European Commission

State of Health in the EU

Belgium

Country Health Profile 2023

OECD
BETTER POLICIES FOR BETTER LIVES

European Observatory on Health Systems and Policies
a partnership hosted by WHO

The *Country Health Profile* Series

The *State of Health in the EU*'s *Country Health Profiles* provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and voluntary exchange. For the first time since the series began, the 2023 edition of the Country Health Profiles introduces a special section dedicated to mental health.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

Contents

Data and information sources

The data and information in the *Country Health Profiles* are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

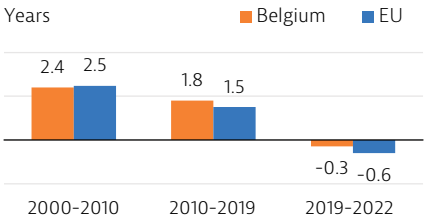
This profile was finalised in September 2023, based on data that were accessible as of the first half of September 2023.

Demographic and socioeconomic context in Belgium, 2022

Demographic factors	Belgium	EU
Population size	11 617 623	446 735 291
Share of population over age 65 (%)	19.5	21.1
Fertility rate[1] (2021)	1.6	1.5
Socioeconomic factors		
GDP per capita (EUR PPP[2])	42 213	35 219
Relative poverty rate[3] (%)	13.2	16.5
Unemployment rate (%)	5.6	6.2

1. Number of children born per woman aged 15-49. 2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries. 3. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

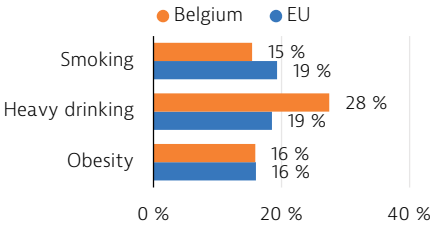
1 Highlights



Changes in life expectancy at birth

Health Status

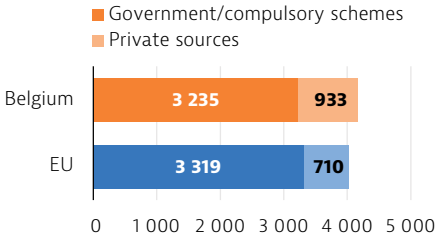
Life expectancy in Belgium increased in line with the EU average in the two decades preceding the COVID-19 pandemic, and its reduction throughout the pandemic was comparatively less severe. Following a steep drop in 2020, life expectancy rebounded strongly in 2021, but remained 0.3 years below its pre-pandemic level in 2022, at 81.8 years. Cardiovascular diseases were the leading cause of death in 2020, followed by cancer and COVID-19.



% of adult population, 2019

Risk Factors

Behavioural risk factors are major drivers of mortality in Belgium. Despite significant reductions in smoking rates over the past decade, 15 % of adults smoked daily in 2018. While per capita alcohol consumption was slightly below the EU average, heavy drinking was comparatively more common. Approximately 16 % of Belgian adults were classified as obese in 2018 – a share on a par with the EU average.



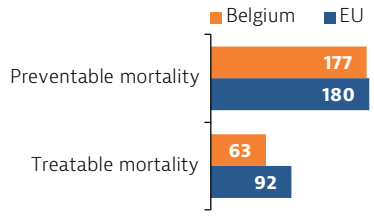
EUR PPP per capita, 2021

Health System

Health spending reached EUR 4 168 per capita in 2021, which was slightly above the EU average. Health spending accounted for 11 % of GDP – a share equal to the EU average. Public spending made up 77.6 % of overall health expenditure, while out-of-pocket payments accounted for nearly 18 % of total spending – a share above the EU average of 14.5 %.

Effectiveness

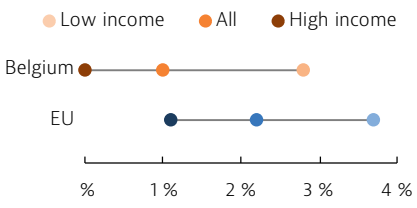
In 2020, mortality rates from treatable causes were well below the EU average in Belgium. Although marginally lower than the EU average, preventable mortality was high compared to other Western European countries. The steep increase in preventable mortality was mainly due to the inclusion of COVID-19 deaths in this category.



Age-standardised mortality rate per 100 000 population, 2020

Accessibility

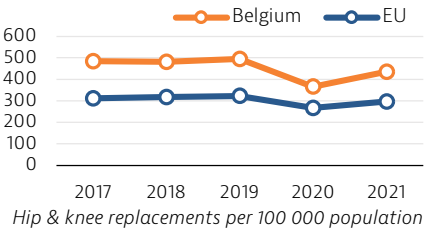
In 2022, the prevalence of unmet medical care needs reported by Belgians was low, at 1.0 %, compared to the EU average of 2.2 %. However, unmet needs were disproportionately concentrated among individuals in the lowest income quintile, 2.8 % of whom reported unmet needs compared to 0 % of those in the highest quintile.



% reporting unmet medical care needs, 2022

Resilience

Following the intermittent suspension of elective surgical procedures caused by the pandemic, in 2020 Belgium saw a 26 % decrease in hip and knee replacement procedures compared to 2019 – a larger decline than that observed in most other EU countries with available data. By 2021, the volume of hip and knee surgery had recovered to about 88 % of its 2019 level.



Hip & knee replacements per 100 000 population

Mental Health

In 2019, approximately 17 % of the Belgian population experienced a mental health issue, a proportion on a par with the EU average. Throughout the past two decades, suicide rates in Belgium consistently exceeded those in most other EU countries, although they have been decreasing at a rate in line with the EU average. During this same period, Belgium has implemented reforms aimed at advancing community-based mental healthcare. Despite these initiatives, in certain parts of the country extended waiting times pose a significant barrier to timely access to specialist mental health services.

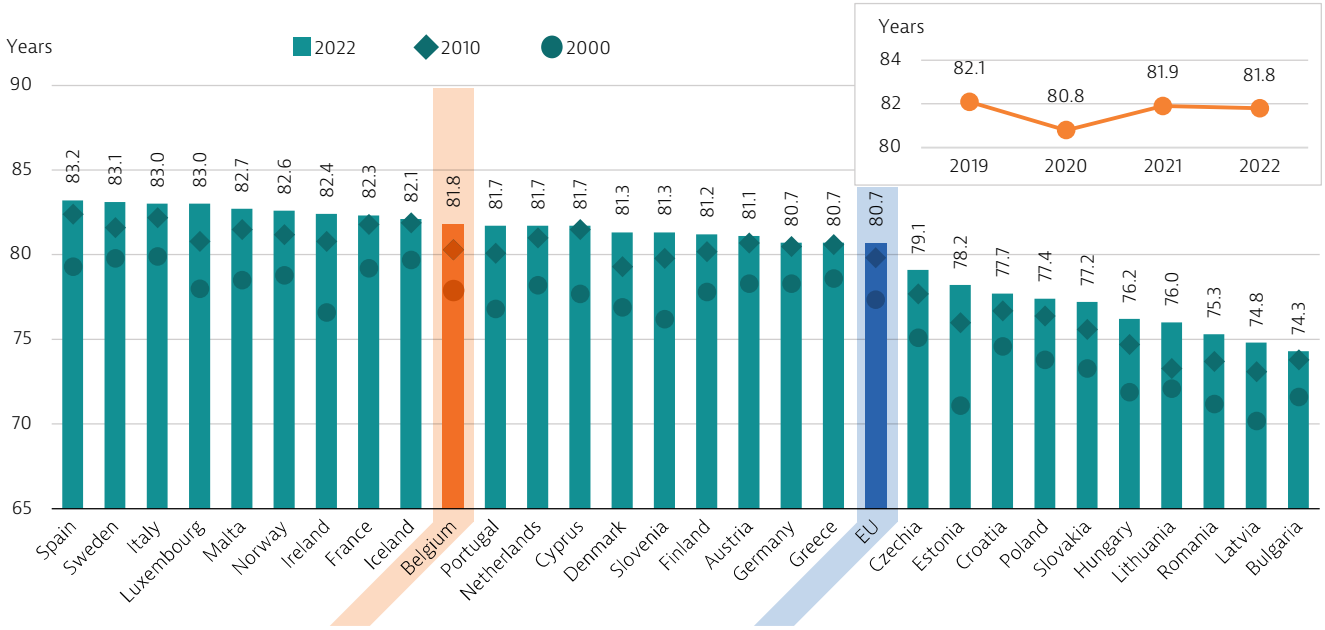
2 Health in Belgium

Life expectancy at birth in 2022 was 0.3 years below its pre-pandemic level

In 2022, life expectancy in Belgium stood at 81.8 years, surpassing the EU average by over 1 year (Figure 1). In the decade leading up to the COVID-19 pandemic, life expectancy in Belgium increased at a slightly faster pace than the EU average. By 2019, it had exceeded the EU average by almost 10 months. In 2020, Belgium experienced an above-average decline in life expectancy of 1.3 years, driven by the large number of COVID-19 deaths in the country during the first year of the pandemic. Life expectancy in Belgium rebounded strongly by over 1 year in 2021, while it experienced a slight decrease of 0.1 years in 2022, placing Belgium's life expectancy 0.3 years below its pre-pandemic level.

As in other European countries, men in Belgium tend to have shorter lifespans compared to women. In 2022, women's life expectancy reached 83.9 years, whereas men's stood at 79.6 years. This life expectancy gap by gender was narrower than the EU average of 5.4 years.

Figure 1. Life expectancy at birth was over a year higher than the EU average in 2022



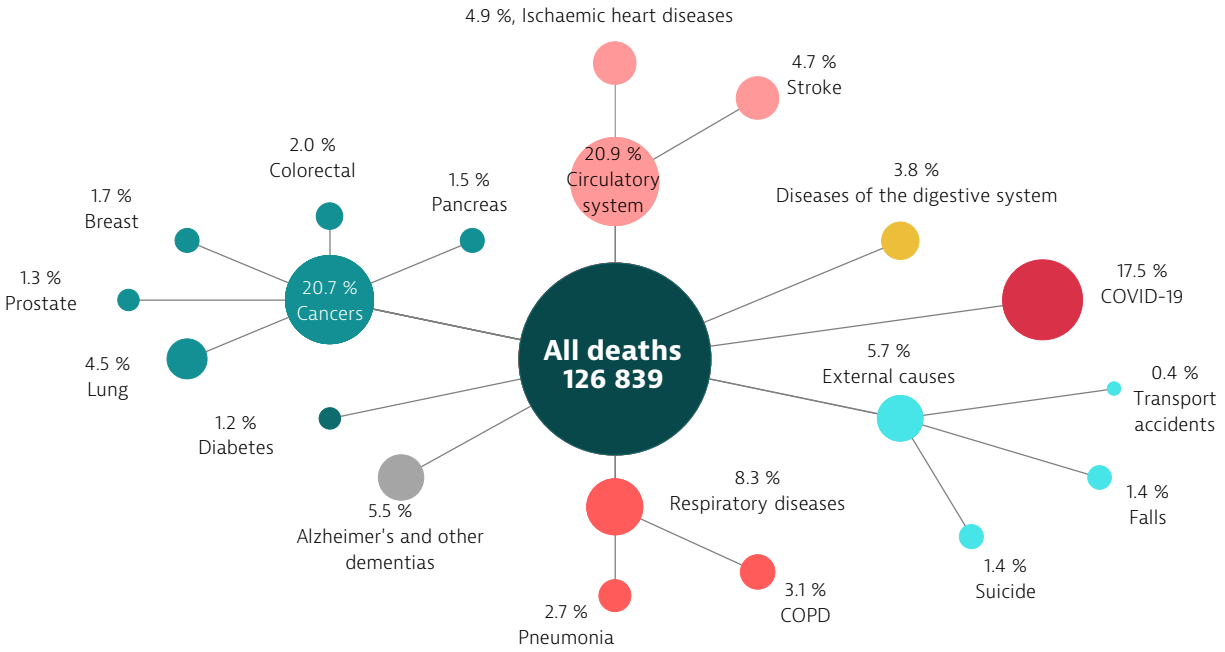
Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refers to 2021.
Source: Eurostat Database.

COVID-19 was responsible for more than one in every six deaths in 2020

Over the last decade, Belgium's increases in life expectancy can largely be attributed to decreases in mortality from circulatory diseases – including ischaemic heart diseases, stroke and other cardiovascular diseases. Against this backdrop, diseases of the circulatory system remained the leading cause of death in Belgium in 2020, accounting for more than one fifth of all fatalities. Cancer was the second most common cause of death, followed by COVID-19, which alone was responsible for over 22 000 deaths (Figure 2). More than half of all COVID-19 deaths reported in Belgium in 2020 occurred among people aged 85 and over.

The broader indicator of excess mortality, defined as the number of deaths that occurred (regardless of their cause) above a baseline derived from pre-pandemic levels – can provide a more comprehensive picture of the pandemic's mortality impact. The nearly than 28 000 excess deaths that occurred in Belgium between 2020 and 2022 account for a level 8.5 % above their pre-pandemic (2015-19) baseline, which was significantly below the average excess mortality rate observed across the EU (12.6 %) during the period (Figure 3).

Figure 2. COVID-19 was the single leading cause of death in Belgium in 2020



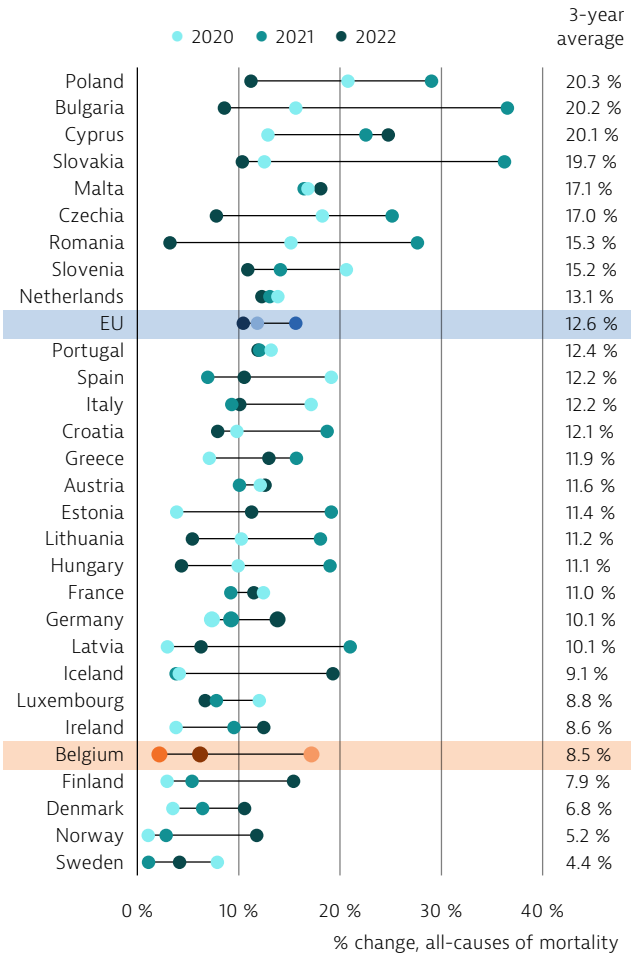
Note: COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat Database (data refer to 2020).

Throughout the first three years of the pandemic, excess mortality in Belgium peaked at over 17 % in 2020. Subsequently, it declined to just 2.2 % in 2021, following a substantial reduction in COVID-19 fatalities. In 2022, excess mortality saw a slight resurgence to 6.2 % – an increase that can be explained at least in part by factors such as the intense summer heatwave of 2022 and the occurrence of two influenza outbreaks in April and December in the same year (STATBEL, 2023).

Most Belgians report being in good health, but sizeable disparities exist across income groups

In 2022, three quarters of Belgians reported being in good or very good health – a proportion surpassing the EU average of 68 %. As in other European countries, people on lower incomes were less likely to report being in good health. Among Belgian adults, only 59 % in the lowest income quintile reported being in good health compared to 89 % in the highest quintile. This socioeconomic gap is notably larger than in most other EU countries.

Figure 3. After peaking in 2020, excess mortality remained low in the subsequent two years



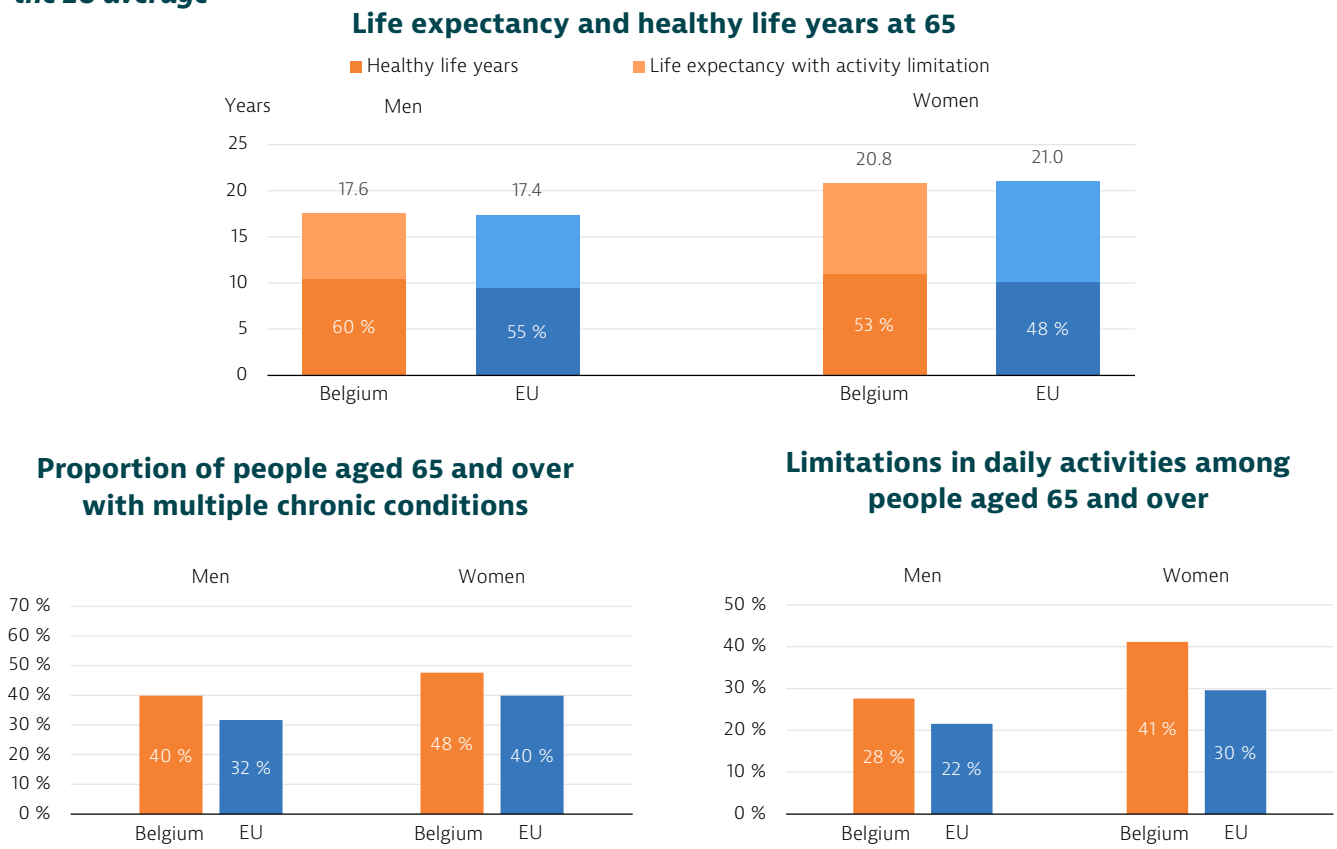
Note: Excess mortality is defined as the number of deaths from all causes exceeding the average annual number of deaths in the five years preceding the pandemic (2015-19).
Source: OECD Health Statistics based on Eurostat mortality data.

Women live a greater portion of their lives after age 65 with chronic conditions and disabilities

Owing to increasing life expectancy, a below-replacement fertility rate and the ageing of the baby boom generation, the proportion of Belgians aged 65 and over increased from 14 % in 1980 to 19.5 % in 2021 – slightly below the EU average of 21 %. This share is projected to increase to more than one in four (26 %) by 2050.

In 2020, women in Belgium at age 65 could expect to live another 20.8 years, while men could expect to live another 17.6 years (Figure 4). However, there is hardly any gender gap in the number of healthy life years after 65, since women tend to spend a greater proportion of their remaining life living with chronic conditions and disabilities (activity limitations). About two in five men and nearly one in two women aged 65 and over reported having more than one chronic condition in Belgium in 2020. These proportions are well above the EU averages. Similarly, a higher proportion of women in Belgium reported having limitations in daily activities (41 % compared to 28 % of men) – a much greater share than the EU averages of 30 % of women and 22 % of men.

Figure 4. Older people in Belgium report having chronic conditions and disabilities more often than the EU average



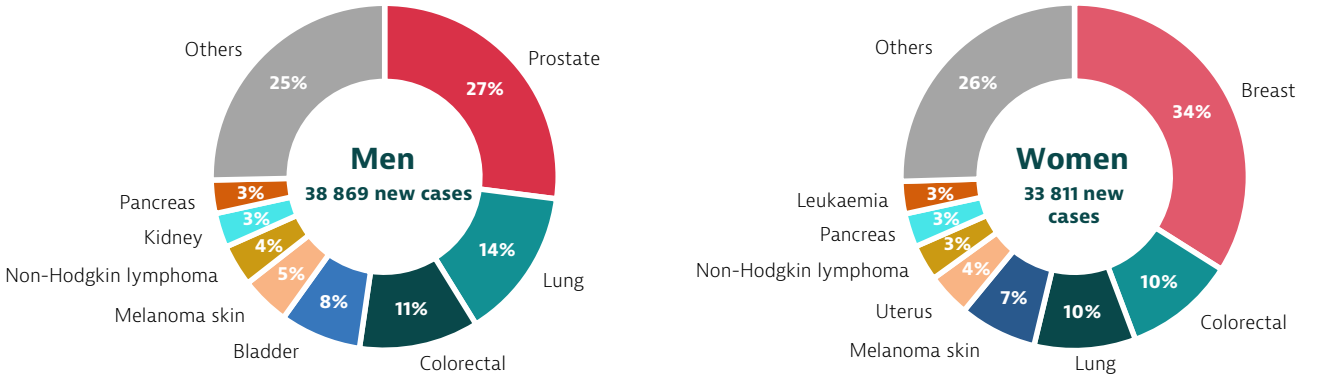
Sources: Eurostat Database (for life expectancy and healthy life years) and SHARE survey wave 8 (for multiple chronic conditions and limitations in daily activities). All the data refer to 2020.

The burden of cancer in Belgium is greater than the EU average

According to incidence estimates from the Joint Research Centre based on historical trends, about 72 680 new cancer cases were expected to occur in Belgium in 2022[1]. Cancer incidence rates were projected to be approximately 6 % higher for men and 11 % higher for women compared to their respective EU averages. Prostate cancer was projected to be the single most common cancer site among men, comprising over one fourth of all new cancers in 2022. For women, breast cancer was expected to account for more than one third of all new cancer cases. Both among Belgian men and women, colorectal and lung cancers were anticipated to be the second and third most frequent cancer sites (Figure 5).

1 *According to estimates from the Belgian Cancer Registry (2023) based on data registered by the laboratories for pathological anatomy, 74 249 new cancer cases occurred in Belgium in 2022. This figure is approximately 2 % higher than the estimated count by the Joint Research Centre.*

Figure 5. Over 72 000 new cancer cases were estimated to have occurred in Belgium in 2022



Age-standardised rate (all cancer): 724 per 100 000 population
EU average: 684 per 100 000 population

Age-standardised rate (all cancer): 544 per 100 000 population
EU average: 488 per 100 000 population

Notes: Non-melanoma skin cancer is excluded; uterus cancer does not include cancer of the cervix.
Source: ECIS – European Cancer Information System.

3 Risk factors

Behavioural risk factors account for more than one third of all deaths

Over one third of all deaths in Belgium in 2019 can be attributed to behavioural risk factors, which is below the EU average of 39 %. These risk factors include tobacco smoking, dietary risks, alcohol consumption and low physical activity (Figure 6). Tobacco smoking (including direct and indirect smoking) was estimated to be responsible for about 20 000 deaths in 2019 (18 %) – a share slightly higher than the EU average of 17 %. Dietary risks (including low fruit and vegetable intake, and high sugar and salt consumption) accounted for nearly 13 000 deaths (11 %) – a share well below the EU average (17 %). About 7 000 deaths (6 %) were associated with alcohol consumption and about 2 500 deaths (2 %) with low physical activity – both proportions similar to the EU averages. Environmental factors such as air pollution, in the form of fine particulate matter ($PM_{2.5}$) and ozone exposure alone, accounted for nearly 3 800 deaths (3 %), mainly related to cardiovascular diseases, respiratory diseases and some types of cancer.

Heavy drinking remains a persistent public health concern, especially among men

In 2019, alcohol consumption in Belgium stood at 9.2 litres per capita, slightly below the EU average and reflecting a consistent decline in consumption over the past two decades. Despite this positive trend, heavy drinking[2] continues to be a relatively common practice within the Belgian population (Figure 7). In 2018, 27.5 % of Belgians reported regularly partaking in heavy drinking, surpassing the EU average of 18.5 % and showing no reduction compared to 2013. Similar to all other EU countries, heavy drinking was primarily concentrated among men, with 37.2 % of Belgian men reporting engagement in heavy drinking compared to an EU average of 26.3 %.

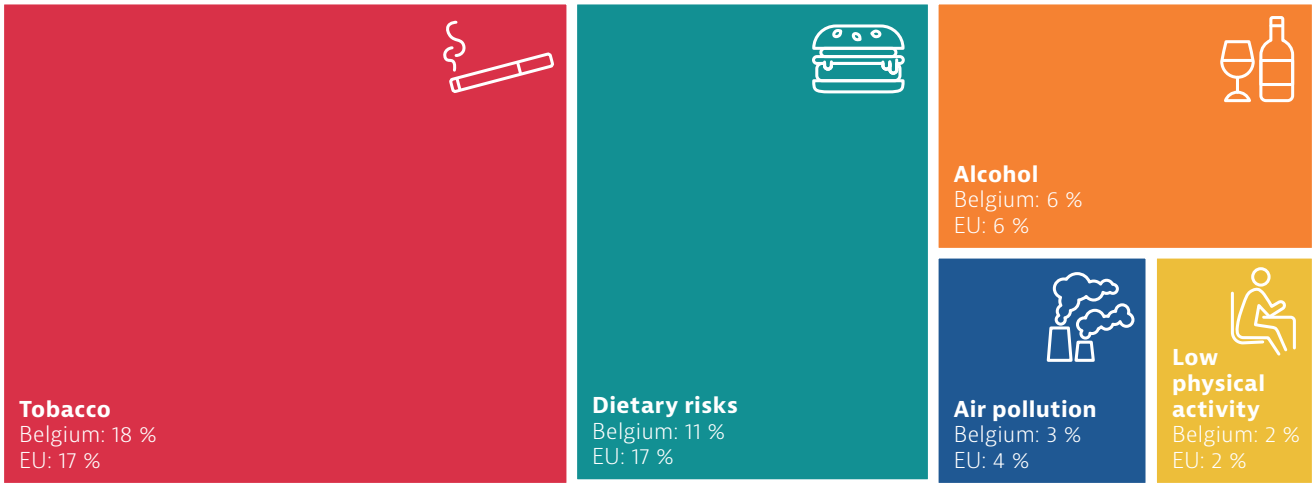
Heavy drinking is notably prevalent among adolescents as well. In 2022, 24 % of Belgian 15-year-olds reported having been intoxicated at least twice in their life in 2022 – a higher proportion than the EU average (18 %) and an increase of about 5 percentage points compared to 2018. In response, in 2022 Belgium introduced a new Alcohol Plan with the aim of curbing alcohol consumption among both adults and adolescents (see Section 5.1).

Tobacco consumption has declined substantially over the last decade

In 2018, 15.4 % of Belgian adults reported smoking daily – a lower proportion than in most other EU countries. Between 2013 and 2018, smoking rates declined by more than 18 %, especially among Belgian women, who reported among the lowest smoking rates in the EU – a result that in part reflects efforts by the government to reduce tobacco consumption in recent years (see Section 5.1).

2 *Heavy drinking is defined as consuming six or more alcoholic drinks on a single occasion for adults.*

Figure 6. Tobacco, dietary risks and alcohol consumption are the largest contributors to mortality



Notes: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable intake, and high sugar-sweetened beverages consumption. Air pollution refers to exposure to $PM_{2.5}$ and ozone.
Source: IHME (2020), Global Health Data Exchange (estimates refer to 2019).

Similarly, smoking rates among 15-year-olds have declined substantially since 2014. In 2022, 12 % of 15-year-olds reported smoking – a significantly lower share than the EU average of 17 %. Concurrently, there is preliminary evidence suggesting a significant increase in the use of e-cigarettes among teenagers. In the Flanders region of Belgium, 18 % of teenagers aged 15-16 reported using e-cigarettes in 2022 – a substantial increase from fewer than 10 % in 2018 (HBSC, 2023).

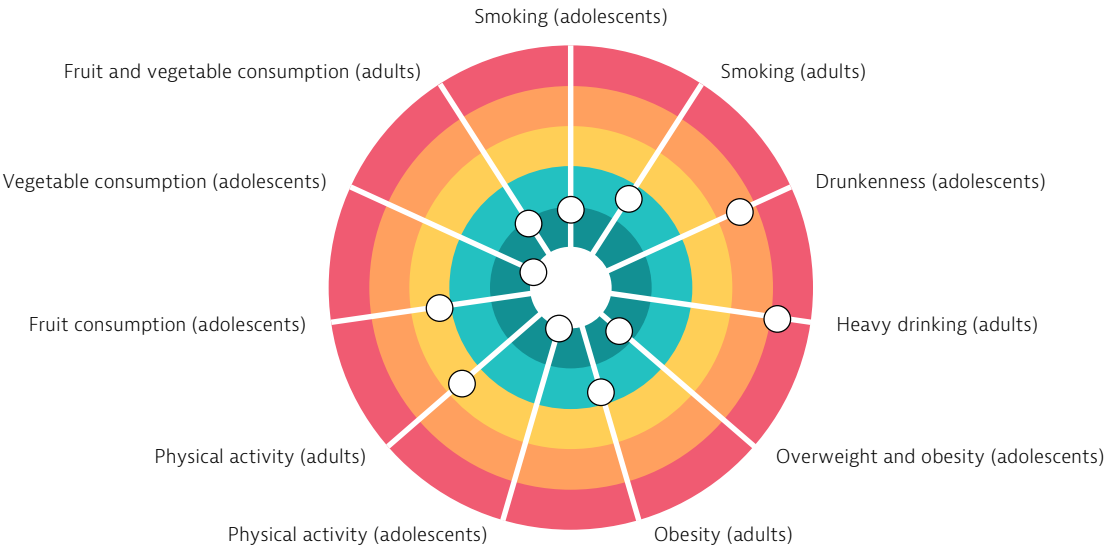
Obesity rates are relatively low, but have increased in recent years

Obesity among Belgian adults remains slightly less prevalent than in most other EU countries, but it has increased over the last decade. According to self-reported data, 15.9 % of Belgian adults were classified as obese in 2018, an increase of more than 2 percentage points from 2014. This rate, however, was lower than the EU average of 16.3 %. Similarly, the overweight and obesity rate among Belgian 15-year-olds increased, albeit to a lesser extent, rising from 16.3 % in 2014 to 16.9 % in 2022. Against the backdrop of a nearly 23 % increase in the prevalence of overweight and obesity on average across the EU over the same time period, Belgium's rate was among the lowest in the EU, standing more than 4 percentage points below the EU average.

Socioeconomic inequalities exacerbate inequalities in exposure to risk factors for health

Several behavioural risk factors in Belgium are more prevalent among people with lower socioeconomic status. In 2018, nearly 25 % of Belgian adults with low incomes smoked regularly, compared to only 11 % of those in the highest income quintile. Similarly, nearly 20 % of low-income people were obese, compared to 11 % in the highest income quintile. In contrast, a higher income was associated with a higher likelihood of engaging in regular heavy drinking, with 32 % of Belgians in the top income bracket reporting this behaviour compared to around 20 % of those in the lowest income quintile.

Figure 7. Heavy drinking is more common in Belgium than in most other EU countries



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.
Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; and EHIS 2019 for adults indicators.

4 The health system

Compulsory health insurance ensures near universal coverage in Belgium

Compulsory health insurance in Belgium is provided through five private, not-for-profit national associations of sickness funds, one fund for railway personnel and one public sickness fund. It is managed by the National Institute of Health and Disability Insurance, a public body that allocates a prospective budget to the sickness funds to finance the healthcare costs of their members. Coverage for health services is nearly universal: 99 % of the population are covered, while the other 1 % have not met the administrative requirements.

Responsibilities are shared between the federal authorities and federated entities

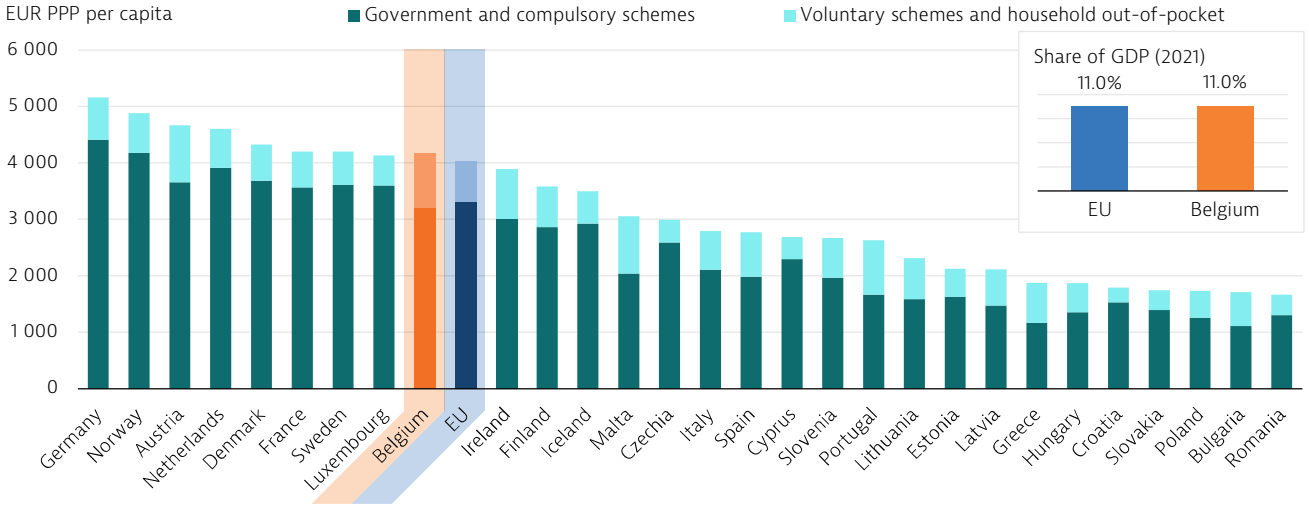
The federal authorities in Belgium are responsible for regulating social health insurance (SHI), health products and health professions. Additionally, they oversee the establishment of ambulatory and hospital budgets. Regions and communities (federated entities) are in charge of health promotion and prevention, organising primary care services, managing social services and community care, financing hospital infrastructure and major medical equipment, and setting standards for hospital licensing. To ensure collaboration and coordination, regular inter-ministerial conferences are conducted. Primary care physicians in Belgium are predominantly self-employed, while specialist care is mostly provided in hospital outpatient departments, although it is also available in private practices.

Over one tenth of Belgium's GDP is spent on healthcare

In 2021, Belgium's per capita spending on health amounted to EUR 4 168 (adjusted for differences in purchasing power), which is slightly above the EU average. When measured as a proportion of GDP, Belgium's health expenditure was similar to the EU average, reaching 11.0 % in 2021 (Figure 8). This represents a slight decline compared to 2020 (11.1 %), as the rebound in GDP outpaced the growth in health spending (see Section 5.3).

In 2021, government and compulsory SHI accounted for 77.6 % of all health expenditure – a slightly lower share than the EU average. Conversely, private health spending made up a larger share (22.4 %) of spending than the EU average of 18.9 %, mostly reflecting the greater contribution of direct out-of-pocket (OOP) spending (17.9 % compared to 14.5 % across the EU) and, to a lesser extent, voluntary health insurance (VHI). OOP payments in Belgium primarily result from user charges for almost all services. The level of user charges varies depending on the economic status of each individual, the type of service provided and the amount of copayments made by each individual throughout the year (see Section 5.2).

Figure 8. Belgium's health expenditure nearly matched the EU average in 2021

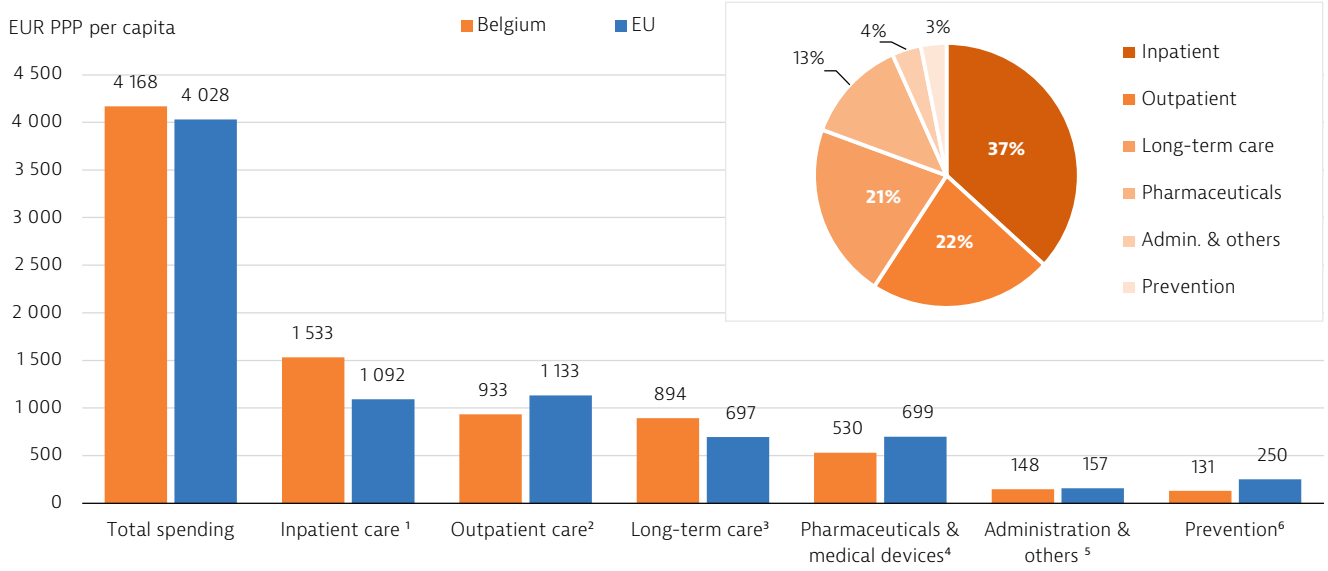


Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Inpatient care makes up the largest share of health spending

In 2021, inpatient care accounted for almost 40 % of health spending in Belgium, surpassing the EU average of 27 % (Figure 9). Outpatient care accounted for over one fifth (22 %) of all health spending, which is a slightly lower share than a decade ago (23.8 %) and much lower than the EU average (28 %). Spending on long-term care also accounted for around one fifth of all health spending – a higher share than the EU average of 17 %. Spending on outpatient medicines was comparatively low (13 %), partly due to measures taken to promote cost-effective use of pharmaceuticals. However, this share does not fully encompass pharmaceutical spending, as the outpatient market is estimated to constitute less than 50 % of the total Belgian pharmaceutical market. In both per capita and percentage terms, spending on public health and prevention (3 % of all health spending) was lower than the EU average (6.2 %) in 2021, although it only encompasses expenditures on prevention programmes at the federal level.

Figure 9. Health expenditure is concentrated on inpatient care, while prevention spending is comparatively low



Notes: 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes only the health component; 3. Includes home care and ancillary services (e.g. patient transportation); 4. Includes only the outpatient market; 5. Includes health system governance and administration and other spending; 6. Includes only spending for organised prevention programmes. The EU average is weighted.
Sources: OECD Health Statistics 2023 (data refer to 2021)

Belgium has more hospital beds than the EU average

The number of acute care beds per 1 000 population in Belgium (5.5) was higher than the EU average (4.8) in 2021. Following the main trend in the EU, bed numbers continued to decrease gradually from 2007, although the decline halted during the COVID-19 pandemic (see Section 5.3). The government implemented various measures to increase acute care capacity during the pandemic, including telemonitoring, repurposing existing healthcare facilities and converting regular hospital beds into intensive care unit (ICU) beds (INAMI-RIZIV, 2023a).

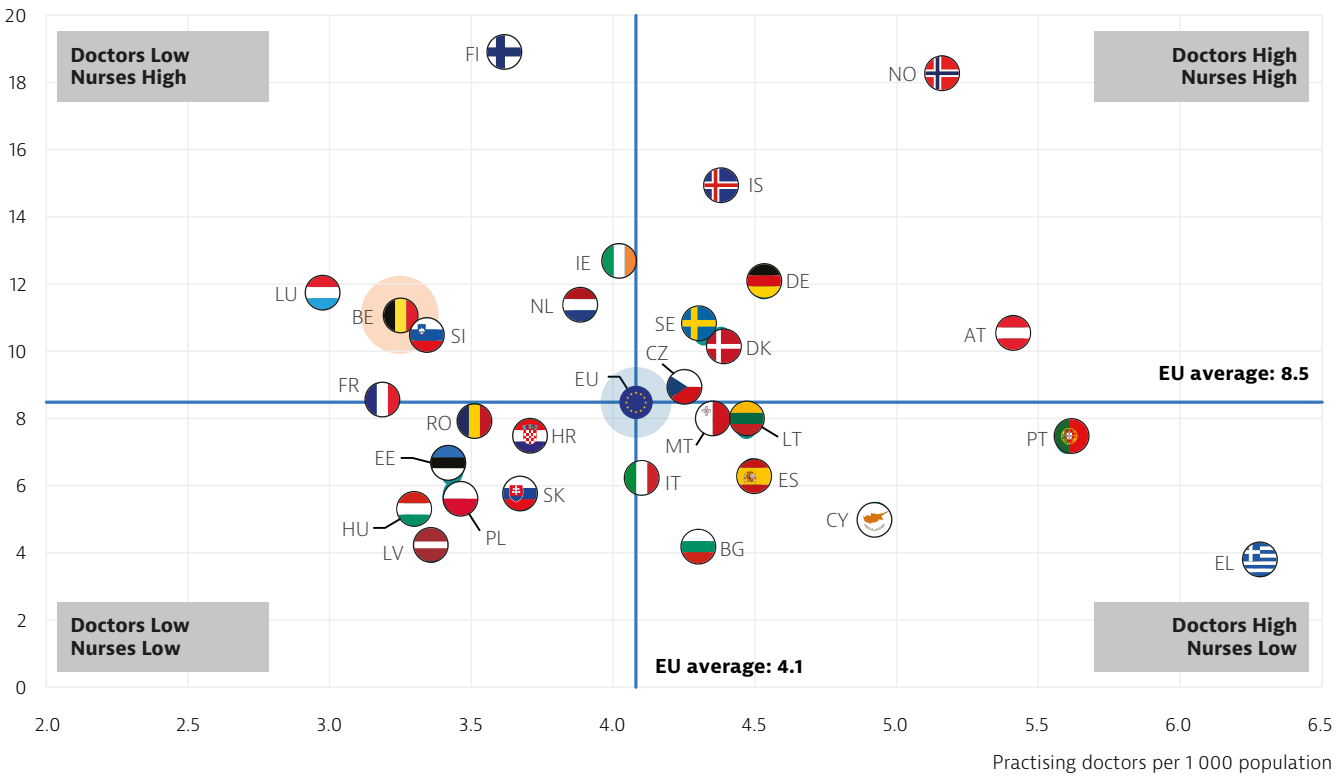
A projection study conducted before the pandemic on the required hospital capacity for 2025 concluded that there would be a decreased need for traditional hospital beds – especially maternity and surgical beds – but a higher need for day hospitalisation, geriatric and chronic care beds (Van de Voorde et al., 2017).

The numbers of practising doctors and nurses are increasing, but significant shortages remain

Despite significant increases in the numbers of doctors and nurses over the past 10 years, staff shortages remain a challenge in the Belgian healthcare system. In 2021, the number of practising doctors was 3.3 per 1 000 population – well below the EU average of 4.1 per 1 000 (Figure 10).). In response, in recent years Belgium has increased the quota of students admitted to medical education programmes to address the shortage of doctors.

Although the number of nurses increased to 11.1 per 1 000 population in 2021 – a proportion higher than the EU average of 8.5 per 1 000 – Belgium suffers from a persistent shortage of nurses, with a deficit of more than 20 000. In 2022, more than 80 % of hospitals reported having to close beds owing to staff shortages, including nurses (Zorgneticuro, 2022). To address these shortages, providers are offering more benefits to recruit and retain staff. These only concern extra-legal advantages (such as meal vouchers or company cars) because wages are set by a salary grid system (IFIC, 2023). The government has also implemented several measures to increase nurse numbers and retain staff (see Section 5.2).

Figure 10. Belgium has fewer doctors but more nurses per capita than the EU average



Notes: The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

5 Performance of the health system

5.1 Effectiveness

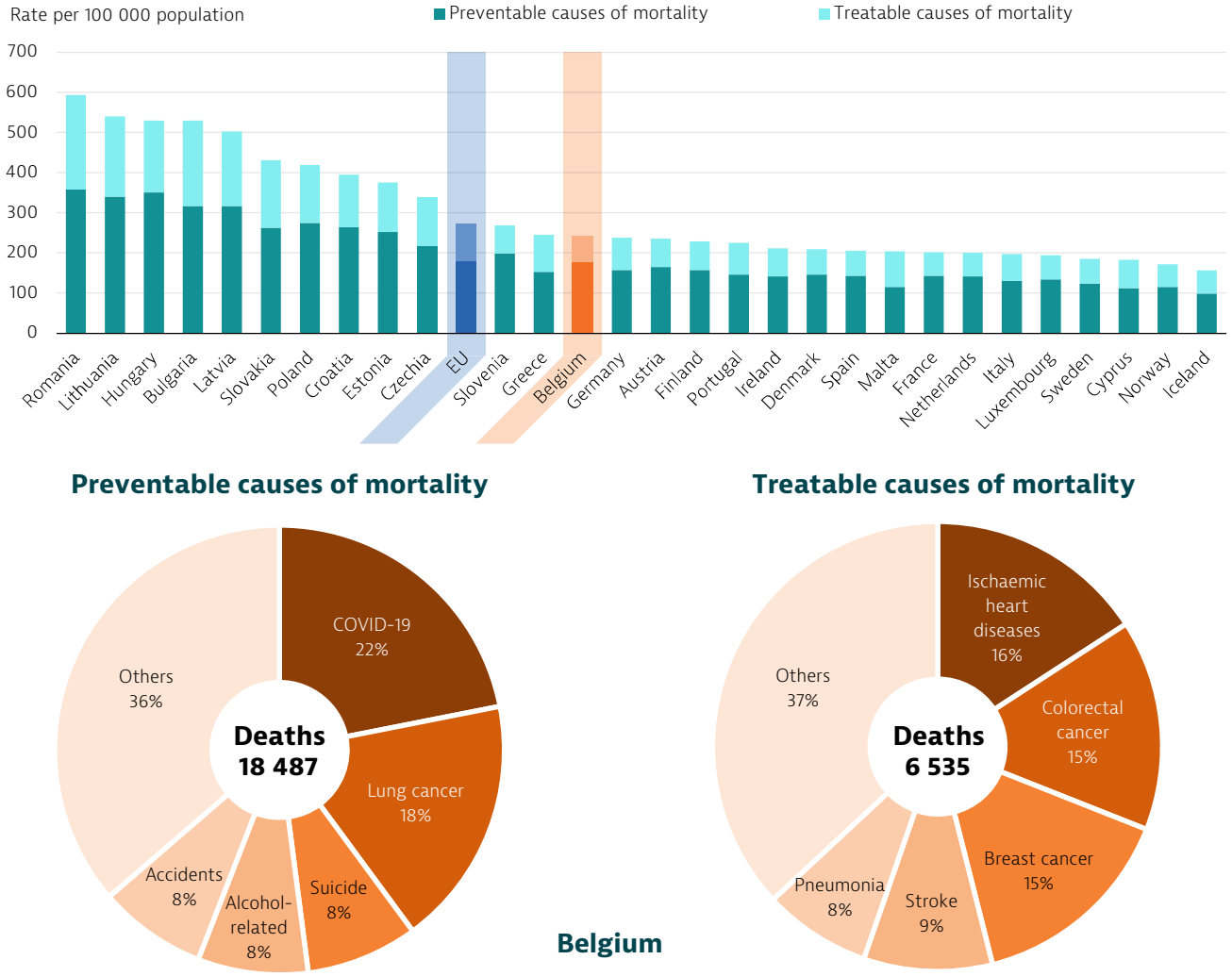
Mortality from treatable causes is low but preventable mortality is close to the EU average

Belgium's treatable mortality rate was over 30 % lower than the EU average in 2020, indicating that the healthcare system is generally effective in saving the lives of people with acute conditions. Although slightly lower than the EU average, the mortality rate from preventable causes of death was higher in Belgium than in many other western European countries (Figure 11). A slower decline than the EU average in preventable mortality rates in Belgium between 2011 and 2019 suggests scope to reduce premature mortality rates further through implementation of public health and disease prevention policies. In 2020, COVID-19 and lung cancer were the leading causes of preventable mortality, while ischaemic heart disease, colorectal cancer and breast cancer were the leading causes of treatable mortality.

Influenza vaccination coverage among people aged 65 and over reached a new high in 2020

As in other EU countries, health authorities in Belgium have long encouraged individuals aged 65 and older to get the influenza vaccine. Throughout the last decade, Belgium consistently maintained

Figure 11. Belgium's preventable mortality rates indicate scope to reduce premature death rates further



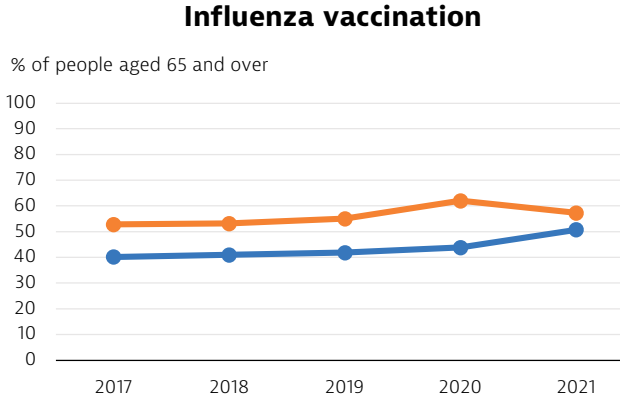
Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death.
Source: Eurostat Database (data refer to 2020).

a higher flu vaccination coverage for this target group, surpassing the EU average rate by at least 10 percentage points. However, it has never reached the WHO's 75 % coverage target (Figure 12). Much like the trend in most other EU countries, the COVID-19 pandemic led to increased interest in receiving the flu vaccine among those at higher risk of complications and hospitalisation.

During the 2020 flu season Belgium's flu vaccination coverage rate among people aged 65 and over surged to 62 %, marking a seven-percentage-point increase compared to 2019. While the flu vaccination coverage among those 65 and over declined to 57 % in 2021, Belgian health authorities have since then taken steps to boost uptake by simplifying access to flu vaccination. In 2022, Belgians were granted the ability to receive the flu vaccine from select pharmacies without the need for a prescription from a general practitioner (GP) for the first time. This new approach was formally adopted by the government in October 2023; following specific training, pharmacists are authorised to administer both influenza vaccines as well as COVID-19 boosters.

The vaccination coverage rate against human papillomavirus (HPV) among Belgian 15-year-old girls has also consistently exceeded the EU average, having slowly but steadily increased from 67 % in 2017 to 70 % in 2022. Nevertheless, this result still falls short of meeting the WHO target for cervical cancer eradication, which foresees attaining a 90 % coverage rate. In 2019, both the Flanders and Wallonia-Brussels regions transitioned to a gender-neutral HPV vaccination programme, expanding eligibility for receiving the HPV vaccine free of charge through regional community vaccination programmes to include boys as well.

Figure 12. The COVID-19 pandemic contributed to a surge in flu vaccination of people aged 65 and older



Sources: OECD Health Statistics.

Strengthening public health policies could reduce preventable mortality

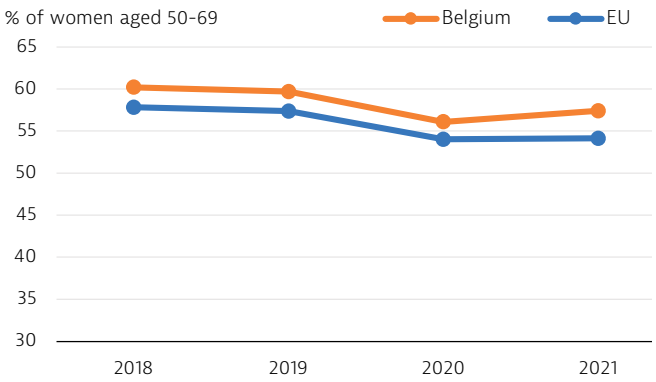
As noted in Section 4, Belgium spends less on public health and disease prevention than many other EU countries, allocating only 3 % of overall health expenditure to organised prevention programmes in 2021. In recent years, the government has launched several initiatives to strengthen public health policies – notably in tobacco and alcohol control. From 2020, tobacco products have had to be sold in plain packaging. In 2021, a ban on the sale of tobacco products to people under 18 came into force, and tobacco taxes increased by 10 %. In 2023, the government approved the Alcohol Plan, which contains 75 measures to decrease alcohol consumption, including a ban on alcohol advertising to minors and prohibiting alcohol in vending machines and hospital shops to combat impulse buying (Vandenbroucke, 2023).

The COVID-19 pandemic disrupted routine cancer screening activities in 2020

Responsibilities in cancer prevention and care in Belgium are shared between the federal government and federated entities (OECD, 2023a). From the early 2000s, Belgium introduced population-based screening programmes for breast and cervical cancer, followed by colorectal cancer in 2013. As in most other EU countries, the reconfiguration of health services imposed by the pandemic had a negative impact on the performance of cancer screening programmes in Belgium. Screening activities were suspended in mid-March 2020, and resumed gradually from mid-May. As a result, Belgium's breast cancer screening rate declined from 60 % in 2019 to 56 % in 2020. As screening volumes picked up in 2021, the rate partially recovered to a level slightly above the EU average (Figure 13). Cervical cancer screening rates displayed a similar trend, remaining slightly below the EU average in 2021.

The cumulative effect of disruptions to cancer screening, reduced GP availability and patients' hesitancy to consult GPs at the height of the pandemic on cancer screening is reflected in the observed incidence rate of malignant cancers in 2020, which saw a decline for both women (-3.7 %) and men (-6 %) compared to 2019. Following a significant resumption of cancer screening in 2021, the observed incidence rate rose above the pre-pandemic baseline by 6.4 % for women and 8.8 % for men (Belgian Cancer Registry, 2023), indicating an at least partial catch-up of the diagnostic backlog accumulated in 2020.

Figure 13. In 2021, breast cancer screening rates partly recovered from the drop in 2020



Note: The rate refers to the share of individuals within the target group who have undergone screening in the past two years.
Source: OECD Health Statistics 2023 (based on national programme data).

Hospital admission rates for asthma and COPD are higher than in most EU countries

Data on hospital admissions for conditions that can generally be managed effectively outside of hospitals can provide insights into the availability and effectiveness of primary care services. In this context, hospital admission rates for ambulatory care-sensitive conditions stand higher than those of most other EU countries with available data. In 2019, Belgium's combined hospitalisation rate for diabetes, asthma and chronic obstructive pulmonary disorder (COPD) was over 28 % higher than the EU average. While hospital admissions for asthma and COPD increased by over 6 % between 2016 and 2019 in contrast to the EU-wide trend, admission rates for diabetes closely aligned with the EU average and declined in sync with it (Figure 14).

During the first two years of the pandemic, Belgium's hospital admission rate for asthma and COPD dropped by nearly 40 % – a decrease comparable to the EU average, while admissions for diabetes rate saw a 1.4 % decline consistent with the pre-pandemic trend. The marked decrease in hospital admissions for asthma and COPD observed in 2020 and 2021 compared to the pre-pandemic levels should be interpreted in the context of the disruption caused by COVID-19, which impacted non-COVID-19 hospital activity and altered healthcare-seeking behaviours (see Section 5.3). As a result, these declines cannot be understood as indicating improved accessibility or quality of care for these chronic conditions in outpatient settings.

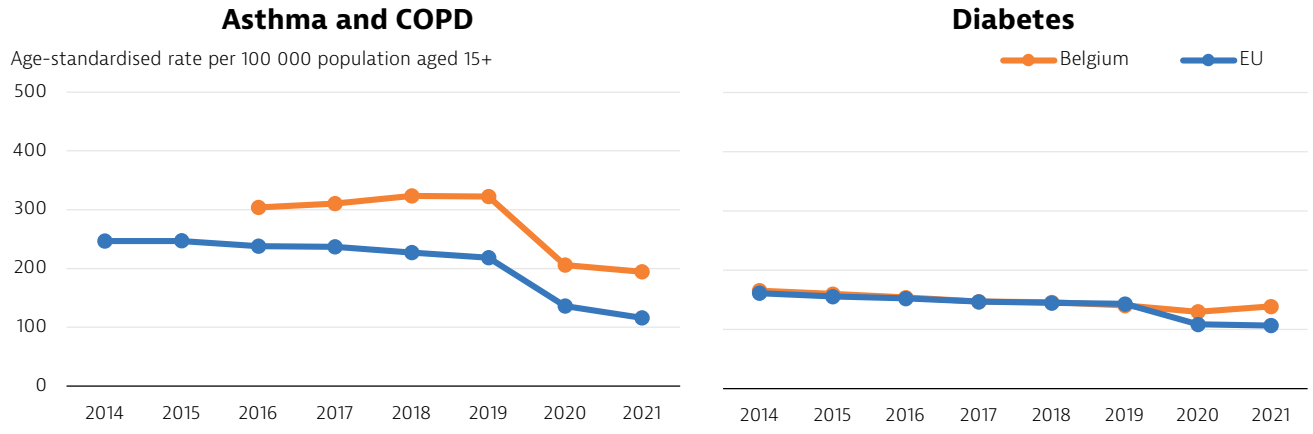
5.2 Accessibility

Unmet needs for medical and dental care are low, but significant disparities exist across income groups

In 2022, only 1 % of the Belgian population reported facing unmet needs for medical care due to costs, distance to travel or waiting times – a proportion less than half the EU average (2.2 %). However, unmet needs were disproportionately concentrated among individuals on low incomes, with about 2.8 % of Belgians in the lowest income quintile reporting unmet needs in 2022 (mainly due to costs) compared to 0 % in the highest quintile (Figure 15). This income gap was one of the largest among western EU countries.

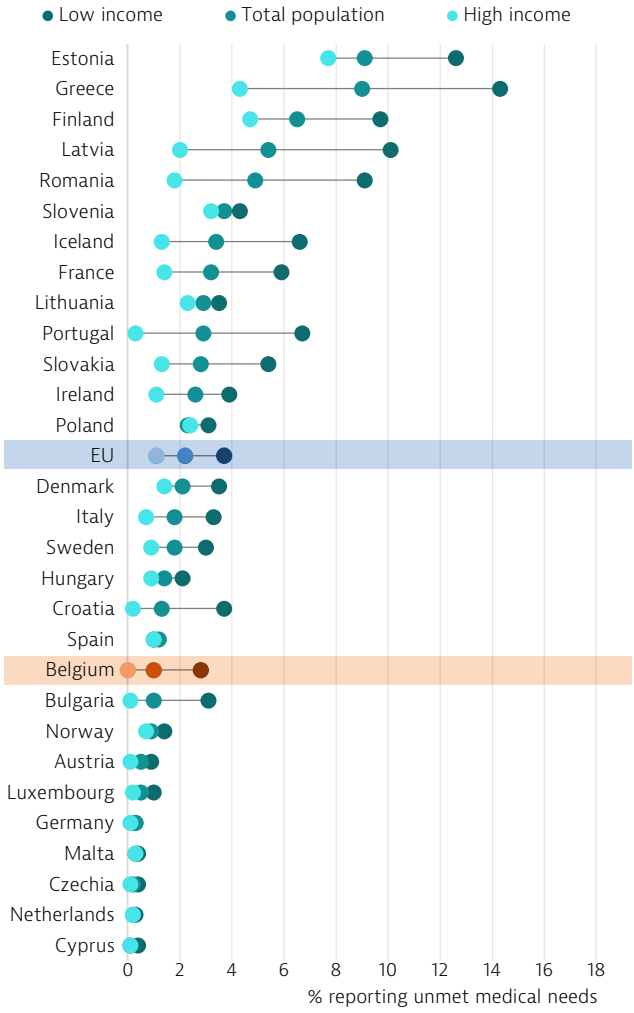
Income-related disparities in unmet needs were even more pronounced for dental care, which is less comprehensively covered by SHI in Belgium. In 2022, 2.7 % of Belgians reported unmet needs for dental care, but the rate was 7.0 % in the lowest income quintile compared to only 0.2 % in the highest quintile.

Figure 14. Potentially avoidable hospital admission rates for chronic conditions are well above the EU averages



Note: Admission rates are not adjusted for differences in disease prevalence across countries.
Source: OECD Health Statistics 2023.

Figure 15. Disparities in unmet needs between income groups in Belgium are among the largest across western European countries



Notes: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.
Source: Eurostat Database, based on EU-SILC (data refer to 2022, except Norway (2020) and Iceland (2018)).

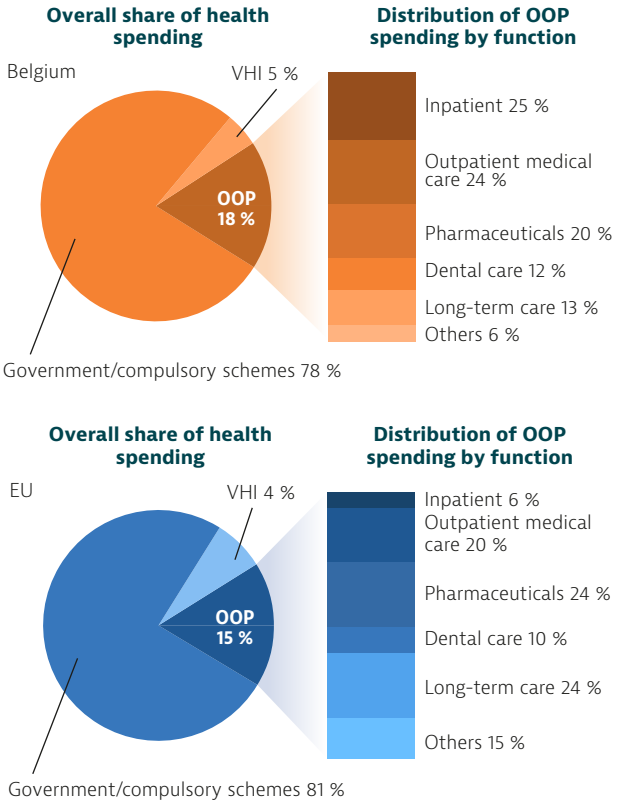
As in other EU countries, the COVID-19 pandemic and related containment measures limited access to healthcare services. Data from the Eurofound COVID-19 survey[3] carried out in spring 2021 and spring 2022 showed that 13 % and 14 % of the Belgian population reported experiencing unmet healthcare needs (Eurofound, 2022). These rates were among the lowest across the EU, suggesting that Belgium was relatively successful in maintaining access to health services during the pandemic.

The share of health spending financed out of pocket is higher than the EU average

As noted in Section 4, while compulsory SHI ensures near universal coverage for a broad range of goods and services, most people are subject to cost-sharing. Although a slightly above-average proportion of Belgians have VHI, the share of OOP spending is still 18 % – a proportion higher than the EU average of 15 % (Figure 16). Nearly three quarters of OOP spending in Belgium is directed to inpatient care (25 %), outpatient care (24 %) and pharmaceuticals (20 %). The proportion of OOP spending on long-term care has experienced a significant surge, more than doubling from 6 % in 2020 to 13 % 2021. As the population continues to age, close monitoring of OOP spending on long-term care becomes imperative to tackle the challenges posed by this demographic shift.

About 35 % of expenditure on dental care was covered by compulsory SHI in 2021 – the lowest coverage among health services in Belgium. Despite limited coverage, however, the share of OOP spending on dental care remains relatively low at 12 % because dental care costs are generally lower than the other main categories.

Figure 16. Most out-of-pocket spending goes on inpatient and outpatient medical care



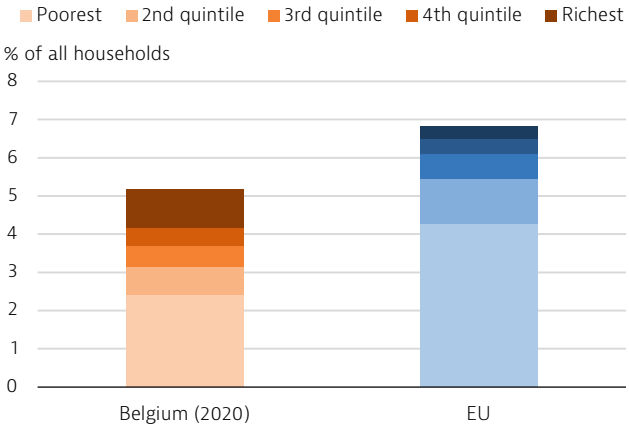
Notes: VHI also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

3 *The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.*

Belgium has taken measures to reduce the occurrence of catastrophic spending on health

In 2020, nearly 260 000 households in Belgium experienced catastrophic health spending[4], which equated to 5.2 % of all households (Bouckaert et al., 2023) (Figure 17). On average, catastrophic health spending was primarily driven by OOP payments for medical products, owing to coverage gaps from SHI funds, and inpatient care. Among households in the poorest income quintile, 12.2 % experienced catastrophic spending, with outpatient medicines being by far the main driver. In response to this issue, the government has recently implemented measures to alleviate financial barriers to healthcare access for the most economically disadvantaged sections of the population. For example, since 2022 Belgium has allowed healthcare providers to apply the third-party scheme for all patients on a voluntary basis. Under this scheme, instead of paying their healthcare provider for the full cost of the service and receiving retrospective reimbursement, patients only pay the portion of the full cost to be paid out of pocket (INAMI-RIZIV, 2022). For individuals on lower incomes, the mandatory elimination of retrospective reimbursement for family doctor services has been in effect since 2015.

Figure 17. Over 5 % of Belgian households faced catastrophic health spending in 2020



Source: WHO Barcelona Office for Health Systems Financing.

Shortages of health workers have prompted reforms in remuneration schemes

As noted in Section 4, the Belgian healthcare system grapples with a sizeable shortage of health workers, which undermines accessibility of healthcare services. Stressful working conditions and limited career growth prospects are some of the main factors that impinge on the attractiveness of healthcare professions. To address shortages of healthcare staff, the government has implemented several measures to improve remuneration schemes in recent years – for example, revising the salary grid system for nurses to ensure that remuneration reflects their actual responsibilities rather than solely their qualification. Belgian authorities also increased salaries for new entrants to the healthcare sector, and allocated a budget of EUR 100 million to finance an attractiveness bonus (for the public sector), augment year-end bonuses in the private sector and improve health workers' well-being (IFIC, 2023).

Moreover, in 2019, legislation introducing the role of advanced practice nurse was passed to facilitate greater task-sharing with doctors and enhance career prospects for nurses. However, implementation of the regulations is still pending. To finalise the legislative framework, advisory councils have put forward several recommendations, and the government has appointed task forces to work on job differentiation in nursing, which includes the role of advanced practice nurse (FOD Volksgezondheid, 2020). Despite the absence of a complete legislative framework, a small number of advanced practice nurses are already practising.

Teleconsultations did not witness a significant surge following the initial COVID-19 wave

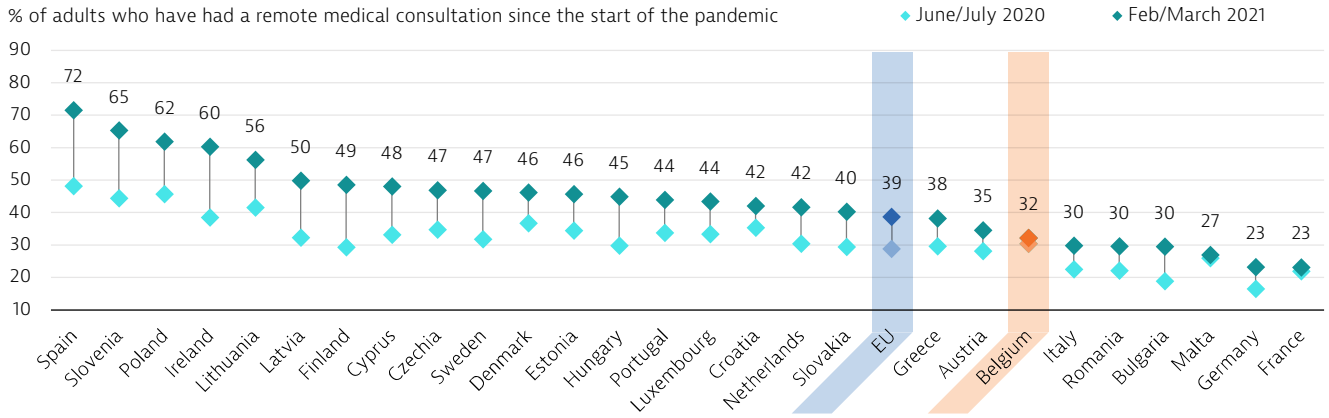
During the COVID-19 pandemic, teleconsultations emerged as a valuable complement to in-person consultations to maintain accessibility of healthcare services. To address the need to minimise physical contact between healthcare providers and patients with non-urgent care needs, Belgium introduced new regulations to encourage use of telemedicine, which resulted in a large increase in the number of teleconsultations (OECD, 2023b). In 2020, teleconsultations accounted for about 11 % of the total volume of doctor consultations, and according to survey data, in the summer of 2020 about one third of Belgian adults reported having had a remote consultation with a GP since the start of the pandemic. However, this share was relatively low compared to the rate in most other EU countries, and it barely increased in 2021, as the volume of in-person consultations gradually resumed towards pre-pandemic levels (Figure 18).

In August 2022, Belgium implemented a new reimbursement framework for teleconsultations. Under this new framework, all teleconsultations

4 *Catastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).*

are eligible for reimbursement, with no limit on the number of consultations if they are: a) with a doctor with whom the patient already has a treatment relationship; b) with a specialist to whom the patient was referred; or c) an emergency service performed by a GP (INAMI-RIZIV, 2023b).

Figure 18. A comparatively low share of individuals in Belgium had remote consultations from the start of the pandemic



Notes: The EU average is weighted. Low reliability for 2021 data from Cyprus, Latvia, Luxembourg (and 2020 data) and Malta because of low sample size.
Source: Eurofound (2022).

5.3 Resilience

The COVID-19 pandemic has proved to be the most significant disruption to health systems in recent decades. It has shed light on the vulnerabilities and challenges within countries' emergency preparedness strategies and on their ability to provide healthcare services to their populations. In response to the enduring effects of the pandemic – as well as other recent crises, such as cost-of-living pressures and the impact of conflicts like the war against Ukraine – countries are implementing policies to mitigate the ongoing impacts on service delivery, invest in health system recovery and resilience[5], improve critical areas of the health sector, and fortify their preparedness for future shocks.

Following a drop of over 300 000 in 2020, hospital admissions in Belgium returned to near pre-pandemic levels in 2021

Although Belgium had more hospital and ICU beds per population than many other EU countries before the pandemic, acute care was operating at an efficiency comparable to the EU average of 72 %, with an acute care bed occupancy rate of 73 % in 2019.

To address the sudden increase in demand for acute care caused by COVID-19 in 2020, Belgium scaled up its ICU capacity and postponed large volumes of non-urgent hospital services to create a buffer of excess resources (beds, staff and equipment) and reduce the risk of hospital outbreaks. The effects of this contingency measure are partly reflected in the large decreases in average hospital discharge rates (which fell by 17 %) and acute bed occupancy rates (which fell by 14 %) between 2019 and 2020 (Figure 19). In 2021, hospital discharges rebounded to about 90 % of their 2019 level.

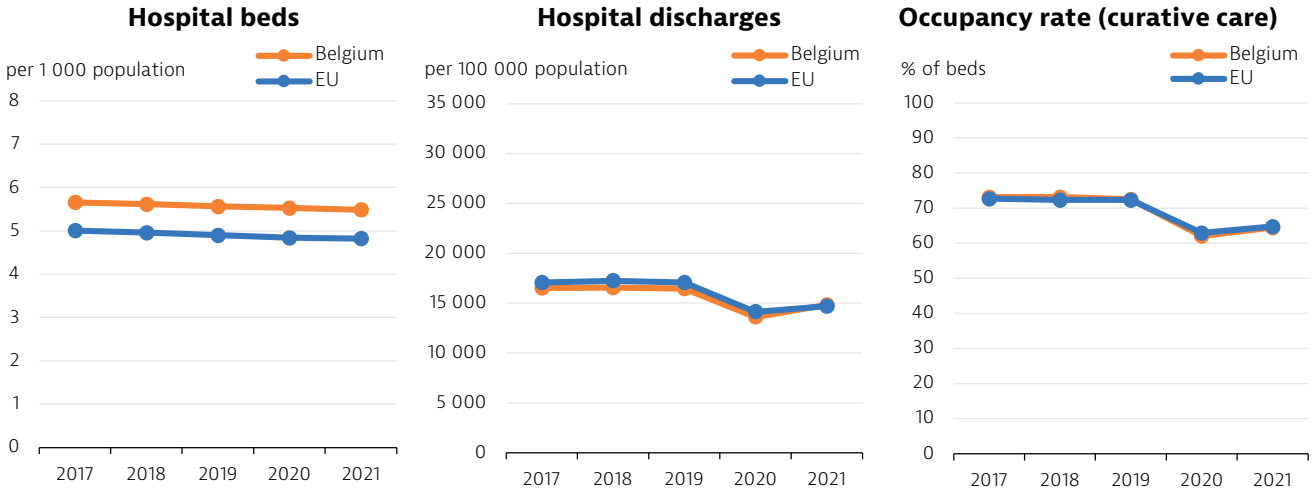
Elective surgery volumes fell significantly in 2020, but rebounded substantially in 2021

Following the intermittent suspension of elective activity during the surge phases of COVID-19, most EU countries saw a significant decrease in the volumes of non-urgent planned surgical procedures performed in 2020. This was also the case in Belgium. Hip and knee replacement rates fell by more than 19 % and 35 % respectively, whereas breast cancer surgery rates saw a relatively more moderate reduction of 15 %. These declines were more pronounced than the average declines observed across the other EU countries for which data are available (Figure 20).

As the Belgian healthcare system resumed significant volumes of non-COVID-19-related hospital activities in 2021, the hip replacement rate rebounded strongly, reaching about 96 % of its pre-pandemic level. However, the knee replacement rate showed a less robust recovery, achieving about

5 *In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessment, 2020). In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessment, 2020).*

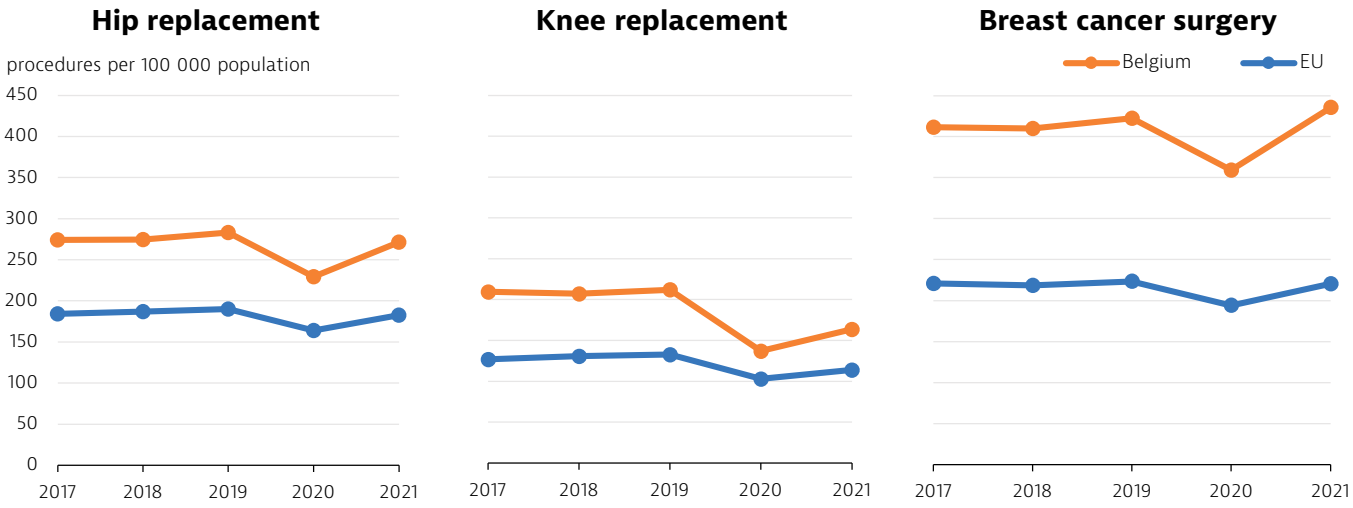
Figure 19. Hospital discharge and occupancy rates fell significantly in 2020, but nearly rebounded to pre-COVID-19 levels in 2021



Sources: OECD Health Statistics 2023; Eurostat Database.

77 % of its 2019 rate. In contrast, the volume of breast cancer surgeries surpassed its pre-pandemic rate by a margin of over 3 %, indicating progress in addressing the surgical backlog that had accumulated during the first year of the pandemic.

Figure 20. Following a large decline in 2020, elective surgery volumes recovered in 2021



Source: OECD Health Statistics 2023.

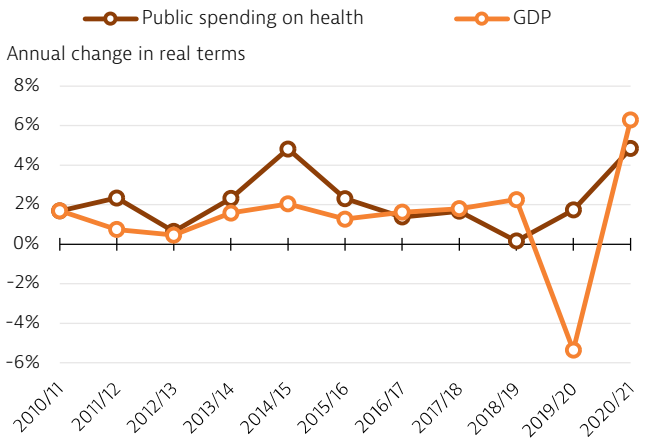
Belgium's COVID-19 response led to a moderate rise in government health spending

In the years leading up to the pandemic, Belgium's health expenditure from public sources generally aligned with the growth trajectory of its GDP. The growth rate of public health expenditure reached its peak in 2015 and gradually declined until 2019 against a backdrop of stable GDP growth. However, the emergence of COVID-19 disrupted this pattern. Publicly funded health expenditure in Belgium surged by 1.7 % in 2020, as the country faced a simultaneous 5.4 % GDP decline (Figure 21). The funding composition of health expenditure also underwent noticeable changes, as OOP spending on health declined by more than a sixth between 2019 and 2020 (see Section 4). Following a drop of over 5 % in 2020, Belgium's GDP experienced a robust rebound, growing by 6.3 % and outpacing the 4.8 % growth in health spending in 2021.

Belgium's Recovery and Resilience Plan will boost investment in digital health and nuclear medicine in the coming years

Belgium's Recovery and Resilience Plan (RRP) – a key pillar of the EU's response to the COVID-19 crisis – aims to expedite the transition to a more sustainable, smart and inclusive economy, all while bolstering social, economic and climate resilience. Within this RRP framework, the proposed investments in the healthcare sector amount to

Figure 21. After a large drop in 2020, GDP growth outpaced public health expenditure in 2021



Source: OECD Health Statistics 2023.

EUR 83 million, constituting approximately 1.4 % of the total grants allocated to Belgium through the EU Recovery and Resilience Fund. Belgium has allocated approximately EUR 40 million of its RRP budget for investments aimed at further digitalising its healthcare, while EUR 35 million will be directed to investments in nuclear medicine. Additionally, EUR 8 million of the budget will be invested in enhancing research and development within the healthcare sector.

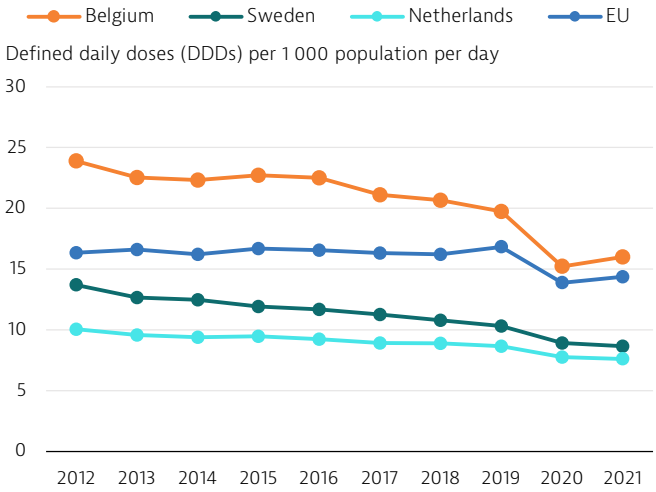
These investments will be complemented by the EU Cohesion Policy for 2021-27 programming, through which Belgium intends to invest a total of EUR 31 million, with the EU co-financing 47 % of this amount is co-financed through. These funds, sourced from the European Social Fund Plus (ESF+), will support a range of measures to improve the accessibility, quality and resilience capacity of the Belgian healthcare system.

Antibiotic consumption rebounded partially in 2021 following a massive drop in 2020

Antimicrobial resistance (AMR) is a major public health concern in the EU, with estimates of about 35 000 deaths each year due to antibiotic-resistant infections and healthcare-associated costs of around EUR 1.1 billion per year (OECD/ECDC, 2019). Because antibiotic overprescription and overuse in humans are major contributors to the development of antibiotic-resistant bacteria, antibiotic consumption data are a useful tool to evaluate the risk of AMR and the efficacy of programmes to promote appropriate use (Gerkens et al., 2023).

In this context, although Belgium's performance has improved significantly in recent years, it still trails behind the EU average. Between 2016 and 2021, total antibiotic consumption decreased at an average annual rate of 6.4 %, outpacing the EU average decline of 4.7 % and resulting in a total consumption rate 6.0 % above the EU average in 2021. This decline was in large part driven by decreased consumption in community settings, which however remains above the EU average, accounting for nearly 92 % of Belgium's total antibiotic consumption. The COVID-19 pandemic played a significant role in reducing antibiotic consumption in the community, with Belgium experiencing a nearly 23 % decline in 2020 – a slightly sharper fall than in most EU countries. This decline can, in part, be linked to the pandemic containment measures, which resulted in fewer infections. However, this downward trend did not persist in the following years. In 2021, community antibiotic consumption rebounded to approximately 81% of its pre-pandemic levels, and preliminary estimates from 2022 confirm this upward trajectory (INAMI-RIZIV, 2023c)

Figure 22. COVID-19 caused a significant but transient reduction in antibiotic consumption in the community



Notes: The EU average is unweighted. The data only cover consumption in the community (outpatient).
Source: ECDC ESAC-Net.

In 2020, Belgium introduced its One Health National Action Plan for 2020-24 to fight antimicrobial resistance, which focuses on reducing and improving the use of antimicrobial agents (and antibiotics in particular) to prevent the development and spread of resistant germs. This approach aims to foster tighter co-operation between the human health, animal health and environment sectors in tackling this issue (FOD Volksgezondheid, 2021).

6 Spotlight on mental health

The burden of mental health issues is significant in Belgium

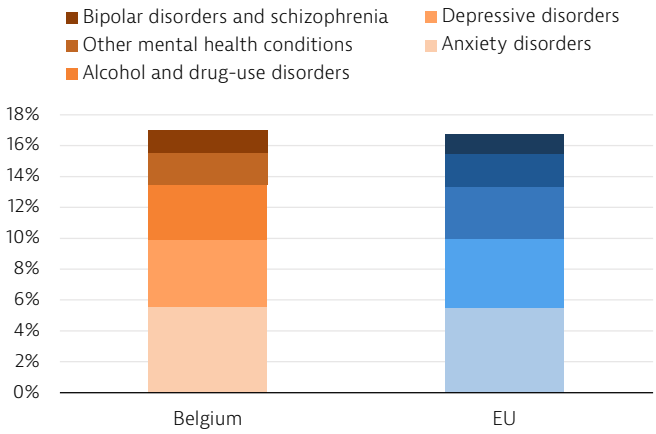
Although there are gaps in information about the prevalence of mental health issues in Belgium, as in all other EU countries, the available evidence suggests that mental health issues affect nearly 2 million Belgian people every year. According to the latest Institute for Health Metrics and Evaluation (IHME) estimates, about 17 % of people had a mental health issue in Belgium in 2019 – a proportion comparable with the EU average (Figure 23). The most common mental disorders in Belgium are anxiety disorders (almost 6 % of the population), followed by depressive disorders and alcohol and drug-use disorders (4 % each). Bipolar disorders and schizophrenia affect about 1 % of the Belgian population.

Belgium's suicide rate remains persistently higher than the EU average

Suicide is a significant public health problem in Belgium, accounting for 1.4 % of total deaths in 2020. The factors contributing to suicide are complex, but extensive research and clinical practice have established that mental health issues play a significant role as risk factors for suicide.

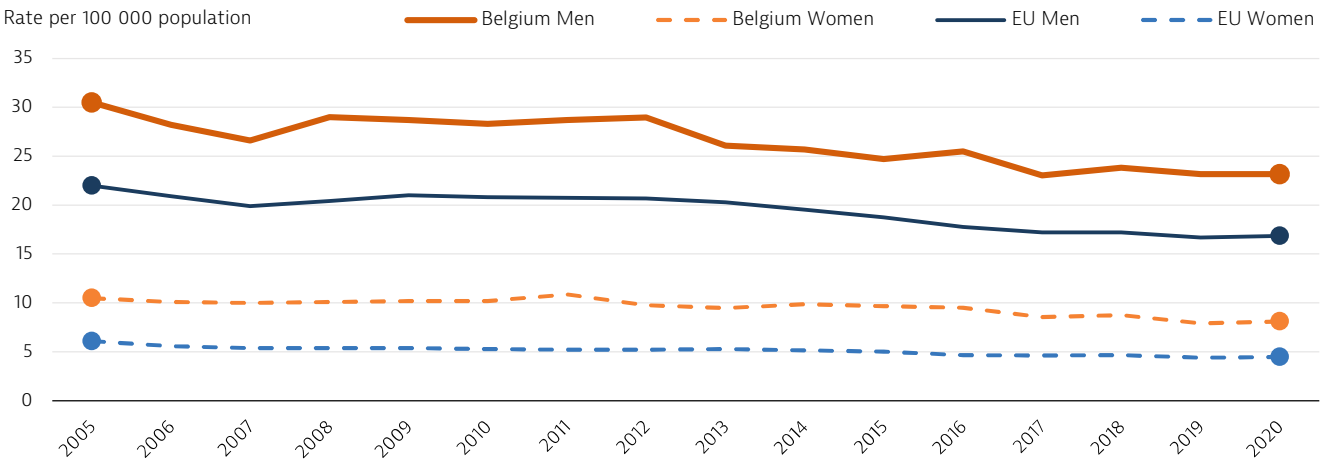
As in other EU countries, in Belgium suicide rates are higher among men: over the past decade, men's suicide rates have been nearly three times greater than women's (Figure 24). Against this backdrop, Belgium's suicide rates for both men and women have decreased at a rate comparable to the EU average over the last decade. Nonetheless, they have consistently remained higher than their respective EU averages, particularly among women. Despite concerns about a potential spike in suicide rates during the pandemic, the data for 2020 show that neither Belgium nor the EU saw an increase when compared to pre-pandemic years.

Figure 23. Nearly one in five people in Belgium had a mental health issue in 2019



Source: IHME (data refer to 2019).

Figure 24. Suicide rates among men and women are significantly higher than their respective EU averages

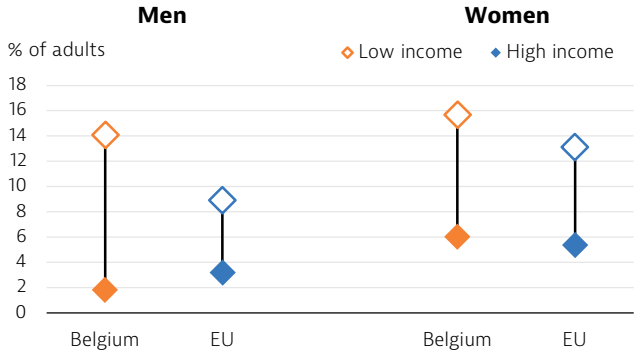


Source: Eurostat Database.

Depression is disproportionately prevalent among Belgians with low incomes

The prevalence of mental health disorders in Belgium demonstrates a notable socioeconomic divide. In 2019, approximately 14 % of men and 16 % of women in the lowest income quintile reported suffering from depression, compared to fewer than 2 % of men and 6 % of women in the highest quintile (Figure 25). Overall, Belgians in the lowest income quintile were almost four times more likely to report depression compared to their counterparts in the highest income quintile. This disparity was notably larger than the EU average, which stood at just under three times.

Figure 25. Income-based disparities in the prevalence of depression are wider than in most other EU countries



Notes: High income refers to people in the top income quintile (20 % of the population with the highest income), whereas low income refers to people in the bottom income quintile (20 % of the population with the lowest income).
Source: Eurostat Database (based on EHIS 2019).

The complexity of Belgium's mental healthcare system undermines the effectiveness of mental health services

The mental healthcare system in Belgium is complex due to its decentralised structure: responsibilities are divided between the federal state and the federated entities. The federal bodies handle payment of psychiatrists and psychiatric services within hospitals, while the federated entities are responsible for arranging and financing mental health services for outpatients. This fragmentation results in a lack of a unified source of information covering the entire mental healthcare pathway. To coordinate and encourage cohesion between federated entities and federal governmental stakeholders, Belgium established an Inter-Ministerial Conference on Public Health consisting of members of the federal government and the executives of the communities and regions (FOD Volksgezondheid, 2023).

Long waiting times due to insufficient resources undermine access to mental health services

Access to mental health services in primary care is possible through various avenues, including medical homes with GPs, general welfare centres and family planning services. These facilities often have mental healthcare providers, such as psychologists or psychiatrists. In addition to outpatient services in hospitals, ambulatory care in Belgium encompasses mobile teams, day centres and home care teams. Since GPs do not function as gatekeepers in Belgium, individuals can seek specialised care without a referral. A lack of adequate resources has led to long waiting times – often for several months – to access mental health services in Belgium, posing a challenge to providing adequate care. The lengthy waiting times have a particularly detrimental impact on individuals who require immediate support for severe mental health conditions (Staten-Generaal Geestelijke Gezondheid, 2022).

Several initiatives have been launched to address mental health issues related to the COVID-19 pandemic

The government implemented a number of measures to address the mental health impacts of the COVID-19 pandemic. To meet the growing demand for mental health support, an extension of reimbursement for psychological care was approved (Healthy Belgium, 2022a). Furthermore, an additional budget of EUR 16.7 million was allocated to facilitate access to mental healthcare for children, adolescents and older people. In addition to these initiatives, other measures implemented during the pandemic to bolster mental healthcare services included reimbursement of video consultations by psychiatrists, remote aftercare for individuals discharged from psychiatric hospitals, some hospital-at-home services and psychological support for healthcare providers (Healthy Belgium, 2022b).

Over the past two decades, Belgian mental healthcare reforms have aimed to provide integrated, community-based and affordable care for individuals with mental health conditions. Since 2011, the country has been reforming the organisation of mental healthcare delivery by commissioning regional mental health networks, which bring together key actors and stakeholders in a particular region, as well as mobile psychiatric teams, to support patient-centred care (Service Soins de Santé Psychosociaux, 2022). Initially established for adults, the networks were expanded to include children and adolescents in 2020.

7 Key findings

- In 2022, life expectancy at birth in Belgium stood over 1 year above the EU average at 81.8 years, reflecting slightly above-average gains in two decades preceding the COVID-19 pandemic and a comparatively low decline throughout the pandemic years. While cancer and circulatory diseases remained the two leading causes of death in 2020, COVID-19 was the leading single cause of death in Belgium, responsible for over one in every six fatalities. Excess mortality peaked at over 17 % in 2020, after which it remained relatively low in the subsequent two years.
- Behavioural risk factors were linked with more than one third of all deaths in Belgium in 2019 – a figure that was slightly lower than the EU average. Although per capita alcohol consumption was slightly lower than the EU average in 2019, the proportion of Belgian adults who regularly engage in heavy drinking remains significantly higher than in most other EU countries. Additionally, heavy drinking is relatively prevalent among adolescents. Thanks to government policy to curtail tobacco use, smoking rates among both adults and teenagers have seen substantial reductions over the past decade. However, the use of e-cigarettes has concurrently increased in popularity among teenagers.
- Between 2019 and 2021, health spending in Belgium rose by 3.4 % in real terms, in large part reflecting an increase in government and social health insurance spending in 2021 aimed at addressing the COVID-19 emergency. In 2021, health expenditure accounted for 11 % of GDP – a share equal to the EU average. Nearly 37 % of health spending was allocated to inpatient care, which exceeded the EU average both in per capita terms and as a share of total health spending. Private sources contributed to over 22 % of total health spending, a greater proportion than the EU average of 19 %.
- Only 1.0 % of the Belgian population reported unmet needs for medical care in 2022 compared to 2.2 % across the EU. However, they were disproportionately concentrated among individuals in the lowest income quintile, and Belgium had one of the widest income-based gaps in unmet needs for medical care among western European countries. In 2020, over 5 % of Belgian households experienced catastrophic spending on health – a figure that surged to over 12 % among households in the lowest income quintile. In 2022, the government took steps to reduce the incidence of catastrophic spending among low-income households.
- Despite significant increases in the numbers of doctors and nurses over the past decade, staff shortages remain a challenge in the Belgian healthcare system. In 2022, more than 80 % of hospitals reported closing beds owing to staff shortages. To address workforce shortages, Belgium has implemented various measures, including reforming remuneration schemes, adjusting the quotas of medical students and introducing the role of advanced practice nurse.
- In 2019, an estimated 17 % of the Belgian population experienced a mental health disorder – a proportion in line with the EU average. Suicide remains a public health concern in Belgium, accounting for 1.4 % of all deaths recorded in 2020. Although Belgium's suicide rate has decreased in tandem with the EU average over the past two decades, it remains notably higher than the EU average for both men and women. The country has implemented reforms in recent years aimed at improving the integration and accessibility of mental health services, but the fragmentation of responsibilities between federal, state and federated entities hampers the effectiveness and accessibility of mental health services, and individuals seeking specialist mental healthcare often face long waiting times.

Key sources

OECD/EU (2022), Health at a Glance: Europe 2022 – State of Health in the EU Cycle. Paris, OECD Publishing, https://doi.org/10.1787/507433b0-en.

Gerkens S, Merkur S (2022), Belgium: health system summary. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, https://extranet.who.int/iris/restricted/handle/10665/356962

References

Belgian Cancer Registry (2023), Annual tables.

Bouckaert N et al. (2023), Can people afford to pay for health care? New evidence on financial protection in Belgium.

Eurofound (2022), Living, working and COVID-19 survey, rounds one, two, three and five (spring 2020, summer 2020, spring 2021 and spring 2022).

FOD Volksgezondheid (2020), Advies 2020-04 van de FRV betreffende de verpleegkundig specialist [Advice 2020-04 of the advisory and consultative bodies on health regarding the advanced practice nurse]

FOD Volksgezondheid (2023), Interministerial conference on public health.

Gerkens S et al. (2023), Performantie van het Belgische gezondheidssysteem: herziening van het conceptuele kader en van de lijst van indicatoren [Performance of the Belgian healthcare system: revision of the conceptual framework and the list of indicators]

Health Behaviour in School-aged Children study (2023), Data browser (findings from the 2021/22 international HBSC survey).

Healthy Belgium (2022a), Funding for psychosocial support.

Healthy Belgium (2022b), Mental health: https://www.healthybelgium.be/en/health-status/mental-health

IFIC (2023). Het instituut voor Functieclassificatie [The Institute for Job Classification].

INAMI-RIZIV (2022), Derdebetalersregeling [Third-Party Payment Scheme].

INAMI-RIZIV (2023a), Exceptional Measures by the RIZIV in the COVID-19 Crisis: Information for HOSPITALS.

INAMI-RIZIV (2023b), Remote Consultations by Physicians. Brussels.

INAMI-RIZIV (2023c), Consommation de médicaments en officine publique – antibiotiques.

OECD (2023b), Ready for the next crisis? Investing in health system resilience.

OECD/ECDC (2019), Antimicrobial Resistance: Tackling the Burden in the European Union.

Service Soins de Santé Psychosociaux (2022). Documentation, https://www.psy107.be/index.php/fr/doc.

Staten-Generaal Geestelijke Gezondheid (2022), Omgaan met wachttijden voor psychische hulp [Handling waiting times for psychological help]

STATBEL (2023), Mortality database.

Van de Voorde C et al. (2017), Required hospital capacity in 2025 and criteria for rationalisation of complex cancer surgery, radiotherapy and maternity services.

Vandenbroucke F (2023), Het interfederaal alcoholplan is goedgekeurd [The Interfederal Alcohol Plan has been approved].

Zorgneticuro (2022), Personeelstekort dwingt Vlaamse ziekenhuizen en woonzorgcentra om zorgaanbod af te bouwen [The shortage of personnel forces Flemish hospitals and residential care centres to reduce the care services].

Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovakia	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

European Commission

State of Health in the EU
Country Health Profile 2023

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2023 edition of the Country Health Profiles provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- For the first time in the series, an account of the state of mental health and related services within the country.

Complementing the key findings of the Country Health Profiles is the Synthesis Report by the European Commission.

For more information, please refer to: ec.europa.eu/health/state

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