



BELGIUM

DEMOGRAPHIC & SOCIO-ECONOMIC INDICATORS		2012	2013	2014
A1	<u>Mid-year population</u>	11,123,489	11,178,436	11,226,322
A2	<u>Area (square km)</u>	30,530	30,530	30,530
A3	<u>Average population density per square km</u>	364	366	368
A4	<u>Live births per 1,000 population</u>	11.5	11.2	11.1
A5	<u>Crude death rate per 1,000 population</u>	9.8	9.8	n.a.
A6	<u>Estimated life expectancy</u>	80.3	80.7	80.9
A6a	<u>Estimated life expectancy, female</u>	82.9	83.1	83.3
A6b	<u>Estimated life expectancy, males</u>	77.7	78.1	78.4
A7	<u>Gross domestic product (GDP) US\$ per capita</u>	44,735.0	46,623.0	47,300.0

HEALTHCARE SYSTEM		2012	2013	2014
B1	Healthcare coverage of population	A compulsory health insurance with a very broad benefits package covers almost the entire population (99%). The benefits include hospital care, child delivery, elective surgery, dialysis, rehabilitation, implants, specialists' care, physicians' care, dental care, minor surgery, home care and pharmaceuticals for outpatient care.		
B2	Gate keeping system	There is no 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 is an important right granted to patients.		
B3	<u>Total health expenditure, PPP\$ per capita, WHO estimates</u>	4,238.0	4,264.0	4,392.0
B4	Public sector health expenditure as % of total health expenditure	77.7	77.8	77.9
B5	<u>Total health expenditure as % of GDP, WHO estimates</u>	10.5	10.6	10.6
B5a	<u>Public-sector expenditure on health as % of GDP, WHO estimates</u>	8.2	8.2	8.2
B5b	<u>Private-sector expenditure on health as % of GDP, WHO estimates</u>	2.4	2.4	2.3
B6	<u>Expenditure on inpatient care, PPP\$ per capita</u>	1,613.0	1,654.0	1,720.0
B7	<u>Public inpatient expenditure as % of total inpatient expenditure</u>	78.7	78.5	79.0
B8	<u>Total inpatient expenditure as % of total health expenditure</u>	28.6	28.9	28.6
B9	Public funding	Funding sources: mainly taxes & social security contributions, public funding: 77%. Patients' contribution: 23%. (OECD 2017)		

HOSPITAL GOVERNANCE		2012	2013	2014
C1	Administration and management	There are public and private non-profit hospitals, financed by the federal state according to the same rules. Regarding the infrastructures funding, the competence has been transferred to the federated entities so that, in that matter, there may be differences. Public hospitals are part of a municipality, a province or an inter-municipal association. Private hospitals are whether owned by a university, by a religious congregation or are non-profit association, sometimes linked to sickness funds. There are far more public hospitals in Brussels & Wallonia than in Flanders (15%).		
C2	Surveillance authority	The federal state remains the main authority in charge of hospital regulation while some limited competences have been transferred to the federated entities. Communities and Regions are surveillance authorities regarding specific norms.		

HOSPITAL FINANCING		2012	2013	2014
D1	Hospital financiers	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. Since the last reform of the Federal State, Regions are in charge of financing the hospitals infrastructures.		
D2	Modes of payment	Non-medical activities: financed by a budget determined by the federal Ministry of Public Health. Medical activities: reimbursement by medical delivery according to a nomenclature. For some current and less severe pathologies: system called "reference amount". For most of the pharmaceutical specialities: flat-rate reimbursement by admission. A new system, planned to be effective on January 1st, 2019 has been developed. It is called "prospective global amount by admission". It will be applied to finance the care given to groups of patients belonging to a low variability cluster (standard care) [Data refers to 2018].		
D3	Use of DRGs	They are used as a reference in different systems of financing mentioned above. The hospital case-mix (number of stays by DRG) influences for instance the calculation of the flat rates for pharmaceuticals and medical imaging, that are different for each hospital. The DRGs will also be used as a reference in the financing system to come. This system is indeed based on a flat rate per stay belonging to one of the groups of patients formed by reference to DRGs, severity level and nomenclature codes. So, the financing of the non-medical activity is partly based on the comparison, by DRG, of the length of stays in the hospital with a national average (calculation of the "justified activity").		
D4	Hospital investments	Each Region is now defining its own funding system of infrastructured costs.		

TOTAL HOSPITAL CARE PROVISION		2012	2013	2014
E1	Public/private ownership	40 public, 137 private (Data refers to 2017)		
E1a	% of hospitals private for profit	n.a.		
E1b	% of hospitals private not for profit	77% (Data refers to 2017)		
E2	Categories	General hospitals (acute), psychiatric hospitals, specialized hospitals, academic hospitals.		
E3	Total number of hospitals	195	192	191
E4	Hospitals per 100,000	1.7	1.7	1.7
E5	Total number of hospital beds	70,032	69,940	69,924
E5a	Number of public inpatient hospital beds	n.a.	n.a.	n.a.
	Public inpatient hospital beds as % of all hospital beds	n.a.	n.a.	n.a.
E5b	Number of private inpatient hospital beds	n.a.	n.a.	n.a.
	Private inpatient hospital beds as % of all beds	n.a.	n.a.	n.a.
E6	Hospital beds per 100,000	630.0	626.0	623.0
E7	Number of all hospital discharges	1,849,829	1,845,806	n.a.
E8	Inpatient care discharges per 100	16.6	16.5	n.a.
E9	Average length of stay, all hospitals	7.9	7.8	n.a.

ACUTE CARE HOSPITAL PROVISION		2012	2013	2014
F1	Number of acute (short-stay) hospitals	128	127	124
F2	Acute (short-stay) hospitals per 100,000	1.1	1.1	1.1
F3	Number of acute care hospital beds	63,802	63,674	63,683
F3a	Acute care hospital beds as % of all hospital beds	91.1	91.0	91.1
F4	Acute care hospital beds per 100,000	574	570	567
F5	Number of acute care hospital discharges	1,822,668	1,819,037	n.a.
F6	Acute care hospital discharges per 100	16.4	16.3	n.a.
F7	Average length of stay, acute care hospitals only	7.0	6.9	n.a.
F8	Bed occupancy rate (%), acute care hospitals only	78.0	80.0	n.a.

HEALTHCARE WORKFORCE		2012	2013	2014
G1	Number of general practitioners	12,363	12,483	12,560
G1a	General practitioners per 100,000	111.0	112.0	112.0
G1b	Population per one GP	899.7	895.5	893.8
G2	Number of physicians	32,583	32,999	33,353
G2a	Physicians per 100,000	293.0	295.0	297.0
G3	% of physicians working in hospitals	24.8	23.4	n.a.
G4	Number of nurses	n.a.	n.a.	n.a.
G4a	Nurses per 100,000	n.a.	n.a.	n.a.
G5	% of nurses working in hospitals	88.4	n.a.	n.a.
G6	Number of nurses per physician	n.a.	n.a.	n.a.

* Quantitative information has been extracted in January 2018

** Last updated qualitative information has been provided by HOPE LO in 2018