



# **DATA ANALYTICS CHALLENGE 2022 CASE COMPETITION**



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We are excited to have you with us at the case competition and looking forward to sharing the passion for data and analytics throughout the weekend!

# PRACTICAL INFORMATION

## Support

**SUPPORT EMAIL:** case@inviso.dk

### SATURDAY

10:00 - 22:00

Support from Inviso by Devoteam.  
Helpers will circulate between all floors.

10:00 - 12:00

Drop-in IT support with  
Inviso by Devoteam - canteen, 4<sup>th</sup> floor

10:30 - 12:00 & 13:00 - 14:00

Drop-in support session on case related  
questions with Novo Nordisk - 1<sup>st</sup> floor

### SUNDAY

09:00 - 12:00

Support from Inviso by Devoteam.  
Helpers will circulate between all floors.

## WIFI

Name:

Glkongevej3E Guests

Password:

#MakeItCount

**Sunday we will go to  
Novo Nordisk  
by bus to present our cases**

## Contact information

### INVISIO REPRESENTATIVES:

Laura Hegaard.....+45 24 24 45 37  
Karoline Rosenstand.....+45 31 37 86 91  
Michella Hinrichsen .... +45 23 36 69 78

**Please** check your email  
once in a while. If there are  
changes in the schedule we  
will send the information to  
your email.

## Smoking

Smoking is allowed on the  
rooftop terrace (through the  
canteen and up the  
staircase) or in the courtyard.

## Snacks and food

You can find plenty of snacks  
and drinks on each floor -  
look for the signs. Breakfast,  
lunch and dinner will be  
served in the canteen,  
4<sup>th</sup> floor.

## Toilets

You will find toilets at 1<sup>st</sup> and  
4<sup>th</sup> floor - look for the signs.



# THE CASE COMPETITION WEEKEND

## SATURDAY

**08:30 - 09:00**

Welcome Croissant & Coffee

**09:00 - 10:00**

Company presentations  
and case release

**10:00 - 12:00**

Case Work

**10:00 - 12:00**

Drop in IT support session with  
Inviso by Devoteam, 4<sup>th</sup> floor

**10:30 - 12:00 & 13:00 - 14:00**

Drop in session with Novo Nordisk,  
Lounge, 1<sup>st</sup> floor

**12:00 - 13:00**

Lunch, 4<sup>th</sup> floor

**13:00 - 18:00**

Case work

**18:00 - 19:00**

Dinner, 4<sup>th</sup> floor

**18:00 - 22:00**

Case work

**22:00**

Inviso by Devoteam office close

## SUNDAY

**08:30 - 09:00**

Croissant & Coffee

**09:00 - 12:00**

Case work

**12:00**

Submission of case at latest

**12:15 - 13:30**

Transport to Novo Nordisk and lunch

**13:30 - 14:00**

Practical information and teams  
divided into breakout rooms

**14:00 - 15:15**

Case presentations for jury in groups

**15:15 - 15:30**

Voting and Announcement

**15:45 - 17:15**

Grand final case presentations,  
auditorium

**17:15 - 17:30**

Voting

**17:30 - 18:00**

Award ceremony

**18:00 - 19:00**

Dinner

**19:00 - 19:30**

Transportation back to  
Inviso by Devoteam

## Any Questions?

If you have any questions during the weekend, just reach out to the case competition-team. We will be available on the 1<sup>st</sup> and 4<sup>th</sup> floor the entire weekend and in Bagsværd.

If you have any questions when you're not at Gammel Kongevej 3E, send us an email at [case@inviso.dk](mailto:case@inviso.dk) and we'll get back to you ASAP.

# ABOUT INVISO BY DEVOTEAM

## Background info

Inviso was founded in 2014 and is located at Vesterbro. Currently, we are 90+ employees - and are growing by the month. We believe working with data and analytics should be fun and easy which is why we work with the best self-service BI tools.

In August 2020, Inviso was acquired by Devoteam and thus became a part of the Devoteam group. It is now called Inviso by Devoteam.

Our consultants have a wide variety of educational backgrounds. Most are from Copenhagen University, CBS, DTU or ITU where their main focus has been on economics, statistics, business and/or IT. Although we have different backgrounds, we all have one thing in common: our passion for data and analytics.

We deliver projects for regional and international leaders in various industries, including clients such as Novo Nordisk, Adidas, Volkswagen, Siemens and Tryg.

## What do we do?

We love data and analytics – and, mostly, we love to help companies derive business value from data via analytics. We achieve that through our three core offerings: solutions, training and advisory.

### SOLUTIONS

Building data and analytics solutions for our clients is at our core – this is where we get our hands dirty with data. We use the best self-service tools to transform our clients' business requirements into working solutions. This can be everything from creating management dashboards to developing advanced analytical models.

### TRAINING

We believe that our clients' analysts should also be data and analytics experts. Through our classroom and 1:1 trainings, we enable our clients to become masters of the self-service tools so they can build out future solutions themselves.

### ADVISORY

Our advisory services have one core focus: helping clients to start or accelerate their data and analytics journey. We do so through strategic work where we advise how to organise analytics teams, set up processes and governance and build the right technological infrastructure.

Our three offerings often intertwine and through a combination of building solutions, providing training and giving strategic advice, we succeed in helping companies derive business value from data and analytics.

# WHAT IS IT LIKE WORKING AT INVISO BY DEVOTEAM?

As we strive to be the best on the market we invest both time and resources in developing our staff through professional courses, training and conferences.

When new colleagues join, they will join our intensive on-boarding programme that covers all the bases for being a consultant. The programme is for both students and full-timers.

We believe that the best solutions come when you work closely together as a team. Our part-time students work on equal terms with the rest of the team and we expect everyone to take responsibility from day one. We appreciate each other's talents and when the work is done, we enjoy unwinding together at our Friday bar!

The monthly Friday bar is not the only social event at Inviso by Devoteam. You can join our training sessions every week or participate in the



events organised by our Sports Club or Culture Club. Each year, we also go to a conference (e.g. Alteryx in London) and have an all-company off-site event (e.g. San Francisco). Besides the organised events, we are in general a very social company where there is time to hang out in our lounge, grab a cup of coffee and eat snacks from our well-assorted snack cabinet.

## Sounds like fun?

We are constantly looking for more passionate talents, so if you think Inviso by Devoteam sounds interesting – either as a student job or a full-time position – please reach out! Catch one of the consultants, shoot them an email afterwards or check out [inviso.dk/job](http://inviso.dk/job).





# CASE BACKGROUND: NOVO NORDISK

Novo Nordisk is a global healthcare company, founded in 1923 and headquartered just outside Copenhagen, Denmark. Our purpose is to drive change to defeat diabetes and other serious chronic diseases such as obesity, rare blood diseases and rare endocrine diseases. We do so by pioneering scientific breakthroughs, expanding access to our medicines, and working to prevent and ultimately cure the diseases we treat. We employ more than 50,000 people in 80 offices around the world and market our products in 170 countries<sup>1</sup>.

## OBESITY: DRIVERS AND RELEVANCE

As with many chronic diseases, obesity is more prevalent among people with lower socio-economic status. This is due to unequal distribution of access to health care, healthy food, and physical activity opportunities.

As shown in Figure 1, this lack of opportunities is shaped by a variety of factors, including social, educational, economic, cultural, and environmental determinants.

<sup>1</sup> Marmot M, Wilkinson R, editors. Social determinants of health. OUP Oxford; 2005 Oct 13.

In addition, changes to the modern food supply appear to be a significant driver of weight gain. This includes inappropriate marketing and advertising, the abundance of ultra-processed foods and increasing access to fast food and highly sweetened beverages. Further contributing to increasing rates of overweight all over the world are declining levels of physical activity, active transport, and active play time due to insufficient access to safe exercise spaces in cities and increased screen time<sup>2</sup>.

People living with obesity do not necessarily consider themselves obese and may be unaware of the possible implications of obesity

on their future health and well-being. However, people with obesity are often subject to stigmatisation and discrimination in for example, education, employment, healthcare settings, and other external factors<sup>3</sup>. Weight stigma has been shown to increase the likelihood of developing mental health conditions such as depression and low self-esteem, which are related to poor health-related quality of life<sup>4</sup>. Therefore, holding people individually accountable for their obesity can often stand in the way of addressing many of the underlying factors and barriers to healthy living, as well as the systems and structures contributing to the obesogenic environments<sup>5</sup>.

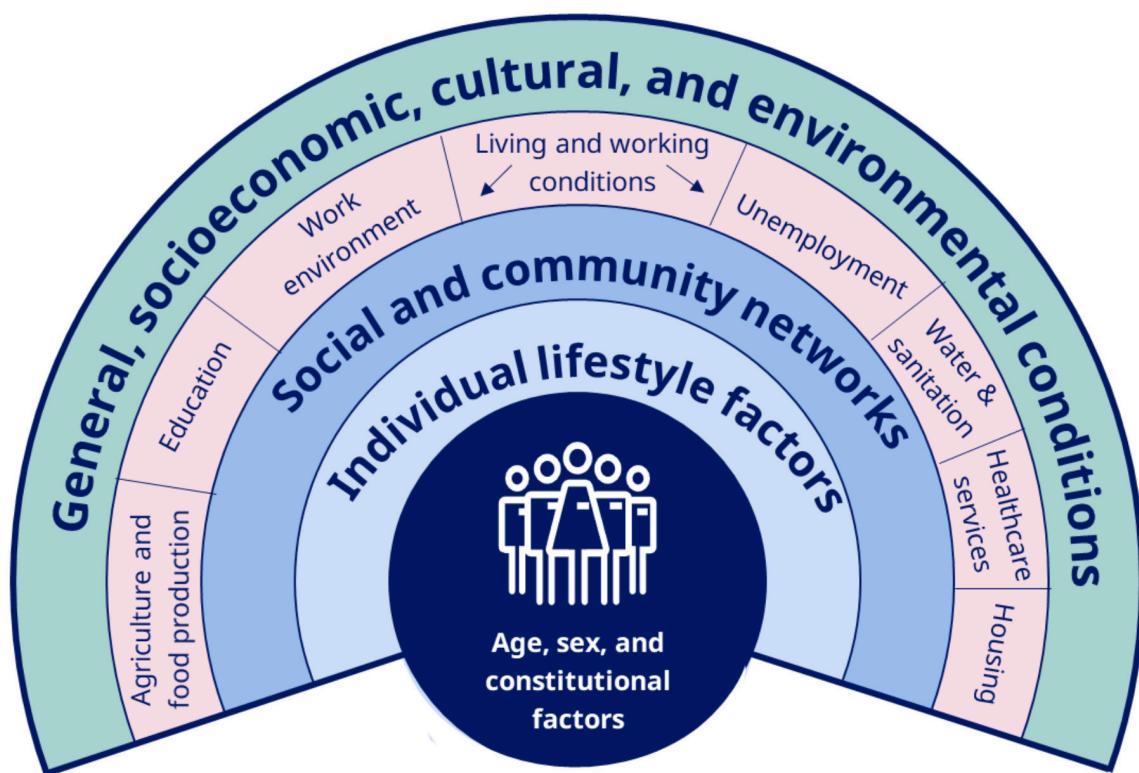


Figure 1: Factors affecting the prevalence of obesity

<sup>2</sup> Ng SW, Popkin BM. Time use and physical activity: a shift away from movement across the globe. *Obes Rev*. 2012;13(8):659-80.

<sup>3</sup> Puhl RM, Heuer CA. The stigma of obesity: a review and update. *Obesity (Silver Spring)*. 2009; 17:941-964.

<sup>4</sup> National Obesity Observatory. *Obesity and Mental Health*. 2011.

<sup>5</sup> An environment that promotes high energy intake and sedentary behaviour. This includes the foods that are available, affordable, accessible, and promoted; physical activity opportunities; and the social norms in relation to food and physical activity.

## OBESITY: DEFINITION

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. Obesity can be defined as a body mass index (BMI) of 30 or higher in adults<sup>6</sup>. Children's body composition varies as they age and varies between boys and girls, hence a child weight status is different from adult BMI categories. BMI levels among children and teens need to be expressed relative to other children of the same age and sex<sup>7</sup> (see Figure 2).

It is widely assumed that if a person consumes more calories than they need, they will gain weight. But the real explanation is not that simple. And it is about more than weight.

Obesity is a complex chronic disease, and losing weight is not just a question of eating less and moving more. In fact, obesity can be influenced by genetics, physiology, environment, job and education, and brain activity<sup>8</sup>.

Understanding these factors is critical, because obesity is associated with other diseases, including type 2 diabetes, heart disease and certain types of cancer. Not to mention the stigma and bias millions suffer every day<sup>9</sup>.

But with the right care, people with obesity can achieve sustained weight loss that really makes a difference to their health. As research shows that around 55% of obese children go on to be obese in adolescence, around 80% of obese adolescents will still be obese in adulthood and around 70% will be obese over age 30<sup>10</sup>. An efficient approach to stop the rise of obesity all over the world is to prevent overweight and obesity from developing at an early age.

Weight status classifications		
Category	Adults	Children & adolescents
Underweight	< 18.5	More than 2 standard deviations below the mean
Normal	18.5-24.9	1 standard deviation below to 1 standard deviation above the mean
Overweight	25-29.9	1 standard deviation above the mean to 2 standard deviations above the mean
Obese I	30-34.9	More than 2 standard deviations above the mean
Obese II	35-39.9	N/A
Obese III	>40	N/A

Figure 2: BMI Classifications

6 Definition of Obesity (World Health Organisation): [Obesity \(who.int\)](#)

7 Definition of Childhood weight status (The Lancet): [Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016](#)

8 National Institutes of Health. Clinical Guidelines On The Identification, Evaluation, And Treatment Of Overweight And Obesity In Adults.

9 Obesity & overweight (World Health Organisation): Obesity and overweight ([who.int](#))

10 M. Simmonds, A. Llewellyn, C. G. Owen. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obesity Reviews*. 2016;17:95-107.

## **DRIVING CHANGE IN CHILDHOOD OVERWEIGHT AND OBESITY**

Novo Nordisk is raising their ambitions to drive change through the development of a new program that can create significant societal impact by focusing on the prevention of obesity among children (age 5 – 9) and adolescents (age 10 – 19) in selected countries across the world.

Our key objective is to contribute to the prevention of childhood overweight and obesity by taking a multi-level, integrated approach through a series of interventions addressing

the drivers of increasing obesity levels such as obesogenic environments, malnutrition, access to and affordability of services, opportunities, and socio-cultural determinants – many of which has been wrongly blamed on the individual but should be rather seen as a societal responsibility.

The program aims to show impact on the ability to prevent childhood and adolescent obesity and serve as an example that with the right approach, it is possible.

The program is defined by the following principles:

- 1.** Multi-level systematic interventions involving various capabilities from a broad and inclusive stakeholder group is needed.
- 2.** A strong focus on understanding and addressing the circumstances that are promoting obesity.
- 3.** The program albeit global in scale will need to adapt to the individual country contexts in which its implemented.
- 4.** The program is anchored locally and will also feature in-country support through both local and global partnerships around both organisational management and programmatic work.
- 5.** It is important that the work done is oriented towards sustainability and scale as the complex problems around obesity take years to develop and so do its solutions.





# THE CASE

Your task is to assist Novo Nordisk in determining where to launch the program to drive change and create the greatest impact possible for children and adolescents living with obesity.

The program (see description above) is structured to focus its efforts in areas with some of the highest rates of childhood and adolescent overweight and obesity, or areas that have seen significant increases in recent years. As a result, when deciding on a geographical location, this should be considered. The location has not yet been determined, and it is up to you to conduct a thorough analysis to assist in making this decision.

Your objective is to propose a specific country where Novo Nordisk could potentially launch the program and explain the reason-

ing behind your suggestion. A good place to start would be to examine the historical data for obesity to identify any trends or patterns across different geographies. You can also look at predictions and incorporate them into your analysis if you find some useful insights.

Your team could, for example, use the provided data to identify correlations between obesity data and societal factors to determine which are the key drivers and have the greatest impact. Novo Nordisk is also interested in hearing your thoughts on how the program should approach the selected country and how its success can be measured.

Feel free to use the data and material provided, as well as any publicly available information, in your analysis.

## USEFUL READINGS

- Obesity (Novo Nordisk):  
<https://www.novonordisk.com/disease-areas/obesity.html>
- Preventing chronic diseases (novonordisk.com):  
<https://www.novonordisk.com/sustainable-business/preventing-chronic-diseases.html>

## SUBMISSION

You are expected to give a 10-minute presentation on your findings, including time for a 2–3-minute Q&A. Submit the files you need for your presentation using the USB stick you received at the start: first, remove the data files from the USB stick, and then transfer your results. Please include your group name in the file names that you submit. When done, hand it over to one of the Inviso by Devoteam representatives on your floor.

The deadline is **November 6th at 11:59 am**. If you have any problems, reach out to a case competition helper from Inviso by Devoteam.

## FORMAT

You can submit PowerPoint presentations, Tableau workbooks, or online links, etc. You will not be able to connect to your own computer for the presentation, so please be sure to transfer all the necessary files. If you use programs other than Tableau or Alteryx, you can take screenshots of your scripts, visualisations or workflows and use them in your presentations.

## EVALUATION

Your presentation should demonstrate how the team has used the provided data to identify your findings.

The evaluation will be based on how well you respond to the business case, your presentation technique, technical ability, visual skills, analytical methodology and the creativity of the solution.

The tools used to conduct the analysis will not be part of the evaluation.



# DATA CATALOGUE

The data is organised into two categories:

- 1. Overweight and Obesity data**
- 2. Social, educational, economic, cultural, and environmental factors data**

This data catalogue serves to provide an overview of all available data. The first section, consisting of three Excel sheets, explains the data related to overweight and obesity. The second section provides a comprehensive overview of all available data related to various factors. Because the latter section contains many data sources, your team should consider which factors you find particularly interesting.

Remember that your team's presentation is expected to be 10 minutes, including 2-3 minutes for Q&A, so you won't be able to cover all the data in your presentation. Allow yourself to explore the various data points, but be decisive and choose an angle that interests you rather than covering everything.

Also, keep in mind that there are no right or wrong answers. There can be many interesting connections in the data that can explain why Novo Nordisk should look into a particular partnership location.

## DOWNLOAD THE DATA

You can download the data from this link: [share.inviso.dk/cc\\_22](https://share.inviso.dk/cc_22)

Password: **cc22nnibd**

# OVERVIEW OF DATA CATALOGUE

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## 1. Overweight and Obesity data

This section contains information on the data about overweight and obesity.

Among this data are both historical and predicted values, which can provide insight into how overweight and obesity have developed and will develop globally if we continue our current path. Be aware that the definition of BMI varies depending on whether you are looking at children or adults.

### Sheet 1: BMI Children 2000-2016

Source: [NCD Risk Factor Collaboration](#)

Column	Description
Country	
Gender	Boys/Girls
Year	Years 2000-2016
Age group	Ages from 5-19
Mean BMI children	
Obesity (Prevalence of BMI > 2SD)	Percentage of obese children
Overweight (Prevalence of BMI > 1SD)	Percentage of overweight children
Underweight (Prevalence of BMI < 1SD)	Percentage of underweight children
Moderate and severe underweight (Prevalence of BMI < 2SD)	Percentage of moderate/severe underweight children

### Sheet 2: Obesity pred Children 2025-2050

Source: [World Obesity Foundation](#)

Note: This dataset is based on a forecast generated by a prediction model using data from 2000-2016.

Column	Description
Country	
Chance of meeting WHO 2025 Target	The probability of a country meeting the WHO 2025 target:  In 2012, the World Health Assembly established a goal of achieving no increase in childhood obesity by 2025. According to the global target for childhood obesity, the global prevalence of 7% in 2012 should not rise to 11% in 2025, as current trends would predict.

2016: % boys aged 5-9 with obesity	The percentage of overweight boys in 2016 (5-9 years)
2016: % girls aged 5-9 with obesity	The percentage of overweight girls in 2016 (5-9 years)
2016: % boys aged 10-19 with obesity	The percentage of overweight adolescent boys in 2016 (10-19 years)
2016: % girls aged 10-19 with obesity	The percentage of overweight adolescents and girls in 2016 (10-19 years)
Predicted 2030: % children aged 5-9 with obesity	The predicted percentage of obese children, boys and girls, in 2030 (5-9 years)
Predicted 2030: % children aged 10-19 with obesity	The predicted percentage of obese adolescents, boys and girls, in 2030 (10-19 years)
Predicted 2030: number of children aged 5-9 with obesity	The predicted number of obese children, boys, and girls, in 2030 (5-9 years)
Predicted 2030: number of children aged 10-19 with obesity	The predicted number of obese adolescents, boys and girls, in 2030 (10-19 years)

### Sheet 3: Obesity pred Adults 2025-2050

Source: Novo Nordisk Global Prevention and Health Promotion

Note: Part of this dataset is based on a forecast generated by a prediction model using data from 2000-2016.

Column	Description
Country	
Year	The actual or predicted year
Actual/forecast	Indicates whether the presented numbers are actual numbers or predicted numbers
Population	Adult population only
POP_BMI_Less_18_5	Number of adults within this BMI range
POP_BMI_18_5_to_20	Number of adults within this BMI range
POP_BMI_20_to_25	Number of adults within this BMI range
POP_BMI_25_to_30	Number of adults within this BMI range
POP_BMI_30_to_35	Number of adults within this BMI range
POP_BMI_35_to_40	Number of adults within this BMI range
POP_BMI_Greater_40	Number of adults within this BMI range
Obese adults	Number of adults with obese BMI number
Overweight adults	Number of adults with overweight BMI number
Normal adults	Number of adults with normal BMI number

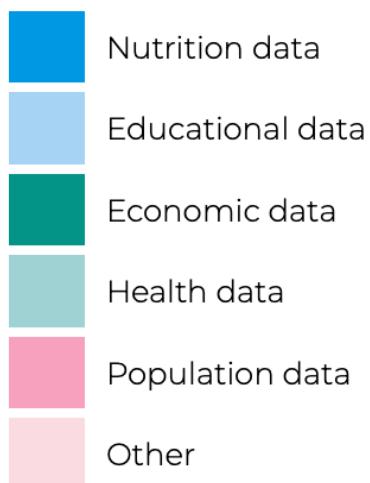
## 2. Social, educational, economic, cultural, and environmental data

This section aims to give an overview of the social, educational, economic, cultural, and environmental data that can potentially be used to identify interesting obesity correlations. The data is from the World Bank and is available from 2000 to 2020 with a few exceptions; this is indicated in the naming of the dataset. Be aware that some datasets contain missing values.

This section presents two tables, providing a high-level overview, and six sections with detailed information on all the available datasets.

**Table 1: Data categories**

To give an overview, the data has been divided into the following categories:



*Table 1: World Bank Data Categories*

**Table 2: Available variables**

Based on the above categories, Table 2 provides an overview of all available variables.

If your team comes across a variable that may be of interest, the dataset name can be found to the right in the table. In addition, if you want more information, the sections that follow provide detailed information for each dataset.

Variable	Dataset
Cost of a healthy diet	WorldBank - Healthy Diet Costs (2017-2020)
Percent of the population who cannot afford a healthy diet at 52% of income	WorldBank - Healthy Diet Costs (2017-2020)
Percent of the population who cannot afford a healthy diet at 52% of income	WorldBank - Healthy Diet Costs (2017-2020)

	Costs of fruits	WorldBank - Food Costs (2017)
	Costs of Vegetables	WorldBank - Food Costs (2017)
	Costs of Starchy staples	WorldBank - Food Costs (2017)
	Costs of Animal sourced foods	WorldBank - Food Costs (2017)
	Costs of Legumes, nuts or seeds	WorldBank - Food Costs (2017)
	Costs of Oils or fats	WorldBank - Food Costs (2017)
	Government expenditure on education, total (% of GDP).	WorldBank - Government Expenditure on Education (2000-2020)
	School enrolment, preprimary (% gross)	WorldBank - Education Levels Enrolment (2000-2020)
	School enrolment, primary (% gross)	WorldBank - Education Levels Enrolment (2000-2020)
	School enrolment, secondary (% gross)	WorldBank - Education Levels Enrolment (2000-2020)
	School enrolment, tertiary (% gross)	WorldBank - Education Levels Enrolment (2000-2020)
	Children out of school (total)	WorldBank - Children out of School (2000-2020)
	Children out of school (% girls)	WorldBank - Children out of School (2000-2020)
	Children out of school (% girls)	WorldBank - Children out of School (2000-2020)
	GDP per capita	WorldBank - GDP per Capita (2000-2021)
	Death due to communicable diseases and maternal, prenatal and nutrition conditions (% of total)	WorldBank - Health Data (2000, 2010, 2015, and 2019)
	Alcohol consumption per capita (litres of pure alcohol)	WorldBank - Health Data (2000, 2010, 2015, and 2019)
	Tobacco use (% of adults)	WorldBank - Health Data (2000, 2010, 2015, and 2019)
	Health expenditure (% of GDP)	WorldBank - Health Expenditure (2000-2019)
	Health expenditure per capita (US\$)	WorldBank - Health Expenditure (2000-2019)
	People using at least basic drinking services (% of population)	WorldBank - Sanitary Conditions (2000-2020)

	People using at least basic drinking services, rural (% of rural population)	WorldBank - Sanitary Conditions (2000-2020)
	People using at least basic drinking services, urban (% of urban population)	WorldBank - Sanitary Conditions (2000-2020)
	People using at least basic sanitation services (% of population)	WorldBank - Sanitary Conditions (2000-2020)
	People using at least basic sanitation services, rural (% of rural population)	WorldBank - Sanitary Conditions (2000-2020)
	People using at least basic sanitation services, urban (% of urban population)	WorldBank - Sanitary Conditions (2000-2020)
	People with basic hand washing facilities (% of population)	WorldBank - Sanitary Conditions (2000-2020)
	People with basic hand washing facilities, rural (% of rural population)	WorldBank - Sanitary Conditions (2000-2020)
	People with basic hand washing facilities, urban (% of urban population)	WorldBank - Sanitary Conditions (2000-2020)
	Population density (people per sq.km)	WorldBank - Population Data (2000-2019)
	Urban population	WorldBank - Population Data (2000-2019)
	Urban population (% of total)	WorldBank - Population Data (2000-2019)
	Rural population	WorldBank - Population Data (2000-2019)
	Rural population (% of total)	WorldBank - Population Data (2000-2019)
	Population in urban agglomerations of more than 1 million (% of total)	WorldBank - Population Data (2000-2019)
	Broadband subscriptions (Per 100 people)	WorldBank - Population Data (2000-2019)
	Mobile subscriptions (Per 100 people)	WorldBank - Population Data (2000-2019)

# Nutrition data

## WorldBank – Healthy Diet Costs (2017-2020)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column has three categories within it:</p> <p><b>Cost of a healthy diet</b> Cost of the least expensive locally available foods to meet requirements for food-based dietary guidelines, in PPP (dollars/person/day)*, for a representative person maintaining an energy balance of 2330 kcal/day.</p> <p><b>Percent of the population who cannot afford a healthy diet at 52% of income</b> The share of the population whose food budget is below the cost of a nutritious and healthy diet.</p> <p><b>Millions of people who cannot afford a healthy diet at 52% of income</b> The number of the population whose food budget is below the cost of a nutritious and healthy diet.</p>
2017	Dependent on the category (see "Category"), this column covers: <ul style="list-style-type: none"> <li>● PPP (dollars/person/day in 2017)</li> <li>● amount of people in 2017</li> <li>● percentage of people in 2017</li> </ul>
...	...
2020	Dependent on the category (see "Category"), this column covers: <ul style="list-style-type: none"> <li>● PPP (dollars/person/day in 2020)</li> <li>● amount of people in 2020</li> <li>● percentage of people in 2020</li> </ul>

\*When PPPs for 2018, 2019 and/or 2020 are not available in the database, the Food and Agriculture Organisation of the United Nations imputes them for the following countries: Angola, Aruba, Belize, Bermuda, Cayman Islands, Curaçao, British Virgin Islands, Democratic Republic of the Congo, Eswatini, Ethiopia, Guinea-Bissau, Iran (Islamic Republic of), Liberia, Myanmar, Niger, Nigeria, Sao Tome and Prin.

## WorldBank - Food Costs (2017)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column contains six different categories related to food:</p> <ul style="list-style-type: none"> <li>● Costs of Fruits</li> </ul>

	<ul style="list-style-type: none"> <li>● Costs of Vegetables</li> <li>● Costs of Starchy staples</li> <li>● Costs of Animal sourced foods</li> <li>● Costs of Legumes, nuts or seeds</li> <li>● Costs of Oils or fats</li> </ul> <p>The cost of the least expensive locally available <i>fruit/vegetables/starchy staples/animal sourced foods/legumes, nuts, or seeds/oils and fats</i> required to meet intake levels recommended in food-based dietary guidelines.</p>
2017	PPP (dollars/person/day)

# Education data

## WorldBank - Government Expenditure on Education (2000-2020)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column contains one category, Government expenditure on education, total (% of GDP).</p> <p>The general government's education expenditure is expressed as a percentage of GDP. It includes both expenditures funded by 1. international transfers, and 2. general government, which typically refers to local, regional, and central governments.</p>
2000	Percentage of GDP spend on education in 2000
...	...
2021	Percentage of GDP spend on education in 2021

## WorldBank - Education Levels Enrollment (2000-2020)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column covers four categories related to educational levels:</p> <p><b>School enrolment, preprimary (% gross)</b> Preprimary education refers to programmes at the beginning of organised instruction that are intended to introduce very young children to a school-like environment.</p> <p><b>School enrolment, primary (% gross)</b> Primary education teaches children fundamental reading, writing, and mathematics skills, as well as an understanding of history, geography, natural science, social science, art, and music.</p> <p><b>School enrolment, secondary (% gross)</b> Secondary education aims to lay the groundwork for lifelong learning and human development by providing more subject- or skill-oriented instruction delivered by more specialised teachers.</p> <p><b>School enrolment, tertiary (% gross)</b> Tertiary education usually requires successful completion of secondary education as a minimum condition of admission.</p> <p>As indicated by their names, the above levels are measured in % gross. The gross enrolment ratio is the ratio of total enrolment, regardless of age, to the population of the age group that corresponds officially to the level of education shown.</p>
2000	% gross in 2000
...	...
2020	% gross in 2020

## WorldBank - Children out of School (2000-2020)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column covers three categories:</p> <p><b>Children out of school (total)</b>  The number of out-of-school children is calculated by subtracting the number of primary school-age children enrolled in primary or secondary school from the total population of the official primary school-age children.</p> <p><b>Children out of school (% girls)</b>  The rate of out-of-school girls depicts the share of primary-school-age girls who never attended or dropped out in comparison to the total population of children.</p> <p><b>Children out of school (% boys)</b>  The rate of out-of-school boys depicts the share of primary-school-age boys who never attended or dropped out in comparison to the total population of children.</p>
2000	<p>Dependent on the category (see "Category"), this column covers:</p> <ul style="list-style-type: none"> <li>● number of out-of-school children in 2000</li> <li>● percentage of out-of-school boys/girls in 2000</li> </ul>
...	...
2020	<p>Dependent on the category (see "Category"), this column covers:</p> <ul style="list-style-type: none"> <li>● number of out-of-school children in 2020</li> <li>● percentage of out-of-school boys/girls in 2020</li> </ul>

# Economic data

## WorldBank – GDP per Capita (2000-2021)

Column	Description
Country	Name of countries
Country code	Country codes
Category	This column contains one category: <ul style="list-style-type: none"><li>• GDP per capita (current US\$)</li></ul>
2000	GDP per Capita in 2000
...	...
2021	GDP per Capita in 2021

# Health data

## WorldBank - Health Related Data (2000, 2010, 2015, and 2019)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column contains four categories related to health:</p> <p><b>Death due to communicable diseases and maternal, prenatal and nutrition conditions (% of total)</b>  The share of all deaths caused by underlying causes for all ages; Communicable diseases and maternal, prenatal, and nutrition conditions includes infectious and parasitic diseases, respiratory infections, and nutritional deficiencies such as underweight and stunting.</p> <p><b>Alcohol consumption per capita (litres of pure alcohol)</b>  Total alcohol per capita consumption is defined as the total amount of alcohol consumed per person (15 years and above) in litres of pure alcohol during a calendar year.</p> <p><b>Tobacco use (% of adults)</b>  The percentage of people aged 15 and up who use any tobacco product* (smoked or smokeless tobacco) on a daily or non-daily basis.</p>
2000	Dependent on the category (see "Category"), this column covers: <ul style="list-style-type: none"> <li>● Percentage of deaths in 2000</li> <li>● Litres of pure alcohol per person per year in 2000</li> <li>● Percentage of population smoking in 2000</li> </ul>
...	...
2019	Dependent on the category (see "Category"), this column covers: <ul style="list-style-type: none"> <li>● Percentage of deaths in 2019</li> <li>● Litres of pure alcohol per person per year in 2019</li> <li>● Percentage of population smoking in 2019</li> </ul>

\*Tobacco products include cigarettes, pipes, cigars, cigarillos, water pipes (hookah, shisha), bidis, kretek, heated tobacco products, and all forms of smokeless (oral and nasal) tobacco. E-cigarettes (not containing tobacco), e-cigars, and e-hookahs are not included.

## WorldBank - Health Expenditures (2000-2019)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column contains two categories related to health expenditure:</p> <p><b>Health expenditure (% of GDP)</b> Expenditures expressed as a percentage of GDP. It includes healthcare goods and services purchased each year (and excluding expenditures for buildings, machinery, IT, and emergency or outbreak vaccine stocks.)</p> <p><b>Health expenditure per capita (US\$)</b> Expenditures per capita in US dollars. It includes healthcare goods and services purchased each year.</p>
2000	<p>Dependent on the category (see "Category"), this column covers:</p> <ul style="list-style-type: none"> <li>● % of GDP in 2000</li> <li>● US\$ per capita in 2000</li> </ul>
...	...
2019	<p>Dependent on the category (see "Category"), this column covers:</p> <ul style="list-style-type: none"> <li>● % of GDP in 2000</li> <li>● US\$ per capita in 2000</li> </ul>

## WorldBank - Sanitary Conditions (2000-2020)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column contains nine categories related to sanitary conditions. Data is available on country level, as well as for rural and urban populations:</p> <ul style="list-style-type: none"> <li>● People using at least basic drinking services (% of population)</li> <li>● People using at least basic drinking services, rural (% of rural population)</li> <li>● People using at least basic drinking services, urban (% of urban population)</li> <li>● People using at least basic sanitation services (% of population)</li> <li>● People using at least basic sanitation services, rural (% of rural population)</li> <li>● People using at least basic sanitation services, urban (% of urban population)</li> <li>● People with basic hand washing facilities (% of population)</li> <li>● People with basic hand washing facilities, rural (% of rural population)</li> <li>● People with basic hand washing facilities, urban (% of urban population)</li> </ul>

2000	Dependent on the category (see "Category"), this column covers: <ul style="list-style-type: none"><li>● % total population in 2000</li><li>● % rural population in 2000</li><li>● % urban population in 2000</li></ul>
...	...
2020	Dependent on the category (see "Category"), this column covers: <ul style="list-style-type: none"><li>● % total population in 2020</li><li>● % rural population in 2020</li><li>● % urban population in 2020</li></ul>

# Population data

## WorldBank - Population Data (2000-2020)

Column	Description
Country	Name of countries
Country code	Country codes
Category	<p>This column contains six categories related to population:</p> <p><b>Population density (people per sq.km)</b>  The share of all deaths caused by underlying causes for all ages; Communicable diseases and maternal, prenatal, and nutrition conditions includes infectious and parasitic diseases, respiratory infections, and nutritional deficiencies such as underweight and stunting.</p> <p><b>Urban population</b>  The term "urban population" refers to people who live in cities</p> <p><b>Urban population (% of total)</b>  Percentage of total population</p> <p><b>Rural population</b>  The term "rural population" refers to people who live in areas of land outside of densely populated areas.</p> <p><b>Rural population (% of total)</b>  Percentage of total population</p> <p><b>Population in urban agglomerations of more than 1 million (% of total)</b>  Share of individuals living in metropolitan areas with a population of more than one million people in 2018.</p>
2000	Dependent on the category (see "Category"), this column covers: <ul style="list-style-type: none"> <li>● People per sq.km in 2000</li> <li>● Number of urban/rural population in 2000</li> <li>● Percentage of urban/rural population in 2000</li> <li>● Percentage of population living in agglomerations in 2000</li> </ul>
...	...
2020	Dependent on the category (see "Category"), this column covers: <ul style="list-style-type: none"> <li>● People per sq.km in 2020</li> <li>● Number of urban/rural population in 2020</li> <li>● Percentage of urban/rural population in 2020</li> <li>● Percentage of population living in agglomerations in 2020</li> </ul>



## WorldBank - Broadband and Mobile Subscriptions (2000-2020)

Column	Description
Country	Name of countries
Country code	Country codes
Category	This column contains two categories related to electronic subscriptions: <ul style="list-style-type: none"><li>● Broadband subscriptions (per 100 people)</li><li>● Mobile subscriptions (per 100 people)</li></ul>
2000	Number of subscriptions for broadband or mobile (per 100 people) in 2000
...	...
2020	Number of subscriptions for broadband or mobile (per 100 people) in 2020

**Good  
luck  
and  
may the  
data  
be with  
you**



**Inviso**  
by devoteam

The Inviso logo features a large, dark blue 'I' where the vertical stroke is composed of two slanted bars forming a triangle. To the right of the 'I' is a dark blue 'N' with a single diagonal bar. To the right of the 'N' is a dark blue 'V' with a single horizontal bar. To the right of the 'V' is a dark blue 'I' with a single vertical bar. To the right of the 'I' is a dark blue 'S' with a single horizontal bar. To the right of the 'S' is a solid dark blue circle. Below the graphic, the word "by" is in a smaller dark blue font, followed by "devoteam" in a red font.