



health promotion in primary health care:
general practice & community pharmacy.
a european project

Health Promotion in General Practice

Country Report - Belgium

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Belgium is a federal state. In this summary, we are only focusing on the situation in the French-speaking part of the country.

The first part of my speech will give a brief description of the programme of health promotion and health education defined by Mrs Nicole Maréchal, Minister of Minister for Health and Youth Affairs. I'll also make a brief description of the structures used to realise this programme.

Let's begin with the foundation texts on which the health promotion and health education programme relies .

1. statement of community policy (July 1999)
2. recommendations of the Ottawa chart (1986)
3. publications of the Superior Committee for Health Promotion of Belgium's French Community, governmental advice and counsel organ. This Committee develops the five-year health promotion programme.

Which are the specific intervention areas of the French Community at the level of Prevention?

1. School Medical Inspection
2. struggle against AIDS, TBC, drug abuse
3. registers : cancer, cardiovascular disease
4. vaccinations
5. prevention of breast cancer
6. different projects of health promotion.

To realise those programmes, the French Community has only 1,100,000,000 BF (25,250,000 Euro) at its disposal, which is very little compared to the 500.000,000,000 BF (1,250,000,000 Euro) mobilised in Belgium for curative care.

How is the concept of Health Promotion defined?

The individual, or the group to which he belongs, is considered an active (negotiator) participant. The Health Promotion aims to give this person or this group of persons, using their own experiences, the means of taking responsibility for their own health and, on the whole, for their own quality of life.

There is so an active, participating dimension which is much richer than prevention only: taking the whole environment of the individual or the group into account (social, cultural, family, professional environment, but also physical environment: accommodation conditions, travelling, pollution). We are dealing with a proximity logic here but we also take into account resources, which exceed the resources of the medical sector alone.



Which are those structures?

Apart from the Superior Committee mentioned above, there are 10 local health promotion centres (CLPS) which were created in 1997 and four community departments (PROMES ULB, which treats data, APES Ulg, works on project evaluations, RESO UCL, responsible for documentation, and Question Santé specialised in communication). Those departments bring expertise and methodological support to the Government and to the instigators of programmes and projects.

The CLPS are responsible for organising the consultation between actors in the field, for realising the five-year programme at the local level and identifying the evolution of local needs.

We are facing very new structures, beset by the difficulties linked to an installation phase, and so operation is not yet optimal.

As we said before, very little money is available to the medical profession to develop Health Promotion programmes.

I'm the Vice-President of the SSMG and I'm in charge of its Institute for Preventive Care. Both have been realising projects, some with the help of the French Community, some with the help of the regions of Europe and also the pharmaceutical industry.

Those projects needed to be in accordance with the community decrees. They aim to sensitise, inform and train the interested general practitioners.

1. Programmes regarding addictions.
ALTO project: accompaniment of drug addicts, with or without treatment with methadone. Training with small intervention groups.
2. Research-action project alcohol with the collaboration of the APES: medical education, alcohol and alcohol problems.
3. Health and environment.
SANDRINE project, in collaboration with Germany and Luxembourg and collecting several Belgian partners such as *InterEnvironnement Wallonie*. His main objective is to improve knowledge in the field of indoor pollution.
4. Palliative care.
RAMPE project, which has a European dimension and which aims to train GPs in palliative care.
5. Joint programme between pharmacists and practitioners as part of the creation of quality circles in order to improve the education of the patients and to promote the proper use of medicines.
6. Training programme for GPs of the province of Hainaut.
Sensitisation to prevention and cardiovascular risk management within a population.

7. Contribution to the federal programme of breast cancer screening and organising of a new research project in the field of early screening of colorectal cancer.
8. Initialising prevention in the dodecagroups.
Sensitisation of GPs working in existing groups to prevention.
9. Reflection group aiming to give some coherence to preventive actions on the field.

As a conclusion, for the Belgian GP, health promotion is a new field in which he can exercise his skills. We are young in this matter, but we are fast learners, especially by means of meetings like this one.