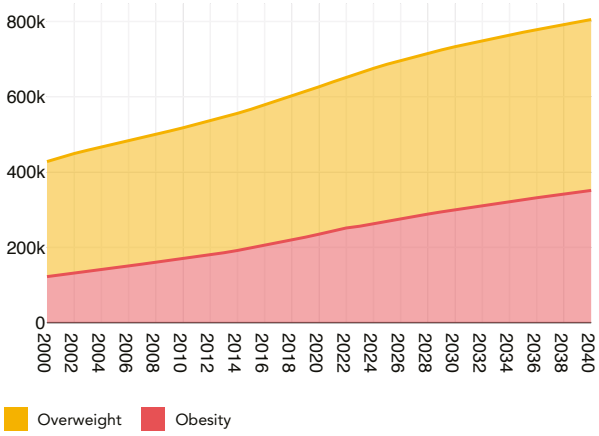
Nicaragua

237,000

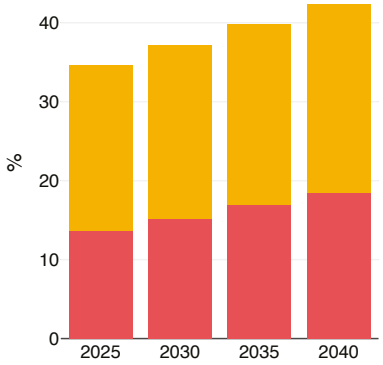
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



450,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**54,000**	**67,000**
Numbers of children with BMI-attributed hyperglycaemia	**23,000**	**28,000**
Numbers of children with BMI-attributed high triglycerides	**75,000**	**91,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**154,000**	**193,000**

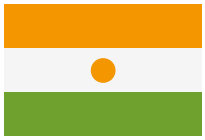
Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**35.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**50.0%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	50/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*



Niger

550,000

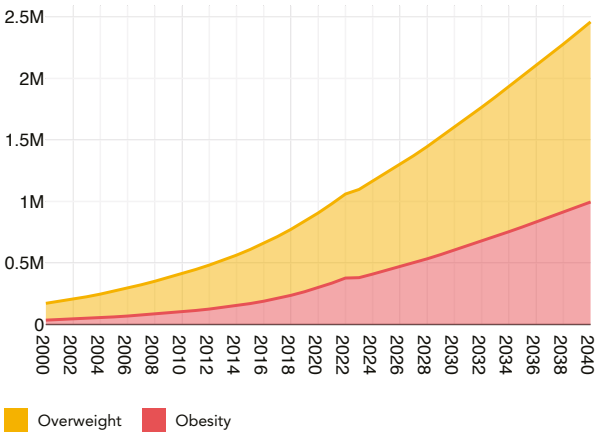
Children 5-9 years with overweight or obesity in 2025

682,000

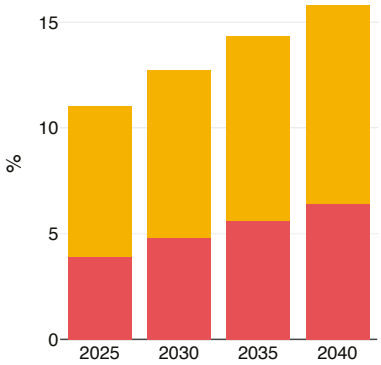
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**92,000**	**197,000**
Numbers of children with BMI-attributed hyperglycaemia	**42,000**	**84,000**
Numbers of children with BMI-attributed high triglycerides	**132,000**	**272,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**259,000**	**561,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**12.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**53.9%**
School-age children, including primary and secondary, receiving school meals	**5.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	37/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Nigeria

3.755m

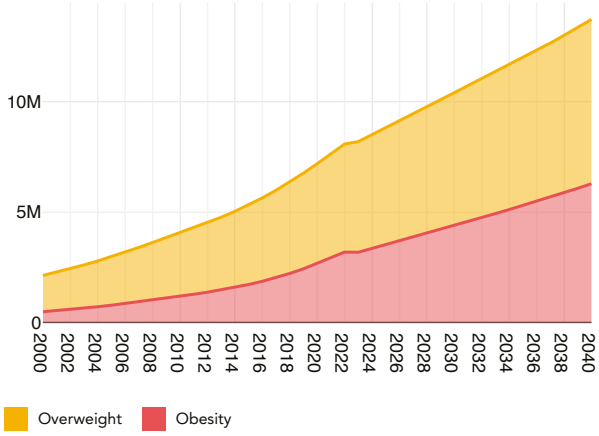
Children 5-9 years with overweight or obesity in 2025

5.089m

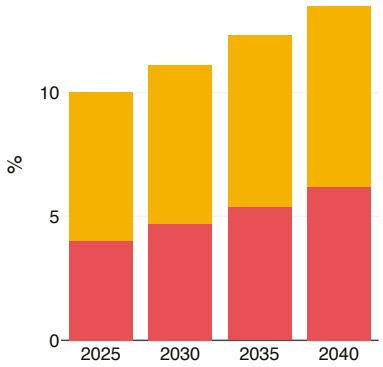
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**702,000**	**1,184,000**
Numbers of children with BMI-attributed hyperglycaemia	**302,000**	**476,000**
Numbers of children with BMI-attributed high triglycerides	**975,000**	**1,569,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,995,000**	**3,392,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**19.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**50.9%**
School-age children, including primary and secondary, receiving school meals	**15.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	84/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

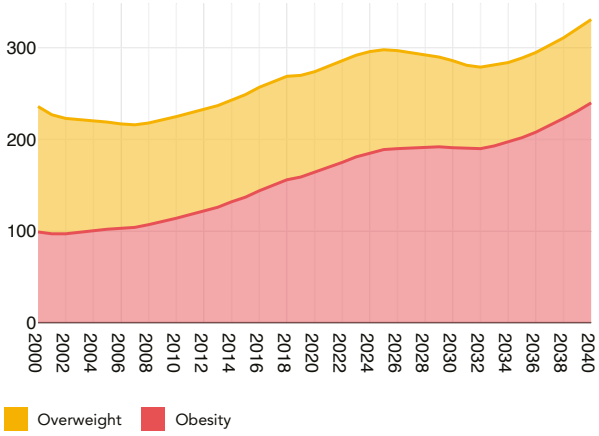
Niue

71

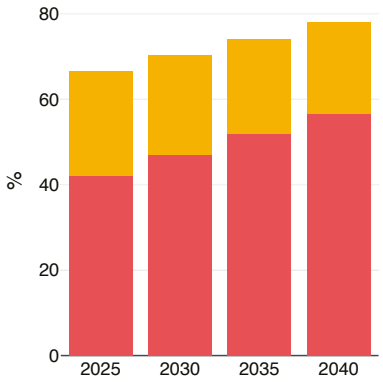
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



227

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	32	39
Numbers of children with BMI-attributed hyperglycaemia	11	12
Numbers of children with BMI-attributed high triglycerides	37	44
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	92	113

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	70.2%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	10.6%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	10.8%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	29.3%
School-age children, including primary and secondary, receiving school meals	Not reported
School-age children 6-10 years quantity of sugary drinks consumed per day on average	Not available
School-age adolescents 11-17 years failing to meet physical activity recommendations	87%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

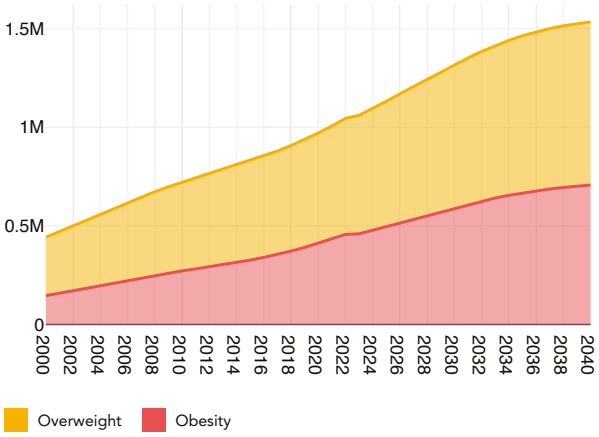
North Korea

435,000

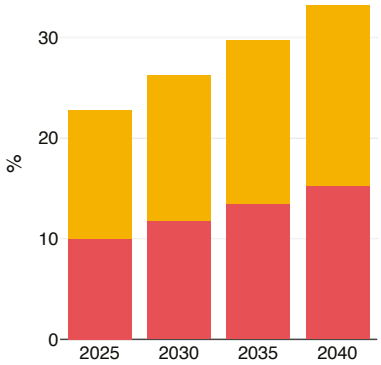
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



696,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**95,000**	**133,000**
Numbers of children with BMI-attributed hyperglycaemia	**39,000**	**53,000**
Numbers of children with BMI-attributed high triglycerides	**128,000**	**175,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**272,000**	**380,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**18.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**28.5%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	Not reported
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

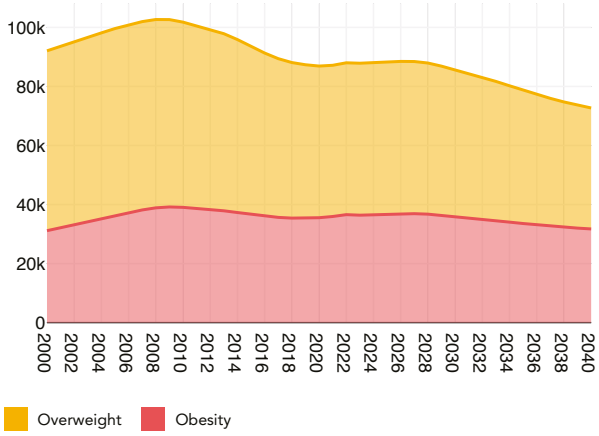
North Macedonia

35,000

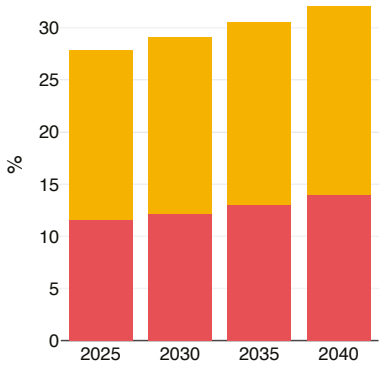
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



54,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**7,000**	**6,000**
Numbers of children with BMI-attributed hyperglycaemia	**3,000**	**3,000**
Numbers of children with BMI-attributed high triglycerides	**10,000**	**8,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**20,000**	**17,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**22.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**31.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**64.8%**
School-age children, including primary and secondary, receiving school meals	**4.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**78%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	24/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

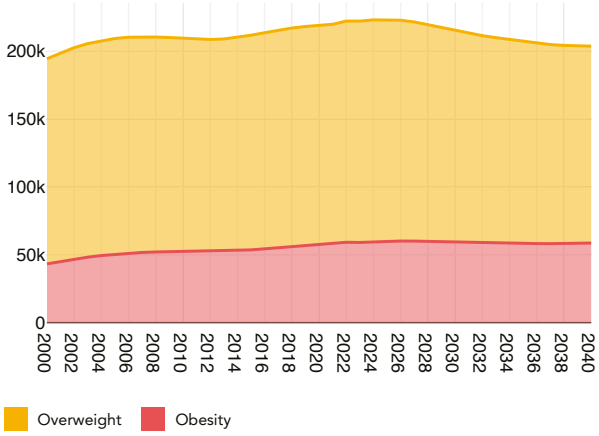
Norway

69,000

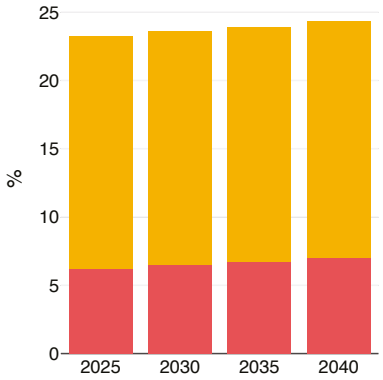
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



154,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**14,000**	**14,000**
Numbers of children with BMI-attributed hyperglycaemia	**7,000**	**7,000**
Numbers of children with BMI-attributed high triglycerides	**23,000**	**21,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**40,000**	**38,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**19.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**38.8%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

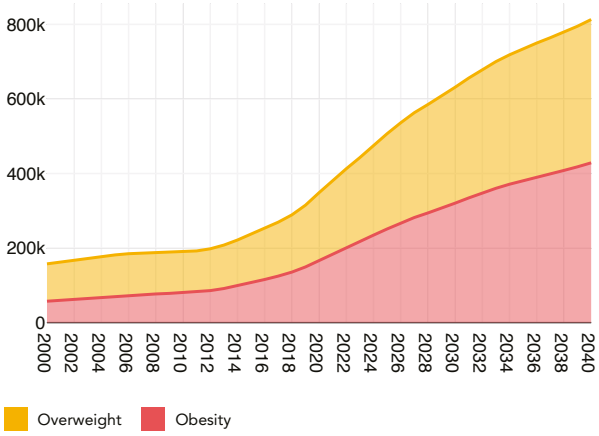
Oman

193,000

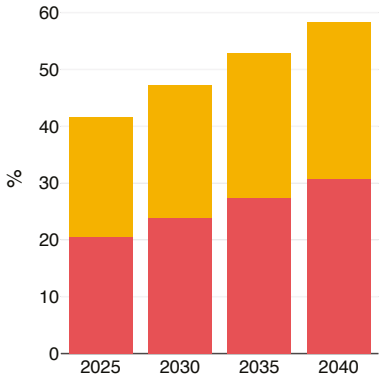
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



314,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**46,000**	**77,000**
Numbers of children with BMI-attributed hyperglycaemia	**18,000**	**29,000**
Numbers of children with BMI-attributed high triglycerides	**59,000**	**97,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**132,000**	**221,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**46.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**7.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**30.8%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	65/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

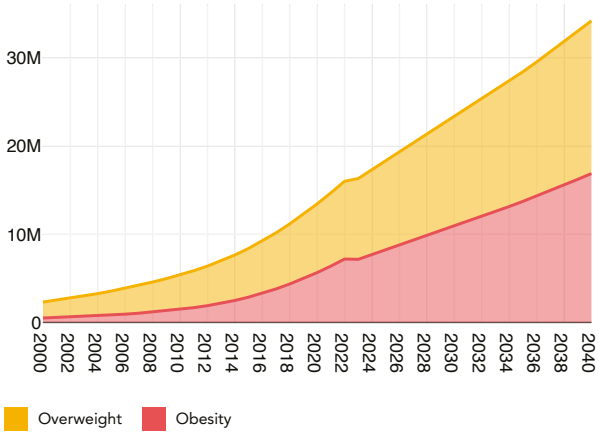
Pakistan

6.133m

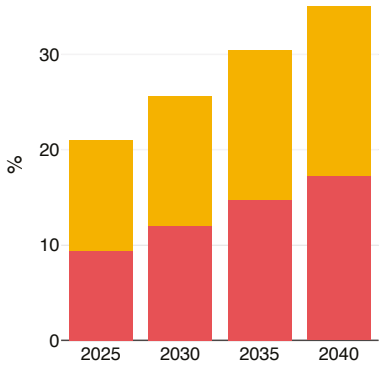
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



12.232m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**1,563,000**	**3,088,000**
Numbers of children with BMI-attributed hyperglycaemia	**635,000**	**1,196,000**
Numbers of children with BMI-attributed high triglycerides	**2,086,000**	**3,988,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**4,472,000**	**8,883,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**43.9%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	73/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Palau

441

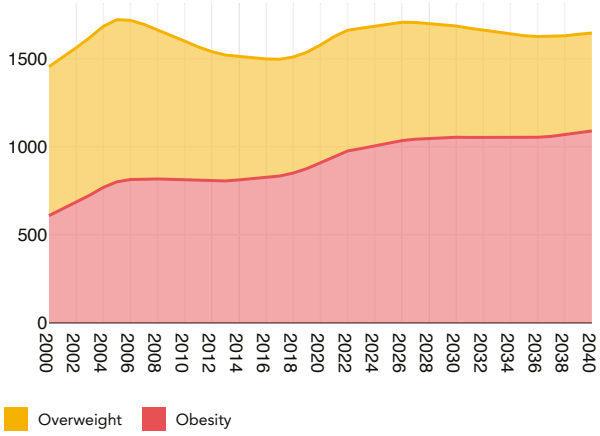
Children 5-9 years with overweight or obesity in 2025

1,000

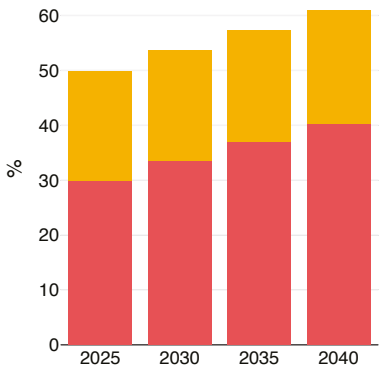
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**174**	**180**
Numbers of children with BMI-attributed hyperglycaemia	**61**	**60**
Numbers of children with BMI-attributed high triglycerides	**210**	**210**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**507**	**527**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**48.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**9.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**6.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**29.2%**
School-age children, including primary and secondary, receiving school meals	**75.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**79%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	90/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

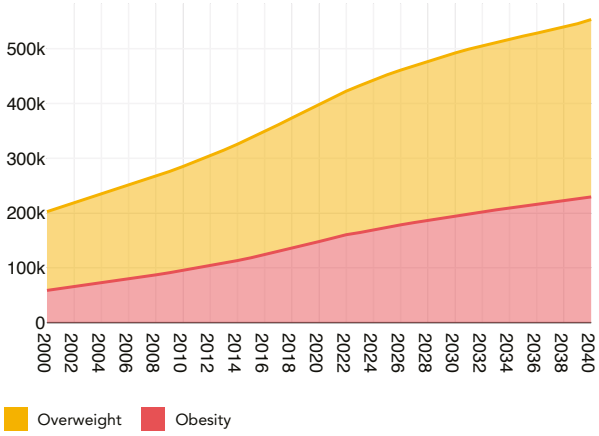
Panama

157,000

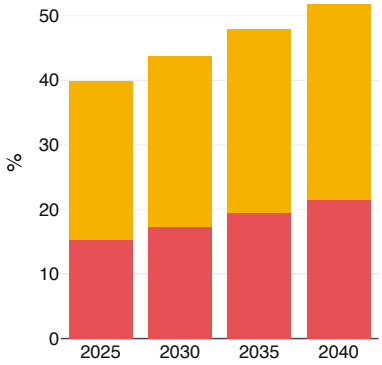
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



296,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**35,000**	**45,000**
Numbers of children with BMI-attributed hyperglycaemia	**15,000**	**19,000**
Numbers of children with BMI-attributed high triglycerides	**49,000**	**62,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**100,000**	**128,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**41.4%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**60.5%**
School-age children, including primary and secondary, receiving school meals	**36.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	80/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

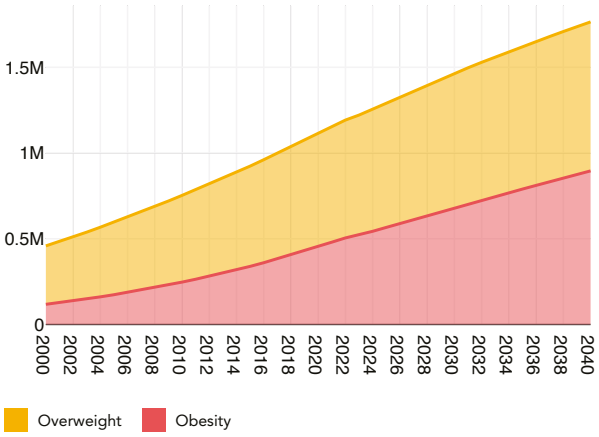
Papua New Guinea

354,000

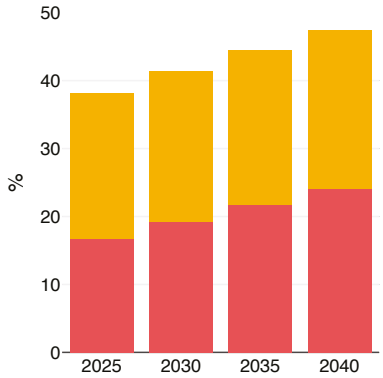
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



937,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**108,000**	**162,000**
Numbers of children with BMI-attributed hyperglycaemia	**45,000**	**62,000**
Numbers of children with BMI-attributed high triglycerides	**146,000**	**207,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**310,000**	**467,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**24.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**9.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**27.9%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	18/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

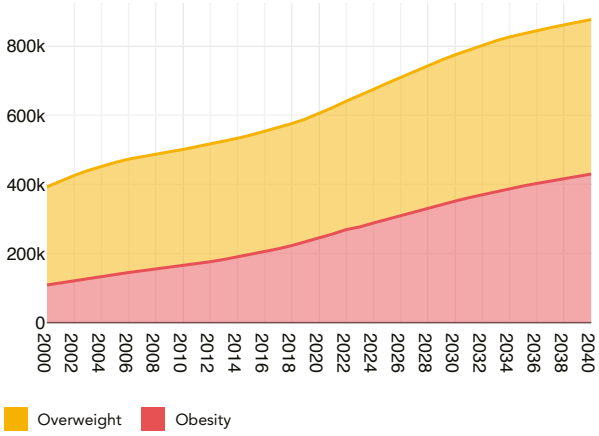
Paraguay

289,000

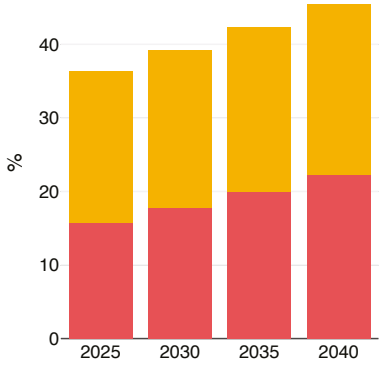
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



404,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**58,000**	**79,000**
Numbers of children with BMI-attributed hyperglycaemia	**24,000**	**31,000**
Numbers of children with BMI-attributed high triglycerides	**78,000**	**102,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**165,000**	**227,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**31.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**7.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**49.7%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	31/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Peru

1.367m

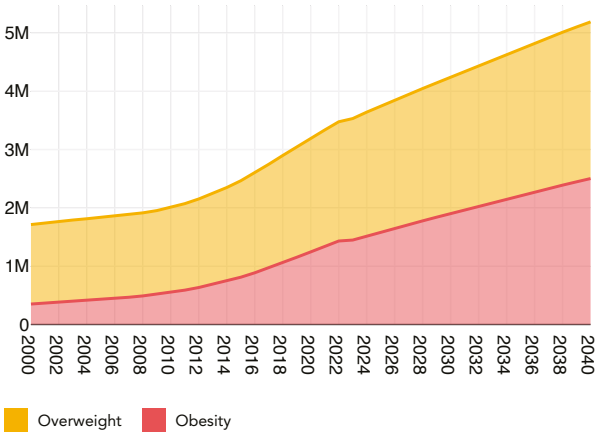
Children 5-9 years with overweight or obesity in 2025

2.381m

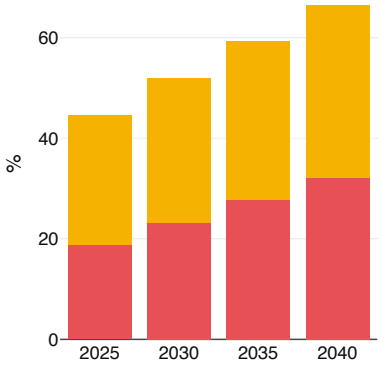
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**308,000**	**462,000**
Numbers of children with BMI-attributed hyperglycaemia	**129,000**	**181,000**
Numbers of children with BMI-attributed high triglycerides	**419,000**	**601,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**878,000**	**1,327,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**39.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**20.5%**
School-age children, including primary and secondary, receiving school meals	**47.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**200-250ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	72/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Philippines

1.889m

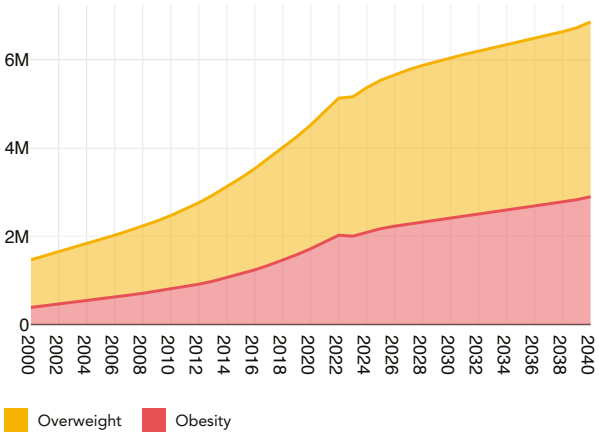
Children 5-9 years with overweight or obesity in 2025

3.652m

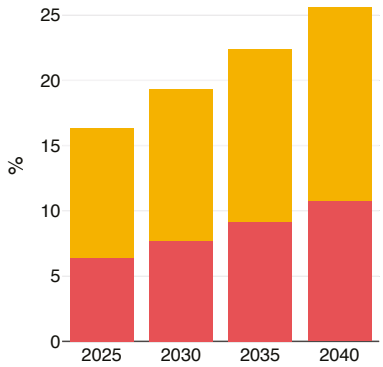
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**436,000**	**564,000**
Numbers of children with BMI-attributed hyperglycaemia	**189,000**	**236,000**
Numbers of children with BMI-attributed high triglycerides	**609,000**	**768,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,238,000**	**1,607,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**14.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**46.9%**
School-age children, including primary and secondary, receiving school meals	**12.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**93%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	85/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

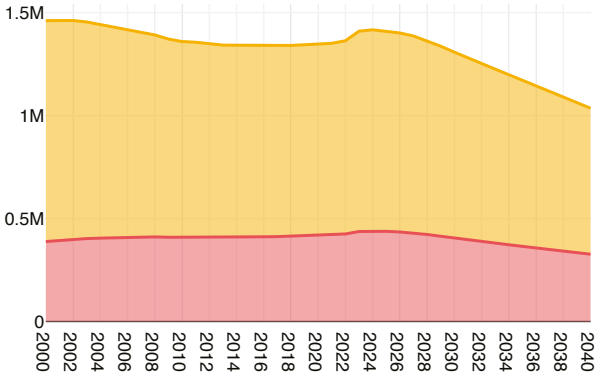
Poland

497,000

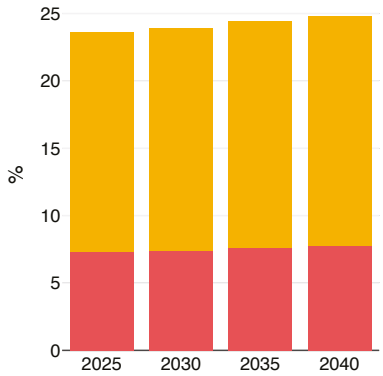
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

915,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**98,000**	**72,000**
Numbers of children with BMI-attributed hyperglycaemia	**47,000**	**35,000**
Numbers of children with BMI-attributed high triglycerides	**147,000**	**109,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**274,000**	**203,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**24.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**22.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**56.3%**
School-age children, including primary and secondary, receiving school meals	**40.9%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**79%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

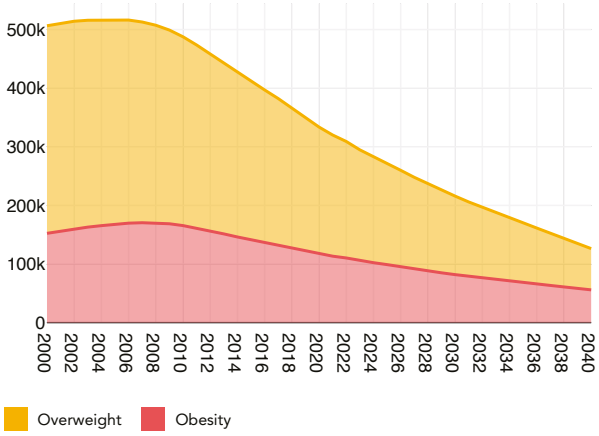
Portugal

113,000

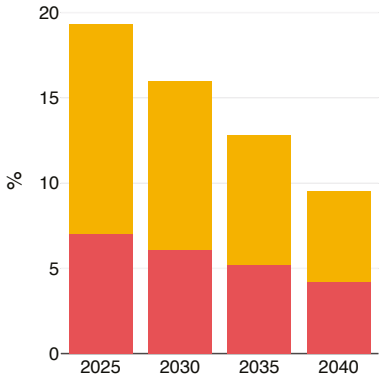
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



159,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**21,000**	**11,000**
Numbers of children with BMI-attributed hyperglycaemia	**9,000**	**4,000**
Numbers of children with BMI-attributed high triglycerides	**29,000**	**14,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**58,000**	**30,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**20.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**67.1%**
School-age children, including primary and secondary, receiving school meals	**100.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Puerto Rico

48,000

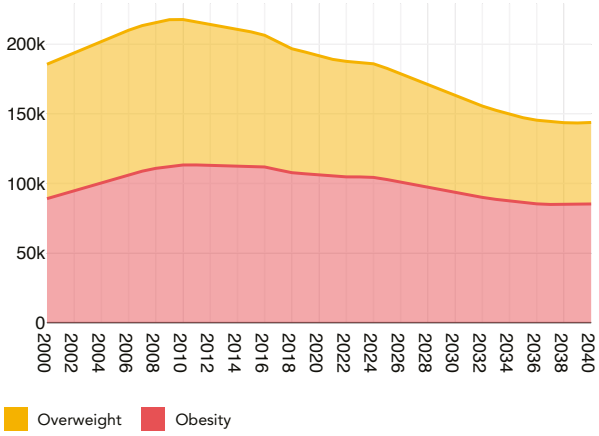
Children 5-9 years with overweight or obesity in 2025

134,000

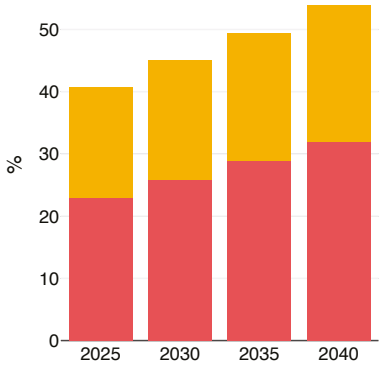
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	18,000	15,000
Numbers of children with BMI-attributed hyperglycaemia	6,000	5,000
Numbers of children with BMI-attributed high triglycerides	22,000	18,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	52,000	42,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	48.3%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	6.0%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	7.5%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	54.4%
School-age children, including primary and secondary, receiving school meals	Not reported
School-age children 6-10 years quantity of sugary drinks consumed per day on average	Not available
School-age adolescents 11-17 years failing to meet physical activity recommendations	Not available

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	Not reported
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

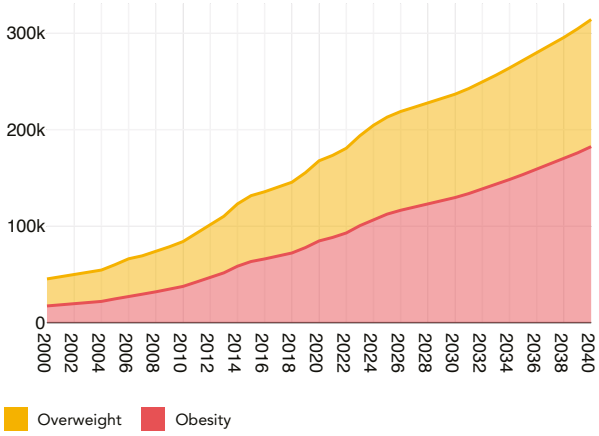
Qatar

77,000

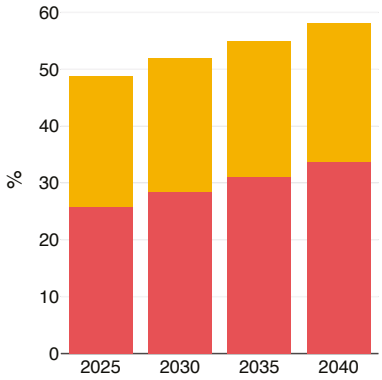
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



136,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**20,000**	**31,000**
Numbers of children with BMI-attributed hyperglycaemia	**8,000**	**11,000**
Numbers of children with BMI-attributed high triglycerides	**25,000**	**38,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**58,000**	**91,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**59.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**10.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**51.4%**
School-age children, including primary and secondary, receiving school meals	**9.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**250-300ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**88%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

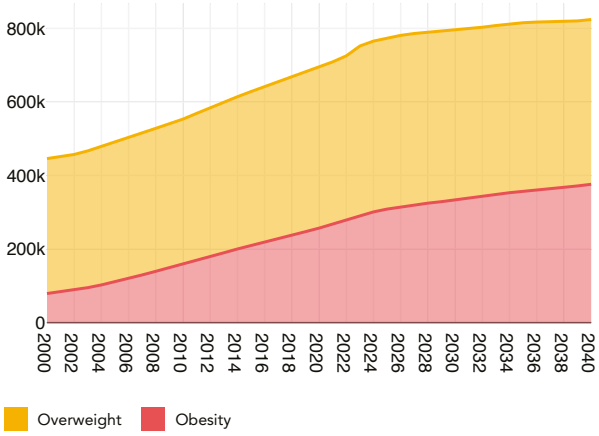
Romania

309,000

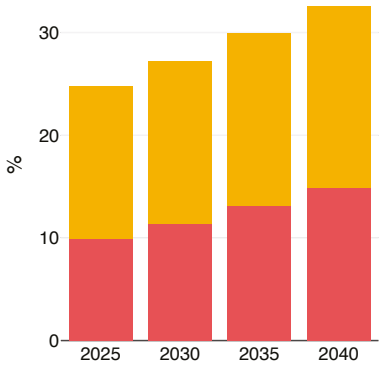
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



465,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**62,000**	**71,000**
Numbers of children with BMI-attributed hyperglycaemia	**26,000**	**29,000**
Numbers of children with BMI-attributed high triglycerides	**85,000**	**94,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**175,000**	**203,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**19.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**0.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**22.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**57.7%**
School-age children, including primary and secondary, receiving school meals	**60.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**80%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Russian Federation

2.259m

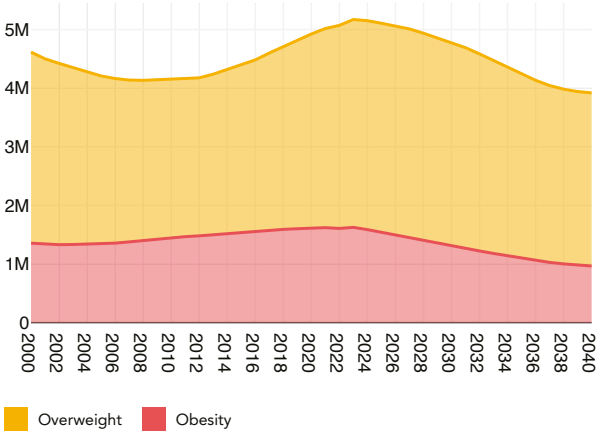
Children 5-9 years with overweight or obesity in 2025

2.849m

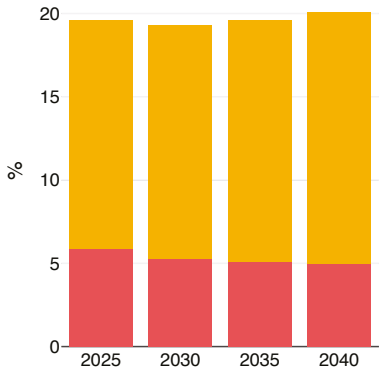
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**349,000**	**243,000**
Numbers of children with BMI-attributed hyperglycaemia	**171,000**	**129,000**
Numbers of children with BMI-attributed high triglycerides	**531,000**	**393,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**975,000**	**671,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**18.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**71.1%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	18/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

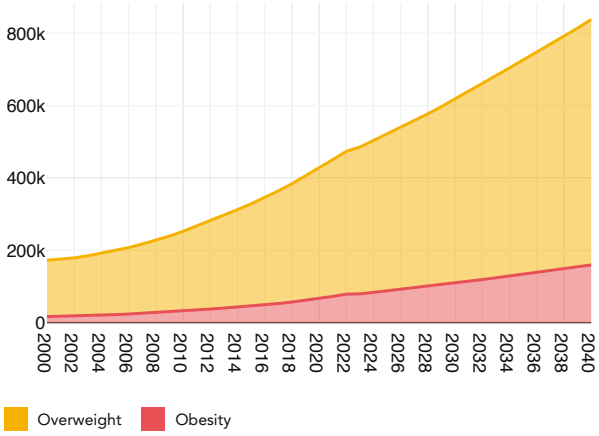
Rwanda

181,000

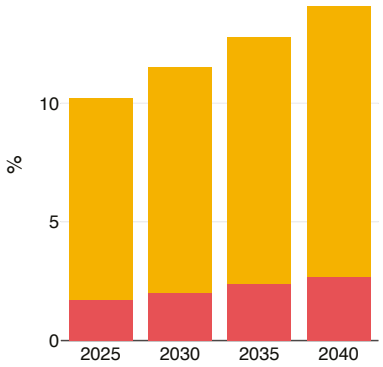
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



341,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**28,000**	**47,000**
Numbers of children with BMI-attributed hyperglycaemia	**17,000**	**27,000**
Numbers of children with BMI-attributed high triglycerides	**50,000**	**81,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**75,000**	**127,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**17.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**10.0%**
School-age children, including primary and secondary, receiving school meals	**86.4%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	50/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Saint Kitts and Nevis

1,000

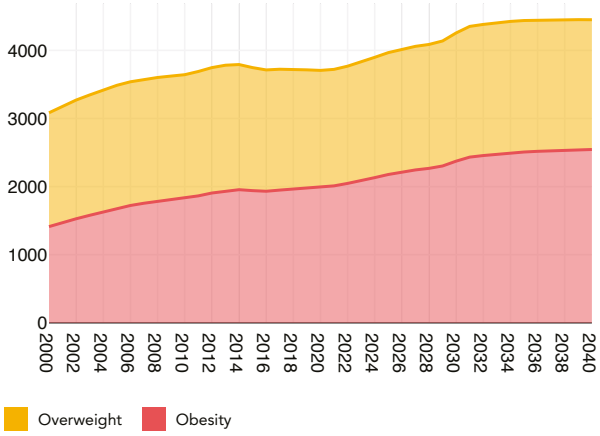
Children 5-9 years with overweight or obesity in 2025

3,000

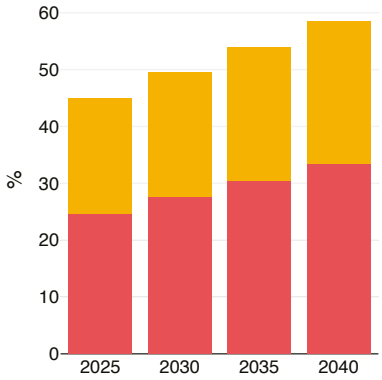
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**383**	**441**
Numbers of children with BMI-attributed hyperglycaemia	**140**	**158**
Numbers of children with BMI-attributed high triglycerides	**477**	**542**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,000**	**1,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**37.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**52.8%**
School-age children, including primary and secondary, receiving school meals	**53.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**82%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

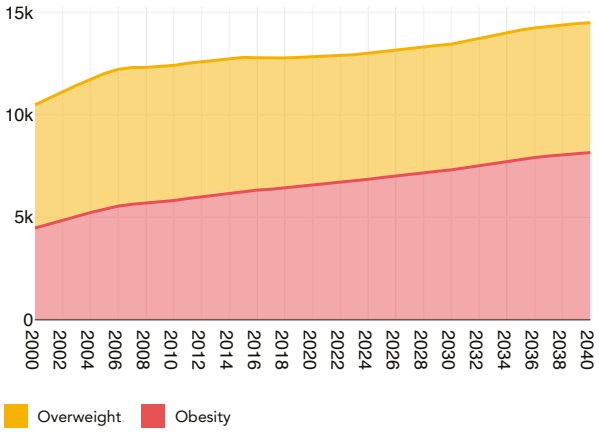
Saint Lucia

4,000

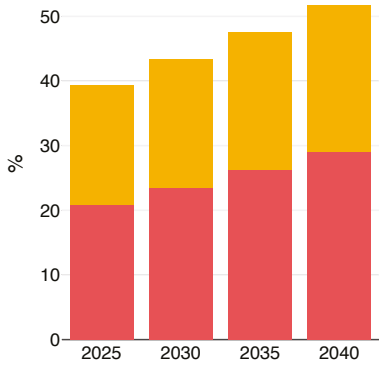
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



9,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	1,000	1,000
Numbers of children with BMI-attributed hyperglycaemia	461	514
Numbers of children with BMI-attributed high triglycerides	2,000	2,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	4,000	4,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	48.6%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	7.3%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	5.1%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	69.4%
School-age children, including primary and secondary, receiving school meals	30.0%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	300-350ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	84%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Saint Vincent and the Grenadines

3,000

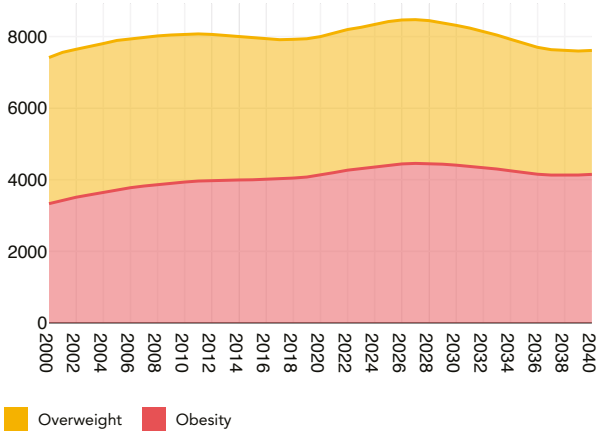
Children 5-9 years with overweight or obesity in 2025

6,000

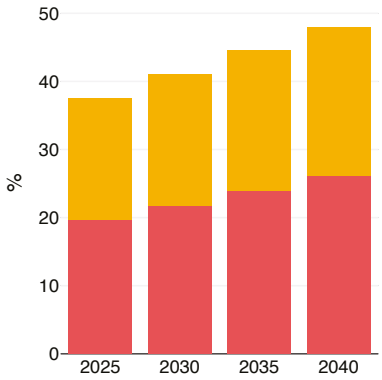
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**789**	**732**
Numbers of children with BMI-attributed hyperglycaemia	**296**	**269**
Numbers of children with BMI-attributed high triglycerides	**1,000**	**1,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**2,000**	**2,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**7.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**56.6%**
School-age children, including primary and secondary, receiving school meals	**33.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**86%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

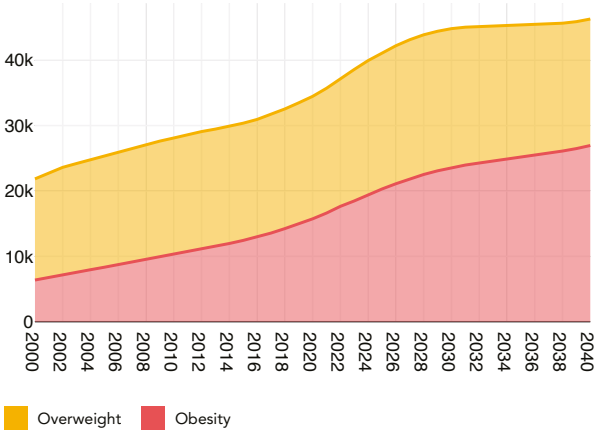
Samoa

13,000

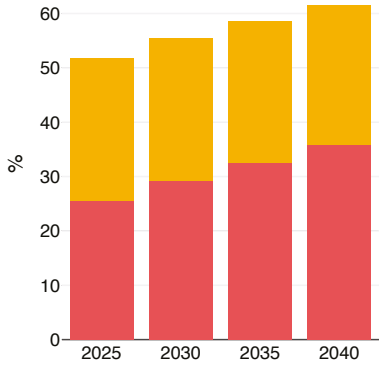
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



29,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**4,000**	**5,000**
Numbers of children with BMI-attributed hyperglycaemia	**1,000**	**2,000**
Numbers of children with BMI-attributed high triglycerides	**5,000**	**6,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**11,000**	**13,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**67.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**10.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**14.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**28.9%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Sao Tome and Principe

5,000

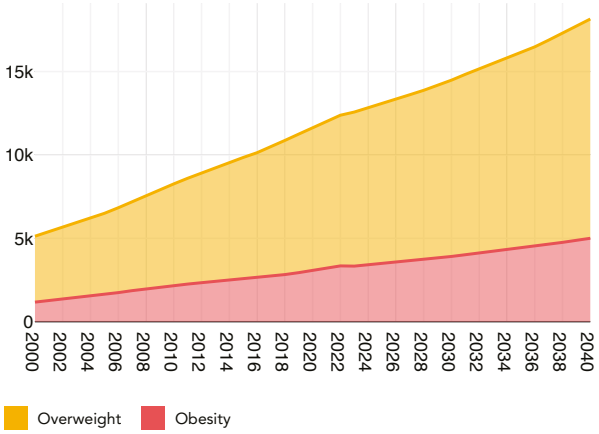
Children 5-9 years with overweight or obesity in 2025

8,000

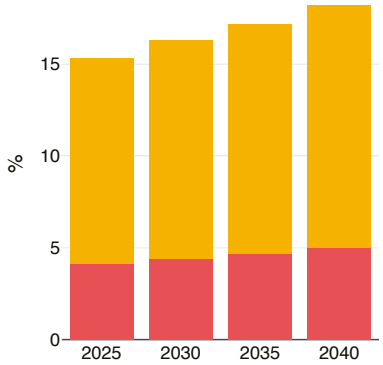
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**843**	**1,000**
Numbers of children with BMI-attributed hyperglycaemia	**434**	**603**
Numbers of children with BMI-attributed high triglycerides	**1,000**	**2,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**2,000**	**3,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**27.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**23.5%**
School-age children, including primary and secondary, receiving school meals	**51.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	67/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

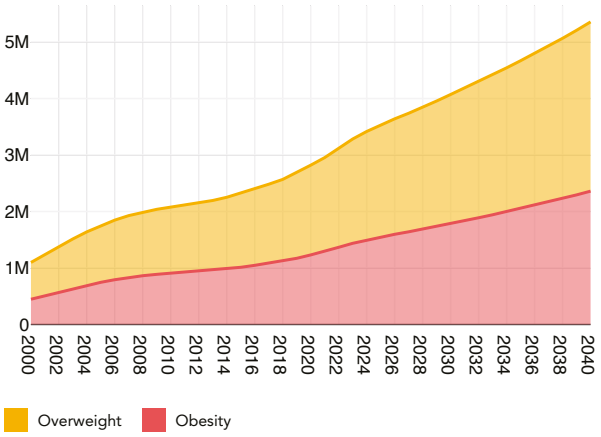
Saudi Arabia

981,000

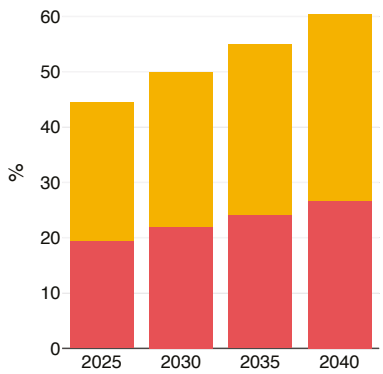
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

2.552m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**297,000**	**451,000**
Numbers of children with BMI-attributed hyperglycaemia	**122,000**	**185,000**
Numbers of children with BMI-attributed high triglycerides	**399,000**	**606,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**848,000**	**1,290,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**51.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**13.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**39.2%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	77/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

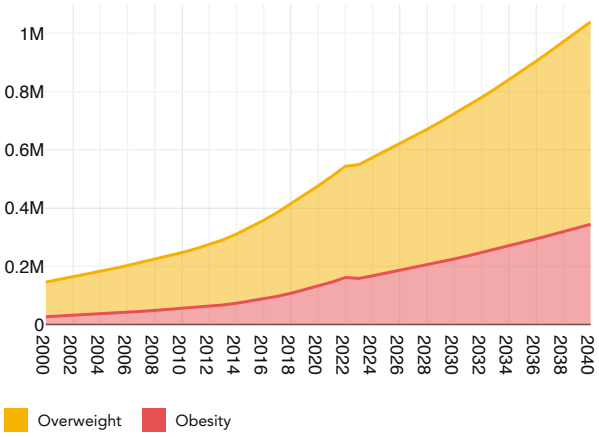
Senegal

244,000

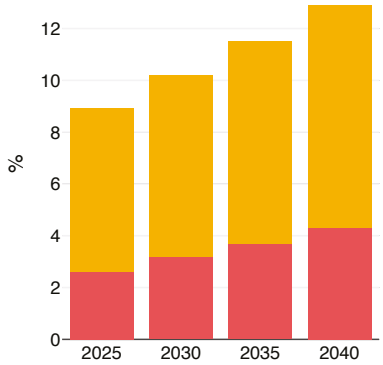
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



353,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**40,000**	**75,000**
Numbers of children with BMI-attributed hyperglycaemia	**20,000**	**35,000**
Numbers of children with BMI-attributed high triglycerides	**62,000**	**110,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**113,000**	**209,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**20.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**39.3%**
School-age children, including primary and secondary, receiving school meals	**6.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**88%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

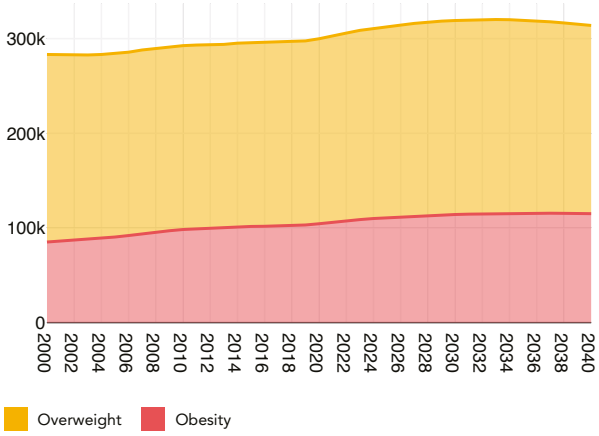
Serbia

111,000

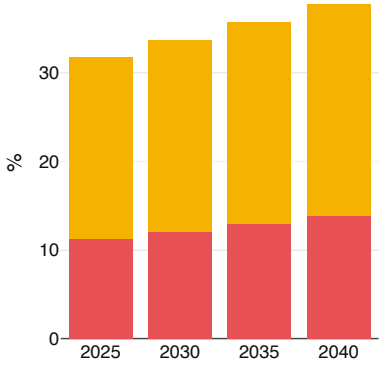
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



201,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**23,000**	**24,000**
Numbers of children with BMI-attributed hyperglycaemia	**11,000**	**11,000**
Numbers of children with BMI-attributed high triglycerides	**34,000**	**34,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**66,000**	**67,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**24.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**36.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**66.1%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	48/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

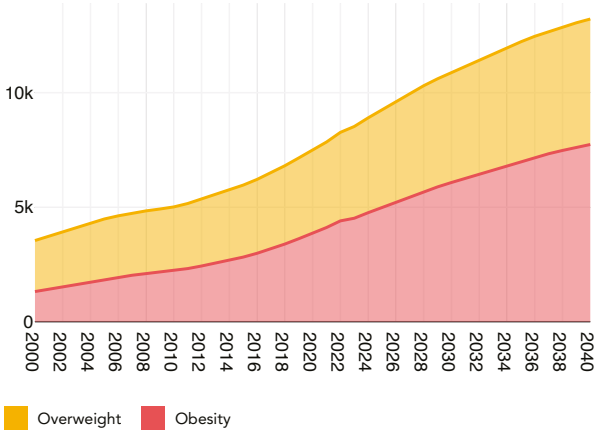
Seychelles

3,000

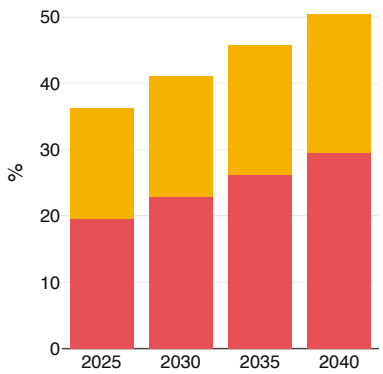
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

6,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**884**	**1,000**
Numbers of children with BMI-attributed hyperglycaemia	**327**	**472**
Numbers of children with BMI-attributed high triglycerides	**1,000**	**2,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**3,000**	**4,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**31.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**36.0%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**83%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	40/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

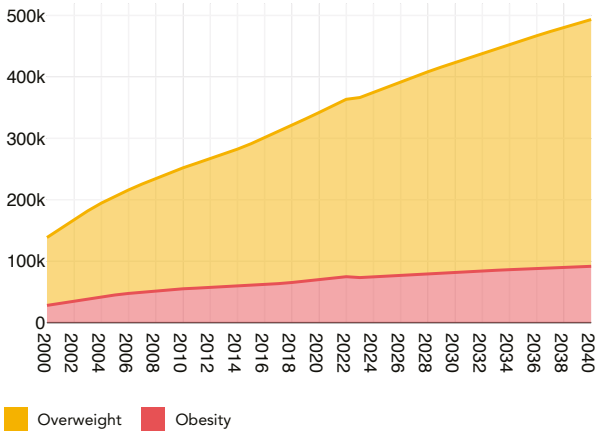
Sierra Leone

153,000

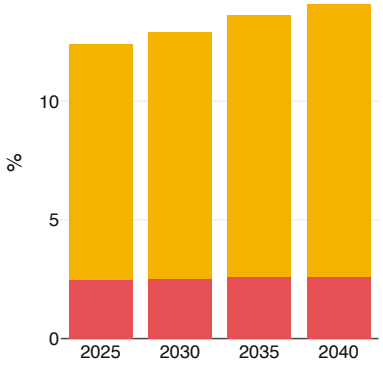
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



231,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**22,000**	**27,000**
Numbers of children with BMI-attributed hyperglycaemia	**13,000**	**16,000**
Numbers of children with BMI-attributed high triglycerides	**37,000**	**47,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**59,000**	**74,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**17.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**40.6%**
School-age children, including primary and secondary, receiving school meals	**20.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	99/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

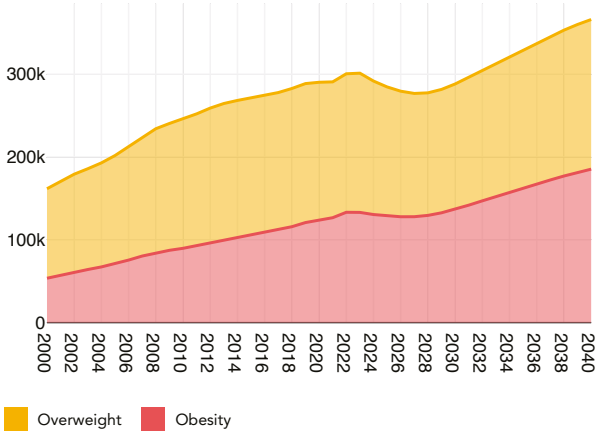
Singapore

91,000

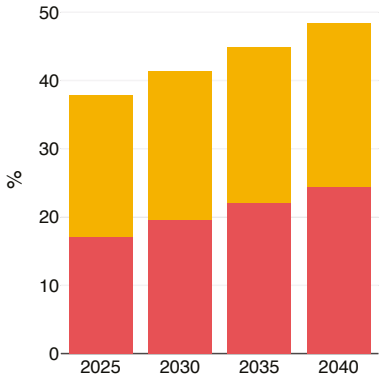
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



194,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**24,000**	**34,000**
Numbers of children with BMI-attributed hyperglycaemia	**10,000**	**13,000**
Numbers of children with BMI-attributed high triglycerides	**32,000**	**43,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**70,000**	**97,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**21.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**62.6%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**76%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	27/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

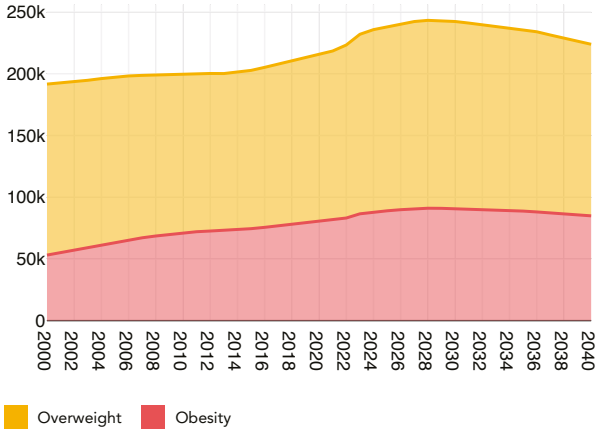
Slovakia

95,000

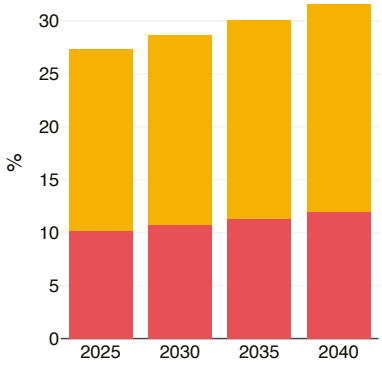
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



143,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	18,000	17,000
Numbers of children with BMI-attributed hyperglycaemia	8,000	8,000
Numbers of children with BMI-attributed high triglycerides	26,000	24,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	52,000	49,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	20.3%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	0.8%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	21.6%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	39.8%
School-age children, including primary and secondary, receiving school meals	83.5%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	150-200ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	72%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Slovenia

33,000

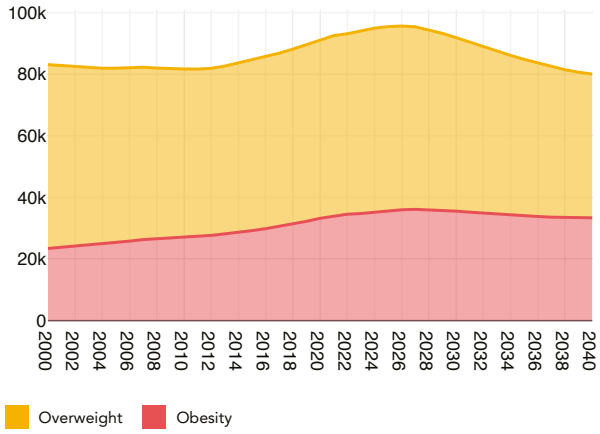
Children 5-9 years with overweight or obesity in 2025

62,000

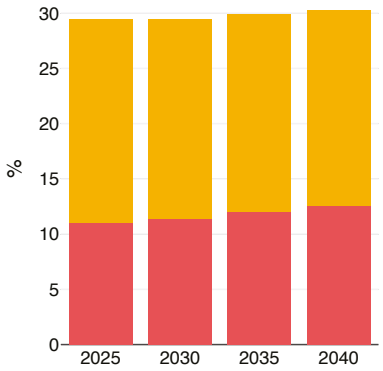
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**7,000**	**7,000**
Numbers of children with BMI-attributed hyperglycaemia	**3,000**	**3,000**
Numbers of children with BMI-attributed high triglycerides	**10,000**	**9,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**21,000**	**19,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**24.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**27.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**50.4%**
School-age children, including primary and secondary, receiving school meals	**64.9%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**80%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

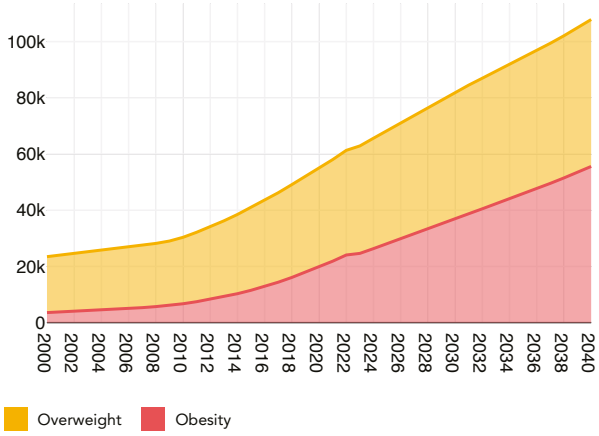
Solomon Islands

15,000

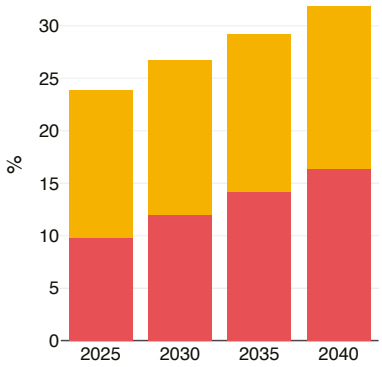
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



53,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**6,000**	**10,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,000**	**4,000**
Numbers of children with BMI-attributed high triglycerides	**8,000**	**13,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**16,000**	**29,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**38.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**11.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**20.9%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**84%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	52/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

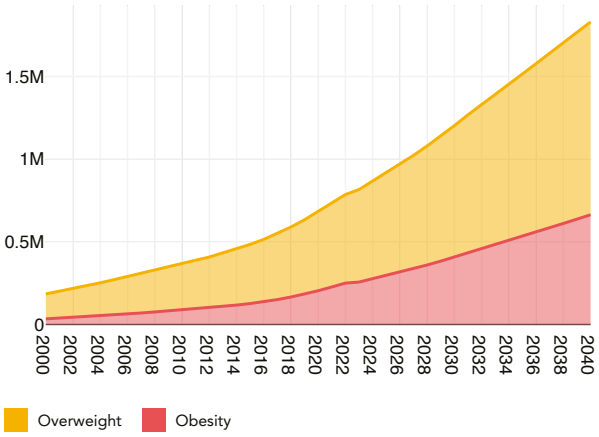
Somalia

412,000

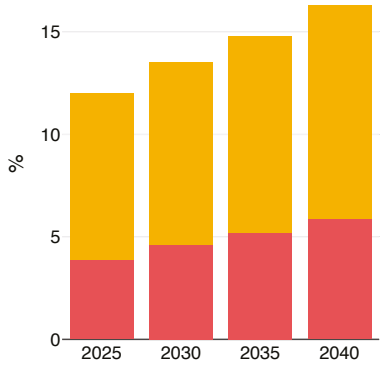
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



504,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**65,000**	**138,000**
Numbers of children with BMI-attributed hyperglycaemia	**31,000**	**62,000**
Numbers of children with BMI-attributed high triglycerides	**97,000**	**198,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**182,000**	**390,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**14.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**59.8%**
School-age children, including primary and secondary, receiving school meals	**1.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

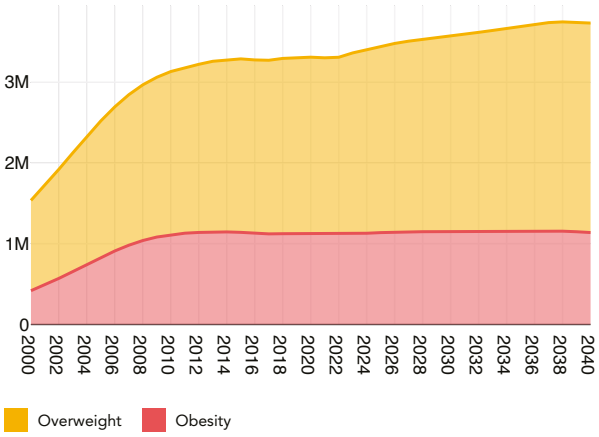
South Africa

1.080m

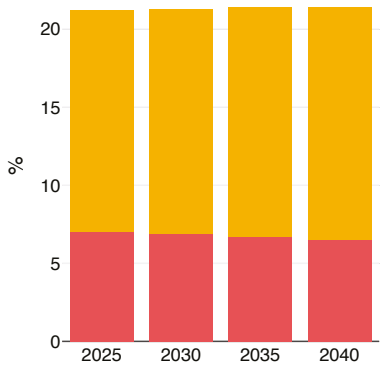
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



2.363m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**247,000**	**257,000**
Numbers of children with BMI-attributed hyperglycaemia	**116,000**	**125,000**
Numbers of children with BMI-attributed high triglycerides	**364,000**	**389,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**693,000**	**717,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**44.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**6.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**58.6%**
School-age children, including primary and secondary, receiving school meals	**72.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	87/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

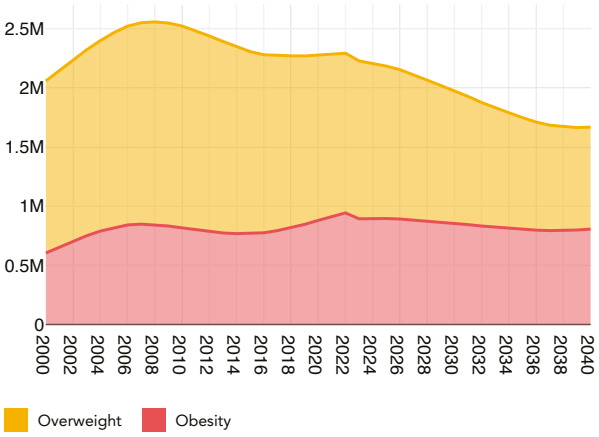
South Korea

672,000

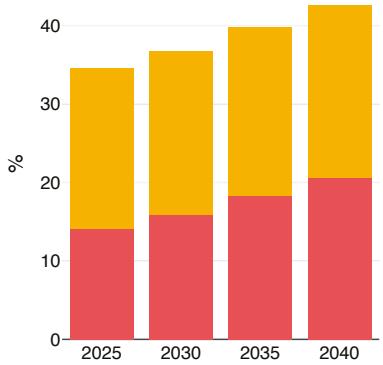
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.513m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**176,000**	**149,000**
Numbers of children with BMI-attributed hyperglycaemia	**75,000**	**58,000**
Numbers of children with BMI-attributed high triglycerides	**243,000**	**193,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**502,000**	**427,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**13.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**7.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**66.8%**
School-age children, including primary and secondary, receiving school meals	**98.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**94%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	26/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

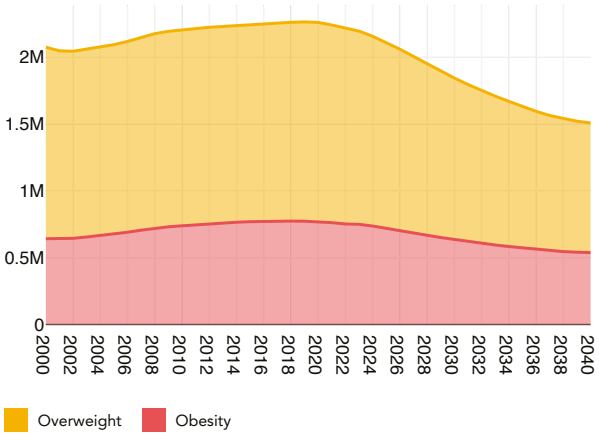
Spain

735,000

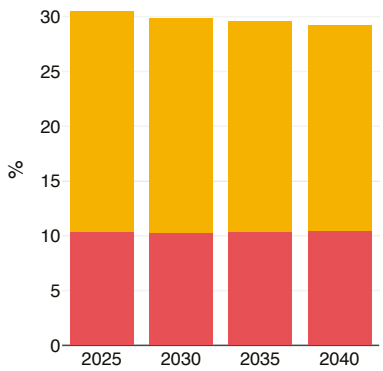
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.376m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**154,000**	**113,000**
Numbers of children with BMI-attributed hyperglycaemia	**71,000**	**51,000**
Numbers of children with BMI-attributed high triglycerides	**225,000**	**162,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**433,000**	**318,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**26.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**29.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**60.3%**
School-age children, including primary and secondary, receiving school meals	**20.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**77%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

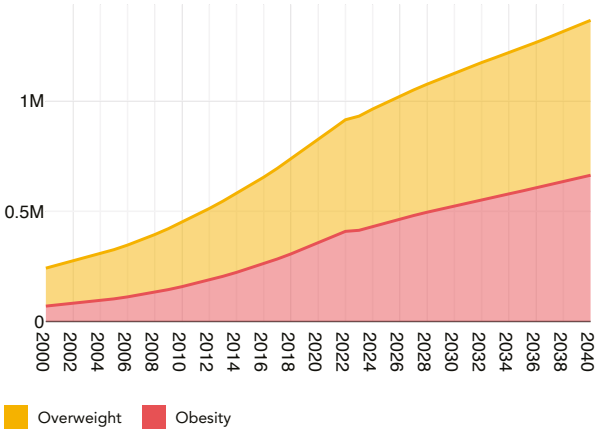
Sri Lanka

307,000

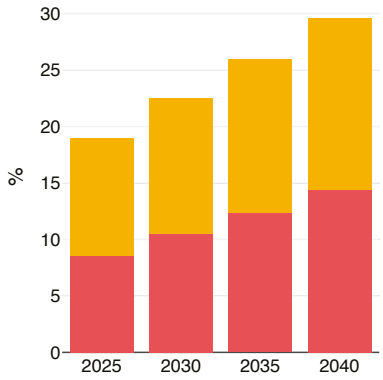
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



687,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**85,000**	**122,000**
Numbers of children with BMI-attributed hyperglycaemia	**34,000**	**48,000**
Numbers of children with BMI-attributed high triglycerides	**113,000**	**159,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**243,000**	**351,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**20.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**15.3%**
School-age children, including primary and secondary, receiving school meals	**23.7%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	69/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

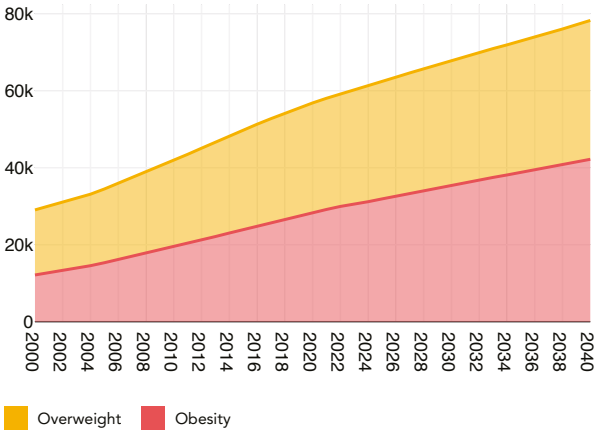
Suriname

21,000

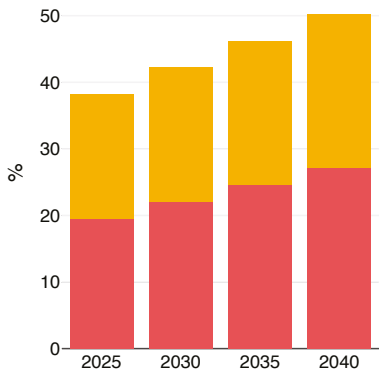
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



41,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**6,000**	**7,000**
Numbers of children with BMI-attributed hyperglycaemia	**2,000**	**3,000**
Numbers of children with BMI-attributed high triglycerides	**7,000**	**9,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**17,000**	**22,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.8%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**8.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**7.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**70.8%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**81%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

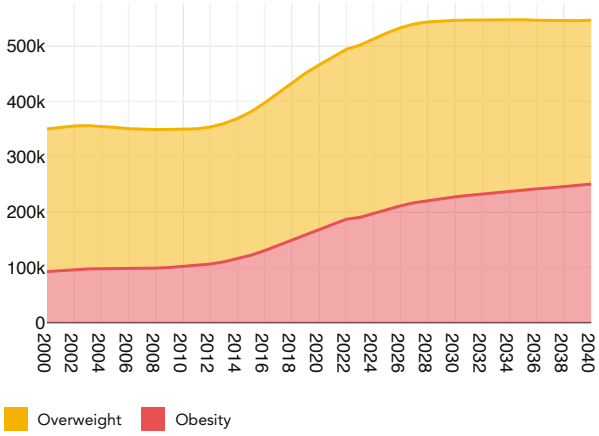
Sweden

188,000

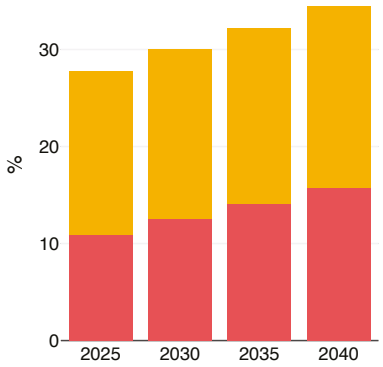
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



336,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**41,000**	**47,000**
Numbers of children with BMI-attributed hyperglycaemia	**18,000**	**19,000**
Numbers of children with BMI-attributed high triglycerides	**58,000**	**62,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**117,000**	**135,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**22.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**45.4%**
School-age children, including primary and secondary, receiving school meals	**100.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**85%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	32/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

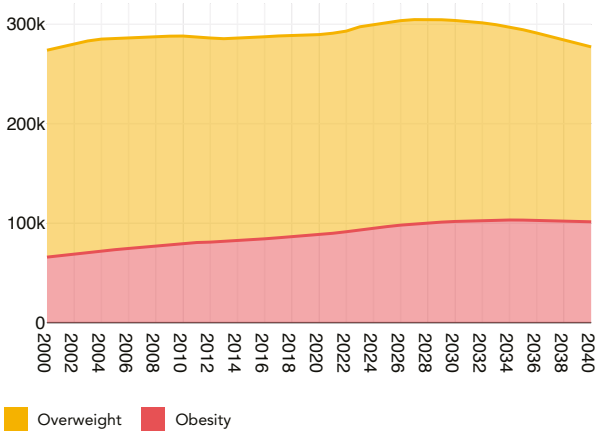
Switzerland

90,000

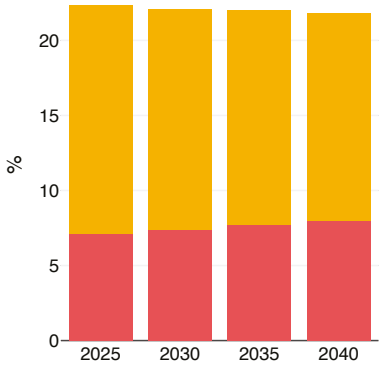
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



212,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**21,000**	**21,000**
Numbers of children with BMI-attributed hyperglycaemia	**10,000**	**9,000**
Numbers of children with BMI-attributed high triglycerides	**32,000**	**30,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**60,000**	**59,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**24.6%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**25.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**59.7%**
School-age children, including primary and secondary, receiving school meals	**40.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**86%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	40/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

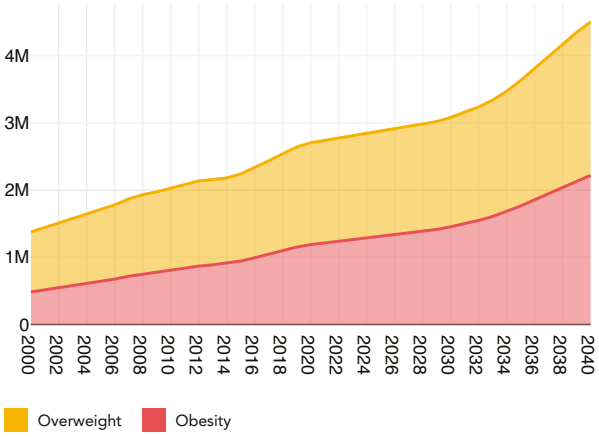
Syrian Arab Republic

749,000

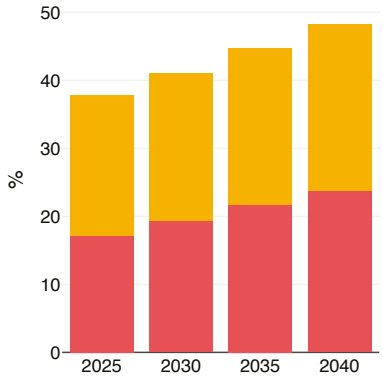
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



2.128m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**246,000**	**406,000**
Numbers of children with BMI-attributed hyperglycaemia	**100,000**	**157,000**
Numbers of children with BMI-attributed high triglycerides	**328,000**	**524,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**706,000**	**1,168,000**

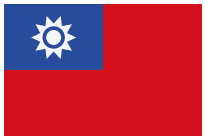
Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**47.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**8.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**4.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**47.7%**
School-age children, including primary and secondary, receiving school meals	**11.1%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**88%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	63/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*



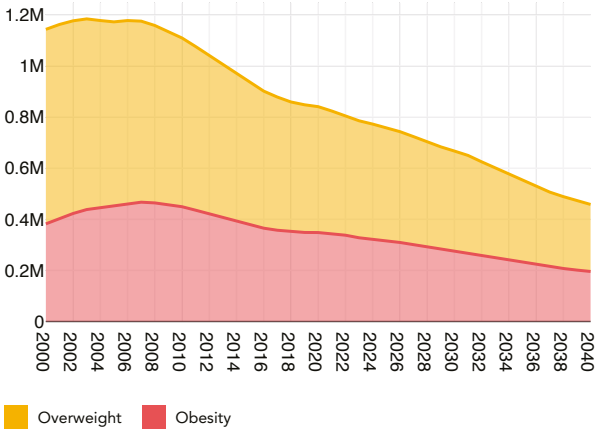
Taiwan

270,000

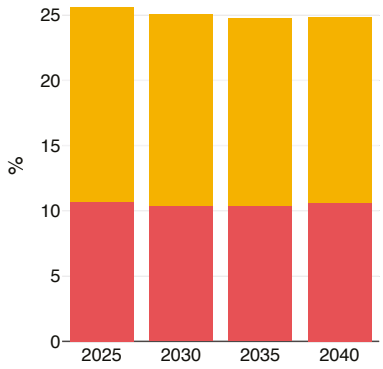
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



490,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**62,000**	**38,000**
Numbers of children with BMI-attributed hyperglycaemia	**26,000**	**16,000**
Numbers of children with BMI-attributed high triglycerides	**85,000**	**51,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**176,000**	**108,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**22.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**3.3%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**28.7%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	Not reported
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

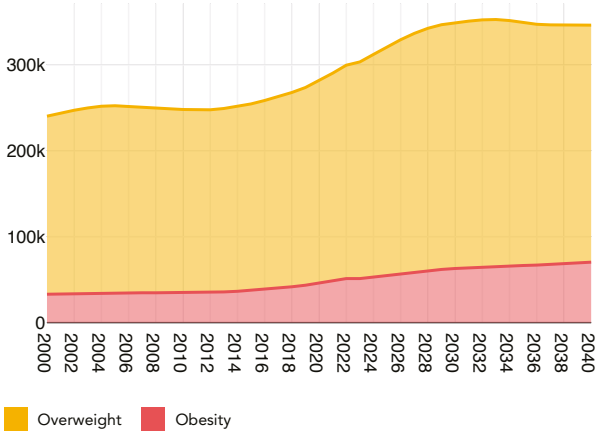
Tajikistan

103,000

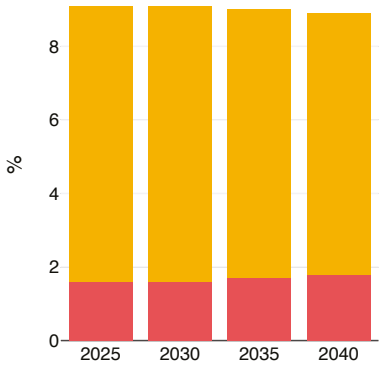
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



218,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	17,000	20,000
Numbers of children with BMI-attributed hyperglycaemia	10,000	11,000
Numbers of children with BMI-attributed high triglycerides	31,000	34,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	46,000	54,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	26.4%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	2.7%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	1.6%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	45.8%
School-age children, including primary and secondary, receiving school meals	23.5%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	150-200ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	Not available

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	70/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	No
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

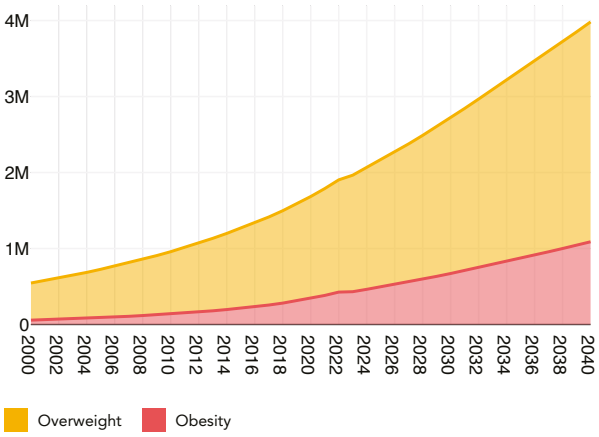
Tanzania

875,000

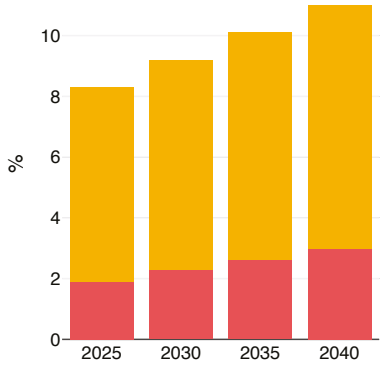
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.291m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**130,000**	**259,000**
Numbers of children with BMI-attributed hyperglycaemia	**71,000**	**132,000**
Numbers of children with BMI-attributed high triglycerides	**215,000**	**406,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**357,000**	**720,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**20.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**31.5%**
School-age children, including primary and secondary, receiving school meals	**40.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**82%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	78/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

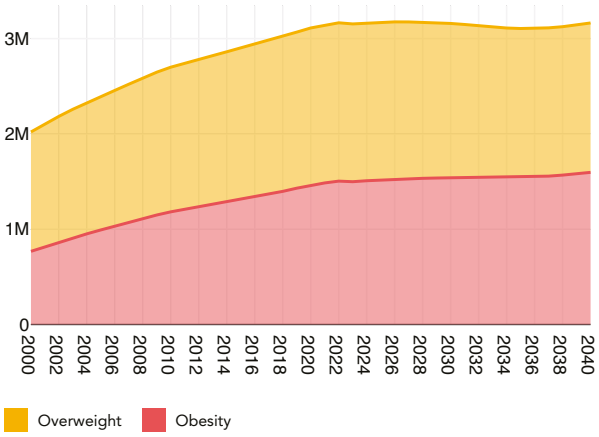
Thailand

1.008m

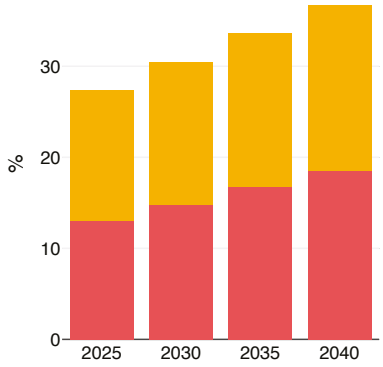
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



2.164m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**281,000**	**290,000**
Numbers of children with BMI-attributed hyperglycaemia	**110,000**	**111,000**
Numbers of children with BMI-attributed high triglycerides	**367,000**	**371,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**807,000**	**834,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**22.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**66.2%**
School-age children, including primary and secondary, receiving school meals	**31.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**77%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	65/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

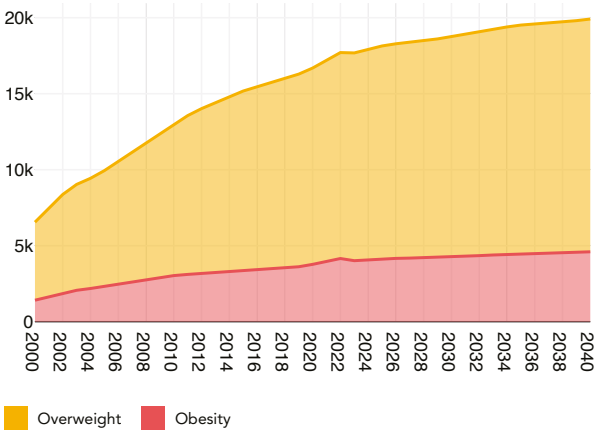
Timor-Leste

7,000

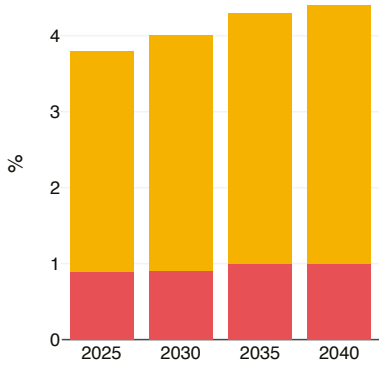
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



11,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	1,000	1,000
Numbers of children with BMI-attributed hyperglycaemia	595	654
Numbers of children with BMI-attributed high triglycerides	2,000	2,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	3,000	3,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	6.8%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	2.3%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	1.7%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	33.4%
School-age children, including primary and secondary, receiving school meals	65.8%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	350ml or more
School-age adolescents 11-17 years failing to meet physical activity recommendations	89%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	43/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

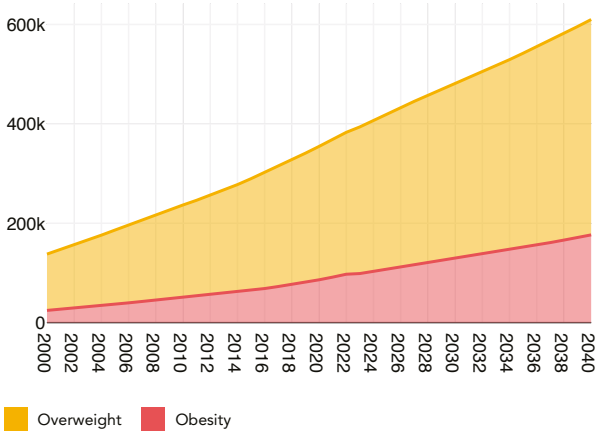
Togo

172,000

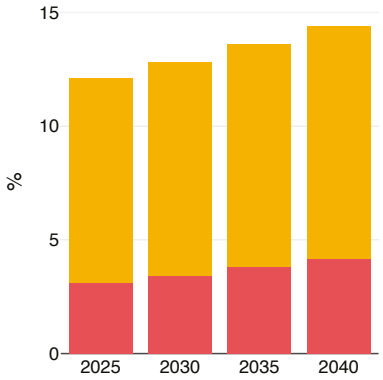
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



249,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**27,000**	**41,000**
Numbers of children with BMI-attributed hyperglycaemia	**14,000**	**20,000**
Numbers of children with BMI-attributed high triglycerides	**42,000**	**63,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**73,000**	**114,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**23.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**32.6%**
School-age children, including primary and secondary, receiving school meals	**7.3%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Tokelau

101

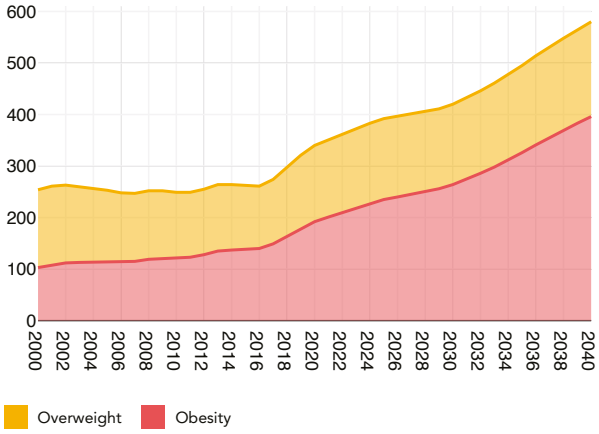
Children 5-9 years with overweight or obesity in 2025

291

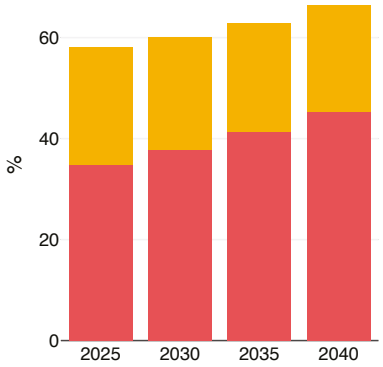
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**40**	**65**
Numbers of children with BMI-attributed hyperglycaemia	**14**	**21**
Numbers of children with BMI-attributed high triglycerides	**48**	**75**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**117**	**190**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**77.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**12.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**26.0%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**30.5%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	Not reported
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

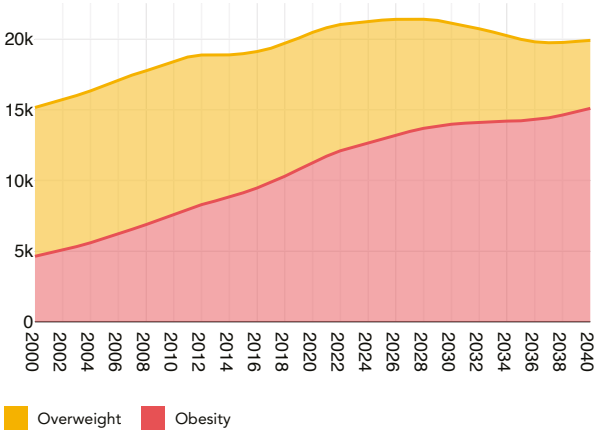
Tonga

6,000

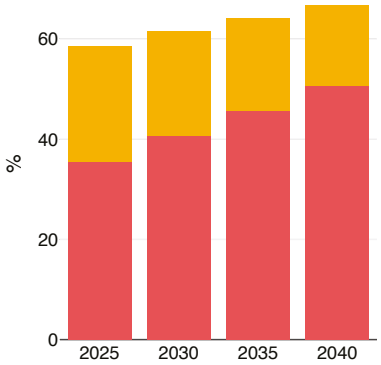
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



16,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**2,000**	**2,000**
Numbers of children with BMI-attributed hyperglycaemia	**765**	**738**
Numbers of children with BMI-attributed high triglycerides	**3,000**	**3,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**6,000**	**7,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**79.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**9.5%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**10.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**31.6%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**300-350ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**86%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	No
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

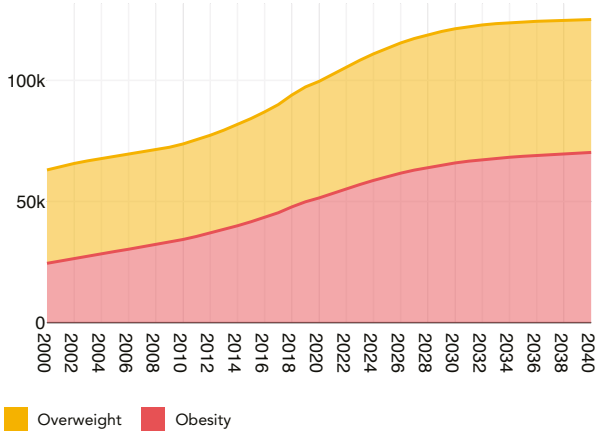
Trinidad and Tobago

33,000

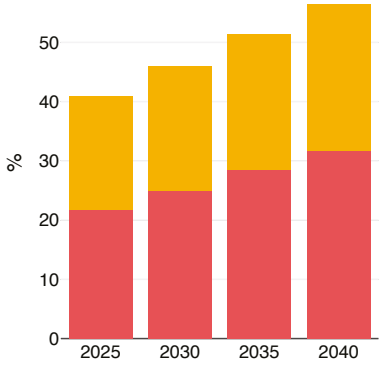
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



80,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	11,000	12,000
Numbers of children with BMI-attributed hyperglycaemia	4,000	4,000
Numbers of children with BMI-attributed high triglycerides	13,000	15,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	31,000	36,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	38.6%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	9.7%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	8.1%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	64.9%
School-age children, including primary and secondary, receiving school meals	28.5%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	350ml or more
School-age adolescents 11-17 years failing to meet physical activity recommendations	82%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	25/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

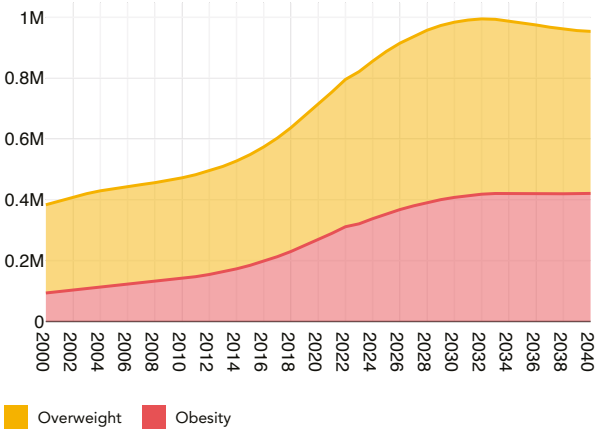
Tunisia

282,000

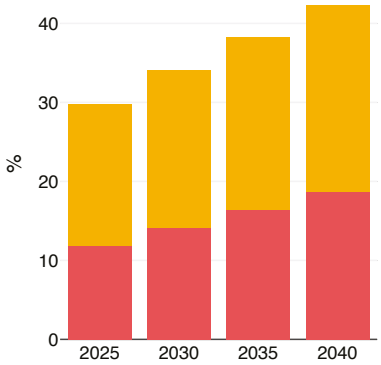
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



605,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**71,000**	**80,000**
Numbers of children with BMI-attributed hyperglycaemia	**30,000**	**33,000**
Numbers of children with BMI-attributed high triglycerides	**98,000**	**108,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**200,000**	**230,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**46.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**6.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**64.3%**
School-age children, including primary and secondary, receiving school meals	**15.5%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**81%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	64/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Turkey

2.221m

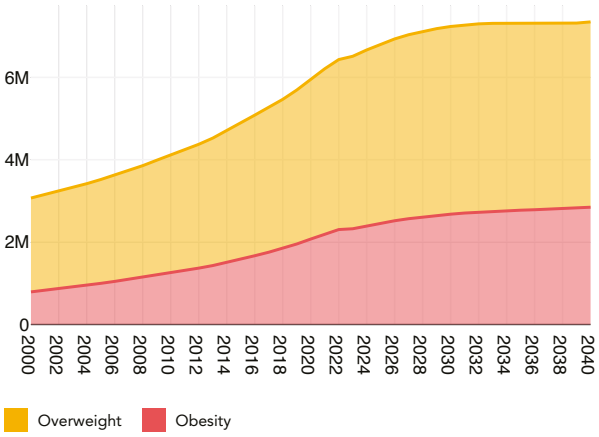
Children 5-9 years with overweight or obesity in 2025

4.586m

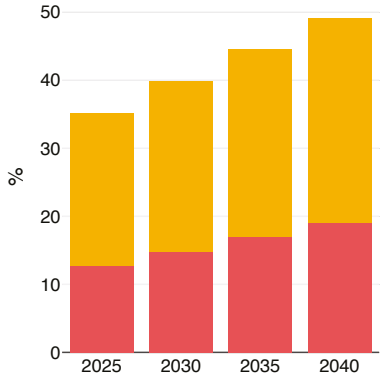
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**512,000**	**574,000**
Numbers of children with BMI-attributed hyperglycaemia	**231,000**	**251,000**
Numbers of children with BMI-attributed high triglycerides	**734,000**	**805,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**1,446,000**	**1,629,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**42.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**5.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**15.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**51.4%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**81%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	39/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

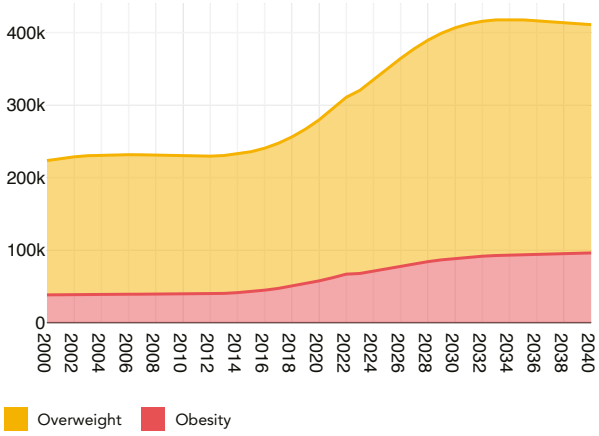
Turkmenistan

127,000

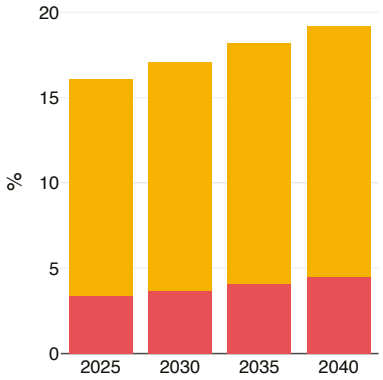
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



223,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**20,000**	**25,000**
Numbers of children with BMI-attributed hyperglycaemia	**11,000**	**14,000**
Numbers of children with BMI-attributed high triglycerides	**34,000**	**41,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**56,000**	**69,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**22.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.9%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**2.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**37.2%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**0-50ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	49/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Tuvalu

493

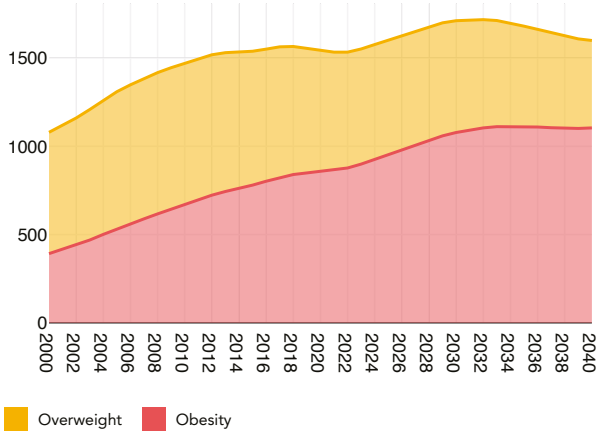
Children 5-9 years with overweight or obesity in 2025

1,000

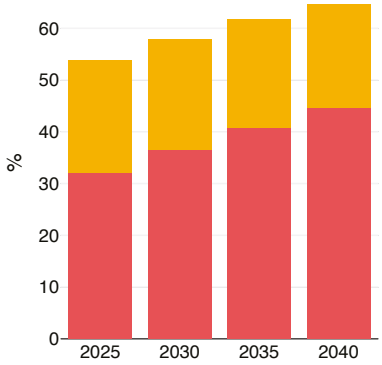
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**163**	**180**
Numbers of children with BMI-attributed hyperglycaemia	**57**	**58**
Numbers of children with BMI-attributed high triglycerides	**197**	**207**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**474**	**528**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**68.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**8.6%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**7.1%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**32.8%**
School-age children, including primary and secondary, receiving school meals	**0.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**Not available**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	No
Policies to promote physical activity in childcare settings	Not reported
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Uganda

1.239m

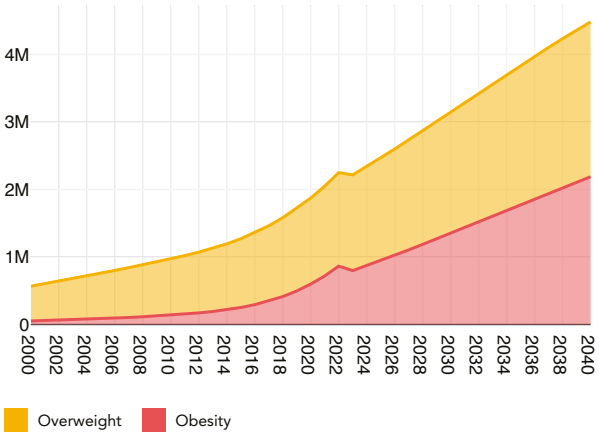
Children 5-9 years with overweight or obesity in 2025

1.228m

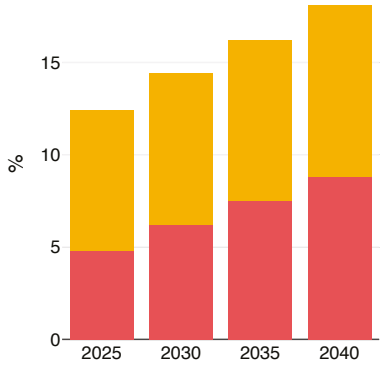
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**192,000**	**402,000**
Numbers of children with BMI-attributed hyperglycaemia	**84,000**	**156,000**
Numbers of children with BMI-attributed high triglycerides	**270,000**	**521,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**543,000**	**1,156,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**17.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.2%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.4%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**24.6%**
School-age children, including primary and secondary, receiving school meals	**7.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**86%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	83/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

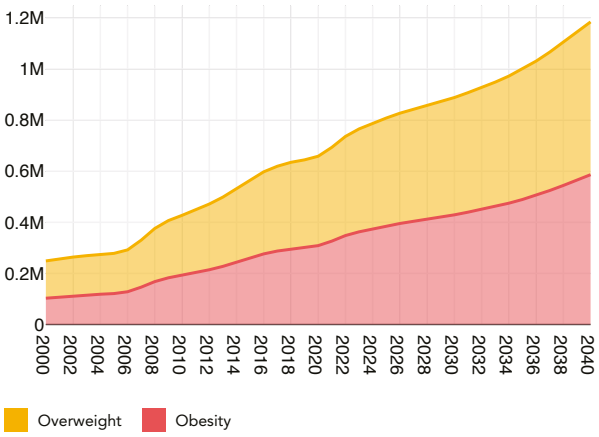
United Arab Emirates

284,000

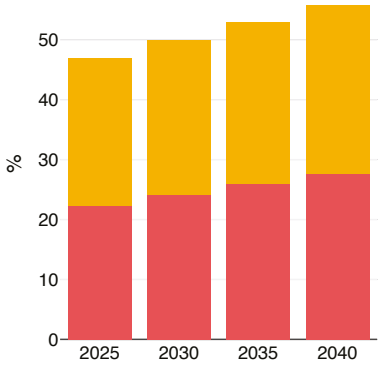
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



525,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**71,000**	**107,000**
Numbers of children with BMI-attributed hyperglycaemia	**28,000**	**41,000**
Numbers of children with BMI-attributed high triglycerides	**93,000**	**138,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**205,000**	**308,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**50.9%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**15.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.9%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**42.7%**
School-age children, including primary and secondary, receiving school meals	**23.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**82%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	79/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory and voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

United Kingdom

1.205m

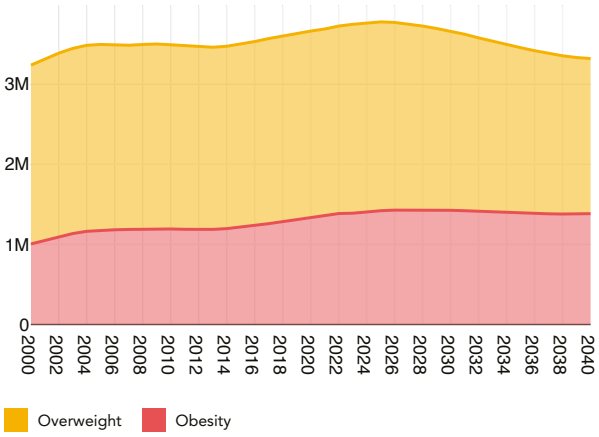
Children 5-9 years with overweight or obesity in 2025

2.572m

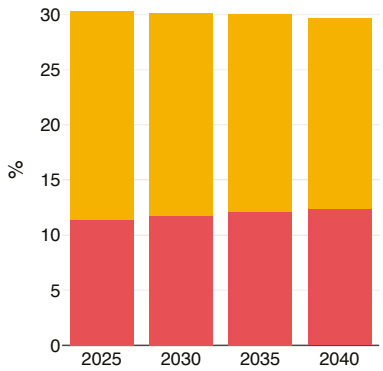
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**290,000**	**271,000**
Numbers of children with BMI-attributed hyperglycaemia	**128,000**	**114,000**
Numbers of children with BMI-attributed high triglycerides	**411,000**	**370,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**822,000**	**771,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**34.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**24.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**86.9%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**80%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	40/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

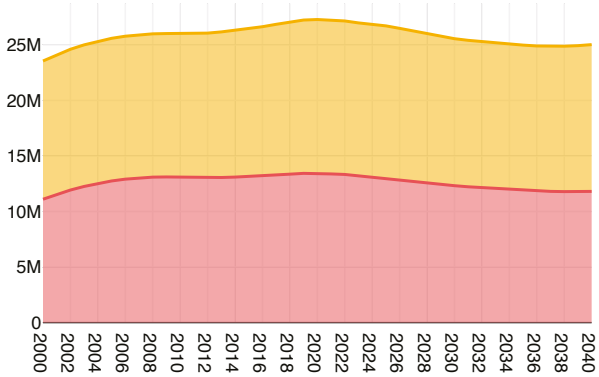
United States

7.660m

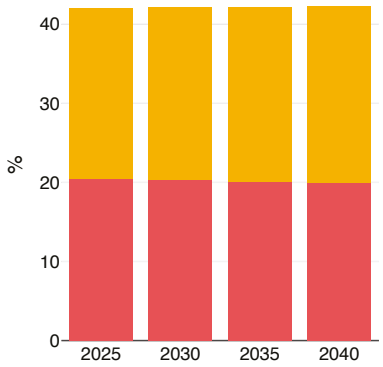
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Overweight Obesity

19.052m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**2,392,000**	**2,197,000**
Numbers of children with BMI-attributed hyperglycaemia	**932,000**	**870,000**
Numbers of children with BMI-attributed high triglycerides	**3,103,000**	**2,882,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**6,878,000**	**6,306,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**44.2%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**22.2%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**55.6%**
School-age children, including primary and secondary, receiving school meals	**58.6%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**72%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

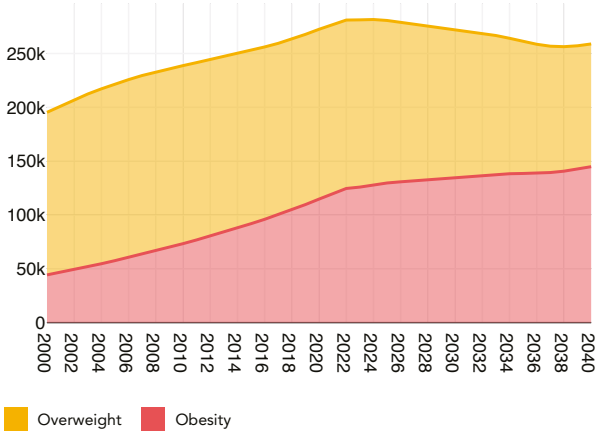
Uruguay

101,000

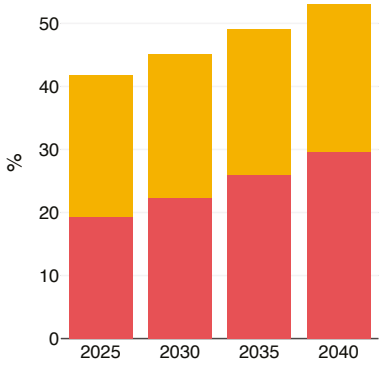
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



179,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**24,000**	**25,000**
Numbers of children with BMI-attributed hyperglycaemia	**10,000**	**9,000**
Numbers of children with BMI-attributed high triglycerides	**32,000**	**31,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**70,000**	**73,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**30.1%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**1.7%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**22.5%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**39.9%**
School-age children, including primary and secondary, receiving school meals	**26.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**350ml or more**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**82%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	47/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	Yes

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

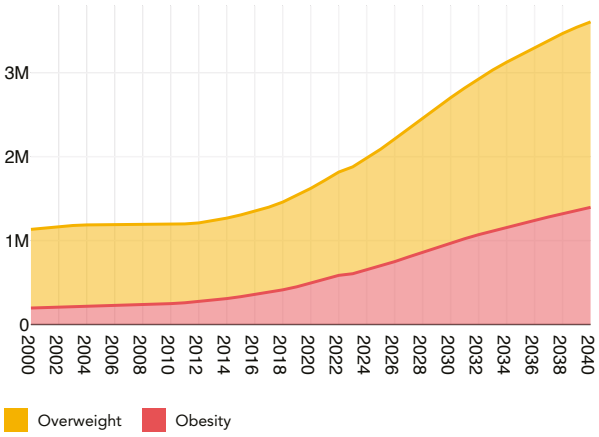
Uzbekistan

902,000

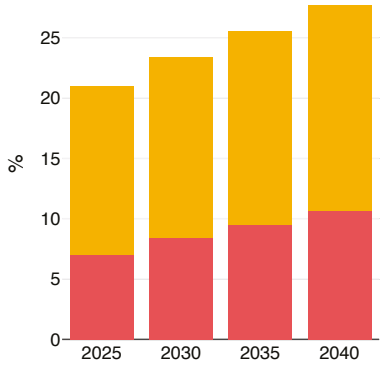
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



1.189m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**150,000**	**282,000**
Numbers of children with BMI-attributed hyperglycaemia	**70,000**	**123,000**
Numbers of children with BMI-attributed high triglycerides	**222,000**	**395,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**423,000**	**799,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**28.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.3%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**1.7%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**55.6%**
School-age children, including primary and secondary, receiving school meals	**4.0%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**100-150ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**Not available**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	43/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

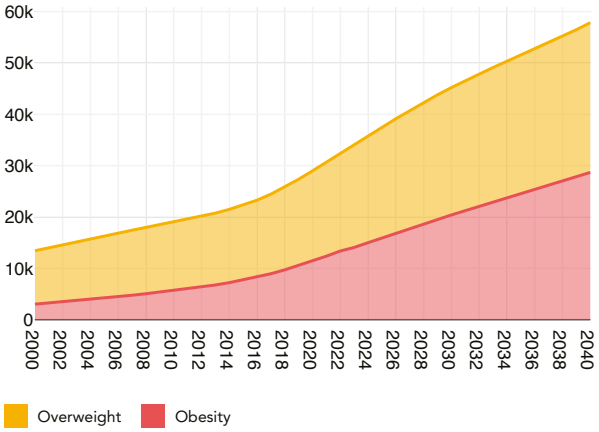
Vanuatu

11,000

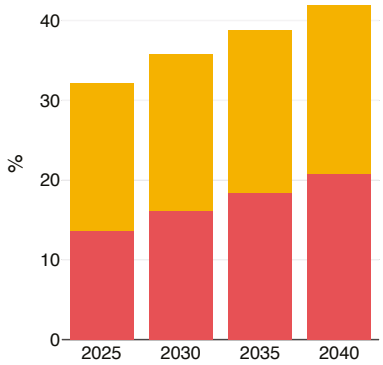
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



26,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	3,000	5,000
Numbers of children with BMI-attributed hyperglycaemia	1,000	2,000
Numbers of children with BMI-attributed high triglycerides	4,000	7,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	9,000	15,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	32.9%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	6.5%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	1.9%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	40.8%
School-age children, including primary and secondary, receiving school meals	0.0%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	100-150ml
School-age adolescents 11-17 years failing to meet physical activity recommendations	88%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	0/100
National guidelines for physical activity for children under 5 years	Yes
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Mandatory
National guidelines for physical activity for children 5-19 years	Yes
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

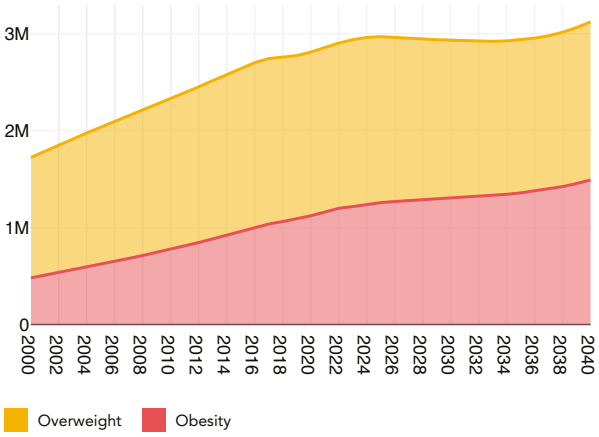
Venezuela

919,000

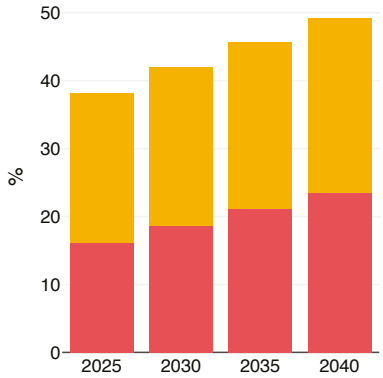
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



2.050m

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**244,000**	**276,000**
Numbers of children with BMI-attributed hyperglycaemia	**102,000**	**109,000**
Numbers of children with BMI-attributed high triglycerides	**332,000**	**361,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**696,000**	**793,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**46.5%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**4.4%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**5.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**66.1%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**89%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	74/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Not reported
School food provision: Obesity goals	Not reported
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Vietnam

2.226m

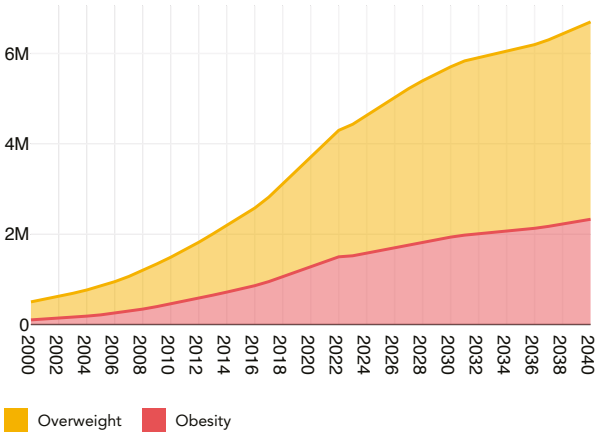
Children 5-9 years with overweight or obesity in 2025

2.610m

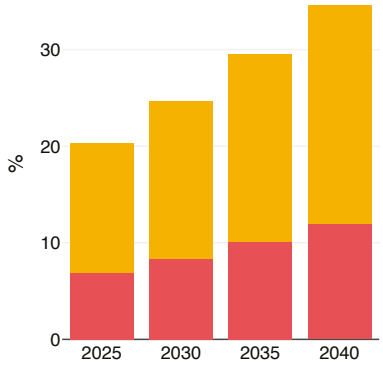
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**352,000**	**493,000**
Numbers of children with BMI-attributed hyperglycaemia	**163,000**	**226,000**
Numbers of children with BMI-attributed high triglycerides	**515,000**	**716,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**991,000**	**1,390,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**8.3%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.8%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.8%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**51.5%**
School-age children, including primary and secondary, receiving school meals	**Not reported**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**86%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	79/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	Yes
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	Yes
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	Not reported

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Yemen

1.629m

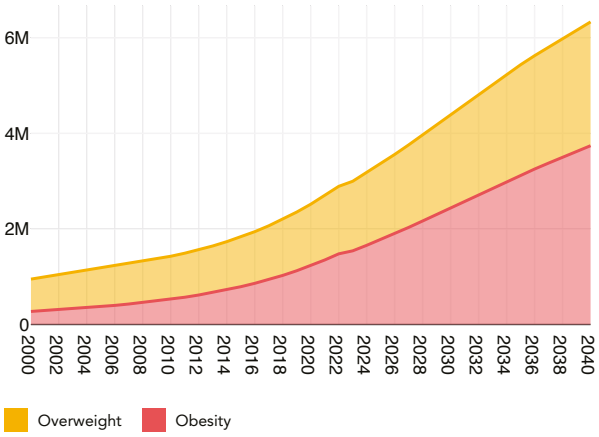
Children 5-9 years with overweight or obesity in 2025

1.736m

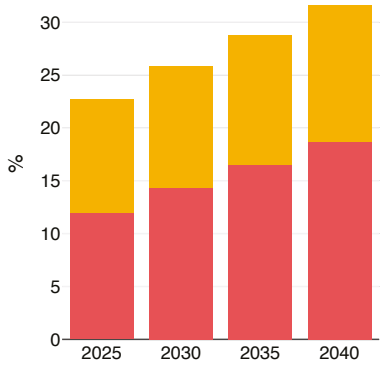
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	317,000	642,000
Numbers of children with BMI-attributed hyperglycaemia	119,000	226,000
Numbers of children with BMI-attributed high triglycerides	400,000	779,000
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	916,000	1,865,000

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	21.6%
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	4.5%
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	5.6%
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	62.3%
School-age children, including primary and secondary, receiving school meals	19.0%
School-age children 6-10 years quantity of sugary drinks consumed per day on average	350ml or more
School-age adolescents 11-17 years failing to meet physical activity recommendations	86%

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	57/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

Zambia

504,000

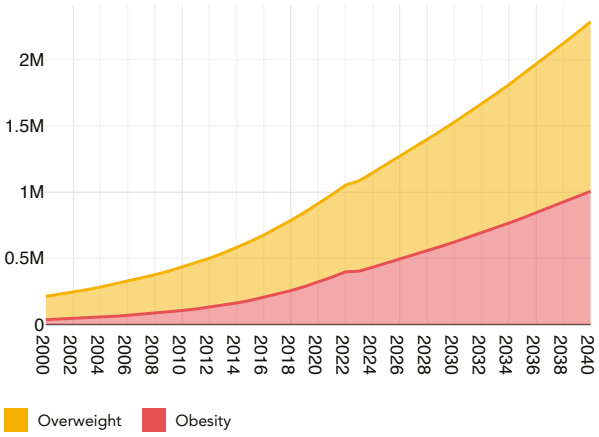
Children 5-9 years with overweight or obesity in 2025

703,000

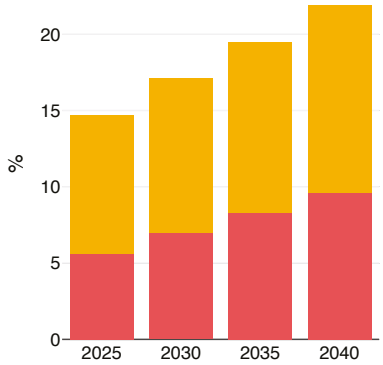
Children 10-19 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**94,000**	**192,000**
Numbers of children with BMI-attributed hyperglycaemia	**41,000**	**79,000**
Numbers of children with BMI-attributed high triglycerides	**132,000**	**258,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**266,000**	**550,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**20.0%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**3.0%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**24.7%**
School-age children, including primary and secondary, receiving school meals	**35.2%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**50-100ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**89%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	72/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Voluntary
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

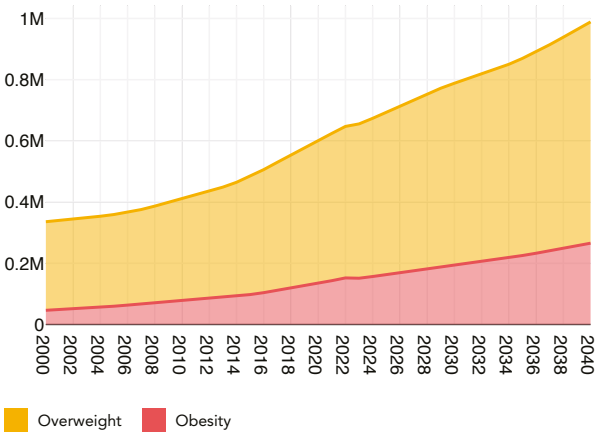
Zimbabwe

263,000

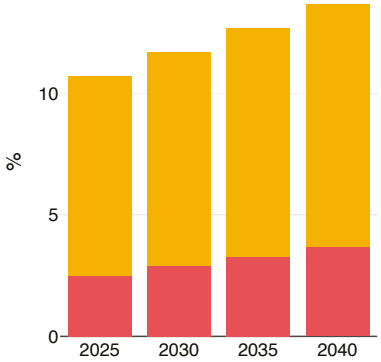
Children 5-9 years with overweight or obesity in 2025

Children 5-19 years with overweight or obesity

Numbers of children



Percentage of children



430,000

Children 10-19 years with overweight or obesity in 2025

Numbers of children 5-19 years with disease indicators attributed to high BMI

	2025	2040
Numbers of children with BMI-attributed hypertension	**42,000**	**64,000**
Numbers of children with BMI-attributed hyperglycaemia	**23,000**	**33,000**
Numbers of children with BMI-attributed high triglycerides	**69,000**	**101,000**
Numbers of children with BMI-attributed metabolic dysfunction-associated steatotic liver disease (MASLD) *	**116,000**	**177,000**

Preventable risks

Prenatal: Summary exposure value of high BMI among women 15-49 years	**25.7%**
Prenatal: Prevalence of Type-2 diabetes among women 15-49 years	**2.1%**
Prenatal: Summary exposure value of tobacco smoking among women 15-49 years	**0.6%**
Infancy: Summary exposure value of sub-optimal breastfeeding for infants 1-5 months	**42.0%**
School-age children, including primary and secondary, receiving school meals	**26.8%**
School-age children 6-10 years quantity of sugary drinks consumed per day on average	**150-200ml**
School-age adolescents 11-17 years failing to meet physical activity recommendations	**87%**

Policy actions

Implementation of the International Code of Marketing of Breast-milk Substitutes	81/100
National guidelines for physical activity for children under 5 years	Not reported
Policies to promote physical activity in childcare settings	No
School food provision: Nutrition goals	Yes
School food provision: Obesity goals	No
School food procurement for health (mandatory or voluntary)	Not reported
National guidelines for physical activity for children 5-19 years	Not reported
Policies to reduce children's exposure to food marketing	No

Sources: WOF estimates, WHO (GHO and GIFNA), UNICEF, World Bank, FAO, UN Population Division, NCD-RisC, IHME, IBFAN, GCNF, GDD
** MASLD was previously defined as NAFLD (Nonalcoholic Fatty Liver Disease)*

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Annex

Annex: Methods

Children under age 5

Projections of the prevalence of overweight and underweight (wasting) were based on the 2025 UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (JME). Estimates for overweight and underweight were taken from years 2000 to 2024, then the Excel FORECAST function was applied for years 2025 to 2040. The resulting trend lines are the mean projections with a widening range of possible values, and hence decreasing confidence in their level of accuracy. The trend lines show a slight variation around years 2024 and 2025, reflecting the transition from the smoothed model to the forecast estimates based on the previous twenty four years, but no attempt was made in the present report to adjust for this.

Current data were extracted from the same UNICEF/WHO/World Bank JME reports. For missing countries, estimates were created based on a regression of known obesity at age 5 years (from the NCD-RisC database) against the JME data for children under 5 years for countries where both data points were available, and the resulting regression formula applied to countries where only the former data points were available. Annual growth in prevalence used the standard formula for compound annual growth, providing the mean annualised change over a given time period (see https://en.wikipedia.org/wiki/Compound_annual_growth_rate).

School-age children (5-19 years)

Projections of the prevalence of overweight and obesity based on the NCD-RisC estimates for overweight and obesity (NCD-RisC, 2024) were produced by taking data from years 2010 to 2022 and applying the Excel FORECAST function for years 2023 to 2040. As stated previously, the resulting trend lines are the mean projections with a widening range of possible values, and hence decreasing confidence in their level of accuracy, and are themselves based on the modelled data provided by the NCD-RisC estimates, which themselves have a variable level of accuracy. Again, the trend lines show a slight variation around years 2022 and 2023 reflecting the transition from the smoothed model to the forecast estimates based on the previous 12 years. Similar to the method used for children under 5 years, annual growth in prevalence used the standard formula for compound annual growth, providing the mean annualised change over a given time period (see https://en.wikipedia.org/wiki/Compound_annual_growth_rate).

To generate the actual numbers of children living with overweight or obesity we have used modelled and projected prevalence data in conjunction with the estimates of national populations published by the United Nations (United Nations Population Division, 2024). These population projections have shifted significantly in recent years, with fewer children now being anticipated over the next two decades than was previously forecast.

Estimates of the early signs of non-communicable diseases in school-age children

Estimates and projections for the numbers of children likely to be affected by conditions indicating the early signs of NCDs are based on systematic reviews of prevalence data across a wide range of populations (Lobstein and Jackson-Leach, 2006; Sharma et al, 2019) and recent estimates in middle- and lower-income countries (Africa: Noubiap et al, 2017; China: Wang et al, 2019; India: Meena et al, 2021). The prevalence estimates used for the present analysis are shown in the table below. The numbers attributed to overweight and obesity (high BMI) were the difference between the numbers calculated from the prevalences shown in the table minus the number that would be expected if the entire population were in the 'not living with overweight' classification.

Prevalence of indicators for developing non-communicable diseases in school-age children

	Not living with overweight	Living with overweight not obesity	Living with obesity
Hypertension >90th centile	3.1%	6.5%	17.9%
Hyperglycaemia (fasting plasma glucose)	6.6%	9.7%	10.5%
High triglycerides	4.2%	12.6%	19.2%
MASLD (by ultrasound)	2.6%	10.9%	46.7%

Preventable risks

Summary exposure values (SEVs), produced by IHME, were used as measures of maternal overweight and obesity, maternal smoking, and insufficient breastfeeding in this report. While prevalence measures the proportion of a population affected, SEVs measure a population's exposure to a risk factor, while also taking into account the extent of exposure and the severity of that risk's contribution to disease burden. Values range from 0%, indicating the lowest possible risk to the population, to a maximum of 100%.

National Dietary Patterns – Food Consumption Data

In this report, data on food supply quantity and sales have been used as proxy values for estimated per capita consumption of sugar, salt and UPFD. Although this does not account for food that is lost to waste, it provides a good proxy in the absence of national survey data.

FAO produces food balance sheets, compiling comprehensive data on a country's food supply and utilisation over the course of a year. Data on the national food supply of sugar (raw equivalent), which includes the raw sugar used to produce processed sugar products, measured in kilograms per capita per year were taken from FAO Food Balance Sheets (2023). These were then used to produce estimates of national daily per capita sugar consumption in grams per capita per day.

Estimated national-level salt consumption data (in grams per capita per day) were obtained from the WHO Global Report on Sodium Intake Reduction (2023). These estimates were originally calculated by the IHME, using a range of data sources including 24-hour urinary sodium excretion surveys, dietary self-report surveys, and food supply data. They provide estimates for the population aged 25 and over.

Estimated national-level UPFD consumption data (in kilograms per capita per year) were obtained from a study by Vandevijvere et al. (2019). They used total volume sales per capita data from Euromonitor. Products were classified as UPFD according to the NOVA classification system.

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Please note that we used a greater number of categories for the map (Figure 5.1) than for the scorecards, with six categories rather than three, to improve visual clarity and make differences easier to distinguish.

Map keys

To maintain visual clarity, the map legend categories are rounded to the nearest whole number. However, the underlying data were calculated and mapped to one decimal place. For example, where the legend shows ranges of 10–20% and 20–30%, the actual data intervals used were 10.0–19.9% and 20.0–29.9%, respectively.

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