

NCD Team



Alarming Rise: Obesity Statistics Reveal Urgent Health Crisis in Africa!

Rationale

In 2022, more than 890 million adults were living with obesity worldwide. During that year, approximately 16% of adults aged 18 and over worldwide were obese. The global prevalence of obesity more than doubled between 1990 and 2022. While only 2% of children and adolescents aged 5 to 19 were obese in 1990 (31 million young people), this percentage increase to 8% (160 million young people) in 2022. In 2019, a higher than-optimal BMI caused around 5 million deaths from non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancers, disorders neurological diseases, chronic respiratory diseases, and digestive disorders. This factsheet provides key information on the obesity situation in the African Region. Data comes from the new NCD estimate on obesity published in 2024 by the World Health Organization.

Key messages

- Obesity results from an imbalance of energy intake (diet) and energy expenditure (physical activity). In most cases, obesity is a multifactorial disease due to obesogenic environments, psychosocial factors, and genetic variants. In a subgroup of patients, single major etiological factors can be identified (medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome).
- The latest data show that the prevalence of adult obesity in the African Region increased from 8.64% in 2010 to 12.08% in 2022.
- In the African Region, South Africa had the highest proportion of obese adults in 2022 (around 3 in 10 adults), followed by Eswatini and Seychelles.
- The prevalence of child obesity in the African Region has almost doubled in 12 years, from 2.92% in 2010 to 5.27% in 2022.
- At the 75th World Health Assembly in 2022, Member States demanded and adopted new recommendations for preventing and managing obesity and endorsed the WHO Acceleration plan to stop obesity.

Overview of obesity

Obesity is a chronic, complex condition defined by excessive fat deposits that can impair health. It can lead to an increased risk of type 2 diabetes and heart disease, affect bone health and reproduction, and increase the risk of certain cancers.

Obesity influences the quality of life, such as sleeping or moving. The diagnosis of obesity is made by measuring people's weight and height and by calculating the body mass index (BMI): weight (kg)/height (m²). The body mass index is a surrogate marker of fatness, and additional measurements, such as waist circumference, can help diagnose obesity. The BMI categories for defining obesity vary by age and gender in infants, children and adolescents.

WHO defines obesity as follows:

- BMI greater than or equal to 30 (Adults).
- Greater than 2 standard deviations above the WHO Growth Reference median (children aged between 5-19 years).
- Weight-for-height greater than 3 standard deviations above the WHO Child Growth Standards median (children under 5 years of age).

Causes of obesity

Obesity results from an imbalance of energy intake (diet) and energy expenditure (physical activity). In most cases, obesity is a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome).

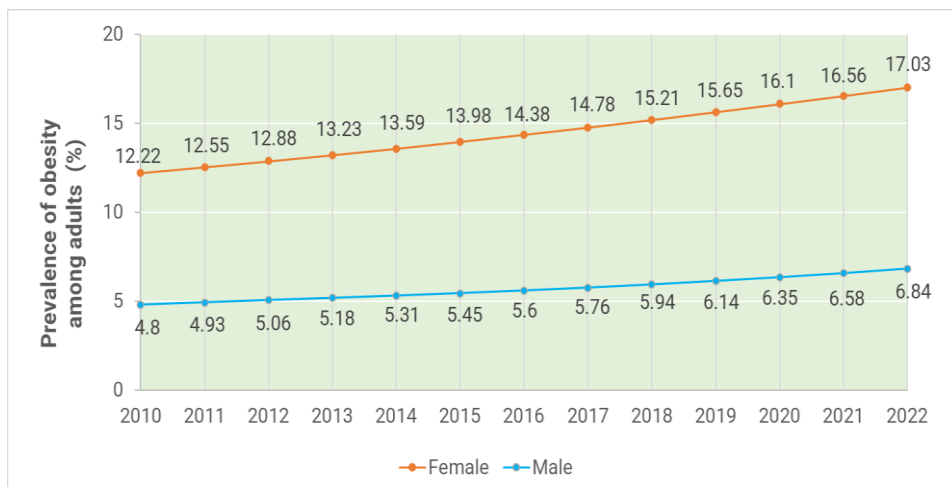
The obesogenic environment exacerbating the likelihood of obesity in individuals, populations and in different settings is related to structural factors limiting the availability of healthy, sustainable food at locally affordable prices, lack of safe and easy physical mobility into the daily life of all people, and absence of adequate legal and regulatory environment. At the same time, the lack of an effective health system response to identify excess weight gain and fat deposition in their early stages is aggravating the progression to obesity.

Consequences

- The health risks caused by obesity are increasingly well-documented and understood. In 2019, higher-than-optimal BMI caused an estimated 5 million deaths worldwide from non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancers, neurological disorders, chronic respiratory diseases, and digestive disorders.
- Childhood and adolescent obesity have adverse psychosocial consequences; it affects school performance and quality of life, compounded by stigma, discrimination and bullying. Children with obesity are very likely to be adults with obesity and are also at a higher risk of developing NCDs in adulthood.
- The economic impacts of the obesity epidemic are also important. If nothing is done, the global costs of overweight and obesity are predicted to reach US\$ 3 trillion per year by 2030 and more than US\$ 18 trillion by 2060.
- Finally, the rise in obesity rates in low-and middle-income countries, including among lower socio-economic groups, is fast globalizing. This problem was once associated only with high-income countries.

Burden of obesity

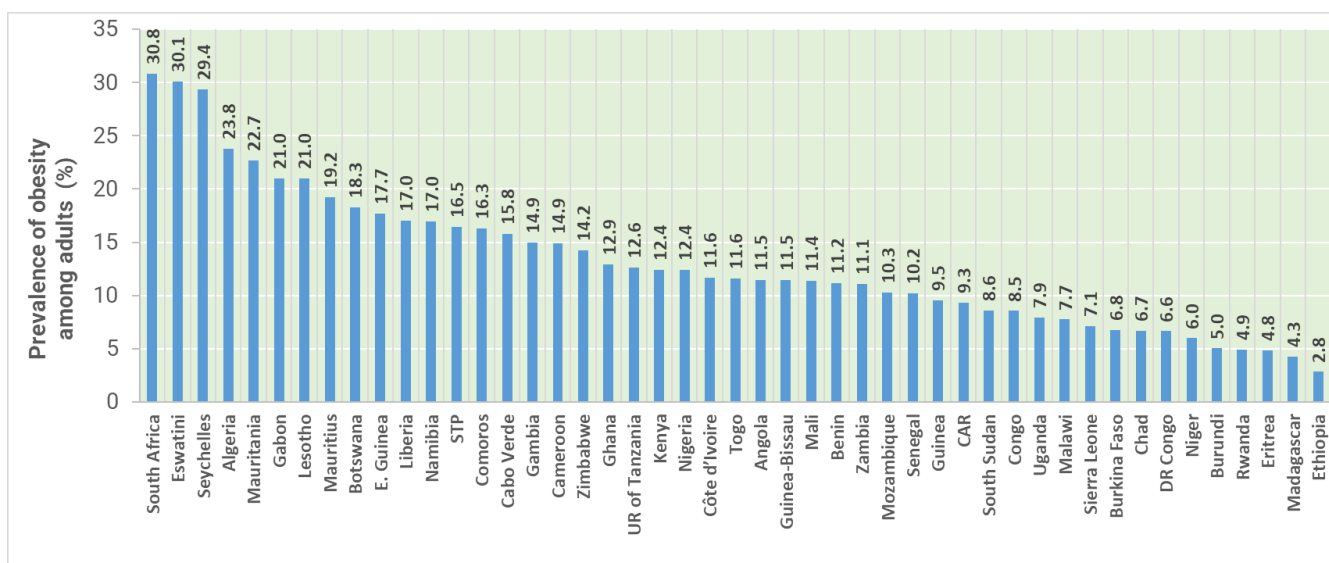
Prevalence of obesity among adults in the African region



- The latest data show that the adult obesity prevalence in the African Region was around 12.08% in 2022, up from 8.64% in 2010.
- In addition, about 17 in 100 adult women (18 years and older) in the African Region were obese in 2022 compared to about 12 in 100 in 2010.
- An increase of about five obese adult women per 100 in 12 years. Compared with adult men, only about 7 in 100 in the Region were obese in 2022 (see Figure 1).

Figure 1: Trends in obesity prevalence (%) among adults (18 years and older) in the African Region, 2010-2022 (Source: WHO)

- In the African Region, South Africa was the country with the highest proportion of obese adults in 2022 (30.8%), followed by Eswatini (30.01%) and Seychelles (29.4%) (see Figure 2).
- However, Ethiopia (2.8%), Madagascar (4.3%) and Eritrea (4.8%) were the countries with the lowest proportions of obese adults in 2022.



E. Guinea: Equatorial Guinea STP: Sao Tome and Principe UR of Tanzania: United Republic of Tanzania
 CAR: Central African Republic DR Congo: Democratic Republic of the Congo

Figure 2: Obesity prevalence (%) among adults (18 years and older) by African region country, 2022 (Source: WHO).

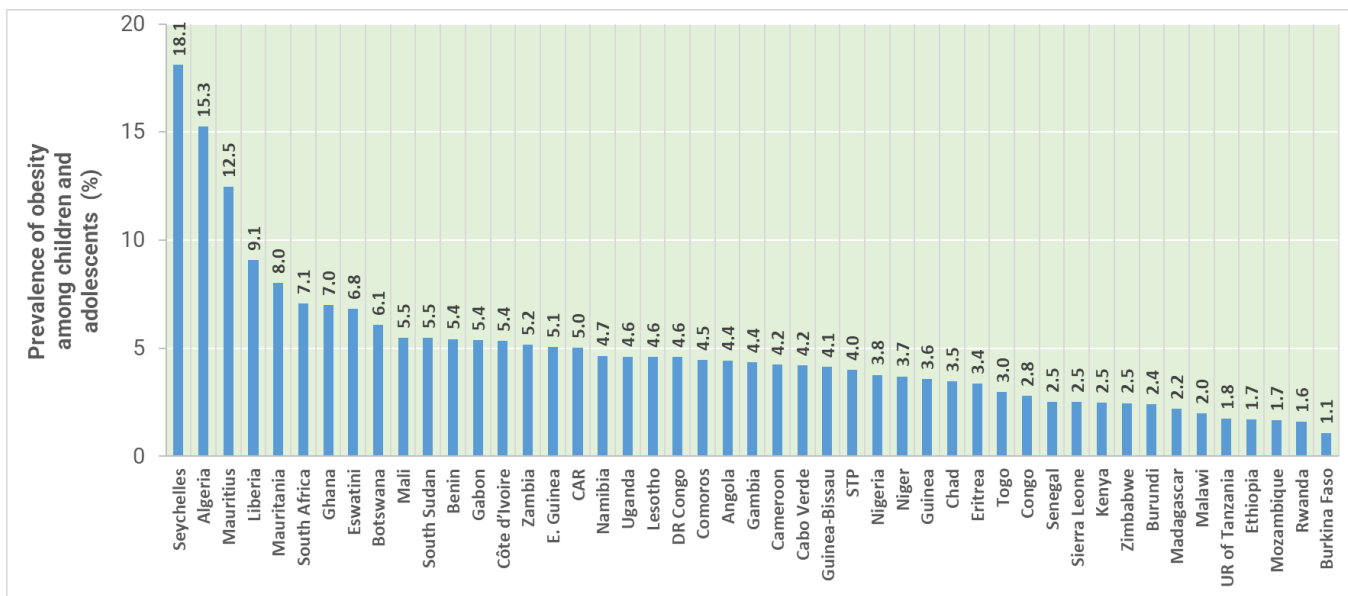
Prevalence of obesity among children and adolescents in the African region

- Data show that the children obesity prevalence in the African Region has almost doubled in 12 years, going from 2.92% in 2010 to 5.27% in 2022.
- Similarly, among adolescents (10-19 years), the prevalence of obesity is also increasing rapidly. It went from 1.89% to 3.19% in 12 years (see Figure 3).



Figure 3: Trends in obesity prevalence (%) among children (5-9 years) and adolescents (10-19 years) in the African Region countries, 2010-2022 (Source: WHO).

- In the African Region, Seychelles was the country with the highest proportion of obese children and adolescents (5-19 years) in 2022 (18.1%, around 18 in 100 children and adolescents), followed by Algeria (15.3) and Mauritius (12.5) (see Figure 4).
- However, Burkina Faso (1.1%), Rwanda (1.6%) and Mozambique (1.7%) were the countries with the lowest proportions of obese children and adolescents in 2022.



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Figure 4: Obesity prevalence (%) among children and adolescents (5-19 years and older) by African region country, 2022 (Source: WHO).

Prevention and management of obesity

Obesity, as well as their related noncommunicable diseases, are largely preventable and manageable.

At the individual level, people can reduce their risk by adopting preventive interventions at each life cycle step, starting from pre-conception and continuing during the early years. These include:

- Ensure appropriate weight gain during pregnancy.
- Practice exclusive breastfeeding in the first six months after birth and continue breastfeeding until 24 months or beyond.
- Support children's behaviours around healthy eating, physical activity, sedentary behaviours, and sleep, regardless of their current weight status.
- Limit screen time.
- Limit sugar-sweetened beverages and energy-dense foods and promote other healthy eating behaviours.
- Enjoy a healthy life (healthy diet, physical activity, sleep duration and quality, avoiding tobacco and alcohol, emotional self-regulation).
- Limit energy intake from total fats and sugars and increase consumption of fruit and vegetables, legumes, whole grains and nuts.
- Engage in regular physical activity.

Health practitioners need to

- Assess the weight and height of people accessing the health facilities.
- Provide counselling on healthy diet and lifestyles.
- When a diagnosis of obesity is established, integrated obesity prevention and management health services, including healthy diet, physical activity, and medical and surgical measures, are provided.
- Monitor other NCD risk factors (blood glucose, lipids and blood pressure) and assess the presence of comorbidities and disability, including mental health disorders.

WHO Response

- WHO has recognized the need to tackle the global obesity crisis urgently for many years.
- The World Health Assembly Global Nutrition Targets, aiming to ensure no increase in childhood overweight and the NCD target to halt the rise of diabetes and obesity by 2025 were endorsed by WHO Member States. They recognized that accelerated global action is needed to address the pervasive and corrosive problems of the double burden of malnutrition.
- At the 75th World Health Assembly in 2022, Member States demanded and adopted new recommendations for preventing and managing obesity and endorsed the WHO Acceleration plan to stop obesity. Since its endorsement, the acceleration plan has shaped the political environment to generate the impetus for sustainable change, created a platform to shape, streamline, and prioritize policy, supported implementation in countries, and driven impact and strengthened accountability at national and global levels.

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Sources

Data are from WHO : [The Global Health Observatory](#) and [integrated African Health Observatory](#).

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