

Prevention: a shared responsibility?!

The cover of the summer edition, 2026 of our Belgian Journal of Paediatrics speaks for itself and illustrates the editorial of this issue. The switch to a new editor led to a certain publication delay, but gave us the opportunity to further boost the quality of our journal.

In his Theory of Humours, Hippocrates (460-377 BC), the father of Western medicine, already focuses on prevention by maintaining internal harmony based on a healthy lifestyle (diaita) to stave off disease. "Praestat cautela quam medela", translated as: "Prevention is better than cure", is one of the most famous quotes mentioned in Adagia, the collection of proverbs by Desiderius Erasmus (1500 AD), not only applicable in healthcare, but also in many other domains, aspects and situations of life. A "healthy" life, is much more than the absence of disease; it concerns a state of total physical, mental, intellectual, social and emotional well-being for every human being, without any inequality or inequity. For infants, children and adolescents this means opportunities to be born and grow up in a protected community, a safe society and clean environment, to create the right circumstances to reach their fullest developmental potential, to provide adequate education. Globally, we need to protect children and adolescents from the direct and indirect, long-term harmful consequences due to any kind of environmental pollution, unsafe situations, threats and challenges of modern society, climate change. We must prevent children, adolescents and their families from starving or dying in wars. This is unbearable and immoral! As paediatricians, we have the privilege to be the advocates of these young people, to defend their rights, with special attention to the most vulnerable ones amongst them. We are their advocates fighting for their rights to optimal physical and mental health, safety and an adequate education. Prevention, from womb to adolescence and in many domains, is one of the core businesses and an inherent part of our daily paediatric practices, influencing and shaping individuals' development and health across the entire life course. In Belgium, only 0,23 % relative to the gross domestic budget (GDP) is spent on preventive care, well below the European average (0,37%). This is just 2 % of the entire Belgian healthcare budget (OECD average: 3,4%; EU average: 4%). This low budget allocation in contrast to the investment in the curative-oriented healthcare, combined with the country's complex division of authority between federal and regional governments (Belgium counts 9 ministers of Health), drives intense debates for many years. Although negotiations occur within the so-called Interministerial Conference (IMC), the fragmented distribution of responsibilities can still result in different decisions in different regions of the country, about the access to preventive services, the organization of programmes, the financial investment, without fully aligned policies or a national shared vision. Effective prevention requires cooperation between different stakeholders and strengthening of cross-sector collaboration, being convinced that this is a long-term strategy and a long-term investment.

In this issue, two articles focus on vaccination and immunization in infants and children. Globally, vaccination is one of the greatest achievements and clearest examples of successful preventive medicine, with a substantial return of investment on the short and the long-term for the individual and the community, in low-, middle- and high-income countries. Belgium has historically achieved high childhood vaccination coverage through well-organized programmes and strong collaboration between healthcare providers and the public health authorities. However, this success cannot be taken for granted and even can be further optimized. Decisions about the national immunization program (NIP) should be based on evidence, epidemiology and the overall individual and population disease burden, a co-ordinated strategy is needed and regional differences should be avoided as much as possible, vaccine confidence must be maintained, hesitancy must be monitored and minimized, equal access to childhood vaccination must be guaranteed, excluding inequality and inequity. Reflection on safe and effective vaccines not (yet) universally included in the Belgian NIP must continue. Decisions must be based not only on the incidence of the infection, but also on the individual disease severity, case fatality, long-term disabling complications with a significant negative long-life impact on quality of life, practical, psychological, employment burden on the family and societal economic consequences. The nature of current economic models to evaluate cost-effectiveness of vaccines differs from the methodology for curative treatments and is still somewhat speculative. They are based on limited assumptions and don't take into account some under-recognized, neglected patient, family and societal burden. It's not always easy to assign an agreed monetary value to the possible gains, avoiding these and they mostly remain "invisible" for policymakers. We could argue that health economics should guide, rather than determine immunization policy. Preventive healthcare is a shared responsibility, involving various stakeholders including scientists, epidemiologists, health care workers, policymakers, industry and also patient advocate groups. A finite health budget is a reality and some health interventions need to be prioritized over others. But, can we afford us not to prevent some preventable devastating diseases, complications of an unhealthy lifestyle, limited development and safety of our children and adolescents? Shouldn't we consider prevention as an investment rather than an expense?

Let's join forces!

The editorial team,

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