PERFORMANCE OF THE BELGIUM HEALTH SYSTEM IN INTERNATIONAL COMPARISON

Academic session: “Looking back with an eye on the future”
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BELGIUM HAS A HIGH PERFORMING HEALTH SYSTEM
Some indicators of health status and quality of care are amongst the best in the OECD

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Belgium</th>
<th>OCDE</th>
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<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>81.4 year</td>
<td>80.6 year</td>
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<td>Ischemic heart disease mortality rates</td>
<td>78.4 / 100 000 hab.</td>
<td>114 / 100 000 hab.</td>
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<td>Colorectal cancer five-year relative survival</td>
<td>66.9 %</td>
<td>62.4 %</td>
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<td>CHD hospital admission in adults</td>
<td>182.7 / 100 000 hab</td>
<td>244.4 / 100 000 hab</td>
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<td>In-hospital case-fatality rates for stroke</td>
<td>7.3 / 100 admissions</td>
<td>8.0 /100 admissions</td>
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<td>Health expenditure as a % of GDP</td>
<td>10.4 %</td>
<td>9.0 %</td>
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Most patients are positive about their experience with ambulatory care

Source: Commonwealth Fund International Health Policy Survey 2013 and other national sources.
But 3 important challenges do lie ahead for Belgium

1. Inequalities in health and access to care
   - Direct impact on population health

2. Low spending on prevention and rising risk factors
   - Direct or indirect impact on health care costs

3. Waste in clinical care
   - Social and economic consequences
REducing inequalities in health and access to care
Inequality in longevity by education groups is among the highest in Belgium

Life expectancy by gender and educational attainment at age 25 (2012 or closest year)

The burden of unmet needs for medical examination fell heaviest on low income groups.

Percentage of people with unmet needs for medical examination, 2014

Source: Eurostat Database, based on EU-SILC.
STRENGTHENING PREVENTION AND PRIMARY CARE
Spending on prevention represents only 2.1% of current health spending

Risk factors are worsening, having social and economic consequences

- **Alcohol consumption**: 2nd highest rate across the EU (increased by 16% from 2000 to 2014)
- **Obesity rates**: Less than 1 adult in 5 is obese, but on the rise in recent years
- **Physical activity**: At age 15, less than 1 in 10 girls report daily physical activity

High social disparities in risk factors (eg. smoking prevalence is twice among low education groups)

Risk factors are associated with numerous chronic diseases, having large employment and productivity impacts

The total cost of mental health amounts to 3.4% of GDP in Belgium

- Suicide mortality rates are 1.5 times higher than the EU average
- The indirect costs are larger than direct medical costs of mental ill-health
- People with mental disorders underperform in the labor market:
  - Employment rates are 15 percentage points lower
  - Unemployment rates are 10 percentage points higher
  - Higher risk of living in poverty and social marginalisation

Suicide mortality rates, 2013
Age-standardised rates of suicides, per 100 000 population

- United Kingdom: 7%
- EU 28: 12%
- Belgium: 17%
- Lithuania: 36%

Source: Eurostat Database.
REDUCING WASTE IN CLINICAL CARE
Prescribing patterns in primary care raise concerns about appropriateness of care

Overall volume of antibiotics prescribed, 2014 (or nearest year)

Adverse events are often preventable, while devastating for patients

Percentage of hospitalised patients with at least one healthcare-associated infection, 2011-12

Source: ECDC 2013 Point prevalence survey.
Collecting more patient-reported measures will improve both health system policy and practice

### Outcome of treatments that people care about
- levels of pain;
- Ability to live independently,
- quality of life, …

### People’s experience of care
- Good communication;
- Being involved in decisions about care,
- Convenience, …

In **Sweden**, patient-reported outcomes were used to identify brands of hip prosthesis that did little to improve mobility and pain.

It has improved patient outcomes, and saved the Swedish health care system an estimated SEK 1 billion (EUR 100 million) over seven years.

Source: OECD (2013), *OECD Reviews of Health Care Quality: Sweden 2013*
Key policy challenges

1. Reduce inequalities
   - Tackle financial and non-financial barriers to improve access to care for socioeconomically disadvantaged

2. More prevention and strengthen primary care
   - Reduce risk factors and postpone chronic diseases
   - Better manage chronic diseases
   - Reduce the detrimental labour market impacts of ill-health

3. Tackle waste
   - Ensure patients get care that is aligned with the outcomes that matter to them
   - PaRIS will standardise international benchmarking and develop new patient reported indicators
Thank you

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