



Belgium

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

Summary of country assessment

Belgium reports implementing 60% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

The country feedback was positive on all the key areas identified, such as national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

National policies

- There are two overall national policies for preventing violence and injuries. There are specific national policies for all the different types of unintentional and intentional injuries. Alcohol has not been identified in as a risk factor in national policies neither for violence nor for injuries. However it has been identified as a risk factors for road traffic injuries. National policies have not highlighted socioeconomic inequality in injury and violence as a priority but there are policies targeting a reduction in socioeconomic differences in health.

Implementation of effective interventions

- Belgium reported overall implementation of 66% of selected effective interventions for injury prevention and 55% for violence prevention. These figures are lower than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for road traffic injuries, fires, drowning, child maltreatment, elder abuse and intimate partner violence. No interventions were implemented for youth violence yet.
- Belgium reported overall implementation of 53% of the selected effective interventions on alcohol, compared to a median regional score of 76%. Greater attention needs to be given to legal and fiscal interventions on alcohol access for which only 50% of the interventions have been implemented (versus a median regional score of 71%, Table 2).

Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Adoption of the WHO resolution and of the European Council Recommendation did not raise the policy profile of the prevention of violence and injuries as a health priority because injury prevention was already a priority in the Flemish Health Policy. There has been positive progress in the past 12 months on all the key areas identified, such as national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral collaboration, exchange of best practice, evidence-based emergency care.

Next steps

- Greater attention needs to be given to the surveillance system in the French community, in the Walloon and Brussels Region to an evidence-based approach to emergency trauma care and to implementing evidence-based interventions for preventing road traffic injuries, fires, drowning, elder abuse, intimate partner violence and, particularly, youth violence. Several interventions (on road traffic injuries, poisoning, falls, suicides, intimate partner and sexual violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Belgium has a population of 10.5 million. Both the percentages of children 0–14 years old and of people 65+ years old are higher than the European Union (EU) figures.
- Life expectancy at birth is higher than the European Region average, both for males and for females.

Indicator (last available year)	Belgium	WHO European Region	European Union (EU27)
Mid-year population	10.5 million	890.9 million	493.8 million
% of population aged 0–14 years	17.1	17.5	15.7
% of population aged 65+ years	17.1	14.0	16.8
Males, life expectancy at birth, in years	76.2	71.4	76.0
Females, life expectancy at birth, in years	82.0	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for almost all unintentional and intentional injuries are lower than the European Region averages. Last available data for mortality is for 2004.
- There was a downward trend in injury mortality rates. Rates are much lower than European Region ones and almost in line with EU levels (Fig. 1)
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, poisoning, fires and drowning. The rate for falls is higher both than European Region and EU average.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The suicide rate is higher both than European Region and EU average.
- The rate for road traffic injuries involving alcohol is more than twice the EU average.
- The WHO Regional Office for Europe has been working with focal persons. Belgium participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on the global status report on road safety.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Belgium, the WHO European Region and the European Union, 1980–2008

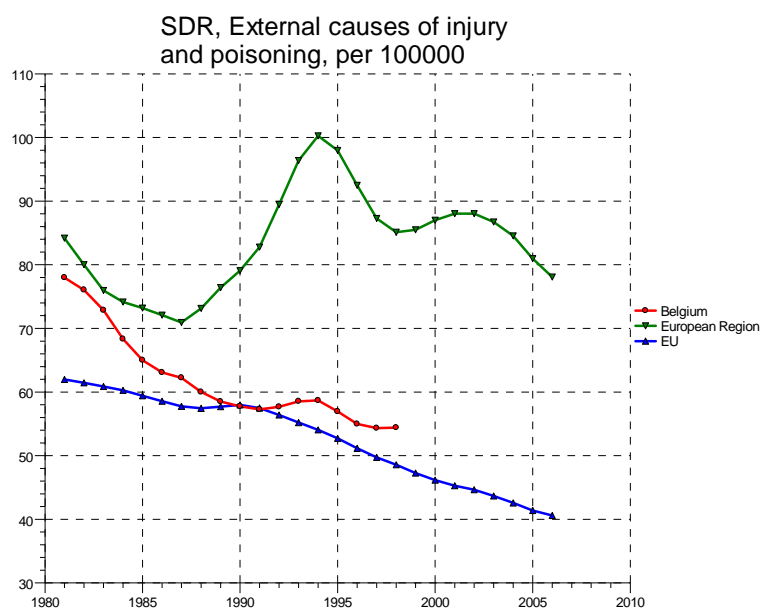















Table 2. Injury burden, policy response and effective prevention measures in place

 Legend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Belgium	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	49.9	75.8	40.0	NA	59	73
Unintentional injury^f	28.3	45.9	25.9		66	72
Road traffic injuries	10.6	13.3	9.3		75	81
Fires and burns	0.8	2.4	0.7		30	60
Poisoning	1.3	10.7	2.3		100	80
Drowning or submersion	0.7	3.4	1.3		25	63
Falls	7.9	5.6	5.5		100	75
Intentional injury	NA	NA	NA		55	81
Interpersonal violence ^g	1.7	5.2	1.0		NA	NA
Youth violence ^h	1.9	5.3	1.0		0	86
Child maltreatment ⁱ	0.7	0.6	0.3		80	100
Intimate partner violence	-	-	-		50	75
Elder abuse and neglect	-	-	-		33	67
Self-directed violence	17.5	14.0	10.2		88	88
Alcohol^j	NA	NA	NA	NA	53	76
Alcohol-related poisoning	0.1	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	-	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	41.3	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	50	71
Health system-based programmes ^m	NA	NA	NA	NA	67	67

^a Unless otherwise specified.

^b Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (<http://www.euro.who.int/hfadb>, accessed 15 January 2010).

^c The 27 European Union countries.

^d Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.

^e Median of the proportion of effective interventions in place in countries in the WHO European Region.

^f Standardized death rates (SDR) from accidents.

^g Proxy for mortality: mortality from homicide and assault, all ages.

^h Proxy for mortality: mortality from homicide and assault, 15–29 years.

ⁱ Proxy for mortality: mortality from homicide and assault 0–14 years.

^j This score was calculated from 17 alcohol-related interventions.

^k The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 15 January 2010).

^l This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).

^m This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

Table 3. Key elements of policy development in preventing injury and violence

Legend: ✓ Yes ✗ No ? Not specified or no response

National policies	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✓
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✗
• Alcohol identified as a risk factor for violence	✗
• Policies targeted to reduce socioeconomic differences in violence and injuries	✓
• National policies highlight socioeconomic inequality as a priority	✗
Political support for the agenda for injury and violence prevention	
✓	
Easy access to surveillance data	
✓	
Intersectoral collaboration	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✗
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✓
Capacity-building	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✓
Emergency care	
• Evidence-based approach	✓
• Quality assessment programme	✗
• Process to build capacity identified	✗
EUR/RC55/R9 influenced the agenda for injury and violence prevention	
✗	
Recent developments in injury and violence prevention (during the past 12 months)	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✓
• Capacity-building	✓
• Evidence-based emergency care	✓