



PUBLIC HEALTH REVIEW OF NON COMMUNICABLE DISEASE PREVENTION AND ITS DETERMINANTS: BELGIUM

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Why did this review focus on prevention?





Belgium is expected to reach the global NCD monitoring target of reducing the premature mortality by the 4 main NCDs.

Was this by a higher focus on treatment than prevention?

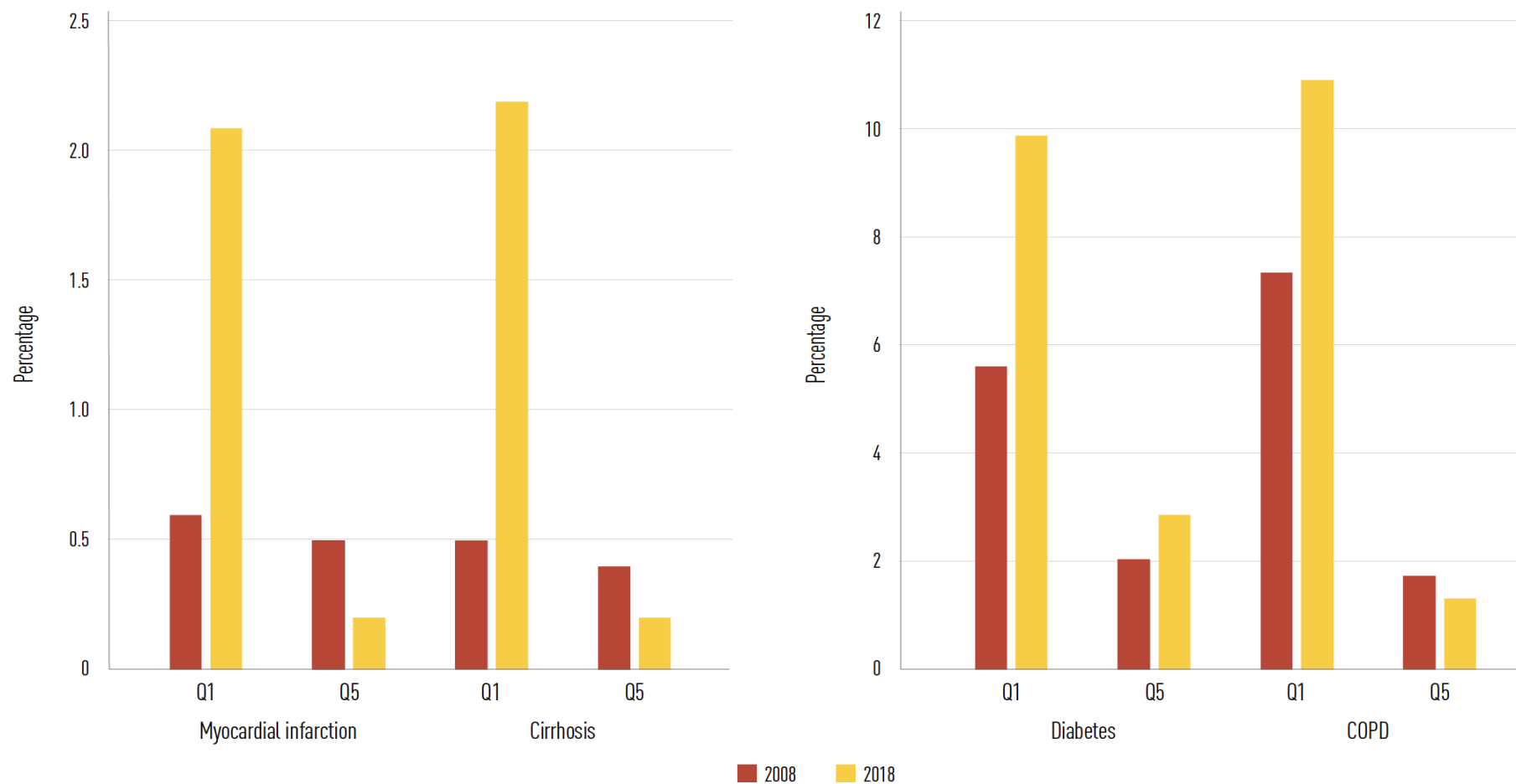
	2019	2020
Avoidable mortality	113.7	111.7
Preventable mortality	75.3	73.7
Treatable mortality	38.4	38.0

8 out of 10 deaths and 85% of years lived with disability (YLDs) even during the Covid 19 pandemic in 2021 are due to NCDs.

At least half of these deaths and 23% of YLDs are attributed to NCD risk factors.

Increasing health inequities

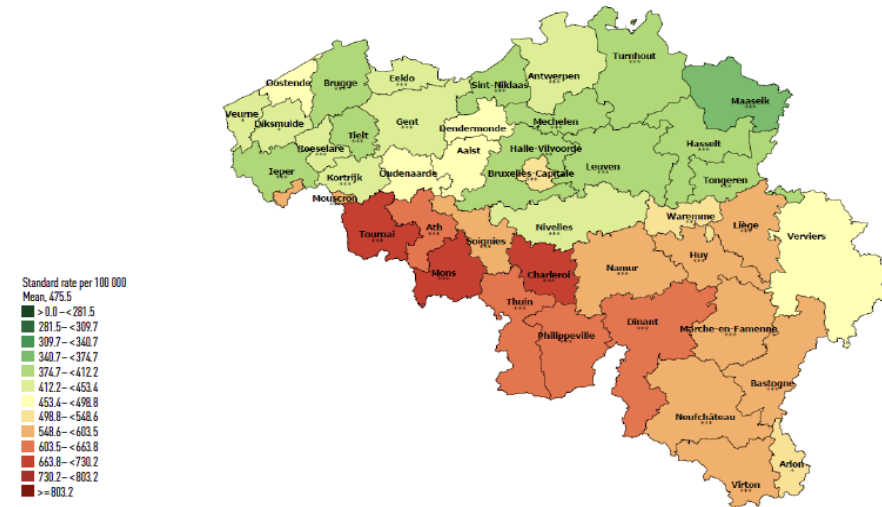
Fig. 3. Prevalence of NCDs in people in the poorest income quintile (Q1) and richest quintile (Q5), 2008 and 2018



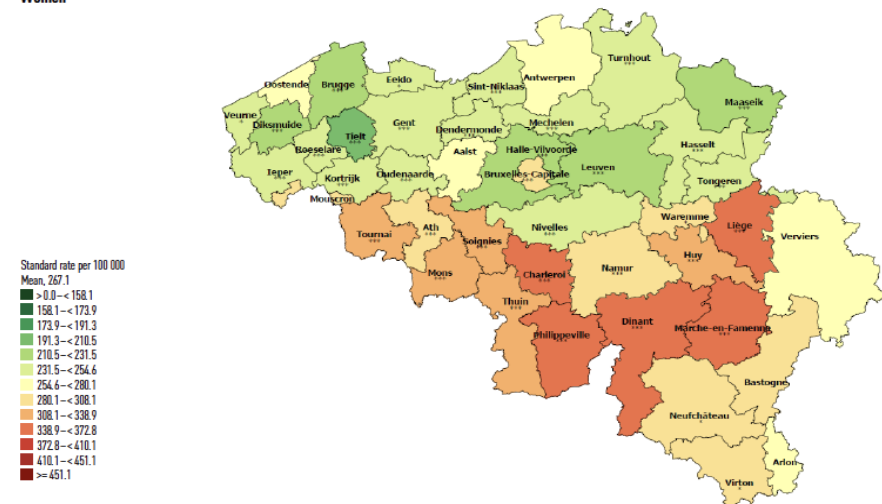
There is considerable variation in health within the regions.

Fig. 16. Age-standardized premature mortality per 100 000 population for men and women by district in Belgium, 2010–2017

Men



Women





Focusing on NCD prevention *at the population level* is;

- Cost effective
- Improves the quality of life
- Increases life expectancy
- Reduce health inequities

Tobacco causes a high NCD burden.



In Belgium, 20 445 people die of smoking tobacco each year.



26.5% of men and 20% of women are current tobacco users.

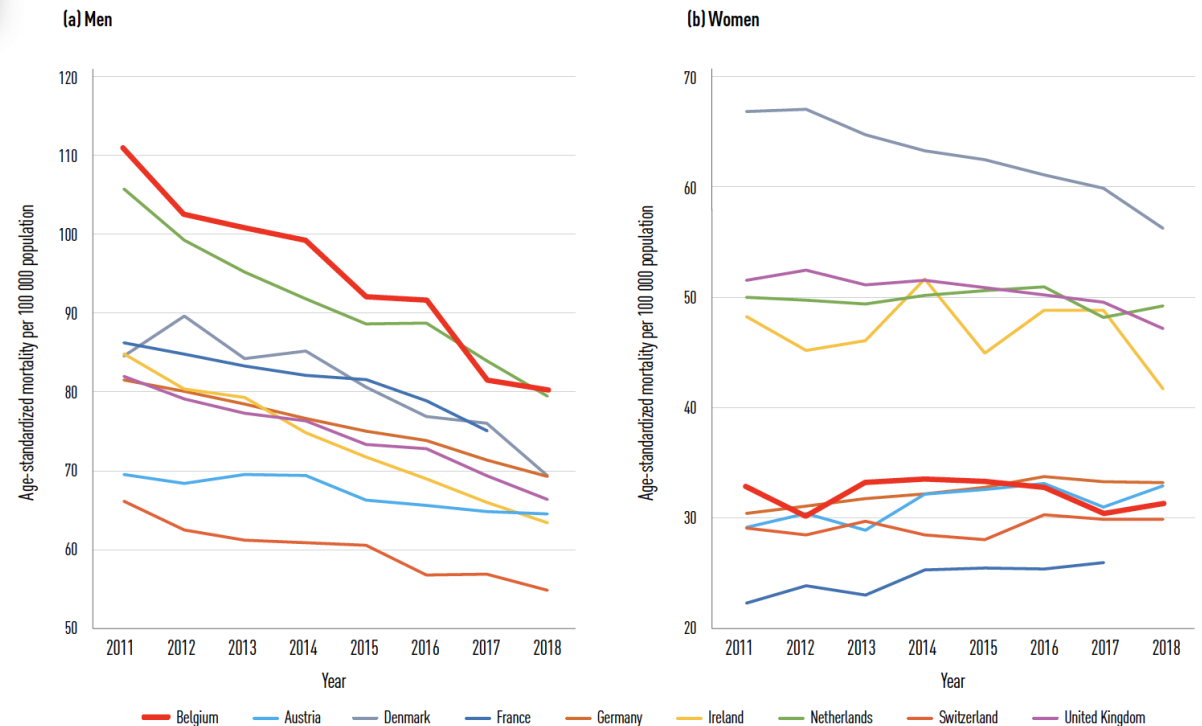


The economic cost of smoking tobacco in Belgium is 8.56 billion euros per year.

Tobacco trends

Belgium ranks top among the lung cancer rates in men relative to the neighbouring countries; UK, Ireland, France, Denmark, Netherlands, Austria, Germany.

Fig. 8. Age-standardized death rates from lung cancer per 100 000 population in (a) men and (b) women in Belgium, seven other EU Member States and Switzerland, 2011–2018



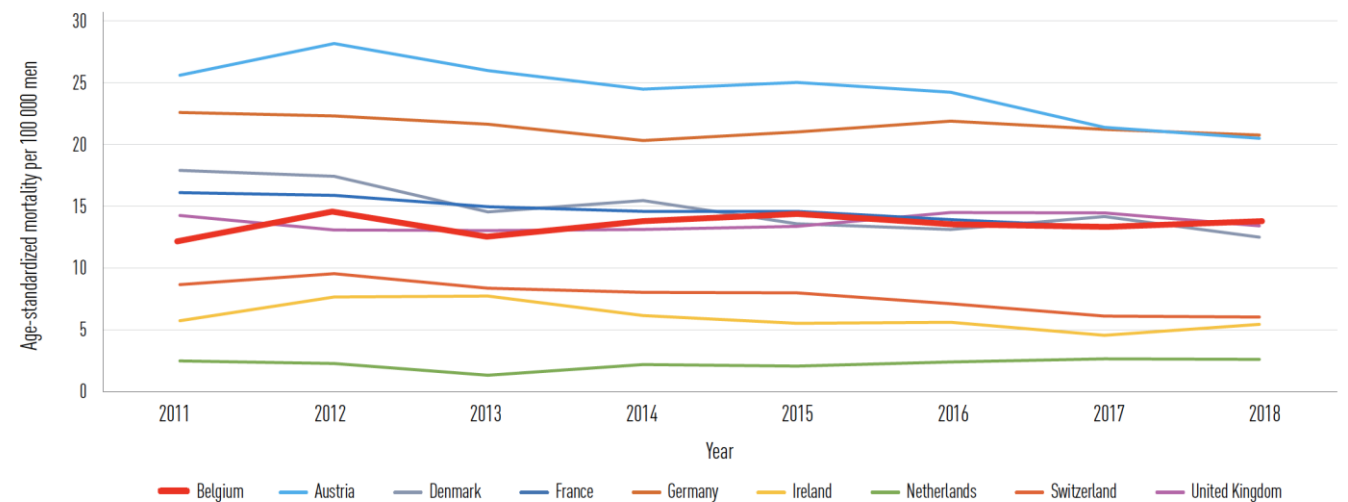
Tobacco trends

- Smoking rates have reduced, especially in men. But Belgium is off track to reach the Global Monitoring Framework target of 30% relative reduction of tobacco use from the level in 2010 by 2025.
- In women, smoking rates have stayed consistent, especially in women over 55 and in socially and economically vulnerable women.
- Use of e-cigarettes in the young have almost doubled since 2018. In 2022, 12% of 11 – 18 year olds have used e-cigarettes in the past 30 days. One in 3 between 15 – 24 years have tried an e-cigarette.

High alcohol use is the leading cause for deaths and disability in the 15 – 39 age group.

- In this age group – Alcohol is attributed to 12% of road injuries, 19% of self harm, 10% of breast cancer and 60% of liver cirrhosis.
- Mortality from chronic liver disease including of cirrhosis is showing a slight increasing trend, indicating a increasing trend of harmful alcohol use.

Fig. 11. Age-standardized death rates in men for chronic liver disease (including cirrhosis) per 100 000 population in Belgium, seven other EU Member States and Switzerland, 2011–2018



Alcohol trends

- Alcohol per capita consumption has reduced by 5.4% from 2010 – 2019. But there has been no relative reduction from 2017 – 2019.
- Hazardous drinking among adolescent and youth had shown an increasing trend.
- One in 10 young people between 15 – 24 years, engage in binge drinking and 1 in 10 young people can be categorized as having problematic drinking

Overweight and obesity causes the highest disability in Belgium

Nearly half of the adult population is with overweight and 16% is with obesity. Prevalence is higher in the low-income groups

Direct healthcare costs of overweight is around 3.6 billion Euros per year. Total economic cost with indirect costs amount to 7.5 billion Euro.

High blood pressure has the highest attributable risk for deaths.

- 30% of the population is estimated to have hypertension.
- 60% of strokes and 57% of ischemic heart disease were attributed to high blood pressure. Number of CVD deaths in 2019 in Belgium is 30 800.
- Salt is a significant driver of high blood pressure.
- In 2018, the population salt intake was between 8.3 – 9.4 g/ day - higher than the WHO recommendation of 5g/day.

High blood sugar is the second highest cause for disability.

- Estimated prevalence of diabetes is **10%** of the population.
- **One in 3 people** with diabetes is unaware of their diagnosis.
- **One in 5 people** consumed sugary drinks on a daily basis and 4% even had more than a litre daily.



Physical inactivity

- Physical inactivity is linked to many NCDs and mental health.
- In Belgium, 31% men and 41% women are not meeting the recommended physical activity levels. This is far worse in adolescents.
- Health care cost due to physical inactivity is estimated to be nearly 2 billion euros from 2020 – 2030 (*Step Up, WHO/OECD*)

Air pollution and environmental causes on NCDs

Exposure to air pollution decreased. But still worse than in various other European countries.

Exposure is unequally distributed. Urban areas and poor population groups are most affected.

Air pollution causes an unacceptable burden of disease in Belgium.

For NO_x, NH₃ and NMVOC, Belgium is very close to its national emission ceilings.

Belgium currently lags behind in the implementation of the national GHG reduction targets.

Many other environmental conditions directly affect NCD (green space, housing and noise are all associated with NCDs.)

Key policy strengths within Belgium

General	Good interregional collaboration exist for public health policy implementation, Good level of political commitment and leadership, a good timely surveillance of NCDs and risk factors in the population is available.
Tobacco	First EU country to ban disposable vapes, smoking in public transport and indoor places are banned, marketing in most of media types are banned, a quit line is available with cost covered by some of the cessation drugs, plain packaging with graphic warnings is implemented.
Alcohol	First alcohol policy is approved in 2023, spirits are not sold to under 18 year olds, alcohol sale banned from 10 pm – 7 am along motor way service stations, sales banned through vending machines, and in hospitals.
Nutrition	Having voluntary front of pack labelling, SSB tax, salt targets for bread and butter, food based dietary guidelines in all regions, the Belgian Pledge voluntary restrictions on food advertising to young children.
Physical inactivity	Availability of a national physical activity policy and a good coordinating mechanism, PA is promoted through cycling, walking, in childcare settings, open public spaces, etc. Strong legislations on motor speed limits to increase safety in active travel.



What needs
improvement?

Key recommendations

Strengthen emphasis on implementing *NCD Best Buy* policies to provide supportive environments to make the healthy choice the easy choice.

Strengthen strategic leadership and political commitment to invest in NCD prevention and reducing inequities.

Expand collaborative approach to develop key indicators and targets for tracking progress.

Emphasis on implementing NCD Best Buy policies

Tobacco policy options:

- Improve the design of tobacco taxes.
- Promote screening and brief advice for smoking cessation at all primary care units. Make additional investments on smoking cessation treatment options to be free for most needed population.
- Enforce a complete ban on smoking in all indoor public places, workplaces, public transport and discourage the use of designated smoking rooms.



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Photo credit: WHO/Tina Charlotte, No smoking sign at outdoor train platform, WHO Photo Gallery:

Alcohol policy options:

- Reduce affordability of alcohol by increasing taxation and considering introduction of new pricing policies such as minimum unit pricing.
- Ban late night off premise alcohol sales
- Increase the minimum age to 18 years for drinking and purchasing all alcoholic beverages.



Photo credit: Effects of late night sale bans, Movendi International

Nutrition related policy options:

- Comprehensively adopt the breastfeeding code and ensure breast-feeding support especially for mothers in low SES groups
- Facilitate school based nutrition programmes to provide healthy school meals
- Provide services to manage obesity among children and adults as part of the universal health coverage package.
- Introduce requirement for maximum salt levels in commonly consumed high salt foods.
- Expand front of packing labelling of food products (Nutri-Score) by making it mandatory.



Physical activity related policy options:



Ensure physical activity policies also target those who might be left out e.g., very elderly (>85 years), refugees, migrants, unemployed, people in detention or prisons.

Policies to promote physical activity goes hand in hand with ensuring access to green space, designing healthy cities.



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Policy pointers for addressing air pollution



Implementing national and international commitments through consistent regulation and enforcement across all regions.



Targeting key sectors with highest emission rates and greening the economy / mobility.



Increase environmental taxation.



Ensuring the consistent implementation of environmental standards across the whole country



Focusing policies on dense urban agglomerations and reducing inequalities in exposure.

Strategic leadership and political commitment



Strengthen the already adopted One world, One health principle with a view that health is inclusive to human, environmental, animal and plant health.



Adopt a “Health in all Policies” approach.

Reinforce that health is a co- leader, ally and a collaborative partner.

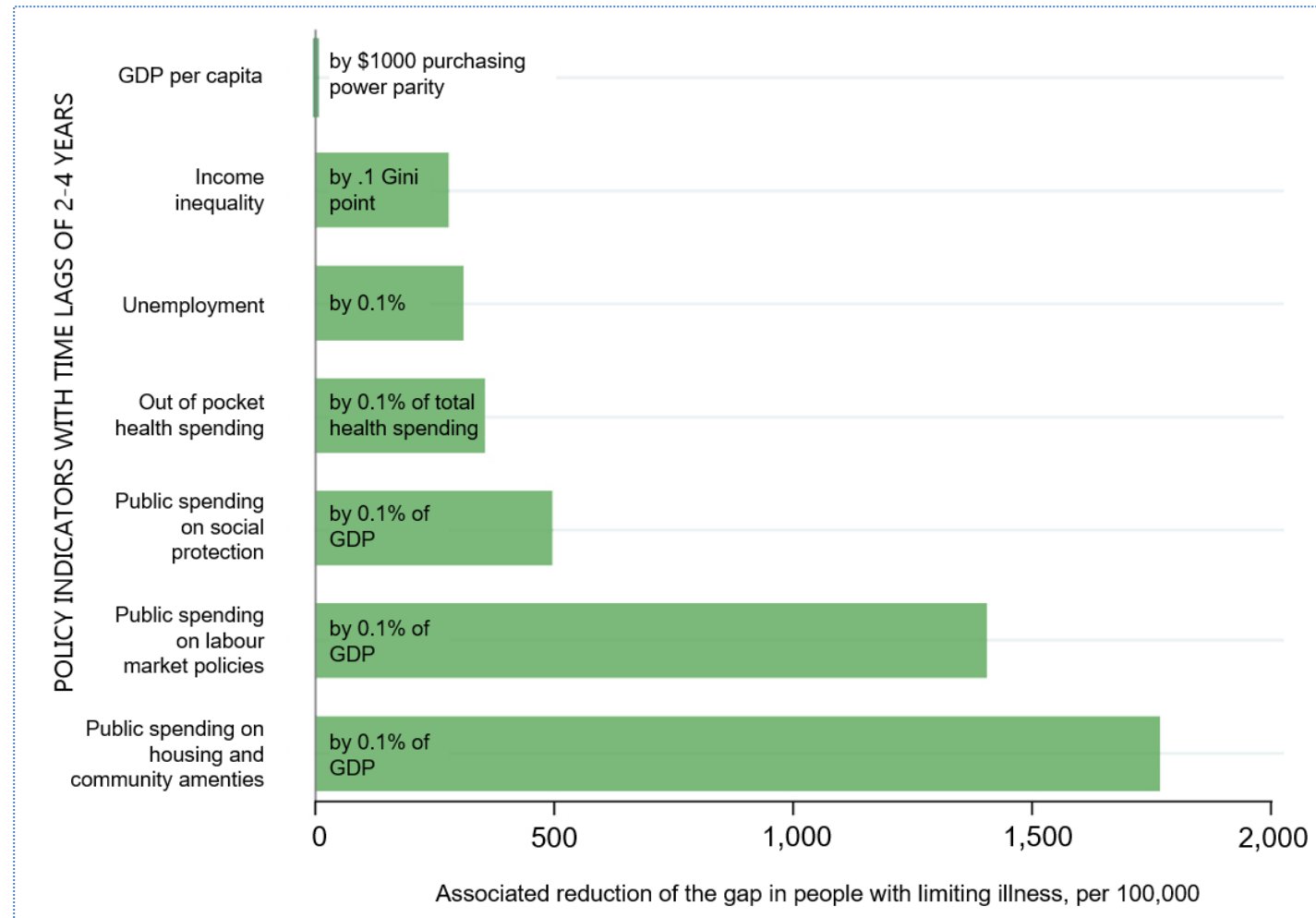


Adopt a “whole of government approach” based on clearly defined goals, objectives and targets.



Adopt governmental rules and regulations to limit undue influence by industry on health policies.

Impact of macroeconomic policies on reducing inequities in health and health determinants within two to four years of policy introduction



Convening and leading with EU-level policies.

The legal initiatives in the EU Beating Cancer Plan that are delayed are shown in the Table.

Countries should advocate to ensure that these proposals are approved on due time to support adaptation at national level.

Table 1: EBCP legal initiatives related to NCD risk factors

	Legal initiative	Commission proposal foreseen for publication in*	Actions taken	Status (as of September 2023)
1	Review Tobacco Products Directive (TPD)	2024	Application report of the existing Directive published in 2021 ¹¹ Evaluation of the legislative framework for tobacco control – call for evidence carried out in 2022 ¹² and a public consultation completed in 2023 ¹³	On track
2	Review Tobacco Taxation Directive	2022	Public consultation carried out in 2021 ¹⁴	Delayed
3	Review legal framework on cross-border purchases of tobacco by private individuals	2022	Public consultation carried out in 2021 ¹⁵	Delayed
4	Review of EU legislation on taxation of alcohol	2022	Public consultation carried out in 2022 ¹⁶	Delayed
5	Review legal framework on cross-border purchases of alcohol by private individuals	2022	Call for evidence/public consultation carried out in 2022 ¹⁵	Delayed
6	Proposal for mandatory labelling of the list of ingredients and nutrition declaration on alcoholic beverage products (<i>as part of the revision of the Food Information to Consumers Regulation</i>)	2022	Public consultation completed in 2022 ¹⁷	Delayed
7	Proposal for health warnings on alcoholic beverage products	2023	Evidence gathering phase	Delayed
8	Revision of EU school fruit, vegetables and milk scheme	2023	Public consultation completed in 2022 ¹⁸	Delayed
9	Propose mandatory front-of-pack nutrition labelling (<i>as part of the revision of the Food Information to Consumers Regulation</i>)	2022	Public consultation completed in 2022 ¹⁹	Delayed

* Timeline for foreseen publication based on Commission proposal and communication.

Source: Authors' compilation/assessment based on the initial timelines presented in the EBCP and its implementation roadmap as updated in January 2022 and other activities undertaken since the publication of the EBCP.²⁰



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Thank you

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