

Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle

Good Practice in the Field of Health Promotion and Primary Prevention

Iceland Country Review

Prepared by the Directorate of Health
in collaboration with the Ministry of Welfare



Table of Contents

Background	2
The Health Promotion and Chronic Disease Prevention Landscape	3
Policy design and stakeholders	3
Programmes and strategies	4
Financing	8
Identifying Good Practice and Existing Databases	9
Forecasting Studies	12
Cost-Effectiveness Studies	13
Gaps and Needs	13



This Country Review has been developed based on the questionnaire ‘Good practice in the field of Health Promotion and Primary Prevention’ developed by EuroHealthNet, as part of Work Package 5, Task 1 of JA-CHRODIS.

Background

JA-CHRODIS is a European collaborative initiative that brings together over 60 partners from 26 European Union Member States. The collaborative partners are from areas including the national and regional departments of health and research institutions. They work together to identify, validate, exchange and disseminate good practice approaches for chronic diseases across EU Member States, and facilitate the uptake of these approaches across local, regional and national borders. The focus of JA-CHRODIS is on health promotion and primary prevention, with an additional focus on the management of diabetes and multi-morbid chronic conditions. One of the key deliverables will be a 'Platform for Knowledge Exchange', which will include both an online help-desk for policy makers and an information portal which provides an up-to-date repository of best practices and the best knowledge on chronic care.

Work Package (WP) 5 focuses on these objectives in relation to the package's theme: *Good Practice in the Field of Health Promotion and Primary Prevention*. Furthermore, **the objectives of WP 5 are to promote the exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and primary prevention practices for older populations**. This will involve the identification, review, and validation of health promotion and primary prevention interventions for **cardiovascular diseases, stroke, and type 2 diabetes and their modifiable behavioural and social risk factors**. WP 5 will not only take into account lifestyles and health-related behaviours, but also the wider social and economic determinants that influence them.

The following **Country Review** provides an **overview of the health promotion and primary prevention situation and approaches for cardiovascular disease, stroke and type 2 diabetes in Iceland**. This review outlines relevant policies; implementation mechanisms; good practices, and whether and how they have been identified; and forecasting and cost-effectiveness studies that have been undertaken on the topic in Iceland. The authors of this report have also identified current gaps and needs of promotion and primary prevention of chronic diseases. The information in this report will contribute to subsequent WP tasks, namely the identification, exchange and transfer of promising practices to promote health and prevent strokes, cardiovascular disease and type 2 diabetes in Iceland.

The Health Promotion and Chronic Disease Prevention Landscape

Policy design and stakeholders

There are two administrative levels of government in Iceland: the state and the local authorities. At the national level, policies are usually initiated, developed and approved centrally. Policies concerning health promotion and primary prevention are most commonly initiated by relevant ministries, often in cooperation with relevant governmental stakeholders. Input from relevant, non-governmental stakeholders is also emphasized. Growing knowledge and understanding of the need for a comprehensive approach for success (Health in All Policies - HiAP) has led to increased cooperation between different sectors and levels.

The fundamental policy concerning health promotion and prevention in Iceland, the National Health Policy 2020, is currently in progress. The Policy paper is being written at the Ministry of Health with involvement from The Directorate of Health and extensive cooperation with various other stakeholders, both governmental and NGOs, i.a. through a National Forum.

At the local level, all local authorities have the same legal obligations and duties, regardless of the population. In addition to the administrative function of the local authorities, they manage the implementation of and bear responsibility for many key public services like education and social services. Primary health care services are, in most cases, run by the state, as are upper secondary schools. Preschools and compulsory schools are generally run by municipalities with additional funding from the state. Outside funding for sports clubs and other major third sector work comes primarily from municipalities, but also from other sources like the state, the lottery and other funds.

Furthermore, many municipalities publish their own health/ prevention policies.

Main public bodies with a mandate from the national level

- The Ministry of Welfare, among other things responsible for the affairs of the elderly: <http://eng.velferdarraduneyti.is/>
- The Ministry of Education, Science and Culture: <http://eng.menntamalaraduneyti.is/>
- The Directorate of Health: <http://www.landlaeknir.is/english/>
- Landspítali University Hospital: <http://www.landspitali.is/um-landspitala/languages/english/>
- The Primary Health Care Services: <http://www.reglugerd.is/interpro/dkm/WebGuard.nsf/key2/787-2007>
- Icelandic Food and Veterinary Authority (MAST): <http://www.mast.is/english>
- Administration of Occupational Safety and Health (Vinnueftirlit): <http://www.vinnueftirlit.is/english>

Examples of other bodies that have an important role:

- The Icelandic Transport Authority (Samgöngustofa): <http://www.icetra.is/>

- The Icelandic National Planning Agency (Skipulagsstofnun): <http://www.skipulagsstofnun.is/english>
- The Environment Agency of Iceland (Umhverfisstofnun): <http://www.ust.is/the-environment-agency-of-iceland/>
- The National Commissioner of Police (Ríkislögreglustjóri): http://www.logreglan.is/default.asp?cat_id=214
- The Welfare Watch (Velferðarvaktin): Established by the government in 2009 as a response to the economic crisis, and re-established in 2014. Special emphasis on solutions for vulnerable groups. <http://www.velferdarraduneyti.is/velferdarvaktin>
- Universities

Main public bodies at the local level:

- The Local Authorities: <http://www.samband.is/um-okkur/english/>

Other major stakeholders, examples:

- The Icelandic Association of Heart Patients (Hjartaheill): <http://hjartaheill.is/>
- Heilaheill, patients organisation: <http://heilaheill.is/>
- Icelandic Cancer Society: <http://www.krabb.is/Forsida/icelandiccancersociety>
- The Icelandic Heart Association (Hjartavernd): <http://www.hjarta.is/english/>
- The Diabetes Association (Samtök sykursjúkra): <http://www.diabetes.is/>
- The National Olympic and Sports Association of Iceland (ÍSí): <http://isi.is/english/>
- The Icelandic Youth Association (UMFÍ): <http://umfi.is/>
- The Icelandic Association of Tuberculosis and Chest Patients (SÍBS): <http://www.sibs.is/>
- Icelandic Federation of Elderly Citizens (Landsamband eldri borgara): <http://www.leb.is/>
- VIRK-Vocational Rehabilitation Fund, a private foundation systematically aiming at employment of individuals following illness or injury. All the major unions and employers in the labour market in Iceland are members: <http://www.virk.is/is/english/mission-and-activities-of-virk>
- SÁÁ – National Center of Addiction Medicine: <http://saa.is/enski-vefurinn/center-of-addiction-medicine/>

Programmes and strategies

National level policy, examples:

The platform of the current coalition government states, for example, that efforts will be made to ensure equality for all citizens, regardless of their individual characteristics and status in other respects. Improved public health and preventive measures are expressed to be among the government's priorities. This is in line with the priorities of previous governments which have been serving for the last decade.

The platform (English): <http://www.government.is/government/coalition-platform/>

The National Health Policy 2020 is currently under progress. It will be the fundamental policy concerning health promotion and prevention in Iceland, including prevention of cardiovascular disease, stroke and type 2 diabetes. The vision of the policy is to achieve well-being, health and equality for everyone, including all ages and both genders. It will contain a framework for monitoring and evaluation, a time frame for implementation and target indicators.

- The National Health Policy 2020, draft (Icelandic): <http://www.althingi.is/alttext/141/s/0604.html>
- Health Service Act No. 40/2007 (English): <http://eng.velferdarraduneyti.is/acts-of-Parliament/nr/20098>
- Regulation on primary health care No. 787/2007 (Icelandic): <http://stjornartidindi.is/Advert.aspx?ID=2aa87f27-5da4-4494-95ca-fbed296b443e>
- Ministry of Welfare, other laws and regulations concerning health and welfare (including elderly affairs) available in English: http://eng.velferdarraduneyti.is/legislation/acts_of_parliament/

The ministerial committee on public health was established by the government in March 2014. The Prime Minister (chair), Minister of Health, Minister of Education and Culture, and Minister of Social Affairs and Housing form the core members of the committee. Other ministers participate as needed. The main goal of the committee is to create a comprehensive public health policy and action plan.

The Directorate of Health, policy 2012-2016 and action plan is based on the stated role of the Directorate and relevant, national policies. The policy and action plan includes the main policies, goals and actions for each of the Directorate's five divisions. Every year a more detailed work plan is published.

Further information (Icelandic): <http://www.landlaeknir.is/um-embattid/stefnur/>

- Medical Director of Health and Public Health Act No. 41/2007 (English): <http://eng.velferdarraduneyti.is/acts-of-Parliament/nr/20099>
- See also activities of the Directorate of Health 2012-2013: <http://www.landlaeknir.is/servlet/file/store93/item20935/Brief%20summary%20of%20DH%20activities%202012-2013%20final%207%208%2012%20loka.pdf>

Policy on alcohol and drug prevention 2020. The policy focuses on young people and vulnerable groups. It states that an action-plan shall be written in 2014 and measures to be taken will address prevention, treatment, post-treatment, monitoring and rehabilitation. The action plan is to be evaluated every second year.

- Alcohol Act No. 75/1998 (Icelandic): <http://www.althingi.is/lagas/nuna/1998075.html>
- Narcotic Act No. 65/1974 (English): http://eng.innanrikisraduneyti.is/media/Log_og_reglugerdir/65_1974.pdf
- Policy on alcohol and drug prevention 2020 (Icelandic): <http://www.velferdarraduneyti.is/media/rit-og-skyrslur-2014/Stefna-i-afengis-og-vimuvorum-desember-2013.pdf>

- News on Policy on alcohol and drug prevention (English):
<http://eng.velferdarraduneyti.is/newsinenglish/nr/34482>

Official public policy on tobacco control. The Ministry of Welfare and Directorate of Health, along with other stakeholders on ministerial and municipal levels, are currently preparing the policy on tobacco control. It is estimated that the policy will be introduced and presented later this year (2014) and will be followed by work on an action plan in tobacco control and tobacco prevention.

- Tobacco Control Act, No. 6/2002 (English):
<http://eng.velferdarraduneyti.is/acts-of-Parliament/nr/19484>

National curriculum guides (2011). Health and well-being is now stated as one of the six fundamental pillars of education in preschools, compulsory and upper secondary schools. The main purpose of the health promoting school work is to support schools to fulfil their role in incorporating health as a pillar of education.

- The National curriculum guides (English):
<http://eng.menntamalaraduneyti.is/publications/curriculum/>
- Selected laws and regulations concerning education, science and culture (English):
<http://eng.menntamalaraduneyti.is/Acts>

Action plan to reduce obesity – working group on behalf of the Ministry of Health. See PDF link (Icelandic):

http://www.velferdarraduneyti.is/media/Rit_2013/Adgerdaraaetlun-til-ad-draga-ur-tidni-offitu.pdf

Matters of immigrants:

- Laws on immigration matters No. 116/2012 (Icelandic):
<http://www.althingi.is/altext/141/s/0487.html>
- Act On Foreigners No. 96/2002 (English):
<http://eng.innanrikisraduneyti.is/laws-and-regulations/english/foreigners/nr/105>
- Parliamentary resolution, immigrant matters action plan (Icelandic):
<http://www.althingi.is/altext/135/s/1226.html>

Examples of other, relevant policies:

- Legislative Act on Sports No. 64/1998 (English):
<http://eng.menntamalaraduneyti.is/Acts/nr/2430>
- Media Act No. 38/2011 (English). Advertisements are not permitted to air adjacent to programmes intended for children under the age of 12. Furthermore, it is prohibited in commercial communications and teleshopping to encourage minors to consume foods and beverages that may be considered as unhealthy. (English, mainly articles 38 and 41):
<http://eng.menntamalaraduneyti.is/media/MRN-pdf/Media-Act-38-English-translation-nov-2011.pdf>

- The national transport policy (Icelandic): <http://www.innanrikisraduneyti.is/verkefni/malaflokkar/samgonguaetlun/>
- Law and regulation concerning Environmental Impact Assessment and Nature Conservation (English): <http://eng.umhverfisraduneyti.is/legislation/>
- Regulation on the use of the Keyhole food label in the marketing of foodstuffs (Icelandic): <http://www.stjornartidindi.is/Advert.aspx?ID=7b194b44-9e13-40f7-9e05-186a2ec428cf>
- Regulation on the Maximum Levels for Trans-Fatty Acids in Foods (Icelandic): <http://www.reglugerd.is/interpro/dkm/WebGuard.nsf/key2/1045-2010>
- An Excise duty on sugar was implemented in Iceland in 2013. This excise duty is in accordance with the added sugar content of products. Products with artificial sugar also have this excise duty (Icelandic): <http://www.stjornartidindi.is/Advert.aspx?ID=49b1cb93-d7fb-4198-97c5-bd4415424806>

Local level policy, examples:

- Local governments in Iceland, information pamphlet (English): <http://www.samband.is/media/enska/SIS-enska.pdf>
- Local Government Act, No. 138/2011 (Icelandic): <http://www.althingi.is/lagas/nuna/2011138.html>
- The Municipalities' Social Services Act, No. 40/1991 (English): <http://eng.velferdarraduneyti.is/acts-of-Parliament/nr/3709>
- The City of Reykjavik Prevention Policy 2014-2019 (English): http://reykjavik.is/sites/default/files/ymis_skjol/skjol_utgefid_efni/prevention_policy_21x2_1_net.pdf
- The City of Reykjavik and the Directorate of Health signed a three-year Agreement on Public Health Promotion within the municipality. The emphasis is on collaboration within three main fields: development of measures to promote healthier neighbourhoods; increase of the coverage of health promoting pre-schools to lower secondary schools in the city; and action to reduce health inequalities. The agreement embraces health promotion efforts during the life-course, in line with the overarching aim of the work of the Directorate (Icelandic): <http://www.landlaeknir.is/um-embattid/frettir/frett/item20429/Samstarf-a-svidi-lydheilsu>
- Other local health and/or prevention policies, examples (Icelandic): <http://www.samband.is/verkefnin/felagsthjonusta/forvarnarmal/>

Financing

National level:

Financing comes mainly through public funds (e.g. through general taxation) and out-of pocket payments. Annually, about 45% of the state budget is allocated to health, welfare and social security. This budget includes primary and secondary health services and care and other health promotion and prevention practices.

Local level:

The largest individual task of the local authorities is education and upbringing, which comprise half of all of their expenditures. Next are the social services, with about 13% of the expenditures, 12% of which goes to youth and sports affairs. The local authorities' share in the total public expenditure in Iceland has ranged between 32% and 35% in recent years.

In addition to the general allocation of the state and local authority budget to health promotion and primary prevention, some other sources for funding exist.

Examples:

- The Public Health Fund (Lýðheilsusjóður).** This fund is financed with 1% of the taxes on alcohol and 0, 9% of the taxes on the wholesale of tobacco, which is “earmarked” for prevention and health promotion. According to [The Medical Director of Health and Public Health Act](#), the role of the fund is to support public health work that is in accord with the objectives of the Act, whether within the Directorate of Health or outside it.
Further information (Icelandic): <http://www.landlaeknir.is/um-embattid/lydheilsusjodur/>
- The Lottery (Íslensk getspá)** is owned by the National Olympic and Sports Association of Iceland, The Icelandic Youth Association and the Organization of Disabled in Iceland. A part of all sales is allocated to the work of these NGOs.
Further information (Icelandic): <https://games.lotto.is/>
- The Icelandic Centre for Research (RANNIS).** RANNIS administers the main public competitive funds in the fields of research, innovation, education and culture in Iceland.
Further information (English): <http://en.rannis.is/funding/>
- The Icelandic Sport Fund (Íþróttasjóður).** The objectives of the fund are to improve sport facilities all over Iceland, to support research and innovation in the field of sport and to gather information for policy making.
Further information (English): <http://en.rannis.is/funding/youth-sport/the-icelandic-sport-fund/>
- The Icelandic Youth Fund (Æskulýðssjóður).** The main objective of the fund is to help youth clubs and organisations in Iceland improve and expand their activities.
Further information (English): <http://en.rannis.is/funding/youth-sport/youth-fund/>
- The City of Reykjavik Prevention Fund (Forvarnarsjóður Reykjavíkurborgar).** The fund's aim is to strengthen preventive activities in line with the city's Prevention Policy, both within the neighbourhoods and city wide.

Further information (Icelandic): <http://reykjavik.is/forvarnarsjodur-reykjavikur>

- **Private companies.** Some have funds that support health promotion and prevention projects.

Identifying Good Practice and Existing Databases

1. Existing procedures/mechanisms or criteria to identify good health promotion and primary prevention practices

The objective of [The Medical Director of Health and Public Health Act no. 41/2007](#) is to promote the health of the people of Iceland, including through more active public health activities, **ensuring the quality of health services, and grounding public health work and health services in the best knowledge and experience at all times.**

In addition to domestic research and experiences, health promotion and primary prevention practice initiated by the health sector is usually based on guidance and recommendations published by e.g. WHO, EU and the Nordic council of ministers.

According to the Medical Director of Health and Public Health Act, the Directorate of Health:

- has the role to undertake preventive and health-promoting tasks and to promote public health work in collaboration with other parties involved in the field.

***Example:** Based on good practice, The Directorate of Health is managing, in collaboration with relevant stakeholders, Health promoting elementary schools and Health promoting upper secondary schools. Also under progress are Health promoting preschools and Health promoting communities. Various supports are available in connection with these projects, which are guiding good practice in these settings all over the country.*

Further information (Icelandic): <http://www.landlaeknir.is/heilsa-og-lidan/>

- may issue instructions to healthcare practitioners, healthcare institutions and those involved in public health work, including instructions for approaches and resolution of problems which are consistent with the best knowledge at the time.

Guidance for the creation of clinical guidelines (Icelandic):

http://www.landlaeknir.is/um-empaettid/greinar/grein/item15300/Vinnulag_vid_gerd_kliniskra_leidbeininga

All clinical guidelines (Icelandic):

<http://www.landlaeknir.is/gaedi-og-eftirlit/heilbrigdisstarfsfolk/kliniskar-leidbeiningar/>

Examples of clinical guidelines (Icelandic):

[Clinical guidelines for the risk assessment and prevention of cardiovascular disease](#)

[Clinical guidelines for Type 2 Diabetes treatment](#)

[Clinical guidelines for children obesity, prevention and treatment](#)

[Clinical guidelines for blood pressure measuring](#)

[Antenatal care - Clinical guidelines for healthy women in a normal pregnancy](#)

[Clinical guidelines for Diabetes in pregnancy](#)

[Guidelines for infant and young children's health](#)

[Guidelines for school children's health](#)

[Guidelines for tobacco cessation](#)

[Clinical guidelines for screening and brief intervention for alcohol abuse in primary health care](#)

Examples of recommendations (Icelandic):

[Food based dietary guidelines for adults and children from two years of age](#)

[Physical activity recommendations](#)

- gives proposals to the Ministry of Health, who makes provisions in regulations for applying the minimum professional standards to the operation of health services in individual fields. The regulations shall be based upon knowledge and circumstances at any time, and shall be regularly revised. The regulations shall specify i.a. minimum standards of manning, accommodation, facilities and equipment or operation of health services. See [Regulation No. 786/2007](#) (Icelandic)
- shall regularly monitor health services provided in Iceland to ensure they comply with professional standards and the provision of health legislation at any time.

2. Existing procedures/criteria to select and fund health promotion and primary prevention interventions

In addition to the general allocation of state and local authority budget to health promotion and primary prevention, some smaller funds exist (see section on [Financing](#) above).

Examples:

- **The Public Health Fund** (Lýðheilsusjóður). According to the [The Medical Director of Health and Public Health Act](#), the role of the fund is to support public health work that is in accord with the objectives of the Act, whether within the Directorate of Health or outside it. The Fund has special criteria for the selection of projects receiving support including sustainability, gender, distribution/mobilization, evaluation and cooperation. The criteria for funding (Icelandic): <http://lydheilsusjodur.sidan.is/content/files/public/uthlutunarreglur.pdf>
- **The Icelandic Sport Fund** (Íþróttasjóður). The objectives of the fund are to improve sport facilities all around Iceland, to support research and innovation in the field of sport and to gather information for policy making. Further information (English): <http://en.rannis.is/funding/youth-sport/the-icelandic-sport-fund/>
- **The Icelandic Youth Fund** (Æskulýðssjóður). The main objective of the fund is to help youth clubs and organisations in Iceland improve and expand their activities. Further information (English): <http://en.rannis.is/funding/youth-sport/youth-fund/>

- **The City of Reykjavik Prevention Fund.** The fund's aim is to strengthen preventive activities in line with the city's Prevention Policy, both within the neighbourhoods and city wide. The criteria for funding (Icelandic): http://reykjavik.is/sites/default/files/2013_reglur_forvarnarsjods.pdf

3. Existing databases on/that include good practice to reduce cardiovascular disease, stroke and/or type 2 diabetes and/or their modifiable risk factors?

Examples:

- **Clinical guidelines on The Directorate of Health's webpage**
<http://www.landlaeknir.is/gaedi-og-efirlit/heilbrigdisstarfsfolk/klininskar-leidbeiningar/>
- **National health register**
According to [The Medical Director of Health and Public Health Act](#), and regulations ([No. 548/2008](#), Icelandic), the Directorate of Health organises and maintains the national registers on health, diseases, accidents, prescriptions, births, and the work and performance of the health service. The purpose of the registers is to gather information on health and the health service, to monitor the service, to ensure its quality and assess its success, and also to use the registers in planning for quality development in the health service and in scientific research. The Medical Director shall also, in consultation with the Ministry of Health, process data from the health registers for use in planning, policy formation and other tasks of the ministry, and publish health reports.

Registers, examples:

- * Health care centres' contact register
- * Register of admission to healthcare facilities
- * Register of cardiovascular disease
- * Register of causes of death

Further information (English): <http://www.landlaeknir.is/english/statistics/>

- **Health and well-being of Icelanders**
A national health survey regularly collects data, since 2007 (2009 and 2012), about health, well-being, quality of life and major determinants of health including lifestyle and life conditions.
Further information (Icelandic): <http://www.landlaeknir.is/tolfraedi-og-rannsoknir/rannsoknir/heilsa-og-lidan-islendinga/>
- **The Reykjavik Study and The Risk Calculator for coronary heart disease**
The Icelandic Heart Association Research Institute has, since 1967, run the Reykjavik Study, with the focus on identifying the main risk factors for cardiovascular disease in Iceland. It has

been the basis for numerous research projects that have provided important knowledge on cardiovascular disease in Iceland. Based on results from the Reykjavik Study, the Risk Calculator evaluates individuals' risk of coronary heart disease over the next ten years. It has proven to be important to base the calculations on Icelandic data to produce more accurate results. Further information (English): <http://www.hjarta.is/english/>

- **The NordChild Study**

This is a cross-sectional time series postal study among children aged 2-17 years from the five Nordic countries; Denmark, Finland, Iceland, Norway and Sweden, organised by the Nordic School of Public Health in 1984, 1996 and 2011. The study included questions about the child and its family, the health of the child, health care utilization, the child's own activities and activities together with the parents. The questionnaire also included questions about socioeconomic factors and the parents' health and wellbeing.

- **Health history of Icelanders (Heilsusaga Íslendinga)**

A large Cohort study is taking place on the health of Icelanders (ongoing), part of the Global Cohort Initiative.

Further information (Icelandic): <http://heilsusaga.hi.is/>

- **RAI - The Resident Assessment Instrument**

It is used in long term care settings as a comprehensive, standardized tool to assess the residents. Assessment with this instrument enables detection of residents' strengths, needs and potential risks to inform individualized care planning and monitoring.

Forecasting Studies

A limited number of forecasting studies are available.

Examples:

- **Population projections for Iceland**

Statistics Iceland (Hagstofan) revises the population projection annually.

<http://www.statice.is/Statistics/Population/Population-projections>

- **The Risk Calculator for coronary heart disease**

As previously mentioned, based on The Icelandic Heart Association's results from the Reykjavik Study, the Risk Calculator evaluates individuals' risk of coronary heart disease over the next ten years.

Further information: <http://www.hjarta.is/english/>

- **Genetic risk factors for diseases**

deCODE does research on genetic risk factors for common diseases, including cardiovascular disease, stroke and type 2 diabetes.

Further information: <http://www.decode.com/publications/>

Cost-Effectiveness Studies

Cost of Smoking in Icelandic Society 2000

Hagfræðistofnun Háskóla Íslands

Institute of Economic Studies, 2003

See: <http://www.landlaeknir.is/utgefid-efni/skjal/item12118/> (English summary on pages 64-67)

Gaps and Needs

Key issues, examples

- During the last decade there has been growing political understanding regarding the importance of health promotion and primary prevention practice, not only in the health sector but also in other sectors. More political commitment is needed, including securing financial and other necessary resources for health promotion and primary prevention practice.
- Despite that the inclusion of the health perspective in all policies (Health in All Policies) may be considered as well under way, recent examples do exist where political decisions end up not being entirely in favour of public health. As an example, a special excise duty on sugar was implemented in 2013. It decreased the price of chocolate but had very limited effect on the pricing of soda drinks.
- Health impact assessment has not yet been implemented but is on the political agenda.
- The structure of the health care services needs to be changed to enable further health promotion and prevention practices along with treatment, and support better continuity in care. There is a need for more lifestyle clinics where comprehensive, interdisciplinary support is available for the prevention and treatment of major NCDs.
In this regard, as an example, Iceland could look to Norway's comprehensive Public Health Acts from 2011 (http://www.regjeringen.no/upload/HOD/Hoeringer%20FHA_FOS/123.pdf) and their Coordination Reform for proper treatment at the right place and right time (http://www.regjeringen.no/upload/HOD/Samhandling%20engelsk_PDFS.pdf).
- There is a lot of relevant health care data and other data on issues concerning public health in Iceland which is available, but data retrieval, data mining and data interoperability needs to be strengthened for further use in planning and policymaking. There is a need for more resources to be put into analysing and publishing results, including ensuring resources for effective monitoring of health, wellbeing and health behaviour among Icelanders.
- There is a shortage of both forecasting studies and cost-effectiveness studies in Iceland. According to a report from the OECD ([OECD Economic Surveys: Iceland frá árinu 2008](#)), it is stated that "What is clearly needed is a prioritisation of public health-care spending based on cost-benefit analysis of different kinds of services" (page 16). Furthermore it says: "...it is all the more important to improve the cost-effectiveness of health care in Iceland, which seems to be

lacking, in order to be better prepared for the unavoidable long term pressures due to population ageing” (page 86).

- According to The Icelandic Heart Association, it is preferable that a Risk Calculator is created for Type 2 Diabetes and Stroke. The Icelandic Heart Association has the data needed but calls for financial support from the authorities.
- In recent years less financial resources have been available for international collaboration, which is vital for a small country like Iceland. Sufficient funding for such collaboration needs to be ensured.

In the wake of the economic collapse in 2008, political and professional focus shifted more towards health, well-being in general and equity in health. Soon there a report will be published, inspired by the Marmot review, on social determinants and the health divide in Iceland. More needs to be done to analyse the situation and translate the results into policies and actions.