

Nutrition, Physical Activity and Obesity Belgium



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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>.

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DEMOGRAPHIC DATA	
Total population	10 712 000
Median age (years)	41.2
Life expectancy at birth (years) female male	82.5 77.0
GDP per capita (US\$)	46 469.0
GDP spent on health (%)	10.7

Monitoring and surveillance Overweight and obesity in three age groups

Adults (18/20 years and over)

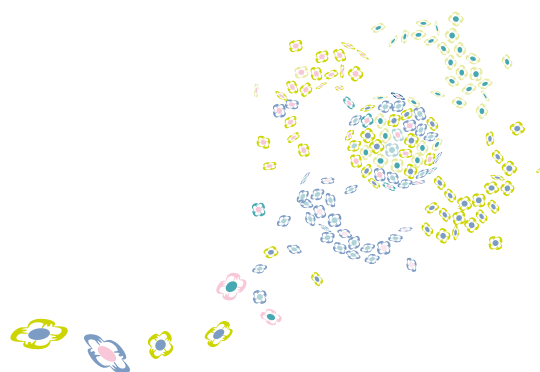
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 56.4% of the adult population (≥ 20 years old) in Belgium were overweight and 22.1% were obese. The prevalence of overweight was higher among men (63.4%) than women (49.9%). The proportion of men and women that were obese was 23.3% and 21.0%, respectively.

National data from 2008 show that 47% of the adult population aged 18 years and over in Belgium were overweight (33% pre-obesity and 14% obesity). The prevalence of overweight was higher among men (54%) than women (40%). No difference for obesity was found between men and women. It should be taken into account that these national data do not allow for comparability across countries (2).

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 13% of men and 14% of women will be obese. The model predicts that by 2030, 15% of men and 14% of women will be obese.¹



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



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.

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).

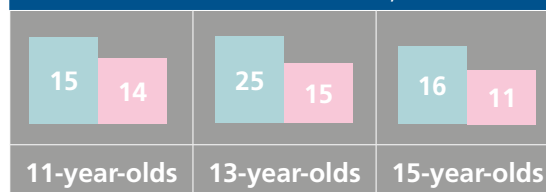
Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 15% of boys and 14% of girls among 11-year-olds were overweight in the Flemish region, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).² For the French region, the corresponding figures for boys and girls were 19% and 13%, respectively. Among 13-year-olds, the corresponding figures were 25% and 15%, respectively, in the Flemish region and 20% and 11% in the French region. Prevalence of overweight and obesity among 15-year-olds were 16% for boys and 11% for girls in the Flemish region, and 18% and 10%, respectively, in the French region (3).

Children (0–9 years)

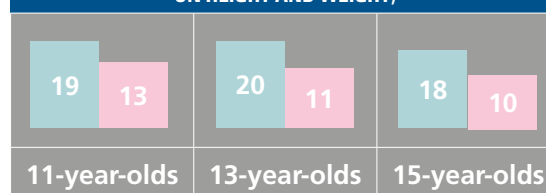
Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 6-year-olds in Belgium, 19.3% of boys and 18.4% of girls were overweight and 6.0% and 5.1% were obese.³ The corresponding figures for 7-year-olds were 23.4% and 24.3%, and 9.1% and 8.0%, respectively. Among 8-year-olds, 22.1% of boys and 22.7% of girls were overweight and 8.1% and 6.3% were obese. The corresponding figures for 9-year-olds were 27.4% and 27.1% for overweight and 10.9% and 8.9% for obesity, for boys and girls respectively (4).

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



Source: Currie et al. (3).

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



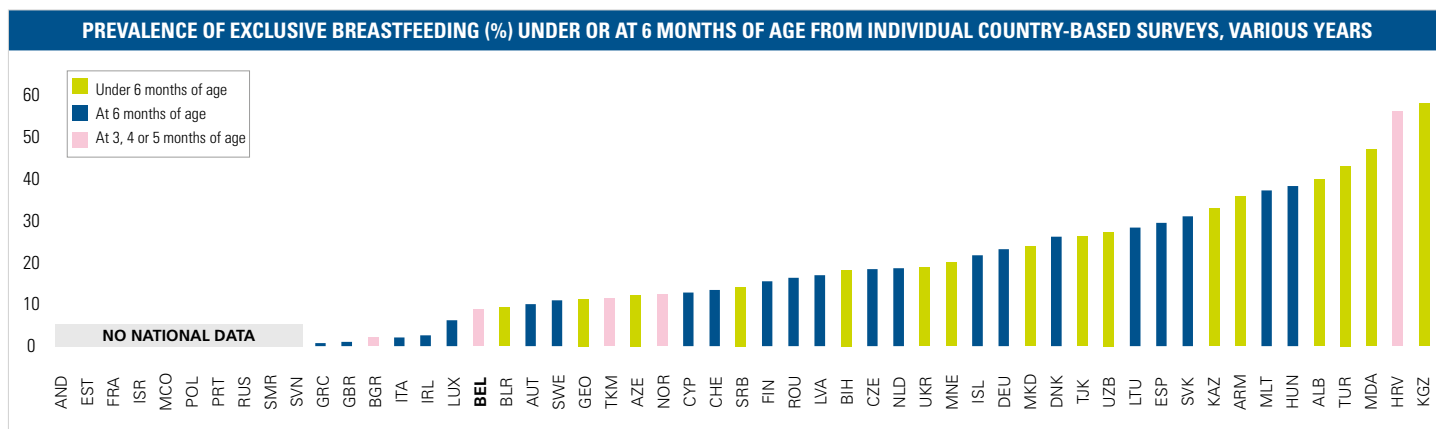
Source: Currie et al. (3).

² Based on 2007 WHO growth reference.

³ Data from the Flemish region only, based on 2007 WHO growth reference.

Exclusive breastfeeding until 6 months of age

Data from 2011 show that the prevalence of exclusive breastfeeding at 26 weeks of age in Belgium was 7% for the Flemish community and 10% for the French community (5).⁴

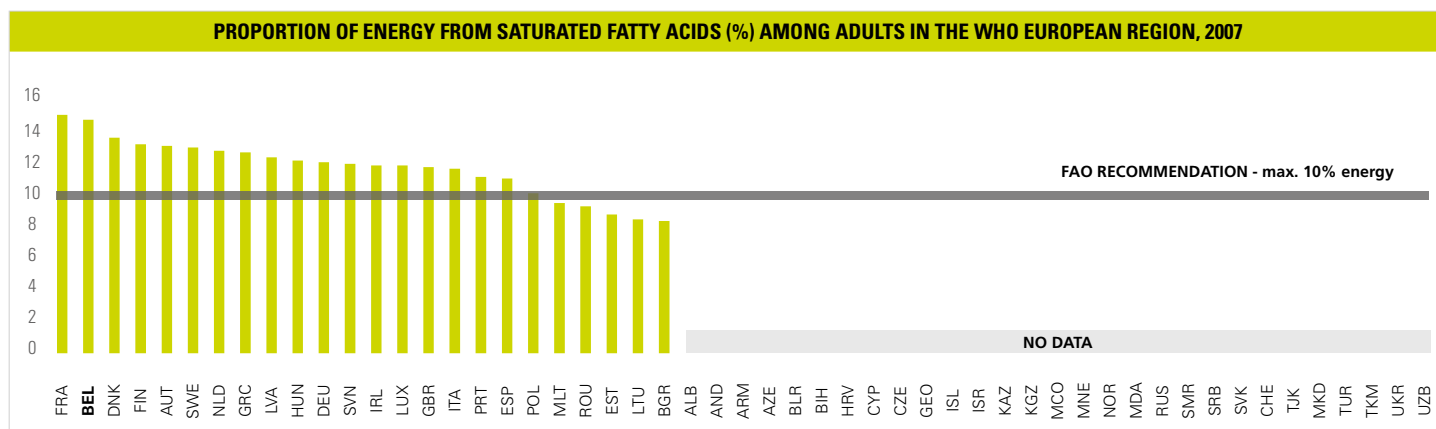


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries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

Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Saturated fat intake

According to 2007 estimates, the adult population in Belgium consumed 14.3% of their total calorie intake from saturated fatty acids (6).

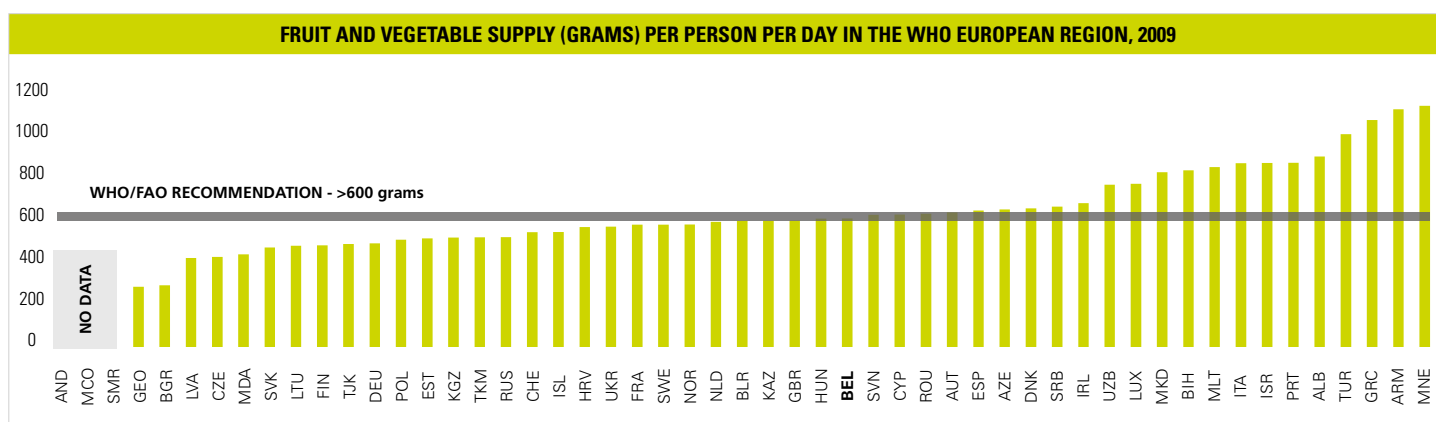


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the WHO/FAO recommendation – fall within the positive frame of the indicator. WHO: World Health Organization of the United Nations.

Source: FAOSTAT (6).

Fruit and vegetable supply

Belgium had a fruit and vegetable supply of 598 grams per capita per day, according to 2009 estimates (6).



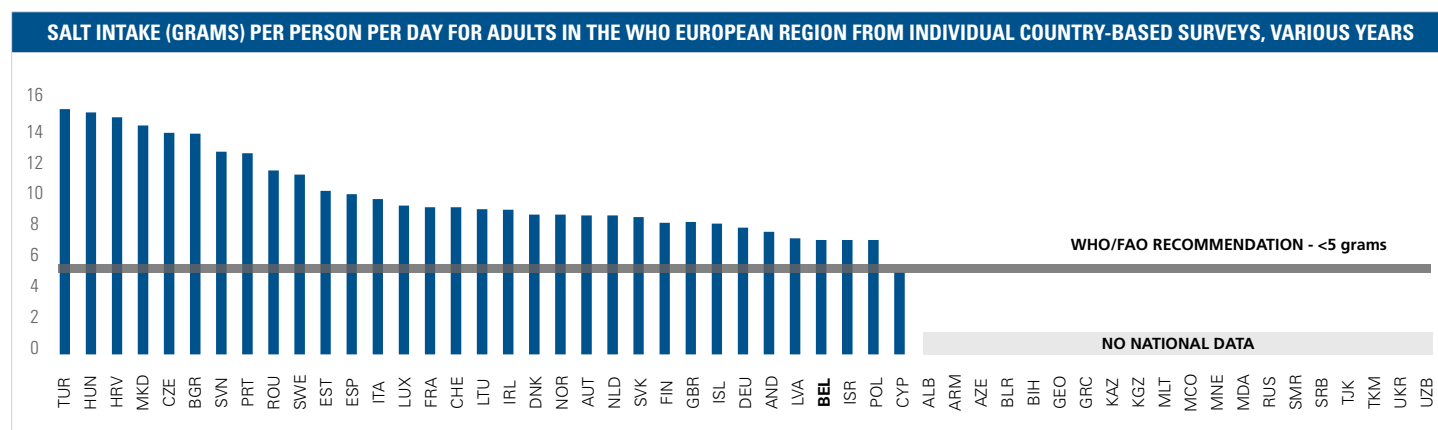
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (6).

⁴ See also WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Salt intake

Data from 2008 show that salt intake in Belgium was 8.3 grams per day for men and 5.8 grams per day for women (7). Data from 2009 show that salt intake in Belgium was 11.6 grams and 9.3 grams per day for men and women, respectively (8).



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 (7).

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 39.4% (9, 10).

Physical inactivity

In Belgium, 46.6% of the population aged 15 years and over were insufficiently active (men 43.6% and women 49.4%), according to estimates generated for 2008 by WHO (1).

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Belgium; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (7).

Salt reduction initiatives

Monitoring & evaluation		Stakeholder approach			Population approach						
					Labelling	Consumer awareness initiatives					
						Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Industry self-reporting	xxx	Industry involvement	Food reformulation	Specific food category					Health care facilities		
Salt content in food											
Salt intake	xxx										
Consumer awareness	xxx	xxx		Maximum 2% salt content in dry matter (bread and bread products)							
Behavioural change											
Urinary salt excretion (24 hrs)	xx										

Notes. **xx** partially implemented; **xxx** fully implemented.

Source: WHO Regional Office for Europe (7).

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure

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
	✓

Sources: 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; EC School Fruit Scheme website (11).

Marketing of food and non-alcoholic beverages to children (12)

A 2007 White Paper (13) has been partly implemented by a self-regulatory code (14). In 2008, the Flemish Government and Parliament approved a code of conduct in which promotion of the excessive consumption of foods high in fat, sugar or salt is not allowed. Advertising should be clearly aimed at certain age groups (under 12 years and under 16 years) (15). The Flemish Regulator for the Media (16) monitors compliance with the code and handles complaints, with the mission of enforcing media regulations in the Flemish community, settling disputes related to those regulations and issuing media recognition and licences in accordance with the regulations. For the French community, the code is regulated through the French Audiovisual Supervisory Board (17), which is responsible for regulating the audiovisual Wallonia-Brussels Federation and for monitoring compliance. For the German-speaking community, compliance is monitored through the Media Council, which serves as an independent regulator of audiovisual media in that community (18).

In Flanders, the Minister of Public Health, Wellbeing and Family signed a collective agreement (19) in March 2010 with the Federation of the Food Industry for Flanders. As part of that agreement, the Federation developed a self-regulatory code to restrict the marketing of food and beverages to children. The code applies to all advertising of food and drinks in Belgium. It has a special focus on children, and more specifically restricts the use of public figures for advertising purposes. The application of the code is controlled by the Jury for Ethical Practices in Advertising.

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 Belgium 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
✓ 2009	Ministry of Sport	Government departments on sport, education and research

Source: country reporting template on Belgium 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 addressed by national HEPA policy	PA included in the national health monitoring system
✓ 2010	General population	✓

Source: country reporting template on Belgium 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.

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