# Iceland

#### **Overview**

#### Malnutrition status

Iceland is on course to meet the global targets for low birth weight, male diabetes, and female diabetes, but is off course to meet the targets for anaemia in women of reproductive age, male obesity, and female obesity. There is insufficient target data to assess Iceland's progress for under-five overweight, under-five stunting, under-five wasting, and infant exclusive breastfeeding.

Iceland has no prevalence data available for under-five overweight, stunting, or wasting.

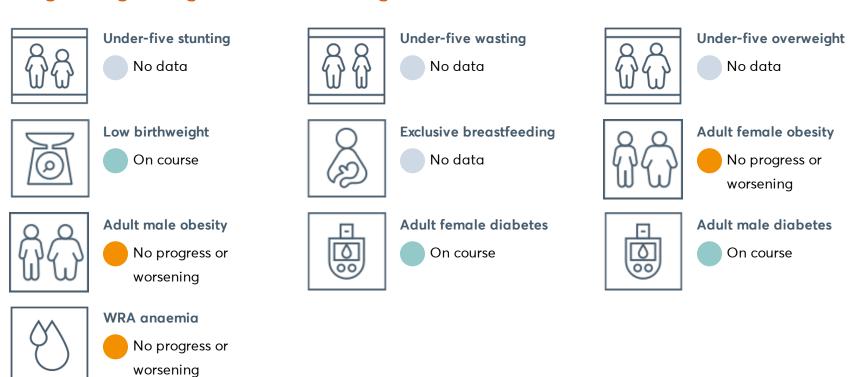
There is also insufficient data on exclusive breastfeeding among infants. Iceland's 2015 low birth weight prevalence of 4.2% has increased slightly from 4.1% in 2000.

Iceland's adult population face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 7.6% of adult men suffer from diabetes, compared to 4.2% of women. Meanwhile, 24.2% of men and 19.4% of women suffer from obesity.

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

#### Progress against global nutrition targets 2018



Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

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# Child (under-five) nutrition status over time

Coexistence of wasting, stunting and overweight

No data

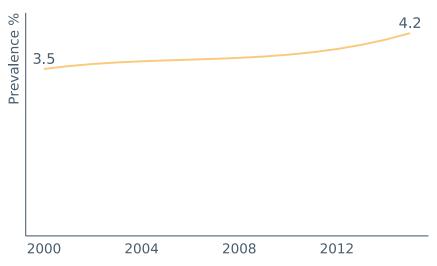
Sources: UNICEF, Division of Data Research and Policy (2019).

UNICEF Global Databases: Overlapping Stunting, Wasting and

Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

## Low birth weight



Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Child (under-five) nutrition status				
Wasting by gender	Stunting by gender	Overweight by gender		
No data	No data	No data		
Wasting by location	Stunting by location	Overweight by location		
No data	No data	No data		
Wasting by income	Stunting by income	Overweight by income		
No data	No data	No data		

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

# Infant and young child feeding over time

Introduction to **Exclusive** Continued Minimum breastfeeding by breastfeeding at 1 solid, semi-solid acceptable diet by or soft foods by gender year by gender gender gender No data No data No data No data Introduction to Exclusive Continued Minimum breastfeeding by breastfeeding at 1 acceptable diet by solid, semi-solid year by location or soft foods by location location location No data No data No data No data Introduction to Exclusive Continued Minimum breastfeeding at 1 solid, semi-solid breastfeeding by acceptable diet by year by income income income or soft foods by income No data No data No data No data

Exclusive breastfeeding by mother's education	Continued breastfeeding at 1 year by mother's education	Minimum acceptable diet by mother's education	Introduction to solid, semi-solid or soft foods by mother's education
No data	No data	No data	No data
Exclusive breastfeeding by age	Continued breastfeeding at 1 year by age	Minimum acceptable diet by age	Introduction to solid, semi-solid or soft foods by age
No data	No data	No data	No data
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child			

Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.



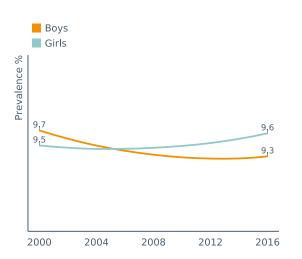
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

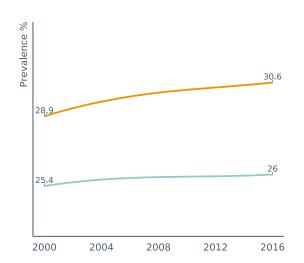
# Child and adolescent (aged 5-19) nutrition status

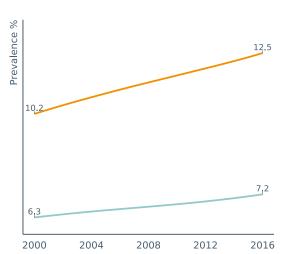
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

## **Adult nutrition status**

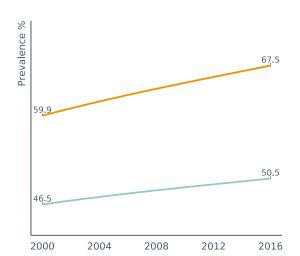
## Diabetes by gender

# Male Female 8 7,6

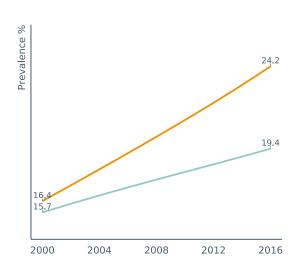
Sources: NCD Risk Factor Collaboration.

2008

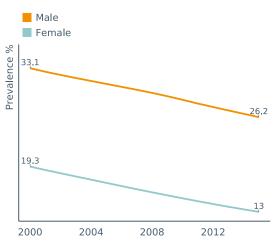
# Overweight by gender



## Obesity by gender

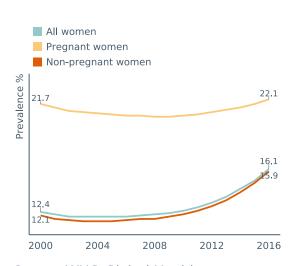


# Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

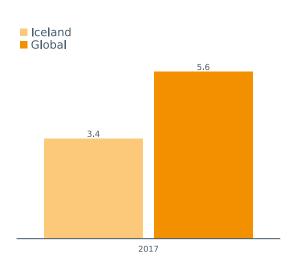
#### Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

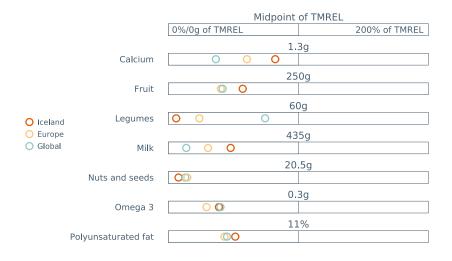
# Sodium intake (grams per day)



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

# **Dietary needs**

## Consumption of food groups and components, 2016





Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older.

# Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	No	No	No	No
	data	data	data	data
Children 6-59 months who received vitamin A supplements in last 6 months	No	No	No	No
	data	data	data	data
Children 6-59 months given iron supplements in past 7 days	No	No	No	No
	data	data	data	data
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	No data	NA	NA	No data
Household consumption of any iodised salt	No data	NA	NA	No data

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report and UNICEF global databases, 2019.

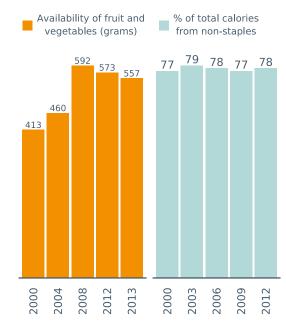
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

## **Determinants**

#### Undernourishment

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## Food supply



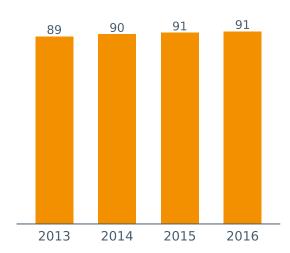
Source: FAOSTAT 2018.

# Gender-related determinants

Early childbearing births by age 18 (%) <sup>1</sup>	No data	No data
Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup>	0.06	2017
Gender Inequality Index (country rank) <sup>2</sup>	9	2017

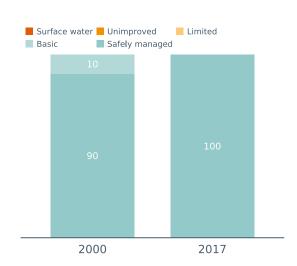
Sources:  ${}^{1}$  UNICEF 2018;  ${}^{2}$  UNDP 2018. Notes:  ${}^{*}$ 0 = low inequality, 1 = high inequality.

# Female secondary education enrolment (net, % population)



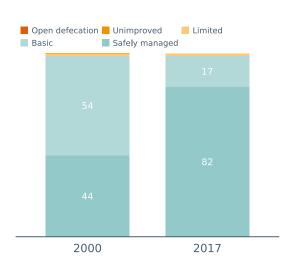
Source: UNESCO Institute for Statistics 2018.

# Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Resources, policies and targets

Development assistance

# No data

Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

# National policies

Mandatory legislation for salt iodisation	No
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	Yes
Policy to reduce salt consumption	No
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	No
Operational policy, strategy or action plan for diabetes	No
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	Yes
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	Yes

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: NA = not applicable; NCD = non-communicable disease.

# Targets included in national (nutrition or other) plan

Stunting	Anaemia
No	No
Low birth weight	Child overweight
No	Yes
Exclusive breastfeeding	Wasting
No	No
Salt intake	Overweight adults and adolescents
No	Yes
Multisectoral comprehensive nutrition plan	
No	

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

# **Economics and demography**

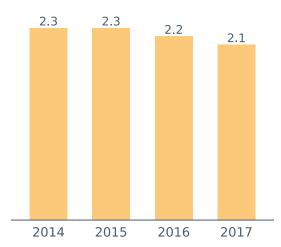
# Poverty rates (%) and GDP (PPP\$)

#### \$1.90/day \$3.20/day 47,597 48,932 49,705 49,372 47,597 48,932 49,705 49,372 47,597 48,932 49,705 49,372 47,597 48,932 49,705 49,372 47,597 48,932 49,705 49,372 47,597 48,932 49,705 49,372 47,597 48,932 49,705 49,372 47,597 48,932 49,705 49,372 47,597 48,932 49,705 49,372

Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

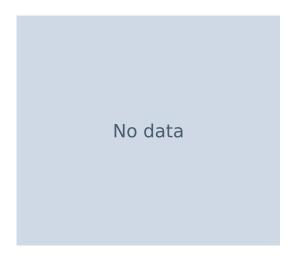
Notes: PPP = purchasing power parity.

# Under-five mortality (per 1,000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

# Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

## Income inequality

Gini index score <sup>1</sup>	Gini index rank <sup>2</sup>	Year
28	14	2014

Sources: World Bank 2019.

Notes: <sup>1</sup> 0 = perfect equality, 100 = perfect inequality. <sup>2</sup> Countries are ranked from most equal (1) to most unequal (120).

## Population

Population (thousands)	354	2018
Under-five population (thousands)	21	2019
Rural (%)	6	2018
>65 years (thousands)	52	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

# Population density of health workers per 1,000 people

Physicians	3.79	2015
Nurses and midwives	15.18	2016
Community health workers	No data	No data

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.