Nutrition, Physical Activity and Obesity
Iceland

World Health Organization
REGIONAL OFFICE FOR Europe

© Directorate of Health, Iceland

This is one of the 53 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including methodology and summary can be downloaded from the WHO Regional Office for Europe website: http://www.euro.who.int/en/nutrition-country-profiles.

DEMOGRAPHIC DATA	
Total population	319 575
Median age (years)	35.3
Life expectancy at birth (years) female | male	83.6 | 79.9
GDP per capita (US$)	43 922.0
GDP spent on health (%)	9.1

Monitoring and surveillance
Overweight and obesity in three age groups

Adults (18/20 years and over)

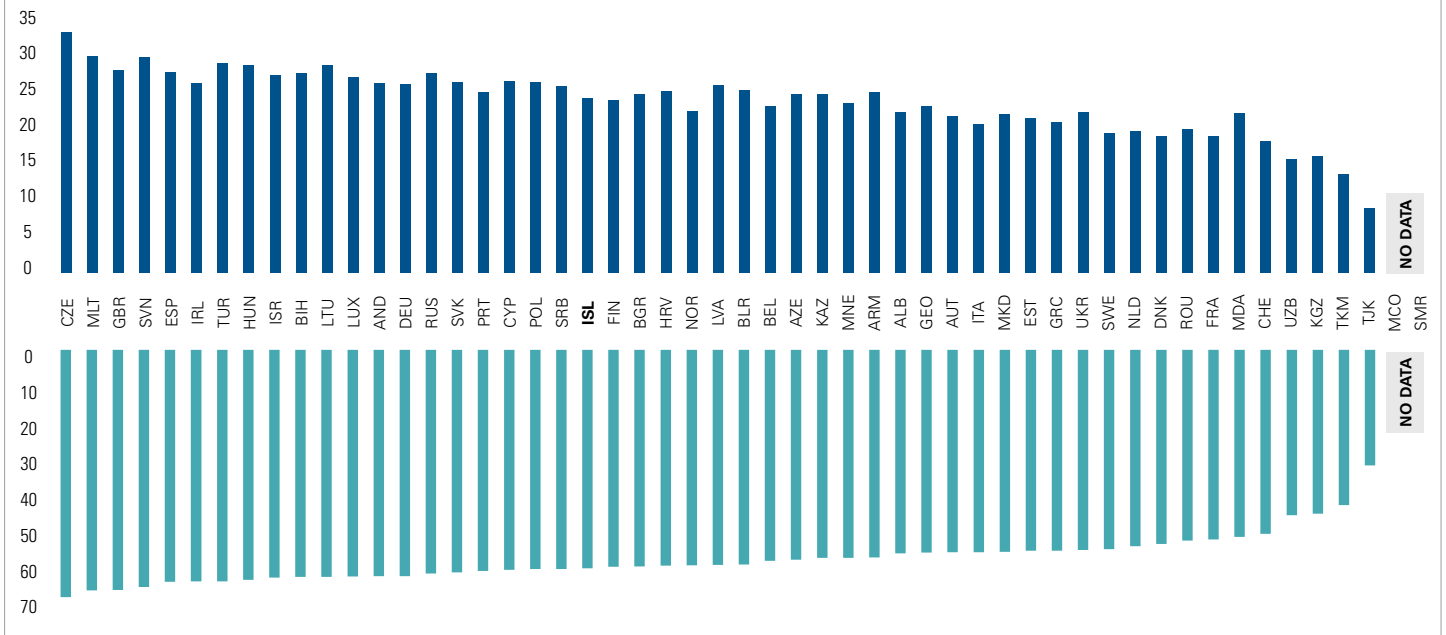
Intercountry comparable overweight and obesity estimates from 2008 *(1)* show that 58.4% of the adult population (≥ 20 years old) in Iceland were overweight and 23.2% were obese. The prevalence of overweight was higher among men (65.1%) than women (51.7%). The proportion of men and women that were obese was 24.4% and 22.1%, respectively.

Nationally representative data collected in 2010–2011 show that 66.7% of men and 50.4% of women aged 18–80 years were overweight (based on self-reported height and weight). The proportion of men and women that were obese was 22.7% and 19.3%, respectively *(2)*. It should be taken into account that these data do not allow for comparability across countries due to sampling and methodological differences.

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG ICELANDIC ADULTS BASED ON WHO 2008 ESTIMATES

Source: WHO Global Health Observatory Data Repository *(1)*.

PREVALENCE OF OBESITY (%) (BMI ≥30.0 KG/M²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES



PREVALENCE OF OVERWEIGHT (%) (BMI ≥25.0 KG/M²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES

Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index.
Source: WHO Global Health Observatory Data Repository *(1)*.

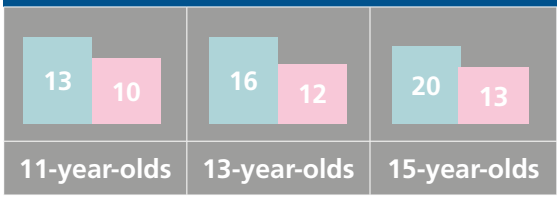
The Regional Office is grateful to the European Commission (EC) for its financial support for the development of the nutrition, obesity and physical activity database that provided data for this country profile.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 33% of men and 32% of women will be obese. By 2030, the model predicts that 46% of men and 43% of women will be obese.[1]

Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 13% of boys and 10% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).[2] Among 13-year-olds, the corresponding figures were 16% for boys and 12% for girls, and among 15-year-olds, 20% and 13%, respectively *(3)*.

PREVALENCE OF OVERWEIGHT (%) IN ICELANDIC ADOLESCENTS (BASED ON SELF-REPORTED DATA ON HEIGHT AND WEIGHT)



Source: Currie et al. *(3)*.

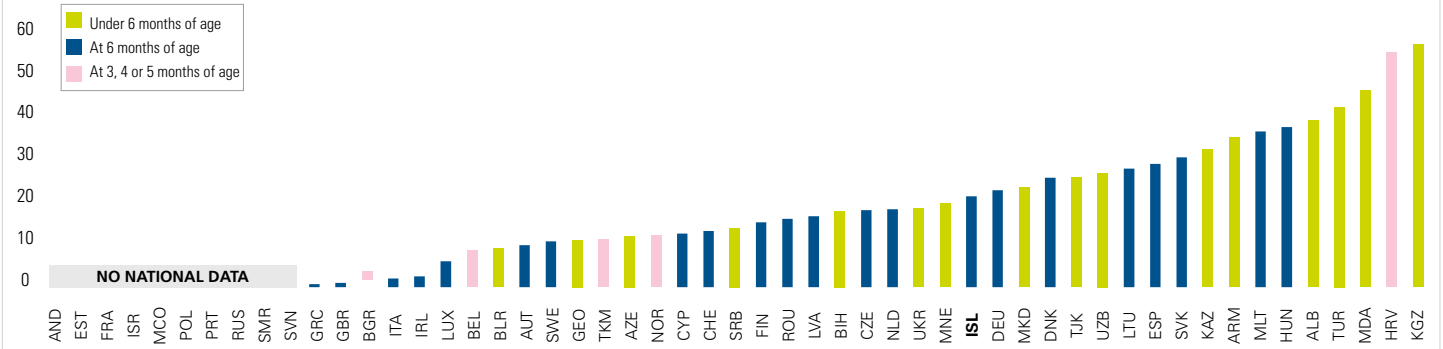
Children (0–9 years)

No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Iceland is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2010 show that the prevalence of exclusive breastfeeding at 6 months of age was 21.0% in Iceland.[3]

PREVALENCE OF EXCLUSIVE BREASTFEEDING (%) UNDER OR AT 6 MONTHS OF AGE FROM INDIVIDUAL COUNTRY-BASED SURVEYS, VARIOUS YEARS

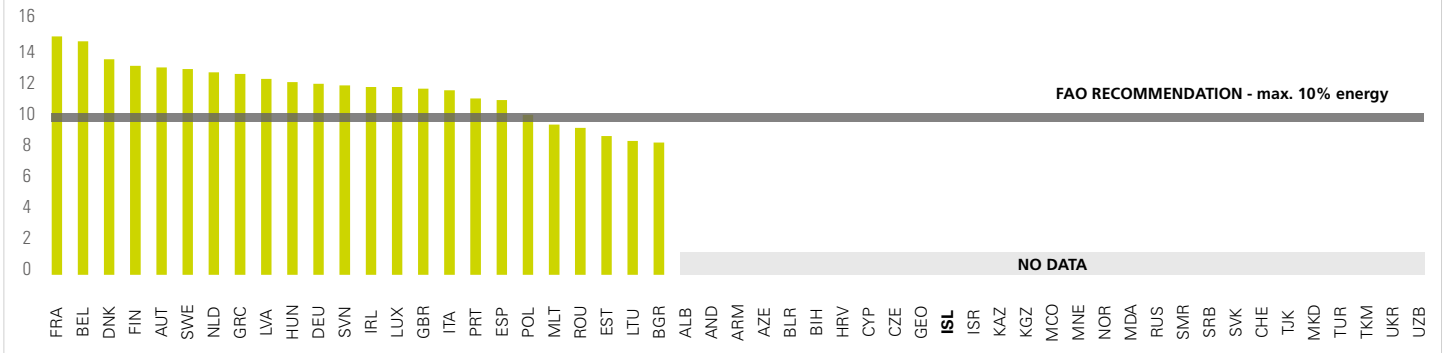


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution.
Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Saturated fat intake

No estimates are available from the Food and Agricultural Organization of the United Nations (FAO) from 2007 *(4)*. However, according to national data from 2010–2011, the adult population aged 18–80 years in Iceland consumed 14.5% of their total calorie intake from saturated fatty acids (14.6% for men and 14.3% for women) *(2)*. It should be taken into account that these national data do not allow for comparability across countries due to sampling and other methodological differences.

PROPORTION OF ENERGY FROM SATURATED FATTY ACIDS (%) AMONG ADULTS IN THE WHO EUROPEAN REGION, 2007

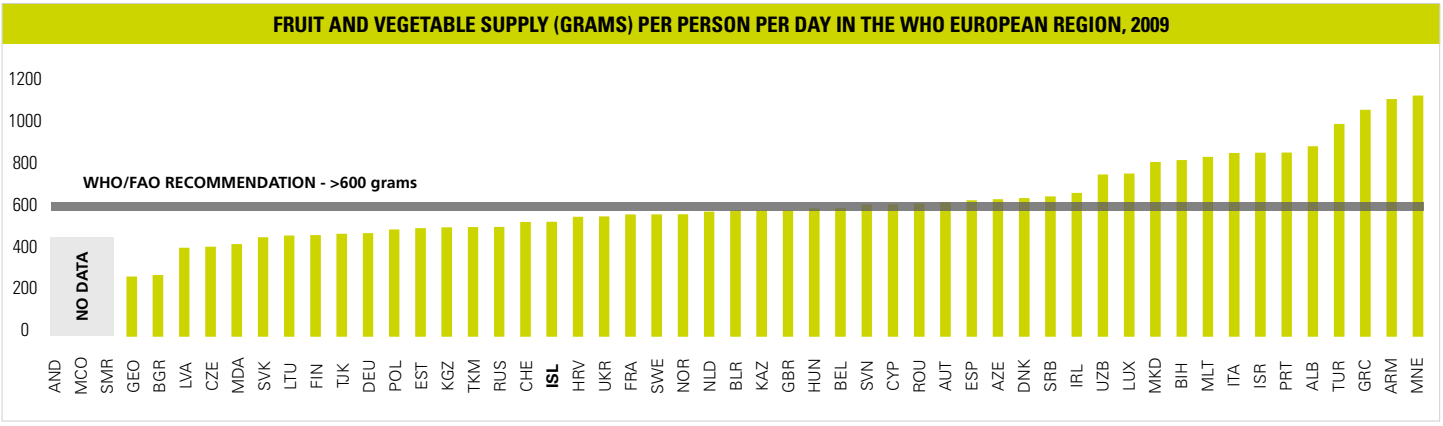


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator.
Source: FAOSTAT *(4)*.

[1] Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.
[2] Based on 2007 WHO growth reference.
[3] WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Fruit and vegetable supply

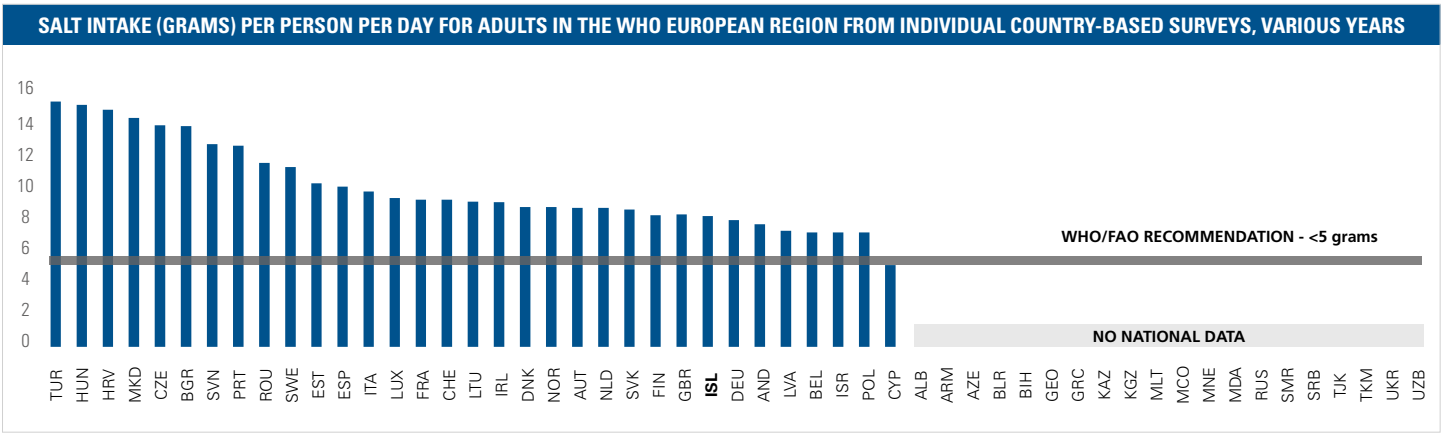
Iceland had a fruit and vegetable supply of 535 grams per capita per day, according to 2009 FAO estimates *(4)*. According to national data from 2010–2011, among adults (18–80 years) the mean consumption of vegetables was 120 grams per day and the mean consumption of fruit was 119 grams per day *(2)*. It should be taken into account that the latter consumption data do not allow for comparability across countries due to sampling and methodological differences.



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.
Source: FAOSTAT *(4)*.

Salt intake

Data from 2010–2011 show that salt intake in Iceland was 9.5 grams per day for men and 6.5 grams per day for women *(5)*.



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the WHO/FAO recommendation – fall within the positive frame of the indicator.
Source: WHO Regional Office for Europe *(5)*.

Iodine status

According to the most recent estimates on iodine status, published in 2012, the proportion of the population with an iodine level lower than 100 µg/L was 19.0% *(6, 7)*.

Physical inactivity

No WHO Global Health Observatory Data Repository estimates are available from 2008. Data from the Nordic monitoring data collection activity in 2011 show that 14.3% of the Icelandic adult population were inactive *(8)*. It should be taken into account that this figure does not allow for comparability across countries.

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Iceland; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives *(5)*.

Salt reduction initiatives

Monitoring & evaluation		Stakeholder approach			Population approach						
					Labelling	Consumer awareness initiatives					
Industry self-reporting		Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education Schools Health care facilities	Conference	Reporting
Salt content in food	✘✘										
Salt intake	✘✘										
Consumer awareness		✘✘	✘✘✘	Quantification and reduction of salt content in bread							
Behavioural change											
Urinary salt excretion (24 hrs)	✘✘ (6 year old children and their parents)					✘✘✘		✘✘✘	✘✘✘		✘✘✘

Notes. ✘✘ partially implemented; ✘✘✘ fully implemented.
Source: WHO Regional Office for Europe *(5)*.

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure
✔ 2011	Mandatory restriction	Mandatory restriction of TFA in fats and oils to <2% of total fatty acid

Source: WHO Regional Office for Europe grey literature from 2012 on TFA and health, TFA policy and food industry approaches.

Price policies (food taxation and subsidies)

Taxes	School fruit schemes
✔ Tax on products containing sugar (intended to be implemented on 1 March 2013)	

Source: WHO Regional Office for Europe grey literature from 2012 on diet and the use of fiscal policy in the control and prevention of noncommunicable diseases.

Marketing of food and non-alcoholic beverages to children *(9)*

In April 2011 a new Media Law was passed banning advertisements together with programmes intended for children under the age of 12 years *(10)*. Commercial communications and teleshopping are also prohibited from encouraging minors to consume food and beverages that may be considered unhealthy.

Physical activity (PA), national policy documents and action plans

Sport	Target groups	Health	Education		Transportation	
Existence of national "sport for all" policy and/or national "sport for all" implementation programme	Existence of specific scheme or programme for community interventions to promote PA in the elderly	Counselling on PA as part of primary health care activities	Mandatory physical education in primary and secondary schools	Inclusion of PA in general teaching training	National or subnational schemes promoting active travel to school	Existence of an incentive scheme for companies or employees to promote active travel to work
✔			✔[b]		✔[a]	

[a] Clearly stated in a policy document, partially implemented or enforced. [b] Clearly stated in a policy document, entirely implemented and enforced.
Source: country reporting template on Iceland from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the European Union (EU).

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies
✔	Directorate of Health	National Olympic and Sports Association, University of Iceland, University of Reykjavik, Icelandic Physiotherapy Association, Physical Education Teachers' Association, Icelandic Medical Association

Source: country reporting template on Iceland from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

PA recommendations, goals and surveillance

Existence of national recommendation on HEPA	Target groups adressed by national HEPA policy	PA included in the national health monitoring system
Currently being revised	Not available	✔

Source: country reporting template on Iceland from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

References

1. WHO Global Health Observatory Data Repository [online database]. Geneva, World Health Organization, 2013 (http://apps.who.int/gho/data/view.main, accessed 21 May 2013).
2. Thorgeirsdottir H et al. *Hvad borda Islendingar? Könnun à mataraedi Islendinga 2010-2011, helstu nidurstödur [What do Icelanders eat? Nutrition Survey 2010–2011, the main results].* Reykjavik, Directorate of Health in Iceland, 2011.
3. Currie C et al., eds. *Social determinants of health and well-being among young people: Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6) (http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf, accessed 21 May 2013).
4. FAOSTAT [online database]. Rome, Statistics Division of the Food and Agriculture Organization of the United Nations, 2013 (http://faostat.fao.org/, accessed 21 May 2013).
5. *Mapping salt reduction initiatives in the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region-final.pdf, accessed 29 May 2013).
6. Andersson M, Karumbunathan V, Zimmermann MB. Global iodine status in 2011 and trends over the past decade. *Journal of Nutrition*, 2012, 142(4):744–750.
7. Zimmerman MB, Andersson M. Update on iodine status worldwide. *Current Opinion in Endocrinology, Diabetes and Obesity*, 2012, 19(5):382–387.
8. Rasmussen LB et al. *Nordic monitoring of diet, physical activity and overweight. First collection of data in all Nordic countries 2011*. Copenhagen, Nordic Council of Ministers, 2012 (http://www.norden.org/en/publications/publikationer/2012-552, accessed 9 June 2013).
9. *Marketing of foods high in fat, salt and sugar to children: update 2012–2013.* Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0019/191125/e96859.pdf, accessed 10 October 2013).
10. *Media law No.38/2011*. Reykjavik, Ministry of Education, Science and Culture, 2011 (http://eng.menntamalaraduneyti.is/media/MRN-pdf/Media-Act-38-English-translation-nov-2011.pdf, accessed 6 August 2013).