



# 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



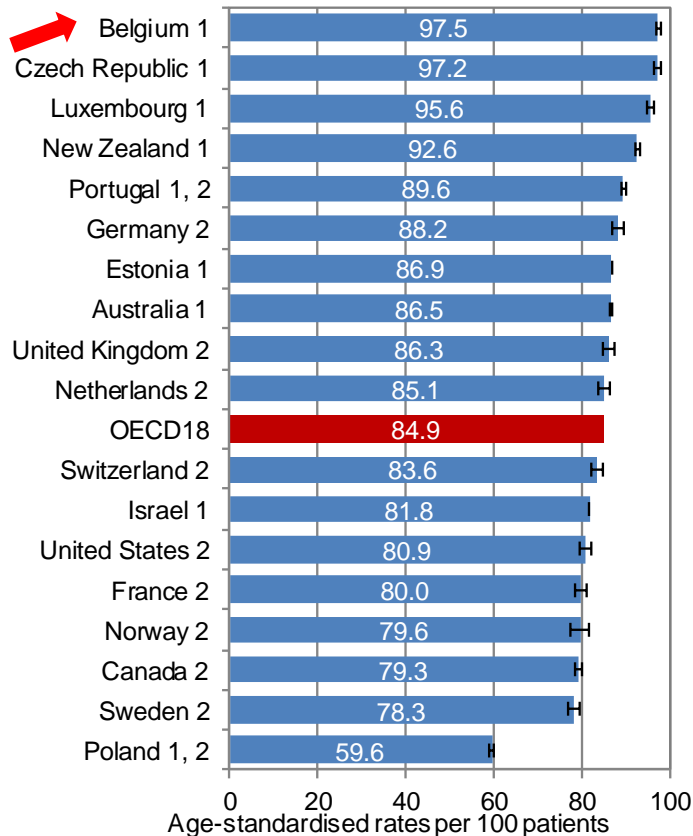
# Some indicators of health status and quality of care are amongst the best in the OECD

		Belgium	OCDE
Life expectancy at birth		81.4 year	80.6 year
Ischemic heart disease mortality rates		78.4 / 100 000 hab.	114 / 100 000 hab.
Colorectal cancer five-year relative survival		66.9 %	62.4 %
CHD hospital admission in adults		182.7 / 100 000 hab	244.4 / 100 000 hab
In-hospital case-fatality rates for stroke		7.3 / 100 admissions	8.0 /100 admissions
Health expenditure as a % of GDP		10.4 %	9.0 %



# Most patients are positive about their experience with ambulatory care

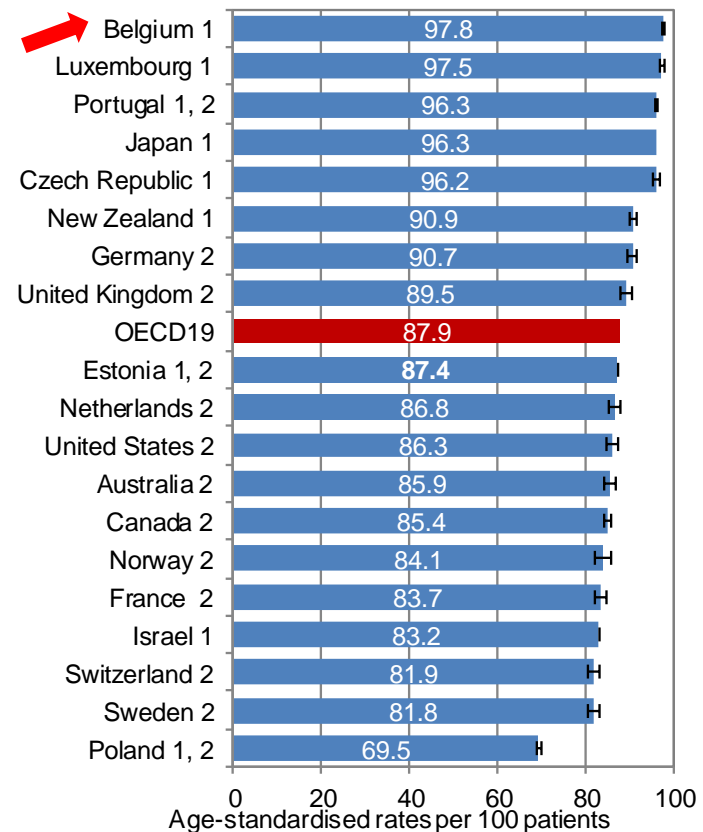
**Doctor spending enough time with patient in consultation, 2013 (or latest year)**



1. National sources. 2. Data refer to patient experiences with regular doctor.

Note: 95% confidence intervals represented by H.

**Doctor providing easy-to-understand explanations, 2013 (or latest year)**

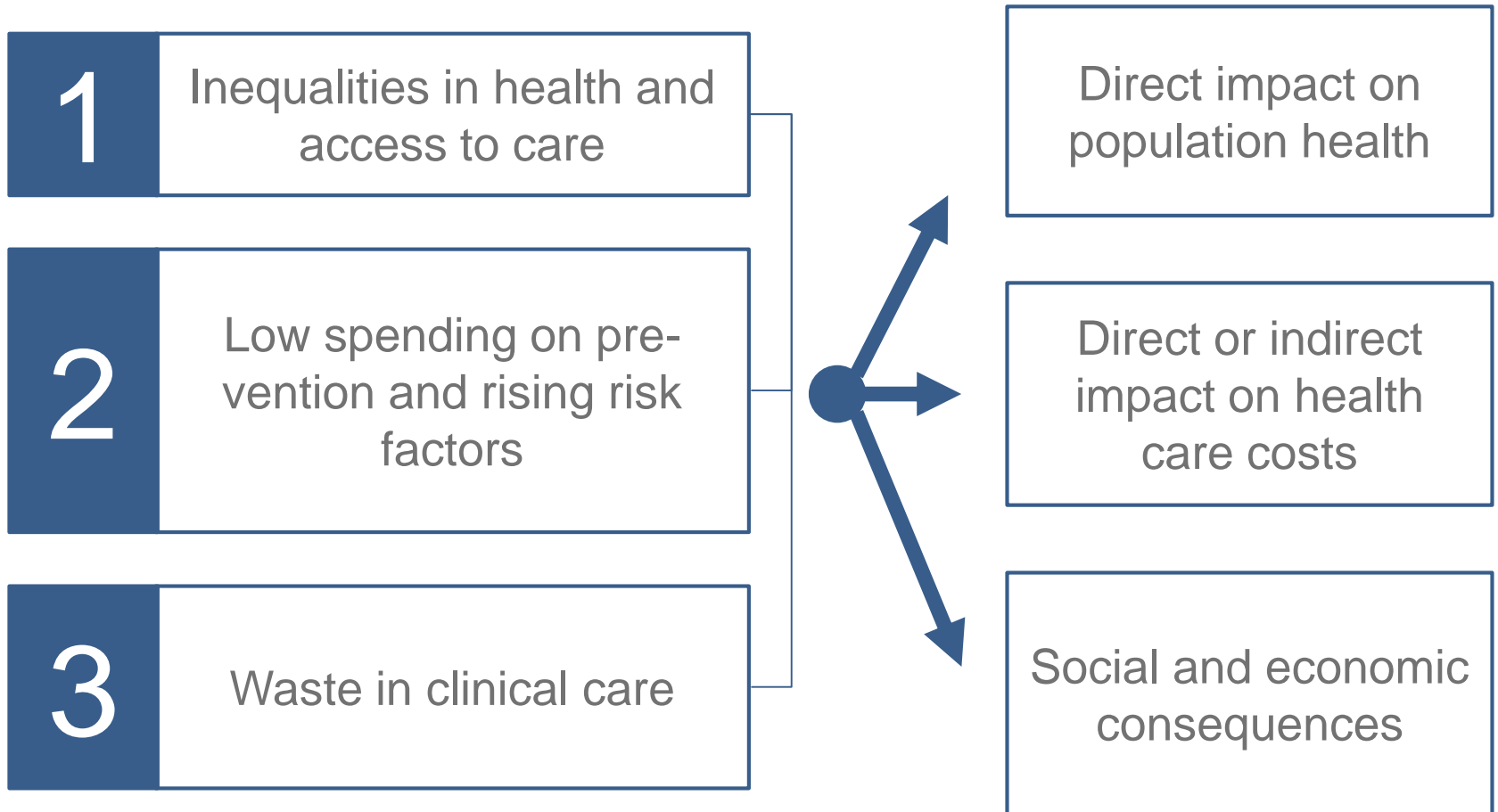


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Note: 95% confidence intervals represented by H.



# But 3 important challenges do lie ahead for Belgium



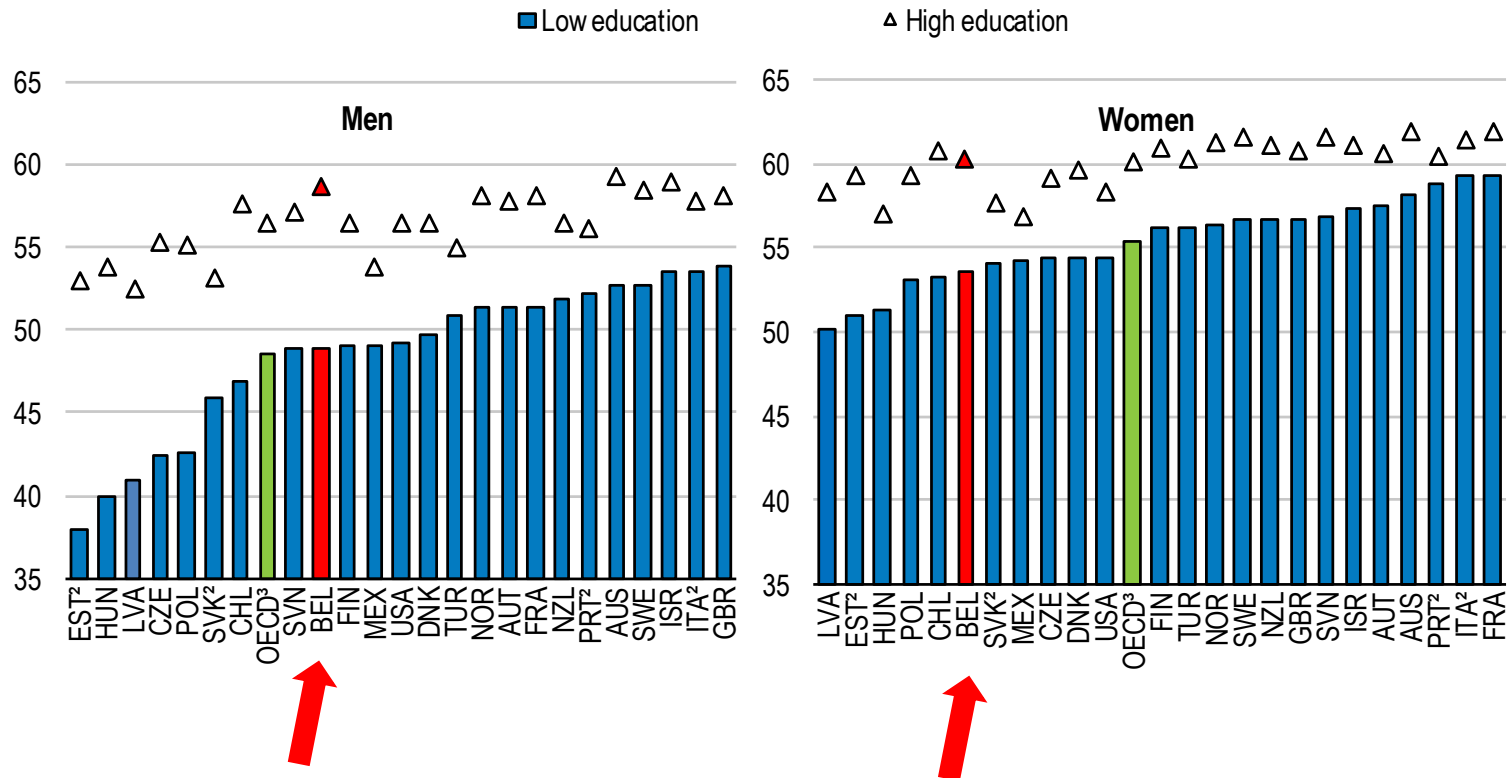


# REDUCING INEQUALITIES IN HEALTH AND ACCESS TO CARE



# Inequality in longevity by education groups is among the highest in Belgium

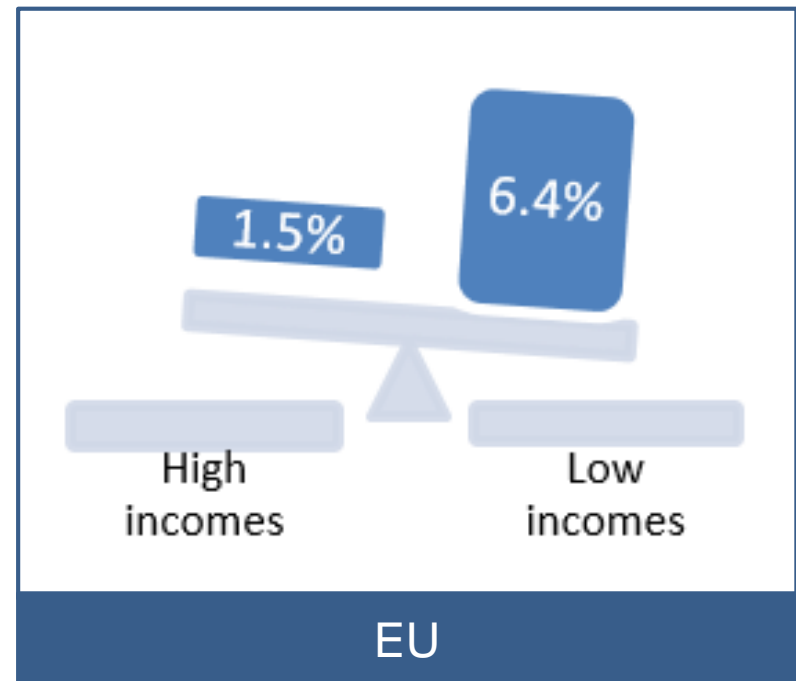
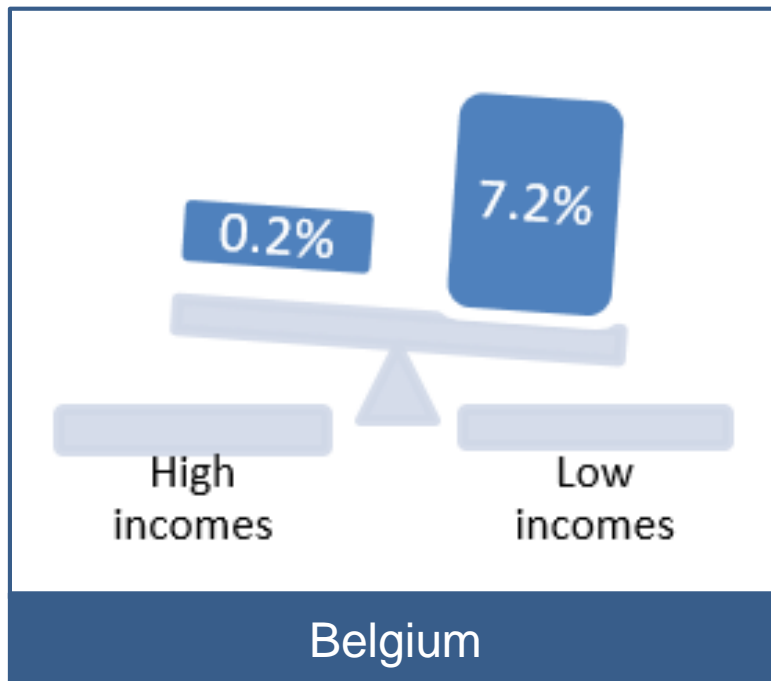
## Life expectancy by gender and educational attainment at age 25 (2012 or closest year)





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

## Percentage of people with unmet needs for medical examination, 2014





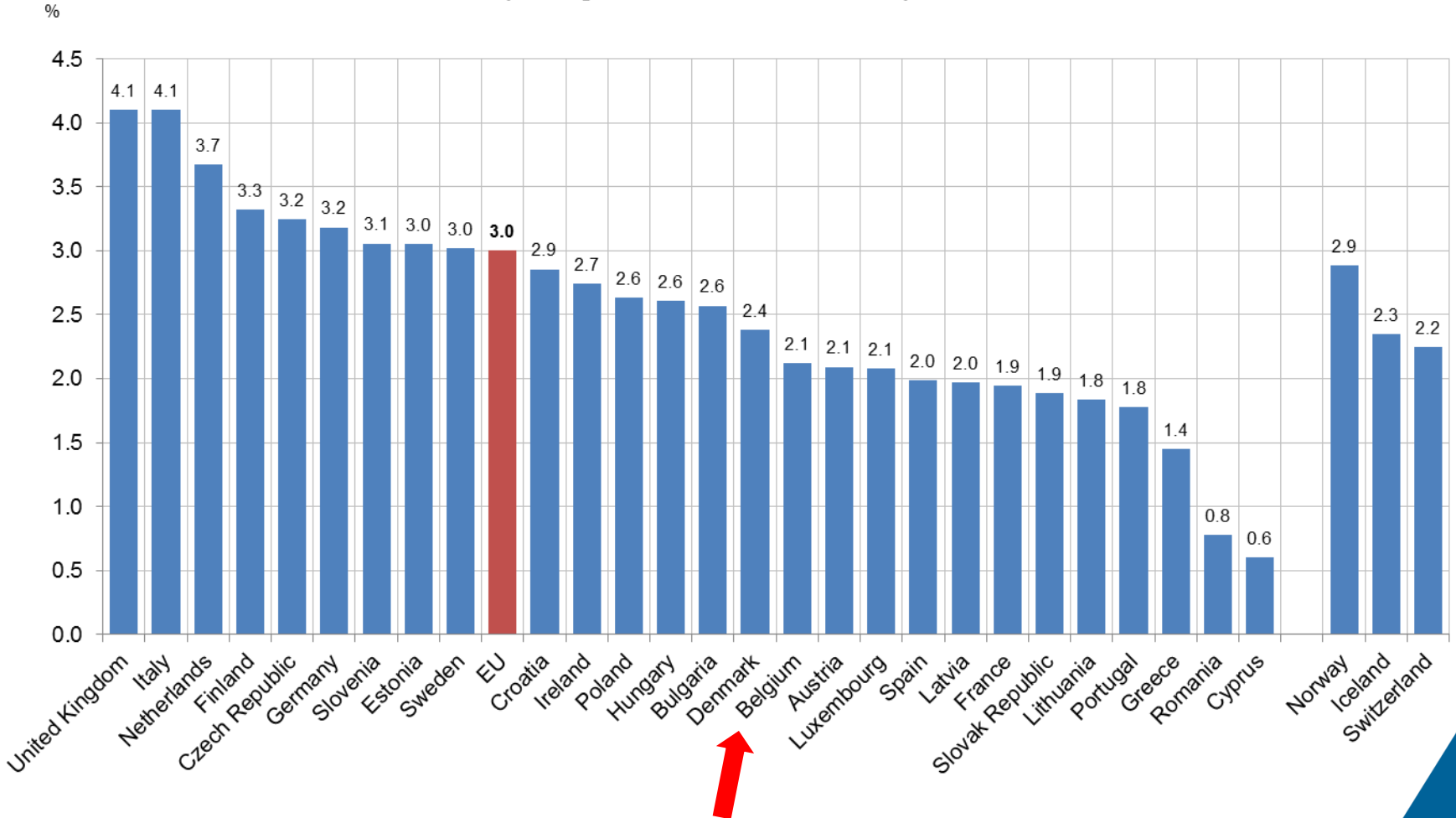


# STRENGTHENING PREVENTION AND PRIMARY CARE



# Spending on prevention represents only 2.1% of current health spending

Prevention spending as share of current health expenditure, 2014





# Risk factors are worsening, having social and economic consequences

## Alcohol consumption

**2<sup>nd</sup> 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)



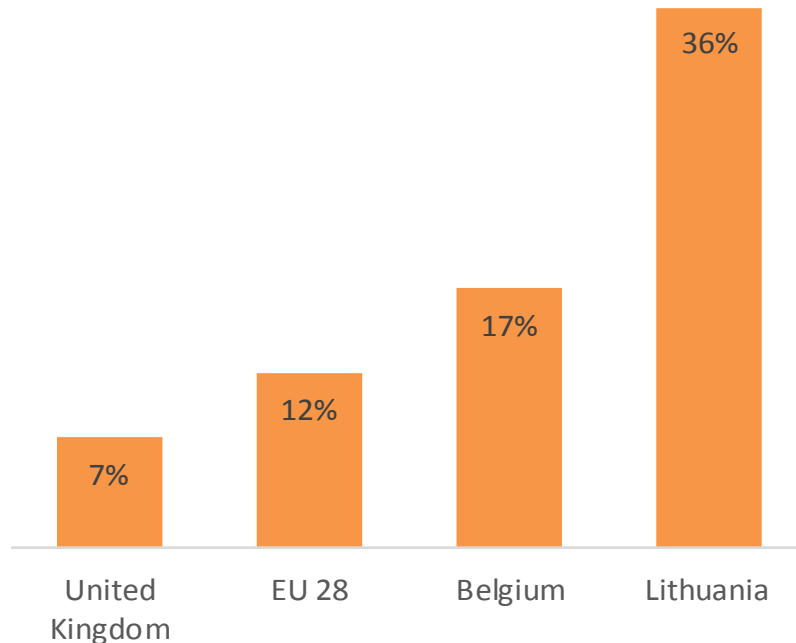
Risk factors are associated with numerous chronic diseases, having large employment and productivity impacts



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

## Suicide mortality rates, 2013

Age-standardised rates of suicides, per 100 000 population



- Suicide mortality rates are 1.5 times higher 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

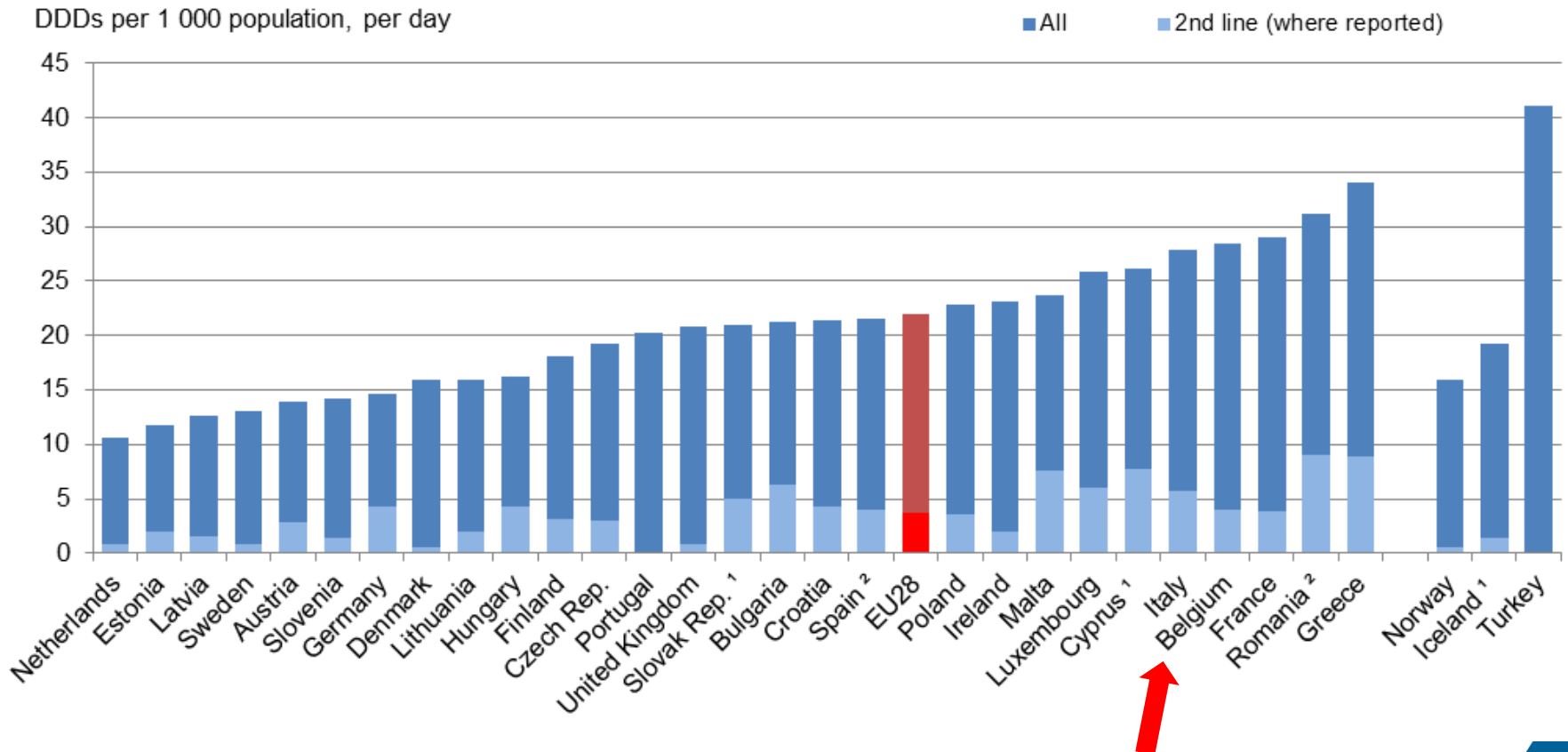


# REDUCING WASTE IN CLINICAL CARE



# Prescribing patterns in primary care raise concerns about appropriateness of care

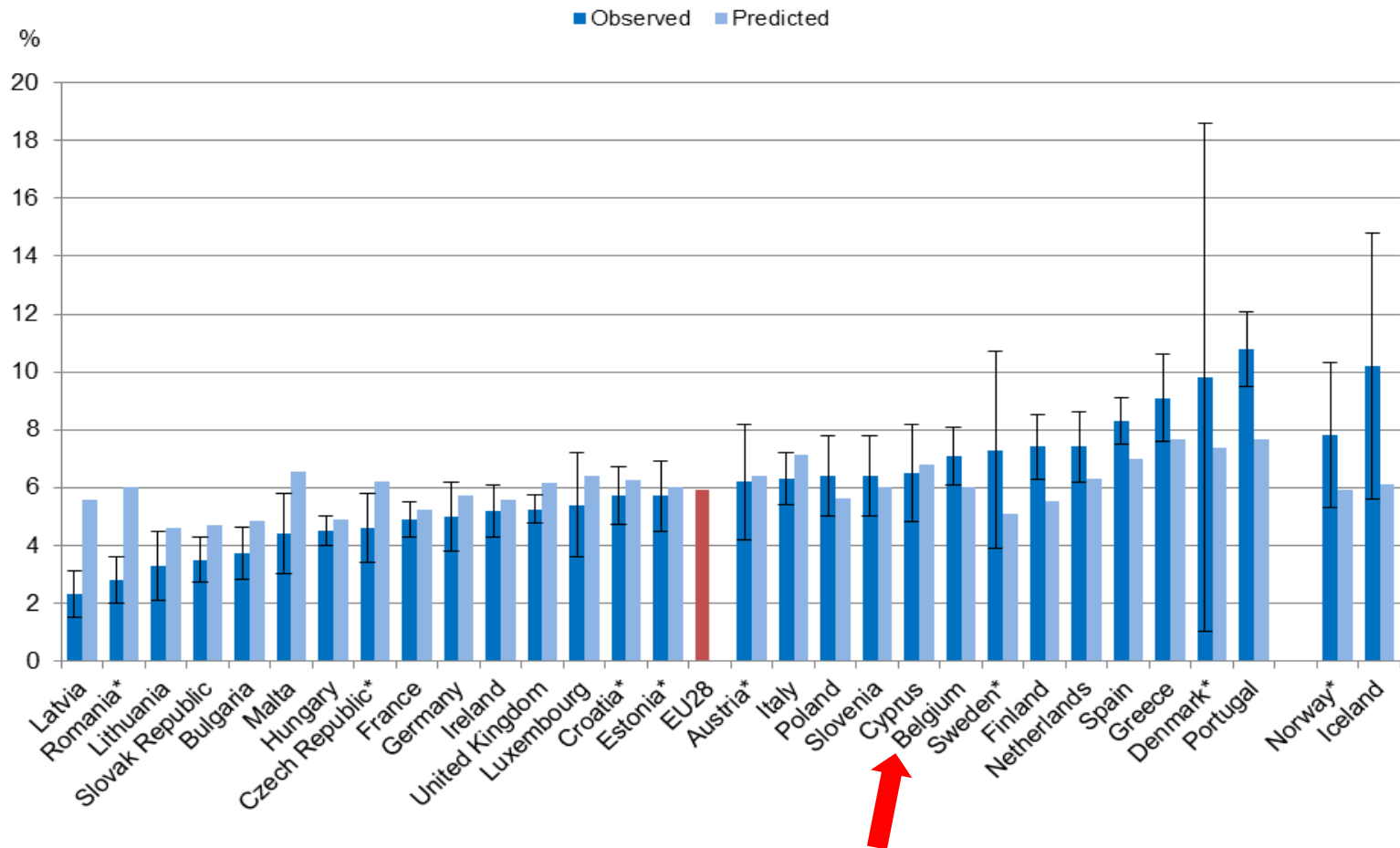
## Overall volume of antibiotics prescribed, 2014 (or nearest year)





# 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.





# 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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