

ITEMS AND INDICATORS		DATA			Notes	DEF.	
		2005	2006	2007			
		<b>A</b> DEMOGRAPHIC AND SOCIO-ECONOMIC INDICATORS		A1			Population
A2	Area (square Km)			30.528	30.528	30.528,00	<a href="#">see def.</a>
A3	Average population density per square Km			341,29	341,88	-	<a href="#">see def.</a>
A4	Birth rate per 1000 population			11,26	-	-	<a href="#">see def.</a>
A5	Death rate per 1000 population			-	-	-	9,72 (*) 2004 <a href="#">see def.</a>
A6	Life expectancy at birth (years)			79,10	79,50	-	Source: OECD Health data 2009
A6a	Men			76,20	76,60	-	Source: OECD Health data 2009 <a href="#">see def.</a>
A6b	Women			81,90	82,30	-	Source: OECD Health data 2009
A7	Real Gross Domestic Product (GDP) PPP\$ per capita			32.119,00	33.243,00	-	<a href="#">see def.</a>

ITEMS AND INDICATORS		DATA			Notes	DEF.	
		2005	2006	2007			
B	HEALTHCARE SYSTEM	B1	Healthcare coverage of population	A compulsory health insurance with a very broad benefits package covers almost the entire population (almost 99%). The basic principle for health insurance coverage in both schemes is that people benefit in accordance with their actual or past professional activity. The benefits include hospital care, child delivery, elective surgery, dialysis, rehabilitation, implants, specialist care, physicians' visits, dental care, minor surgery, home care and pharmaceuticals for outpatient care.			<a href="#">see def.</a>
		B2	Gate-keeping system	There is no clearly defined gate keeping system. Patients have free choice of the first physician to contact, can change physician at any time, and get a second opinion or even consult several physicians at a time. Furthermore, they can directly access specialists or enter a hospital. The free choice of physician is an important right granted to patients.			<a href="#">see def.</a>
		B3	Total health expenditure, PPP\$ per capita	3.301,00	3.356,00	3.595,00	<a href="#">see def.</a>
		B4	Public sector health expenditure as % of total health expenditure	72,50%	73,00%	-	<a href="#">see def.</a>
		B5	Total health expenditure as % of Gross Domestic Product (GDP)	10,00%	10,20%	-	<a href="#">see def.</a>
		B5a	Public sector health expenditure as % of GDP	6,80%	-	-	<a href="#">see def.</a>
		B5b	Private sector health expenditure as % of GDP	2,70%	-	-	<a href="#">see def.</a>
		B6	Expenditure on inpatient care per capita (PPP\$)	1.197,00	1.272,00	1.366,00	<a href="#">see def.</a>
		B7	Public inpatient expenditure as % of total inpatient expenditure	82,90%	83,10%	81,90%	<a href="#">see def.</a>
		B8	Total inpatient expenditure as % of total health expenditure	36,30%	37,90%	38,00%	<a href="#">see def.</a>
B9	Public funding	Social security contributions and taxes are the main funding sources for the compulsory health insurance system. There is also some alternative financing. In 2005, social contributions accounted for 74,8%, state subsidies for 11,4% and alternative financing (mainly from indirect tax revenues) for 13,8% of the general social security scheme. For the self-employed, shares were 64,5%, 29,1% and 3,4%, respectively.			<a href="#">see def.</a>		

ITEMS AND INDICATORS		DATA			Notes	DEF.	
		2005	2006	2007			
C	HOSPITAL GOVERNANCE	C1	<p><b>Administration and management</b></p> <p>Public hospitals are for the most part owned by a municipality, a province, a community or an inter-municipal association (which is a legal form of association that groups together local authorities, public welfare centres and, in some cases, the provincial government or private shareholders). Both private and public hospitals are non-profit organizations. Most private hospitals are owned by religious charitable orders, while the remaining is owned by universities or sickness funds. Hospital legislation and financing mechanisms are the same for both the public and private sectors. The only differences are that for public hospitals internal management rules are more tightly defined and their deficits are covered, subject to certain conditions, by local authorities or inter-municipal associations.</p>				<a href="#">see def.</a>
		C2	<p><b>Surveillance authority</b></p> <p>The three communities Flemish, Walloon and German act as surveillance authorities. They check the conformity with the (mainly federal) recognised standards.</p>				<a href="#">see def.</a>

ITEMS AND INDICATORS		DATA			Notes	DEF.	
		2005	2006	2007			
D	HOSPITAL FINANCING	D1	Hospital financers	<p>Hospitals are mainly funded by the healthcare insurances, the Ministry for Public Health, doctor's fees (after negotiation), patients' contributions and by other additional activities.</p> <p>The "budget of financial means" is paid to the hospitals by the compulsory health insurance system via the sickness funds. It is derived from a national total budget, set each year for hospitals' running costs.</p>			<a href="#">see def.</a>
		D2	Modes of payment	<p>The "budget of financial means" of each hospital is determined by the Ministry for Public Health. Since 2002, there is the notion of "justified activities" which causes hospital financing being increasingly based on hospital activities, rather than the number and type of patients treated.</p> <p>The financing system has become more dynamic in character: instead of focusing on structural changes (for example, the number of beds or services used), the budget will be based on the movements of patients between hospitals, and levels of care provided after or instead of hospital admission.</p>			<a href="#">see def.</a>
		D3	Use of DRGs	<p>The financing of accommodation (nursing units), emergency admission (accident and emergency services), and nursing activities in the surgical department are financed via a fixed prospective budget system based on diagnosis-related groups; while medical and medico-technical services (consultations, laboratories, medical imaging and technical procedures) and paramedical activities (physiotherapy) are remunerated via a fee-for-service system to the service provider.</p>			<a href="#">see def.</a>
		D4	Hospital investments	<p>The federal Government finances 40% of the capital investments for building, alterations and first establishment.</p> <p>Communities decide – within the commonly fixed calendar on hospital construction – on the subsidizing of these investments and intervene directly for 60%.</p>			<a href="#">see def.</a>

ITEMS AND INDICATORS		DATA			Notes	DEF.		
		2005	2006	2007				
E	TOTAL HOSPITAL CARE PROVISION	E1	Public / Private ownership		The majority of hospitals in Belgium are private hospitals (151 of 215, equal to 70%). All hospitals are not for profit.	<a href="#">see def.</a>		
		E1a	% of hospitals private for profit		-	<a href="#">see def.</a>		
		E1b	% of hospitals private not for profit		100% of private hospitals	<a href="#">see def.</a>		
		E2	Categories		Hospitals can be classified into two categories: general and psychiatric. In 2005, there were 215 hospitals, of which 146 were general and 69 psychiatric. The general hospital sector consists of acute (116), specialized (23) and geriatric hospitals (7).	<a href="#">see def.</a>		
		E3	Total number of hospitals		216	215	210	<a href="#">see def.</a>
		E4	All hospitals per 100.000 population		2,07	2,06	2,01	<a href="#">see def.</a>
		E5	Total number of hospital beds		55.169	55.158	54.887	<a href="#">see def.</a>
		E5a	Public inpatient hospital beds (number and % of all beds)		18.713 33,92%	21.436 38,86%	20.694 37,70%	<a href="#">see def.</a>
		E5b	Private inpatient hospital beds (number and % of all beds)		36.456 66,08%	33.722 61,14%	34.193 62,30%	<a href="#">see def.</a>
		E6	All hospital beds per 100.000 population		529,50	528,49	525,06	<a href="#">see def.</a>
		E7	Number of inpatient care admissions/discharges		1.710.575	1.712.899	-	<a href="#">see def.</a>
		E8	Inpatient care admissions/discharges per 100 population		16,42%	16,41%	-	<a href="#">see def.</a>
		E9	Average length of stay for all hospitals (bed-days)		8,50	8,40	-	<a href="#">see def.</a>

ITEMS AND INDICATORS		DATA			Notes	DEF.
		2005	2006	2007		
F	F1	Number of acute care hospitals	147	146	142	<a href="#">see def.</a>
	F1a	Acute care hospitals as % of all hospitals	68,06%	67,91%	67,62%	<a href="#">see def.</a>
	F2	Acute care hospitals per 100.000 population	1,41	1,40	1,36	<a href="#">see def.</a>
	F3	Number of acute care hospital beds	49.605	49.435	49.150	<a href="#">see def.</a>
	F3a	Acute care hospital beds as % of all hospitals beds	89,62%	89,62%	89,55%	<a href="#">see def.</a>
	F4	Acute care hospital beds per 100.000 population	476,10	473,65	470,18	<a href="#">see def.</a>
	F5	Number of acute care hospital admissions/discharges	1.683.911	1.686.372	-	<a href="#">see def.</a>
	F6	Acute care admissions/discharges per 100 population	16,16%	16,16%	-	<a href="#">see def.</a>
	F7	Average length of stay for acute care hospitals (bed-days)	8,00	7,90	-	<a href="#">see def.</a>
	F8	Bed occupancy rate for acute care hospitals	67,60%	66,60%	-	<a href="#">see def.</a>

ITEMS AND INDICATORS		DATA			Notes	DEF.	
		2005	2006	2007			
G	HEALTHCARE WORKFORCE	G1	Number of General Practitioners (GPs)	18.473	-	-	<a href="#">see def.</a>
		G1a	General Practitioners per 100.000 population	177,30	-	-	<a href="#">see def.</a>
		G1b	Population per one GP	567,24	-	-	<a href="#">see def.</a>
		G2	Number of physicians	43.620	44.124	-	<a href="#">see def.</a>
		G2a	Number of physicians per 100.000 population	418,66	422,77	-	<a href="#">see def.</a>
		G3	% of physicians working in hospitals	-	-	-	<a href="#">see def.</a>
		G4	Number of nurses	-	-	-	139.577 (*) 2004 <a href="#">see def.</a>
		G4a	Nurses per 100.000 population	-	-	1.341,31	1.341,31 (*) 2004 <a href="#">see def.</a>
		G5	% of nurses working in hospitals	-	-	-	<a href="#">see def.</a>
		G6	Number of nurses per doctor	-	-	-	3,21 (*) 2004 <a href="#">see def.</a>













