



Iceland

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of the European Council Recommendation of 31 May 2007 and of WHO Regional Committee for Europe resolution EUR/RC55/R9 and (2) Regional Office data and information.

Summary of country assessment

Iceland reports implementing 80% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a third quartile of 81%.

The country feedback was positive on some of the key areas identified, such as national policy development, injury surveillance and multisectoral collaboration.

National policies

- There are two overall national policies for preventing violence and injuries. There are specific national policies for all the specific areas with the exception of self-directed violence. Alcohol has not been identified as a risk factor for violence. National policies have not highlighted socioeconomic inequality in injury and violence as a priority.

Implementation of effective interventions

- Iceland reported overall implementation of 85% of selected effective interventions for injury prevention and 84% for violence prevention. These figures are higher than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower for road traffic injuries and suicides.
- Iceland reported overall implementation of 76% of selected effective interventions on alcohol, as much as the median regional score. Greater attention needs to be given to health system-based programmes to reduce alcohol-related harm, where there is only 33% implementation versus a median regional score of 67% (Table 2).

Impact of resolution EUR/RC55/R9

- For Iceland the adoption of the resolution did not help to further raise the policy profile of violence and injury prevention as a health priority at the Ministry of Health. More recently, Iceland has suffered from a deep economic recession. Injury prevention programmes are running as before but the socioeconomic environment has changed with unemployment and indebtedness. There is a consequent risk of child maltreatment. Many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in national policy development, injury surveillance and multisectoral collaboration. All the elements of resolution were successfully achieved.

Next steps

- Greater attention needs to be given to national policy development on youth violence. More evidence-based interventions for preventing falls and suicides need to be implemented as do health system-based programmes to reduce alcohol-related harm. Interventions to reduce socioeconomic inequalities were not implemented. Several interventions (on fires, falls, youth violence, child maltreatment, intimate partner and sexual violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Iceland has a population of 0.3 million. The percentage of children 0–14 years old is higher than the European Region average, and the percentage of people 65+ years old is lower than the regional average.
- Life expectancy at birth is higher both than the European Region and the European Union (EU) average, both for males, and for females.

Indicator (last available year)	Iceland	WHO European Region	European Union (EU27)
Mid-year population	0.3 million	890.9 million	493.8 million
% of population aged 0–14 years	21.6	17.5	15.7
% of population aged 65+ years	11.8	14.0	16.8
Males, life expectancy at birth, in years	79.7	71.4	76.0
Females, life expectancy at birth, in years	83.5	79.1	82.2

- Injuries are the fourth leading cause of death. The rates unintentional injuries, with the exception of falls, and for violence are lower than the European Region averages.
- Injury mortality rates have fallen since the 1990s but with fluctuations with a small rise in the last years (Fig. 1).
- The leading causes of unintentional injury-related death are falls, followed by road traffic injuries, drowning and poisoning.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The WHO Regional Office for Europe has been supporting focal persons. Iceland participated in the advocacy events of the First United Nations Global Road Safety Week, took part in the project on a global status report on road safety and took part in the subregional workshops for Nordic and Baltic countries dealing with violence and injury prevention.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Iceland, the WHO European Region and the European Union, 1980–2008

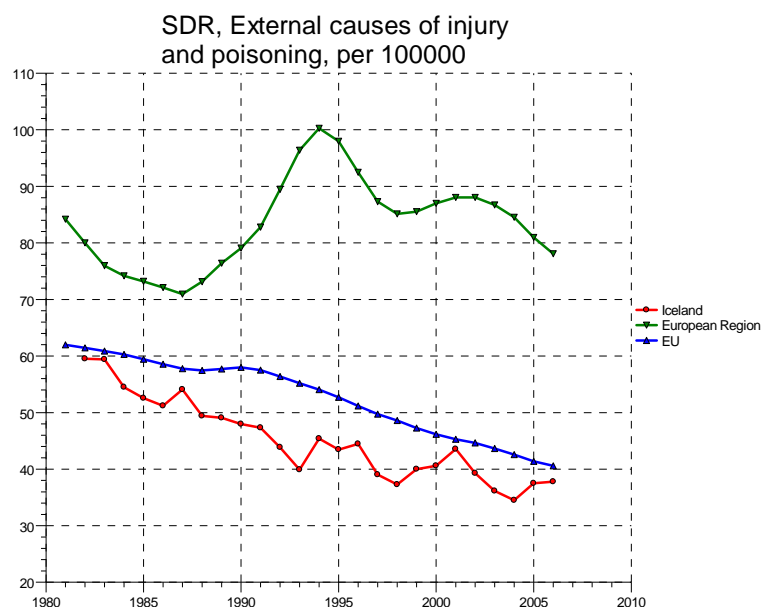
















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Iceland	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	35.7	75.8	40.0	NA	80	73
Unintentional injury^f	16.7	45.9	25.9		85	72
Road traffic injuries	4.4	13.3	9.3		69	81
Fires and burns	0	2.4	0.7		80	60
Poisoning	0.7	10.7	2.3		100	80
Drowning or submersion	1.2	3.4	1.3		100	63
Falls	6.2	5.6	5.5		100	75
Intentional injury	NA	NA	NA		84	81
Interpersonal violence ^g	0.6	5.2	1.0		NA	NA
Youth violence ^h	0	5.3	1.0		86	86
Child maltreatment ⁱ	0	0.6	0.3		80	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		100	67
Self-directed violence	11.5	14.0	10.2		63	88
Alcohol^j	NA	NA	NA	NA	76	76
Alcohol-related poisoning	0	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	3.3	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	7.9	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	86	71
Health system-based programmes ^m	NA	NA	NA	NA	33	67

^a Unless otherwise specified.

^b Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (<http://www.euro.who.int/hfaddb>, accessed 15 January 2010).

^c The 27 European Union countries.

^d Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.

^e Median of the proportion of effective interventions in place in countries in the WHO European Region.

^f Standardized death rates (SDR) from accidents.

^g Proxy for mortality: mortality from homicide and assault, all ages.

^h Proxy for mortality: mortality from homicide and assault, 15–29 years.

ⁱ Proxy for mortality: mortality from homicide and assault 0–14 years.

^j This score was calculated from 17 alcohol-related interventions.

^k The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 15 January 2010).

^l This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).

^m This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

Table 3. Key elements of policy development in preventing injury and violence

Legend: ✓ Yes ✗ No ? Not specified or no response

National policies	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✓
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✓
• Alcohol identified as a risk factor for violence	✗
• Policies targeted to reduce socioeconomic differences in violence and injuries	✗
• National policies highlight socioeconomic inequality as a priority	✗
Political support for the agenda for injury and violence prevention	
	✓
Easy access to surveillance data	
	✓
Intersectoral collaboration	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✓
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✓
Capacity-building	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✓
Emergency care	
• Evidence-based approach	✓
• Quality assessment programme	✓
• Process to build capacity identified	✓
EUR/RC55/R9 influenced the agenda for injury and violence prevention	
	✗
Recent developments in injury and violence prevention (during the past 12 months)	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✓
• Capacity-building	✗
• Evidence-based emergency care	✗