Nutrition, Physical Activity and Obesity
Belgium

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

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.

The Regional Office is grateful to the European Commission (EC) for its financial support for the preparation of this country profile and the development of the nutrition, obesity and physical activity database that provided data for it.
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 6.9% and 5.1% were obese.\(^4\) 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.\(^5\)

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\(^2\) 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).

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).

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

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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).

### 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

<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><img src="x" alt="Industry involvement" /></td>
<td>Brochure Print</td>
</tr>
<tr>
<td>Salt content in food</td>
<td><img src="x" alt="Food reformulation" /></td>
<td>TV Radio</td>
</tr>
<tr>
<td>Salt intake</td>
<td><img src="x" alt="Specific food category" /></td>
<td>Website Software</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td><img src="x" alt="Maximum 2% salt content in dry matter (bread and bread products)" /></td>
<td>Education Schools</td>
</tr>
<tr>
<td>Behavioural change</td>
<td><img src="x" alt="Urinary salt excretion (24 hrs)" /></td>
<td>Health care facilities</td>
</tr>
</tbody>
</table>

Notes: ![Industry involvement](x) partially implemented; ![Industry involvement](x) fully implemented.
Source: WHO Regional Office for Europe (7).

#### Trans fatty acids (TFA) policies

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Type of legislation</th>
<th>Measure</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>Taxes</th>
<th>School fruit schemes</th>
</tr>
</thead>
</table>

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

<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 &quot;sport for all&quot; policy and/or national &quot;sport for all&quot; 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>

* Clearly stated in a policy document, partially implemented or enforced.  
* 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)

<table>
<thead>
<tr>
<th>Existence of national coordination mechanism on HEPA promotion</th>
<th>Leading institution</th>
<th>Participating bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 2009</td>
<td>Ministry of Sport</td>
<td>Government departments on sport, education and research</td>
</tr>
</tbody>
</table>

**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

<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>✓ 2010</td>
<td>General population</td>
<td>✓</td>
</tr>
</tbody>
</table>

**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.

### References