

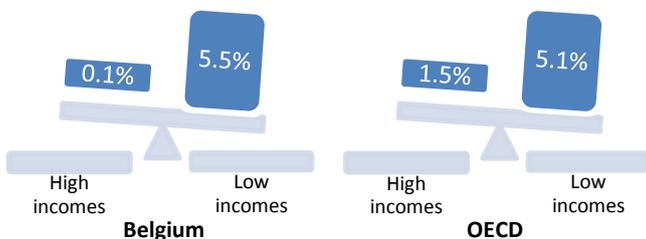
Belgium shows average health outcomes compared to other OECD countries. Life expectancy at birth is 80.7 years, just above the OECD average. Quality of care is fair, standing again near the OECD average. Health expenditure at 10.2% of GDP is higher than the OECD average of 1.3% points in 2013. Health policy in Belgium relies on shared responsibility of both the federal authorities and federated entities (regions and communities).

Reducing inequality in access to health care services

► While its average level of unmet care needs is low, Belgium shows large inequalities

Low-income people more often forgo health examinations due to costs, travelling distance or waiting time, compared to high-income people. Forgone health care while needed may jeopardise health status and increase health inequalities.

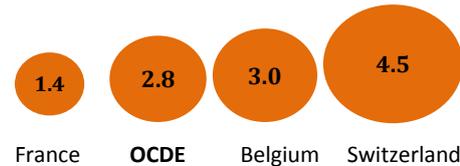
Percentage of people with unmet needs for medical examination, 2013



► Out-of-pocket spending in Belgium is slightly above the OECD average, threatening health care access

Households that face difficulties directly paying medical bills may delay or forgo needed health care. Half of out-of-pocket payment is dedicated to inpatient and outpatient curative care in Belgium.

Percentage of final household consumption dedicated to medical spending



» What can be done?

- Continue to monitor inequality in health care access and utilisation
- Tackle both financial and non-financial barriers to improve access to care for socioeconomically disadvantaged and minority population groups
- Promote adequate supply of health care services and proper distribution of doctors, dentists and other medical practitioners on the territory
- Use safety nets and copayment exemptions for specific population groups

To read more about our work:

[Health at a Glance 2015](#)

<http://www.oecd.org/health/inequalities-in-health.htm>

Promoting appropriate clinical practice

► Doctors prescribed too many antibiotics in Belgium

Belgium reports the 4th highest volume of antibiotics prescription in OECD countries, 50% more than the OECD average. Inappropriate prescribing may indicate problems with appropriateness of care and can contribute to rising bacterial resistance.

Volume of antibiotics prescribed (defined daily dose)



► Variations in medical practice that are not explained by differences in needs suggest that unnecessary care is delivered, rising questions about the efficiency of health care services in Belgium

Belgium shows important variation in medical procedure rates across provinces, although at lower levels compared to 13 other OECD countries.

Standardised rates of knee replacement vary by 50% between regions



» What can be done?

- Limit antibiotic prescription and consumption
- Continue to monitor health care variation and raise awareness through public reporting
- Inform practitioners about their practice patterns compared with their peers
- Ensure patients are engaged in shared decision making about their treatment
- Support practitioners with decision tools and clinical guidelines

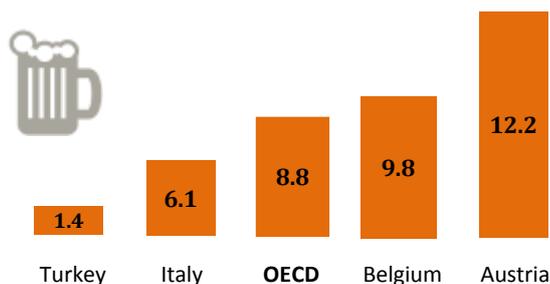
To read more about our work: [Health at a Glance 2015](#); [Geographic Variations in Health Care: What Do We Know and What Can Be Done to Improve Health System Performance?](#)

Tackling behavioural risk factors

► **Alcohol consumption in Belgium is above the OECD average. Although average rates have diminished over past years, harmful drinking patterns are on the rise in the young and women in particular**

Harmful alcohol consumption is associated with numerous diseases, injuries and accidents, and has social and economic consequences.

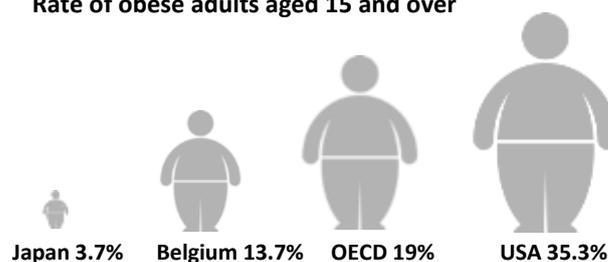
Annual per capita alcohol consumption, litre of pure alcohol



► **Belgium has a relative low level of obesity compared to OECD countries, but on the rise in recent years**

The rise in adult obesity in Belgium in the past decade – from 12% in 2000 to 14% in 2013 – should be treated as a public health priority. Obesity is associated with preventable conditions such as type 2 diabetes and other chronic disease.

Rate of obese adults aged 15 and over



» **What can be done?**

- Alcohol policy should target heavy drinkers first, but broader policy approaches is also required to tackle harmful drinking
- Use a combination of diverse policies such as fiscal measures, drinking-driving control and opening hours restriction, and primary care brief intervention to prevent risky alcohol consumption
- Reinforce prevention policy to tackle obesity, unhealthy diet and physical inactivity
- Strengthen primary care to optimise prevention, diagnosis and management of CVD and diabetes
- Better integration and coordination of care

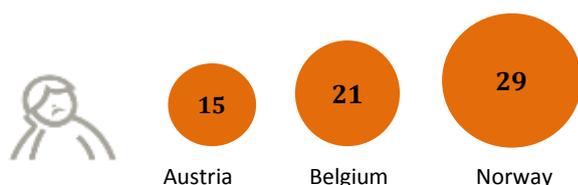
To read more about our work: [Health at a Glance 2015](#); [Tackling Harmful Alcohol Use: Economics and Public Health Policy](#); www.oecd.org/health/obesity-update.htm

Making mental health count

► **Severe and moderate mental ill-health affects one in five young people in Belgium**

People with mild to moderate disorders, such as anxiety or depression, are twice as likely to be unemployed. They also run a much higher risk of living in poverty and social marginalisation. The total direct and indirect costs of mental health accounts for 3.5% of GDP.

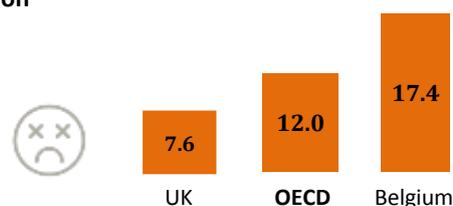
Percentage of young people aged 15-24 with a mental disorder



► **Belgium has a high rate of suicides, ranking at the fifth place of OECD countries**

Suicide is often linked with depression and the abuse of alcohol and other substances. Early detection in high-risk groups by families and health professionals is an important part of suicide prevention campaigns, together with the provision of effective support and treatment.

Age-standardised rates of suicides, per 100 000 population



» **What can be done?**

- Improve data collection to track quality of mental health treatment
- Align payment incentives at primary care and inpatient levels to encourage good mental health care

To read more about our work: [Health at a Glance 2015](#); [Making Mental Health Count](#); [Sick on the Job? Myths and Realities about Mental Health and Work](#)