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

PREVALENCE OF OBESITY (%)(BMI ≥30.0 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).

**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.\(^3\)

**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.

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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.
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.

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).

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

<table>
<thead>
<tr>
<th>Monitoring &amp; evaluation</th>
<th>Stakeholder approach</th>
<th>Population approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry self-reporting</td>
<td>Industry involvement</td>
<td>Labelling</td>
</tr>
<tr>
<td>Salt content in food</td>
<td>Food reformulation</td>
<td>Brochure, Print</td>
</tr>
<tr>
<td>Salt intake</td>
<td></td>
<td>TV, Radio</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td></td>
<td>Website, Software</td>
</tr>
<tr>
<td>Behavioural change</td>
<td></td>
<td>Education, Schools</td>
</tr>
<tr>
<td>Urinary salt excretion (24 hrs)</td>
<td>[X] (6 year old children and their parents)</td>
<td>Quantification and reduction of salt content in bread</td>
</tr>
</tbody>
</table>

Notes: [X] partially implemented; [XXX] fully implemented.
Source: WHO Regional Office for Europe (5).

Trans fatty acids (TFA) policies

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Type of legislation</th>
<th>Measure</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ 2011</td>
<td>Mandatory restriction</td>
<td>Mandatory restriction of TFA in fats and oils to &lt;2% of total fatty acid</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Sport</th>
<th>Target groups</th>
<th>Health</th>
<th>Education</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of national “sport for all” policy and/or national “sport for all” implementation programme</td>
<td>Existence of specific scheme or programme for community interventions to promote PA in the elderly</td>
<td>Counselling on PA as part of primary health care activities</td>
<td>Mandatory physical education in primary and secondary schools</td>
<td>Inclusion of PA in general teaching training</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Existence of national coordination mechanism on HEPA</th>
<th>Leading institution</th>
<th>Participating bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>Directorate of Health</td>
<td>National Olympic and Sports Association, University of Iceland, University of Reykjavik, Icelandic Physiotherapy Association, Physical Education Teachers Association, Icelandic Medical Association</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Existence of national recommendation on HEPA</th>
<th>Target groups addressed by national HEPA policy</th>
<th>PA included in the national health monitoring system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently being revised</td>
<td>Not available</td>
<td>✔</td>
</tr>
</tbody>
</table>

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


