

# POLICY BRIEF

## Strengthening cancer prevention, early detection and screening in Belgium: Insights from the BE-EBCP mirror group

This policy brief outlines the current situation in Belgium related to prevention, early detection of cancer & screening, and propose concrete recommendations to meet the gaps, given recent advancements.

**Belgium continues to face challenges with unhealthy lifestyles**, including high rates of overweight, poor diets, and substance use<sup>1,2</sup>, despite some progress and new initiatives – such as its participation in the EU PreventNCD project<sup>3</sup>. Prevention policies exist and include tobacco control and health literacy efforts<sup>4-11</sup>, but implementation gaps and limited continuity reduce their impact. **Stronger action is needed on broader health determinants, better data collection, early risk detection, and combining with obesity prevention.**

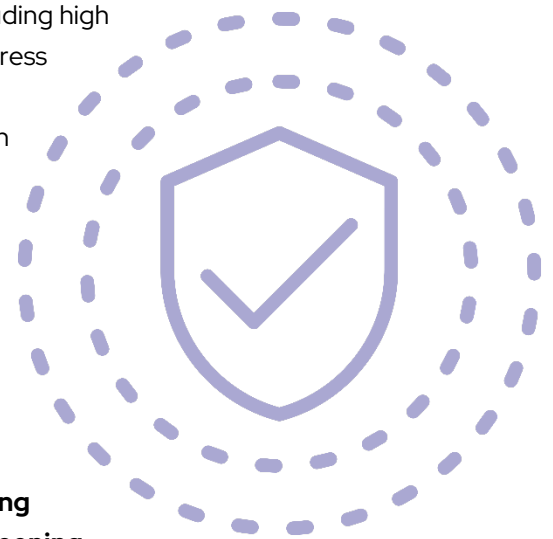
**Belgium has improved HPV vaccination coverage**, despite persistent regional differences, with French-speaking regions (60% coverage) lagging behind Flanders and EU targets (of 90%)<sup>12-13</sup>. Cervical cancer screening has been updated nationally to primary HPV-based<sup>14</sup>. **Achieving future targets will require expanded vaccination efforts, strong screening monitoring systems, and more equitable access across all regions.**

Overall, **cancer screening programmes vary significantly across regions**, with lower participation in Brussels and Wallonia and ongoing reliance on opportunistic screening<sup>15-17</sup>. Belgium is exploring new screenings (e.g., lung cancer<sup>18</sup>) and adopting new technologies. **Sustained progress will depend on regularly updated guidelines, better data use, and ensuring equitable access to screening innovations.**

Progress was made in linking cancer and screening data through national systems and EU collaboration, improving monitoring and comparability<sup>19</sup>. **Expanding data linkage to include risk and socioeconomic factors, along with initiatives like the European Health Data Space, could further enhance secondary use of data for research and policy development.** Early pilot projects and the Belgian Health Data Agency show that integrating diverse data sources, such as genomic data, is feasible and promising for future public health use<sup>20</sup>.

### KEYWORDS

Data linkage  
Early detection  
Risk factors  
Prevention  
Risk-based  
Screening  
Policy Recommendations



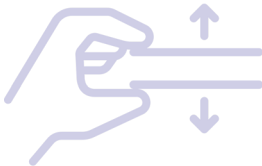
## GAPS & RECOMMENDATIONS

### Fill the gaps in primary prevention

While advances have been made in primary prevention with regional health plans, and inter-federal plans on a tobacco free generation and reducing alcohol consumption, gaps still persist.

! Nearly half of adults are overweight, 16% obese, and children consume excessive sugary/salty foods; tobacco, alcohol, and physical inactivity remain major challenges, showing **gaps in primary prevention**.

! The **inter-federal plans will both end shortly**, with no discussions currently under way for their prolongation or renewal.



### RECOMMENDATIONS

» **Provide structural funding** for more frequent and detailed data collection on risk factors related to commercial determinants of health.

» **Develop a monitoring framework & plan of the implementation of the inter-federal plans :**

Tobacco free generation

Reduced alcohol consumption

### HPV inequities in prevention

About one-third of eligible women do not participate regularly, highlighting inequities in prevention.

! To eliminate cancers caused by HPV, the World Health Organisation has set the target of **90% of girls, as well as an increasing amount of boys to be vaccinated against HPV**. Flanders achieves ~90% first-dose coverage, but French-speaking regions lag at ~60%.

! The **switch from cytology-based to primary HPV-based screening** was implemented in Belgium start of 2025, yet **about one-third of eligible women do not participate regularly**, highlighting inequities in prevention.



### RECOMMENDATIONS

» **Explore cost-effectiveness of broadening current HPV vaccination reimbursement** to include catch-up till 26y old's.

» **Ensure a robust HPV surveillance plan to :**

- monitor the cervical cancer screening programme's performance & impact
- adapt screening, as needed, in a timely manner

## Organised screening

Opportunistic screening persists particularly for breast cancer. This limits programme quality, consistency, and equity.

⚠️ **Organised screening** programs for breast, colorectal, and cervical cancers **have lower coverage in Brussels and Wallonia. Opportunistic screening persists** particularly for breast cancer. **This limits programme quality, consistency, and equity.**

⚠️ **Technology is rapidly advancing, as is its application in screening and early detection.** Belgium needs to **better consider investments in technologies** such as AI-assisted imaging, polygenic risk scores, liquid biopsy.



## RECOMMENDATIONS

- With relevant federated authorities, **strengthen existing screening programmes, and ensure understanding of causal factors** in participation gaps and opportunistic screening.
- **Ensure funding mechanisms at the federal level as well as support in the form of grants or subsidies at the national and regional levels to support ethical and cost-effectiveness studies** on potential integration of innovative technologies into current or new screening programs
- Through the Health Data Agency (HDA), **strengthen federally coordinated data infrastructure** (cross-regional data collection, exchange and analysis on risk-factors) to **improve risk-stratified screening**

## Risk factors integration

Integration of several risk factors data is needed to enable equitable and evidence-based risk-stratified screening policies.

⚠️ Belgium is strong in data registration and much has been done in data governance through the ratification of the EHDS and establishment of the HDA, **integration of several risk factors data (e.g., genomic, lifestyle, and socioeconomic) is needed to enable equitable and evidence-based risk-stratified screening policies.**



## RECOMMENDATION

- **Finance & evaluate the implementation of primary and secondary use of data** through the HDA and EHDS monitoring activities.

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