



Belgium

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Belgium scores 48% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance. There was political support for the violence and prevention agenda.

National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for the prevention of child injury, child maltreatment, intimate partner violence, elder abuse and self-directed violence.

Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Belgium reported overall implementation of 63% of these for injury prevention and 28% for violence prevention. This is lower than the Regional median scores of 65% for unintentional injury for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of fires and drowning for unintentional injuries. For violence, there was lower proportion of implementation for elder abuse. Some of the responses such as those to youth violence were left unanswered and it may be that implementation is higher than reported.

Impact of WHO Resolution

- Belgium acknowledged that adoption of the WHO Resolution helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and some of the key steps considered necessary for policy development are in place. There has been positive progress in the twelve-month period 2007 to 2008 in the areas of national policy development, surveillance and evidence based health care. Many of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance, evidence based approach to emergency care.

Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based the interventions for the prevention of drowning and fires, and for the prevention of youth violence, elder abuse and self-directed violence. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

Country profile

Table 1 Demographics

- Belgium has a population of 10.5 million with a slightly lower percentage of children and a higher percentage of elderly.
- Life expectancy at birth is higher than that of the European Region, both for males and females, but slightly lower than that of the European Union (EU).

Indicator (Year=2005 or last available)	Belgium	WHO European Region	European Union*
Mid-year population	10 478 617	887.5 million	456.9 million
% of population aged 0-14 years	17.2	17.9	15.7
% of population aged 65+ years	16	13.8	16.4
Males, life expectancy at birth, in years	74.2	70	75
Females, life expectancy at birth, in years	80.8	76	82

Table 2. Leading causes of death (expressed as standardized death rates (SDR))

Indicator (Year=2005 or last available year)	Belgium	WHO European Region	European Union*
SDR, all causes, all ages, per 100 000	720	930.2	678.1
SDR, diseases of circulatory system, all ages per 100 000	246.4	457.6	272.7
SDR, malignant neoplasms, all ages per 100 000	206.6	175	184.1
SDR, external cause injury and poison, all ages per 100 000	54.3	83.2	42.4

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's value but higher than the EU's value.
- There was a downward trend in injury mortality rates but no data are available after 1996.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, fires and drowning.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls and road traffic injuries are higher than those of the Region.
- The homicide rate in children (0-14 years) and the suicide rate are higher than the regional value.
- Belgium is taking part in the Global Status Report on Road Safety project.

Figure 1. Mortality from injuries in Belgium, the European Union and the WHO European Region. Time trend 1980-2005

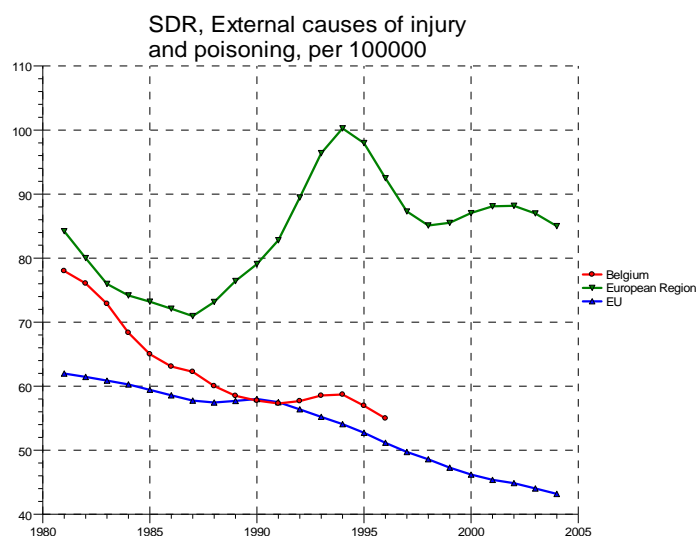










Table 3. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified/no response N/A Not applicable

CAUSE OF INJURY	MORTALITY (SDR PER 100 000, ALL AGES, 2005 OR LAST AVAILABLE YEAR) +			NATIONAL POLICY?	INTERVENTION EFFECTIVENESS (AS A %)	
	BELGIUM	WHO EUROPEAN REGION	EUROPEAN UNION*		COUNTRY SCORE**	REGIONAL MEDIAN SCORE***
ALL INJURIES	54.3	83.2	42.4	N/A	48	56
UNINTENTIONAL INJURY#	30.9	46.8	27.1	?	63	65
Road traffic injuries [^]	14.2	13.9	10	?	80	80
Fires and burns	0.9	2.6	0.8	?	20	60
Poisoning	1.6	12	2.2	?	80	80
Drowning or submersion	0.6	3.8	1.4	?	13	63
Falls	8.8	6.5	6.5	?	100	71
INTENTIONAL INJURY					28	55
Interpersonal violence**	1.7	6.3	1.1	N/A	N/A	N/A
Youth violence***	2.4	6.3	1.1	?	?	60
Child abuse and neglect****	0.9	0.6	0.4		100	100
Intimate partner or domestic violence	N/A	N/A	N/A		100	50
Elder abuse and neglect	N/A	N/A	N/A		0	67
Self-directed violence	19.6	15.1	11.1		25	63

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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* (2007) available at http://www.who.int/violence_injury_prevention/publications/en/index.html.

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

Standardized death rates (SDR) from accidents.

[^] SDR from transport accidents.

* 27 countries belonging to the European Union.

** Proxi for mortality: mortality from homicide and assault, all ages.

*** Proxi for mortality: mortality from homicide and assault 15-29.

**** Proxi for mortality: mortality from homicide and assault 0-14.

Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention

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

NATIONAL POLICIES	
• Overall national policy on injury prevention	✗
• Overall national policy on violence prevention	✗
• Commitment to develop national policy	✓
POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA	
✓	
EASY ACCESS TO SURVEILLANCE DATA	
✓	
INTERSECTORAL COLLABORATION	
• Key stakeholders identified	?
• Secretariat to support the intersectoral committee	?
• Questionnaire answered in consensus with other sectors/stakeholders	?
• Can WHO help 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	✓
RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA	
✓	
RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✗
• Capacity building	✗
• Evidence-based emergency care	✓