European Commission

State of Health in the EU

BELGIUM

Country Health Profile 2025

OECD
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European Observatory on Health Systems and Policies
a partnership hosted by WHO

The Country Health Profiles series

The *State of Health in the EU*'s Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and knowledge transfer. The 2025 edition of the Country Health Profiles includes a special section dedicated to pharmaceutical policy.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Observatory's Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

Contents

Data and information sources

The data and information in the Country Health Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys, the Survey of Health, Ageing and Retirement in Europe (SHARE), the European Cancer Information System (ECIS), the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2025, based on data that was accessible as of the first half of September 2025.

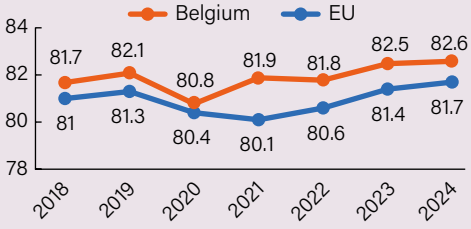
Demographic and socioeconomic context in BELGIUM, 2024

Demographic factors	Belgium	EU
Population size	11 817 096	449 306 184
Share of population over age 65	20 %	22 %
Fertility rate 2023[1]	1.5	1.4
Socioeconomic factors		
GDP per capita (EUR PPP)[2]	46 156	39 675
At risk of poverty or social exclusion rate[3]	18.2 %	20.9 %

1. Number of children born per woman aged 15-49.
2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.
3. At risk of poverty or social exclusion (AROPE) is the percentage of people who are either at risk of poverty, severely materially and socially deprived, or living in a household with very low work intensity.

Source: Eurostat Database.

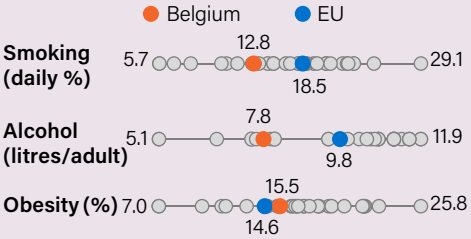
1 Highlights



Life expectancy at birth

Health Status

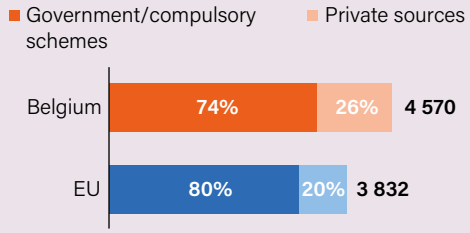
In 2024, life expectancy in Belgium reached 82.6 years, about one year higher than the EU average. After a notable decline of 1.3 years during the first year of the COVID-19 pandemic in 2020, life expectancy rebounded significantly in 2021 and reached a new all-time high in 2024.



Adults, 2022 (or nearest year)

Risk Factors

Behavioural and environmental risk factors accounted for 26 % of all deaths in Belgium in 2021. While tobacco smoking among adults and adolescents has dropped in the last decade, heavy alcohol drinking among adolescents has increased, and physical inactivity and obesity among adults are higher than the EU average. Important disparities in smoking and obesity exist between education groups.



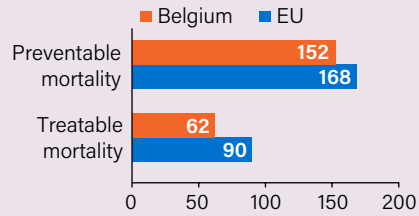
Health spending per capita (EUR PPP), 2023

The Health System

In 2023, per capita health expenditure was EUR 4 570, almost 20 % higher than the EU average, representing 10.8 % of Belgium's GDP. Belgium has a comparatively high share of out-of-pocket spending on health: 22 % of health spending is out-of-pocket - well above the EU average of 16 % - while another nearly 5 % is funded through private health insurance.

Health System Performance

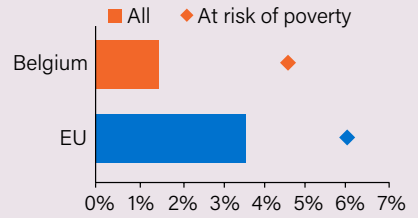
Effectiveness



Age-standardised rate per 100 000 population, 2022

Mortality from preventable and treatable causes was lower in Belgium than across the EU in 2022. However, Belgium lagged behind several EU countries (including France and the Netherlands) on preventable mortality, indicating room to save lives by reducing exposure to risk factors.

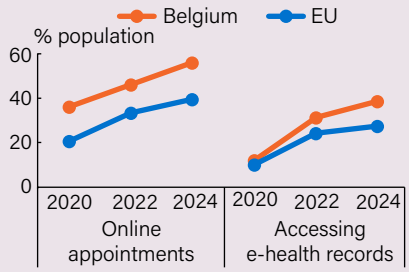
Accessibility



% reporting unmet medical care needs, 2024

In 2024, only 1.5 % of the Belgian population reported facing unmet needs for medical care. However, unmet needs were disproportionately concentrated among individuals on low incomes. Income-related disparities in unmet needs were even more pronounced for dental care, which is less comprehensively covered by social health insurance.

Resilience



The COVID-19 pandemic led Belgium to boost investments in digital health to increase access to care and efficiency. The share of the Belgian population using digital tools to make online medical appointments and access their health records has increased greatly since 2020 supported by government efforts to develop the required infrastructure.

Spotlight: pharmaceuticals

Per capita spending on retail pharmaceuticals in Belgium was 6 % lower than the EU average in 2023, amounting to EUR 479 compared to EUR 510 (adjusted for purchasing power parity). Public coverage is higher than the EU average, with social health insurance covering 74 % of retail pharmaceutical expenditure. While the share of generic medicines has increased over the past decade, from 26 % in 2012 to 38 % in 2023, it remains below the EU average of 51 %. Belgium ranks first in the EU for pharmaceutical R&D investment per capita, supported by a dense network of research centres, top scientific talent and strong public-private partnerships.

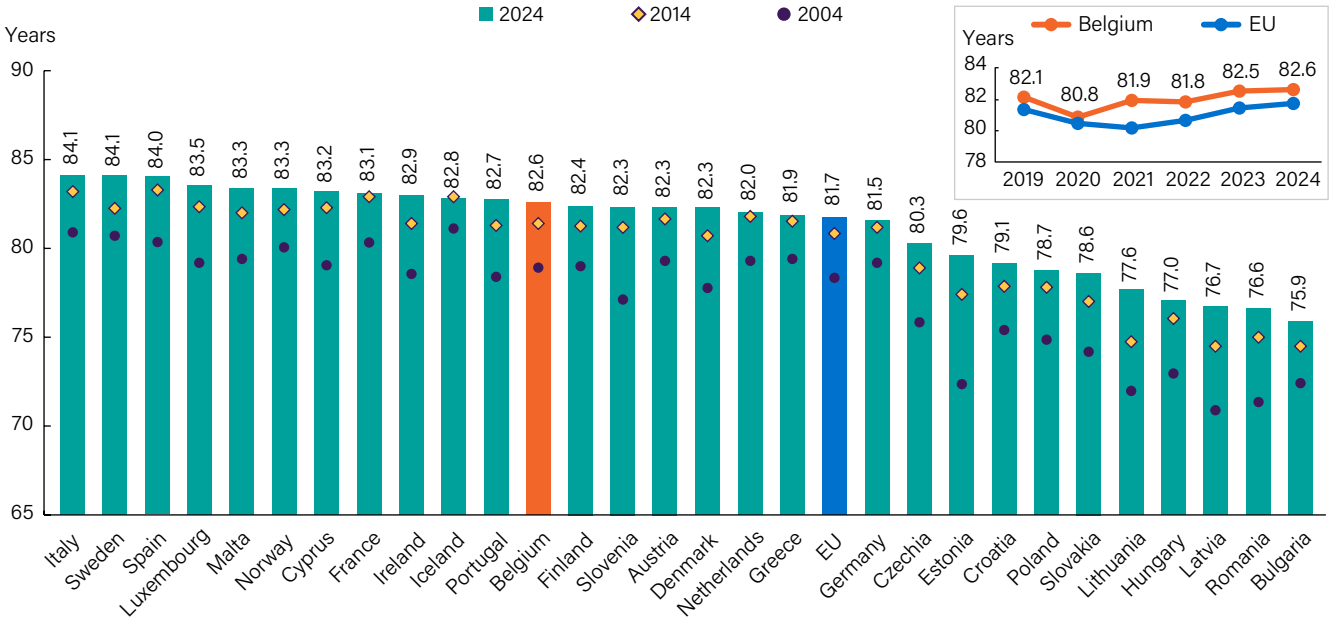
2 Health in Belgium

Life expectancy at birth in 2024 exceeded its pre-pandemic level by 0.5 years

In 2024, life expectancy in Belgium stood at 82.6 years, exceeding the EU average by about 1 year (Figure 1). During the first year of the pandemic in 2020, Belgium experienced an above-average decline in life expectancy of 1.3 years, but this was followed by a significant rebound in 2021 and life expectancy reached a new all-time high in 2024.

As in other EU countries, women in Belgium tend to live longer than men. In 2024, women's life expectancy reached 84.6 years, over four years more than men (80.5 years). This gender gap in life expectancy was, however, one year narrower than the EU average of 5.2 years.

Figure 1. Life expectancy at birth was nearly one year higher than the EU average in 2024



Notes: The EU average is weighted. Data for Ireland pertains to 2023.
Source: Eurostat (demo_mlexpec).

Cardiovascular diseases and cancer were the two leading causes of death in 2022

In 2022, the leading causes of death in Belgium were cardiovascular diseases (including ischaemic heart diseases and stroke) and cancer, which together accounted for nearly half of all deaths (Figure 2). Respiratory diseases came third, representing about 10 % of all deaths, a higher proportion than the EU average. External causes of death (including suicides and accidents) as well as Alzheimer's and other dementias also accounted for a large number of deaths in 2022.

Most Belgians report being in good health, but sizeable disparities exist across income groups and gender

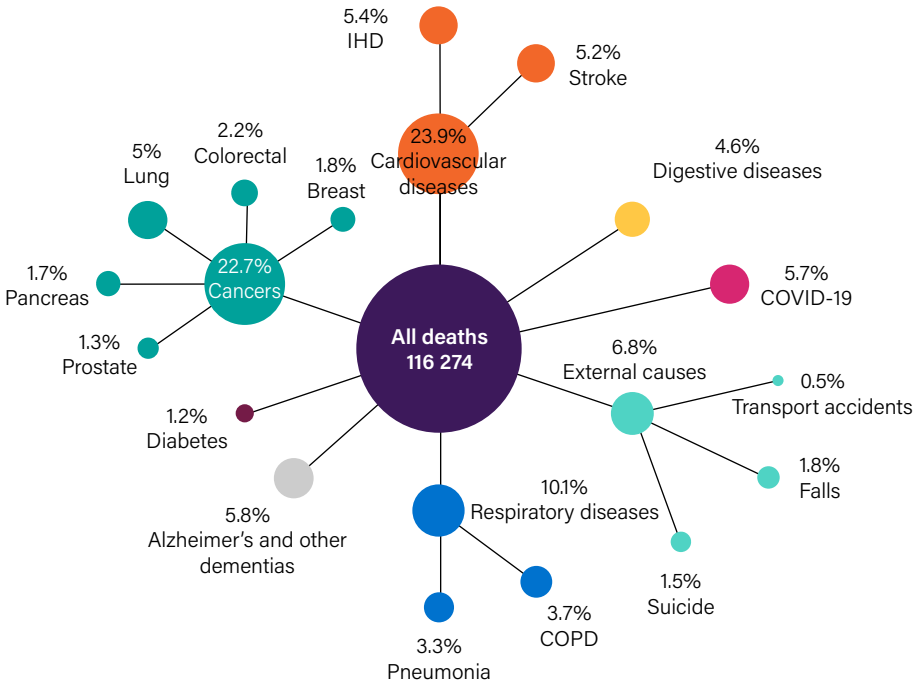
In 2024, three quarters of Belgians reported being in good or very good health - a proportion exceeding the EU average of 68 %. However, this figure masks significant disparities by gender and income level. As in other countries, women in Belgium were less likely to report being in good or very good health compared to men, with a 4-percentage point gap between men and women. Also, people on lower incomes were less likely to report being in good health (Figure 3). Among Belgian men, only 61 % in the lowest income group reported being in good health compared to 90 % in the highest income group. This socioeconomic gap for men was larger than for Belgian women (22 percentage points) and significantly larger than in most other EU countries.

Women live half of their lives after age 65 with chronic conditions and disabilities

Owing to increasing life expectancy, a below-replacement fertility rate and the ageing of the baby boom generation, the proportion of Belgians aged 65 and over has increased from 17 % in 2000 to 20 % in 2024 and is projected to increase further to 26 % by 2050.

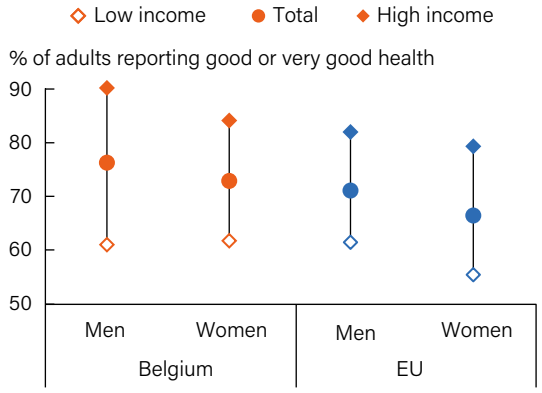
In 2022, women in Belgium at age 65 could expect to live another 21.6 years, while men could expect to live another 18.7 years (Figure 4). However, there is no gender gap in the number of healthy life years after 65, since women tend to spend a greater proportion of their remaining life with chronic conditions and disabilities (activity limitations).

Figure 2. Cardiovascular diseases and cancer represent nearly half of all deaths



Notes: IHD = ischaemic heart diseases; COPD = chronic obstructive pulmonary disease.
Source: Eurostat (hlth_cd_aro); Data refer to 2022.

Figure 3. Inequalities in self-reported health are large across gender and income groups



Note: Low income refers to adults in the bottom 20 % (lowest quintile) of the national equivalised disposable income distribution, while high income refers to adults in the top 20 % (highest quintile).
Source: Eurostat based on EU-SILC (hlth_silc_10). Data refer to 2024.

About 40 % of men and women aged over 65 reported having more than one chronic condition in Belgium in 2022, which is slightly below the EU average. However, a higher proportion of Belgian women aged over 65 reported having limitations in daily activities (41 % compared to 25 % of men) - a much greater share than the EU average of 31 % among women.

The burden of cardiovascular diseases and cancer remains high in Belgium

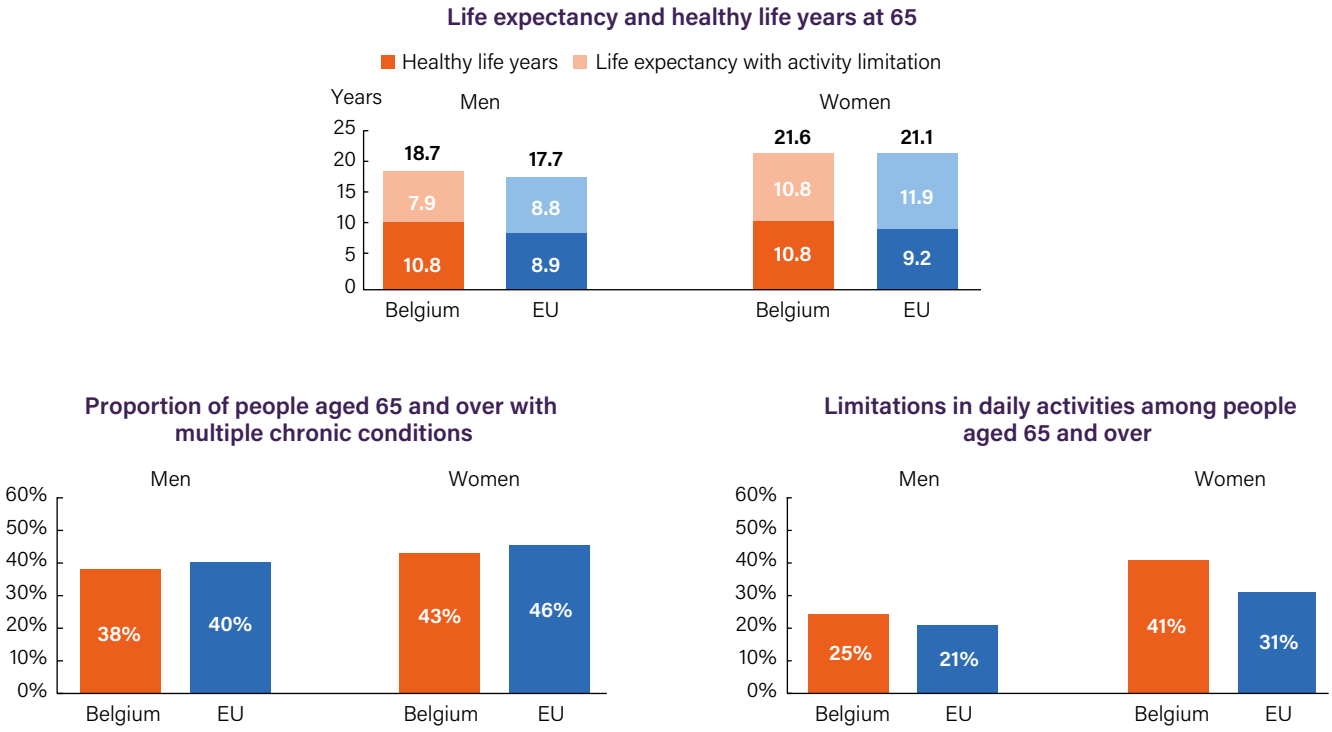
According to estimates from the Institute for Health Metrics and Evaluation (IHME), approximately 123 000 new cases of cardiovascular diseases (CVDs) occur annually in Belgium, with 1.3 million people living with a CVD as of 2021. This corresponds to an age-standardised incidence rate of 1 053 cases per 100 000 population, which is about 10 % lower than the EU average. Similarly, Belgium's CVD prevalence rate was 12 % lower than the EU average (Figure 5). CVDs accounted for 12 % of all hospital admissions in 2022.

As in other EU countries, the incidence and prevalence of CVDs in Belgium is much greater among men than among women (37 % greater in new cases and 28 % greater in prevalence in 2021). Ischaemic heart disease (also known as coronary artery disease, caused by a narrowing of heart arteries) is the most frequent CVD, with an estimated 40 000 new cases each year in Belgium (representing 32 % of all CVDs).

According to the European Cancer Information System (ECIS), almost 73 000 new cases of cancer can be expected each year in Belgium and 657 000 people were living with cancer in 2020 (Figure 6). Compared to the EU average, Belgium's age-standardised cancer incidence rate is 9 % higher, while its prevalence rate is 20 % higher. Despite relatively high prevalence and incidence, cancer mortality in Belgium showed a substantial decrease in the last decade and is lower than the EU average (OECD/EC, 2025).

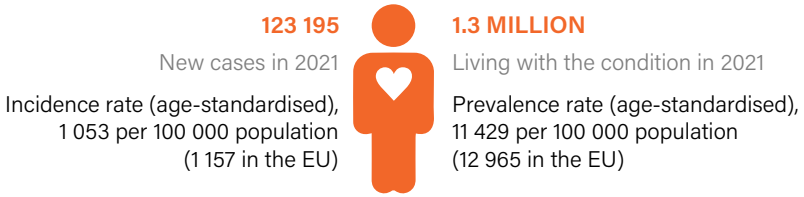
Cancer incidence rate is 33 % higher in men than in women. The leading cancers among men are prostate, lung and colorectal cancer, while among women the leading cancers are breast, lung and colorectal cancer.

Figure 4. There is no gender gap in the number of healthy life years at age 65 in Belgium



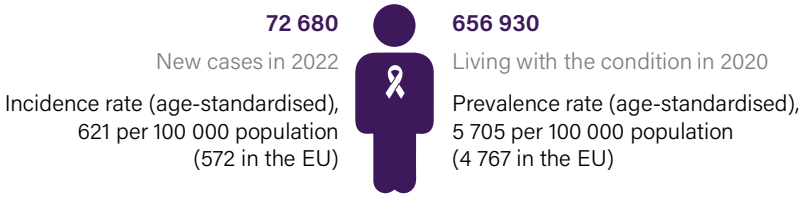
Source: Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic diseases and limitations in daily activities). Data refer to 2022 and 2021-22, respectively.

Figure 5. Incidence and prevalence of CVDs are lower in Belgium than the EU average



Source: IHME, Global Health Data Exchange (estimates refer to 2021).

Figure 6. Incidence and prevalence of cancer are higher in Belgium than the EU average



Notes: These are estimates that may differ from national data. Cancer data includes all cancer sites except non-melanoma skin cancer.
Source: European Cancer Information System (estimates refer to 2022 for incidence and 2020 for prevalence).

3 Risk factors

Behavioural and environmental risk factors account for more than a fourth of all deaths

According to IHME, an estimated 25 600 deaths in Belgium were attributable to behavioural risk factors in 2021, reflecting the continued impact of modifiable lifestyle habits on population health. These included tobacco use, unhealthy diets, harmful alcohol consumption, and low levels of physical activity. Tobacco smoking - both active and passive - remained the leading behavioural risk, accounting for approximately 12 500 deaths that year. In addition to

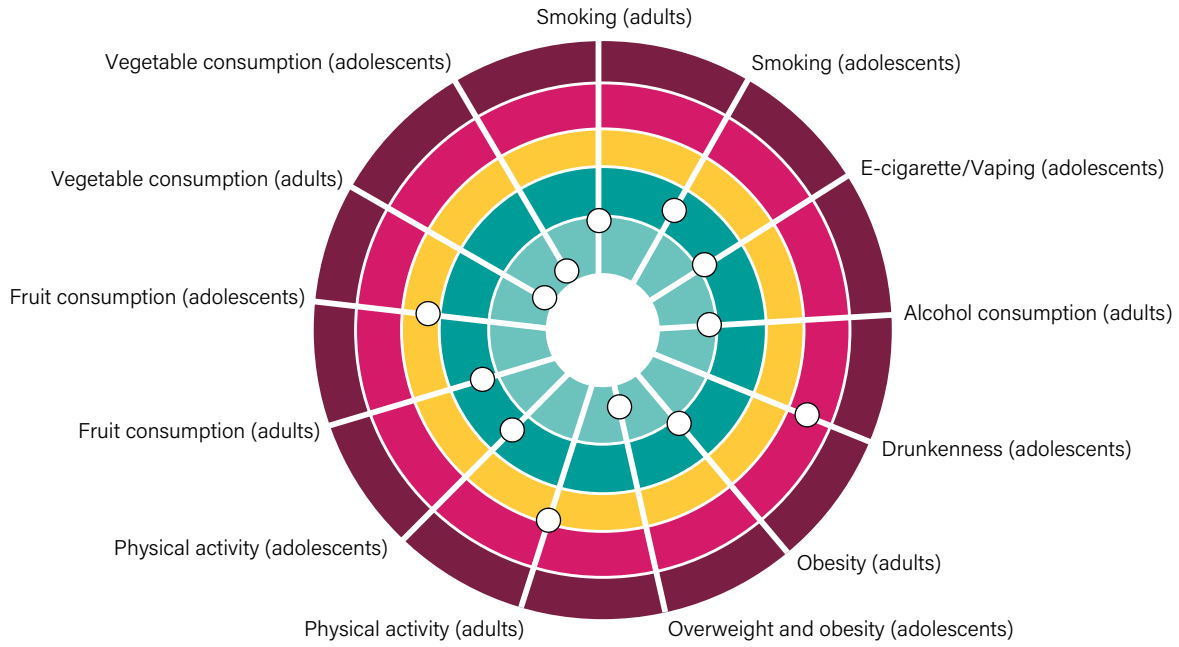
behavioural risks, environmental factors such as air pollution were also significant: around 3 600 deaths were linked to exposure to fine particulate matter (PM2.5) and ozone, primarily associated with cardiovascular and respiratory conditions, as well as certain cancers. When combined, these behavioural and environmental risk factors were responsible for 26 % of all deaths in Belgium in 2021 - a proportion that remains slightly below the EU average of 29 % yet still represents a major burden on population health.

Heavy alcohol drinking is on the rise among adolescents in Belgium

Heavy alcohol use remains relatively common among Belgian adolescents, raising concerns about early initiation and long-term health risks. In 2022, 24 % of 15-year-olds in Belgium reported having been drunk at least twice in their life - a figure slightly above the EU average of 23 % and representing a 5-percentage point increase compared to 2018 (Figure 7). In contrast, adult alcohol consumption has declined steadily over the past two decades. By 2022, average consumption among Belgian adults was approximately 20 % lower than the EU average.

Belgium's first nationwide alcohol plan, launched in 2023 and running through 2025, sets out 75 measures to tackle harmful drinking by restricting advertising, raising age limits for purchases, and banning certain sales locations. Looking ahead, additional actions are scheduled for 2026–2028, including strengthened regulations and possibly minimum pricing, with the explicit aim to reduce excess alcohol consumption by 20 % and halve drink-driving incidents by 2028.

Figure 7. Heavy alcohol drinking among adolescents and lack of physical activity among adults are two important public health issues in Belgium



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.
Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; and EU-SILC 2022 for most adult indicators, except smoking (which comes from national surveys or EHIS 2019) and alcohol consumption (OECD Data Explorer).

Tobacco consumption in Belgium is lower than the EU average

Tobacco use continues to decline in Belgium, although emerging nicotine products pose new challenges - particularly among youth. According to the 2024 Health Interview Survey conducted in Belgium (Sciensano, 2025), the smoking rate among people aged 15 and over fell from 15.4 % in 2018 to 12.8 % in 2024, with a particularly notable decrease among men (14.5 % of men reported daily smoking in 2024, down from 18.9 % in 2018).

Among adolescents, regular cigarette smoking dropped substantially between 2014 and 2018, falling from 18 % to 12 %, and then stabilised between 2018 and 2022. At this level, smoking among 15-year-olds in Belgium remained significantly below the EU average of 18 % (Figure 7). However, this progress has coincided with a rise in e-cigarette use, reflecting broader European trends. In 2022, 16 % of Belgian 15-year-olds reported using e-cigarettes, surpassing the proportion who smoked conventional cigarettes. In response, Belgium introduced additional tobacco control measures in 2024, including a ban on smoking in outdoor public spaces by December 2024, a ban of disposable e-cigarettes from January 2025, and a prohibition on the display of tobacco products at points of sale since April 2025.

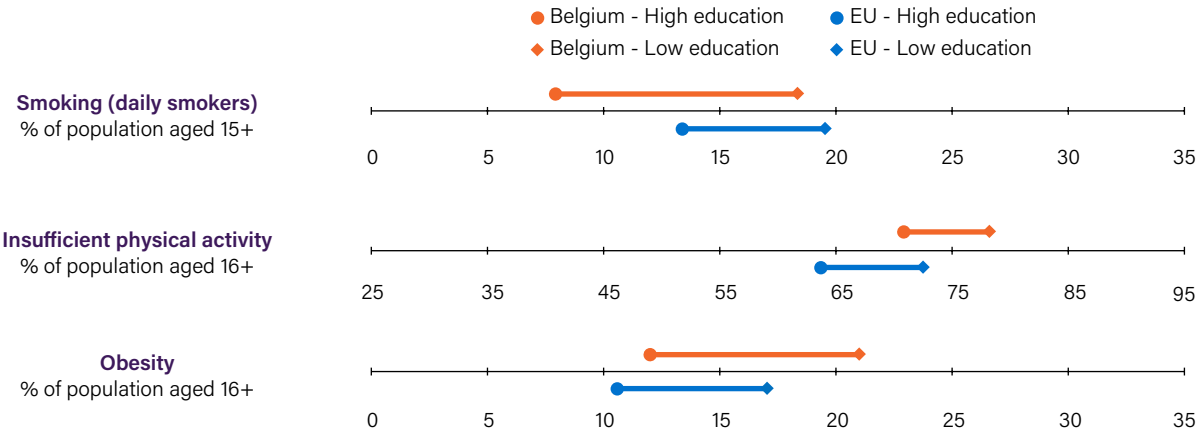
Obesity rates have increased in recent years and are slightly higher than the EU average

According to the EU-SILC survey, 15.5 % of Belgian adults were classified as obese in 2022, an increase of more than one percentage point from 2017 and slightly higher than the EU average of 14.6 % (Figure 7).[1] Contributing to this, only 26 % of adults reported doing physical activity outside work more than three times per week in 2022 - a lower proportion than in many other countries. The overweight and obesity rate among Belgian 15-year-olds has remained stable between 2018 and 2022 at about 17 %, which is lower than the EU average of 21 %.

Socioeconomic inequalities in exposure to smoking and obesity are greater in Belgium than in the EU

In Belgium as in other countries, several behavioural risk factors are more common among individuals with lower educational level. About 18 % of adults with low education smoked regularly in 2024, more than two times greater than among those with the highest level of education (Figure 8). Similarly, 21 % of people with low education were obese in 2022, compared to 12 % among those with high education. The proportion of people not doing sufficient physical activity was also greater among those with lower education (78 %) than those with higher education (71 %).

Figure 8. Important disparities in smoking and obesity exist between education groups in Belgium



Notes: Low education is defined as the population with no more than lower secondary education (levels 0-2), whereas high education is the population with tertiary education (levels 5-8). Low physical activity is defined as people doing physical activity 3 times or less per week.
Sources: Health interview survey 2024 for smoking (hlth_ehis_sk1e) and EU-SILC 2022 for physical activity and obesity (ilc_hch07b, ilc_hch10).

4 The health system

The compulsory social health insurance system covers almost all the population through seven health insurance funds

Compulsory social health insurance covers 99 % of Belgian residents who must be affiliated to one of the five private not-for-profit national sickness funds, to the fund dedicated to railway personnel, or to the public sickness fund. The health insurance system is financed primarily through social contributions proportional to income. It is managed by the National Institute for Health and Disability Insurance (NIHDI), a public body that pools public resources and allocates prospective budgets to each insurance fund so that they can finance members' healthcare costs. All insurance funds are mandated to offer the compulsory health insurance, which covers a large range of services described in the nationally established fee schedule (more than 8000 services), the so-called 'nomenclature'.

Responsibilities for health system governance are shared between federal authorities and federated entities

The Federal authorities are responsible for the national compulsory health insurance (through the NIHDI), setting the hospital budget, regulating health products and activities, and regulating healthcare professionals and patients' rights. Federated entities (regions and communes) have the main responsibility for primary care organization, care for older people, mental healthcare and rehabilitation (shared responsibility with federal authorities) as well as health promotion and disease prevention. To support cooperation between the Federal authorities and the Federated entities, inter-ministerial conferences are held regularly. Collaboration between public administrations has also been strengthened, with notable acceleration during the COVID-19 pandemic.

[1] Results from the most recent 2024 Belgian Health Interview Survey show slightly higher adult obesity rates (17 %), with a similar increase of slightly more than 1 percentage point between 2018 and 2024.

Healthcare provision is mostly based on independent and private practice

The provision of care is based on the principles of independent medical practice, direct access (no gatekeeping), free choice of physician and of healthcare facility. Reimbursed healthcare services are provided by both public and private not-for-profit institutions and individual healthcare providers who mainly comply with the same set of rules, enjoy the same therapeutic freedoms and offer the same services.

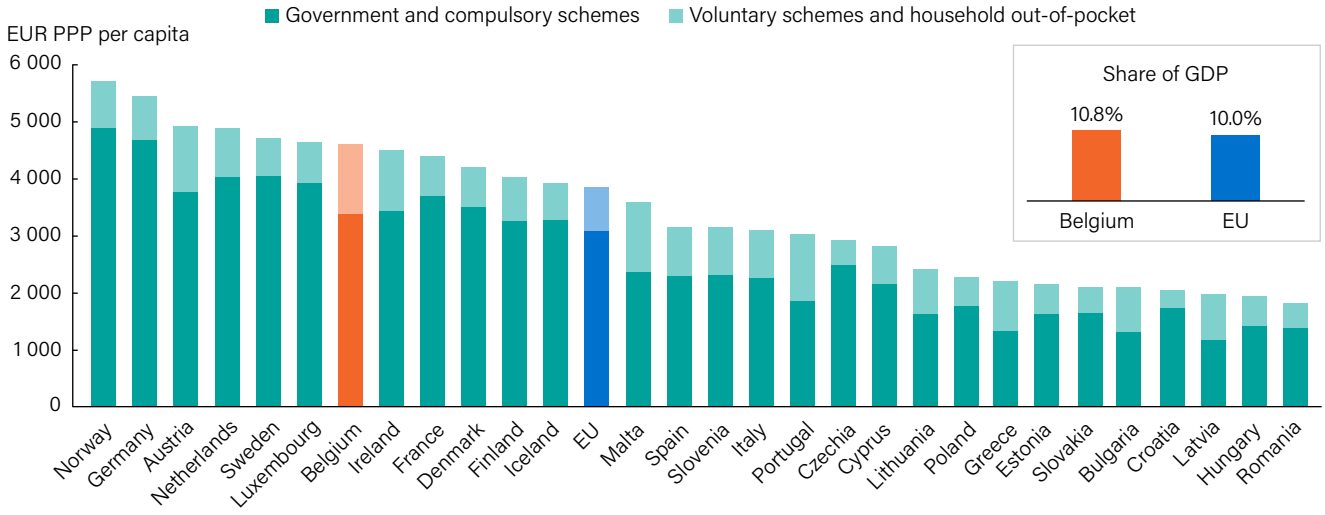
Belgium has a well-developed system of primary care, provided through independent general practitioners (GPs or "family doctors"). A growing number of GPs provide their services in group practices. Medical specialists can work on an ambulatory basis in hospitals (public or private not-for-profit), in private clinics and/or practice. Day care and inpatient treatment is provided in hospitals. Two thirds of the hospital acute beds are owned by private not-for-profit hospitals, while the rest are publicly owned.

Practitioners are free to subscribe to the tariff agreements and reimbursement levels negotiated between representatives of the practitioners and sickness funds. Practitioners who accept the agreement, so called "conventioned" practitioners, commit to not charging supplements to patients. The others, "partially conventioned" or "non-conventioned", are allowed to charge fee supplements on top of the official tariff. Provider payment method is mostly fee-for-service, although new models of financing GPs and GP practices are being developed through the "New Deal for General Practice". This ambitious plan aims to promote more collaboration, task delegation, prevention, and proactive care (Belche et al., 2023).

Belgium has a comparatively high share of out-of-pocket spending on health

In 2023, per capita health expenditure in Belgium was EUR 4 570, which was nearly 20 % higher than the EU average of EUR 3 832 (adjusted for differences in purchasing power), but remains below the Netherlands, Luxembourg or Germany. Health spending represented 10.8 % of Belgium's GDP, also above the EU average of 10.0 % (Figure 9).

Figure 9. Health expenditure per capita is nearly 20 % above the EU average



Note: The EU average is weighted (calculated by OECD).
Sources: OECD Data Explorer (DF_SHA); Eurostat Database (demo_gind). Data refer to 2023.

Government schemes and compulsory social health insurance together accounted for 74 % of health expenditure in 2023, below the EU average of 80 %. Private financing made up the remaining 26 %, with out-of-pocket (OOP) payments alone reaching 22 % of health spending - well above the EU average of 16 %. Belgium's higher OOP share reflects the widespread use of fee supplements both in outpatient and inpatient care (see Section 5.2). Voluntary health insurance also plays a role in financing, contributing to nearly 5 % of health expenditure.

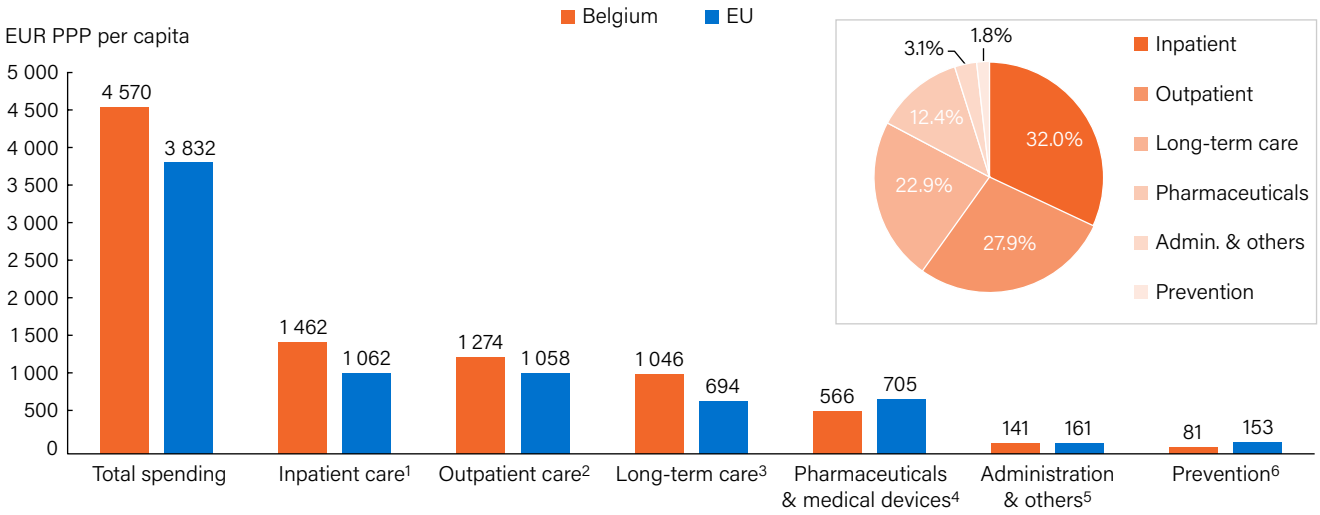
Inpatient care accounts for the biggest portion of health spending

In 2023, inpatient care accounted for 32 % of overall health spending, well above the EU average of 28 %, which partly reflects Belgium's longstanding reliance on hospital-based services (Figure 10). By contrast, outpatient care (28 %) accounted for a share similar to that in many other EU countries. Long-term care (LTC) amounted to 23 % of spending - notably higher than the EU average of 18 %. Spending on outpatient pharmaceuticals and medical devices (12 % of health spending) is lower than the EU average, thanks to measures that promote cost-effective prescribing (see Section 6). However, as in other countries, total pharmaceutical costs are higher than the outpatient market figures alone, given that hospital-based pharmaceutical use is reported separately. Spending on prevention accounted for less than 2 % of health spending in 2023, below the EU average of 4 %, although this figure only concerns preventive care financed by Federated entities.

Belgium has a higher-than-average hospital bed supply

Belgium has a relatively large bed capacity compared to other EU countries. In 2023, there were 5.4 hospital beds per 1 000 population, exceeding the EU average of 5.1. However,

Figure 10. Belgium allocates a higher share of health spending to inpatient and long-term care, and a lower share to prevention, pharmaceuticals and medical devices.



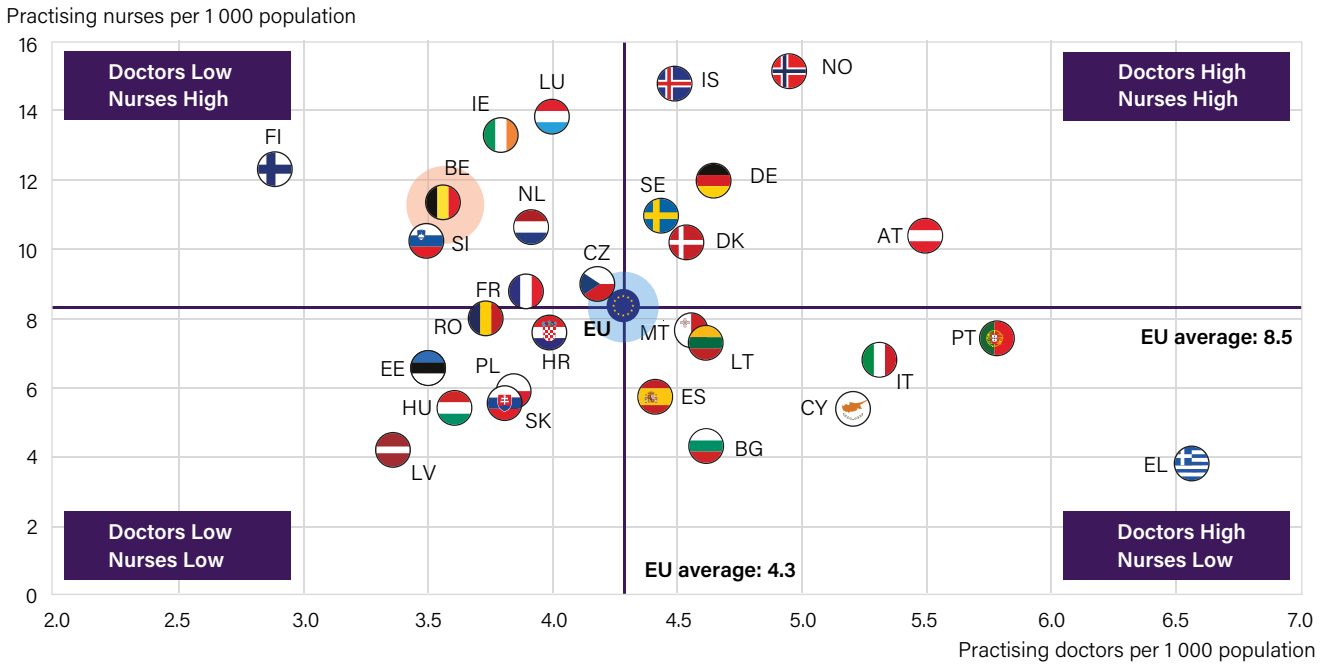
Notes: 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes home care and ancillary services (e.g. patient transportation); 3. Includes only the health component; 4. Includes only the outpatient market; 5. Includes health system governance and administration and other spending. 6. Includes only spending for organised prevention programmes; The EU average is weighted (calculated by the OECD).
Sources: OECD Data Explorer (DF_SHA). Data refer to 2023.

data on bed capacity in Belgium may be over-estimated because of the closure of some hospital beds due to staff absenteeism or shortages or other unforeseen circumstances. In September 2022, this led to an 8 % reduction in total bed availability (Gerkens et al., 2024). The shortage of health professionals, particularly nurses in hospital settings in Belgium, has important consequences on hospital bed closures and more broadly on the quality of care in hospital.

The health workforce is growing but there are still shortages

Despite growth in the numbers of doctors and nurses, staffing shortages remain a concern. In 2023, Belgium had 3.4 practising doctors per 1 000 population - significantly below the EU average of 4.3 (Figure 11). The country has been expanding its medical education intake, aiming to address the low physician density in some regions. Although the proportion of GPs among all doctors is well above the EU average (34 % compared to 19 %), shortages of GPs persist in many areas.

Figure 11. Belgium has comparatively fewer doctors but a higher density of nurses



Note: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospital.
Source: OECD Data Explorer (DF_PHYS, DF_NURSE). Data refer to 2023 or nearest year.

Nurse density is high relative to many EU countries. Belgium had 11.5 nurses per 1 000 population in 2022, well above the EU average of 8.4. However, many hospitals still struggle to recruit and retain enough nursing staff. Despite recent policy reforms aimed at improving nurse staffing levels in hospitals by increasing hospital budgets, the ongoing shortage of nurses is hindering the effective implementation of these measures (Van den Heede, K. et al, 2023). The improvement in nurse-to-patient ratios - the primary objective of the policy - has yet to be achieved.

Improving the attractiveness of the health professions was a key area of focus in 2024, with the creation of new roles and profiles to support nurses and GPs. A royal decree of September 2023, amended in April 2024, set out the nursing services that can be provided by nursing assistants, as well as their conditions of practice. In April 2024, two royal decrees also set out the clinical activities and medical procedures that advanced practice nurses may carry out, as well as the criteria to obtain recognition as an advanced practice nurse. To support GPs, the role and title of practice assistant has also been recognised since May 2024. These paramedical professionals assist GPs with administrative tasks as well as providing some technical support tasks (such as taking samples for the laboratory or recording a patient's weight), under the supervision of the physician.

5 Performance of the health system

5.1 Effectiveness

Mortality rates from both preventable and treatable causes are below the EU average

Belgium's treatable causes of mortality rate was around 30 % lower than the EU average in 2022, indicating that the healthcare system is generally effective in saving the lives of people with acute conditions. Although 10 % lower than the EU average, the mortality rate from preventable causes of death was higher in Belgium than in many other western European countries, indicating room for improved effectiveness of public health and prevention policies (Figure 12). As noted in Section 4, total spending on prevention is relatively low in Belgium, representing less than 2 % of total health spending in 2023. Lung cancer, chronic obstructive pulmonary disease (COPD) and alcohol-related diseases were the leading causes of preventable mortality in 2022, while ischaemic heart disease, colorectal cancer and breast cancer were the leading causes of treatable causes of mortality.

Although Belgium has higher-than-average vaccination coverage for key vaccines, it still falls short of the WHO's recommended target

As in other EU countries, Belgian health authorities have long promoted influenza vaccination among people aged 65 and over. Over the past decade, Belgium has consistently reported flu vaccination coverage for this group at least 10 percentage points above the EU average, though rates have remained below the WHO's 75 % target. Public awareness increased during the COVID-19 pandemic, driving coverage among older adults up to 62 % in 2020; however, this fell to 55 % by 2023 (Figure 13). This decline occurred despite the implementation of a new policy in 2022 allowing individuals to receive the flu vaccine directly from selected pharmacies without a GP prescription.

In 2023, Belgium achieved a 96 % coverage rate for the first dose of the measles vaccine, exceeding the EU average of 92 %. However, data from the WHO/UNICEF Joint Reporting Form on Immunization show that coverage for the second dose remains at 82 %, significantly below the WHO's target of 95 %. Although reported measles incidence declined during the COVID-19 pandemic - largely due to underreporting - Belgium experienced a resurgence in 2024, with 526 reported cases, the highest annual count since 2011. Ongoing and targeted efforts are necessary to not only achieve the 95 % coverage goal for both doses of the measles vaccine but also to identify and vaccinate groups of unvaccinated adults.

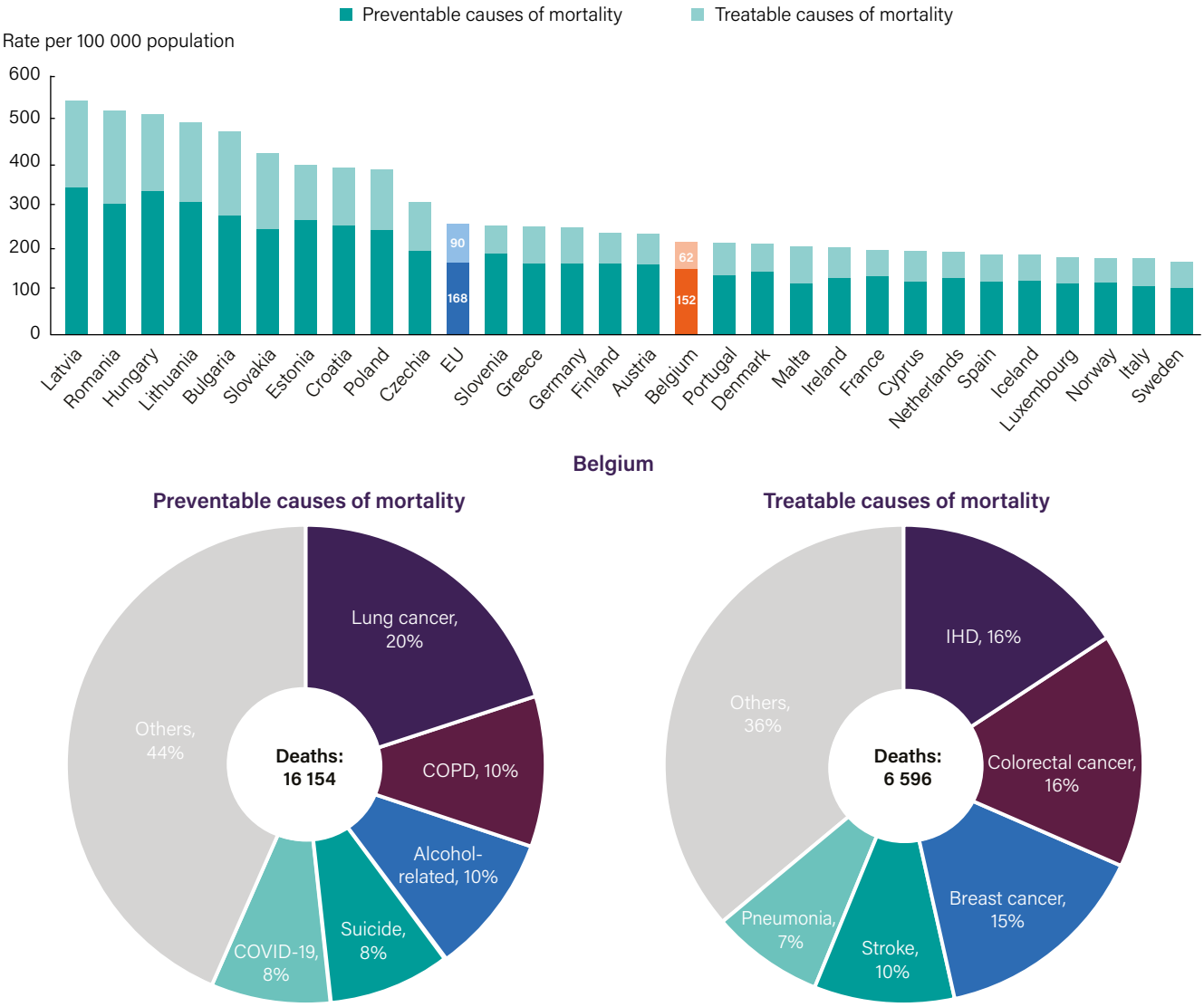
The vaccination rate against human papillomavirus (HPV) among Belgian 15-year-old girls has consistently exceeded the EU average in recent years, having slowly but steadily increased from 67 % in 2018 to 72 % in 2024. Nevertheless, this vaccination coverage still falls short of meeting the WHO target for cervical cancer eradication, which foresees attaining a 90 % coverage rate. In 2019, both the Flanders and Wallonia-Brussels regions transitioned to a gender-neutral HPV vaccination programme, expanding eligibility for receiving the HPV vaccine free of charge through regional community vaccination programmes to include boys as well.

Cancer screening rates for breast, colorectal and cervical cancers remain below EU targets

Belgium has population-based screening programmes organised at the regional level by regional agencies: the Centre Communautaire de Référence in Wallonia, Bruprev in Brussels, and the Centrum voor Kankeropsporing in Flanders (OECD/EC, 2025).

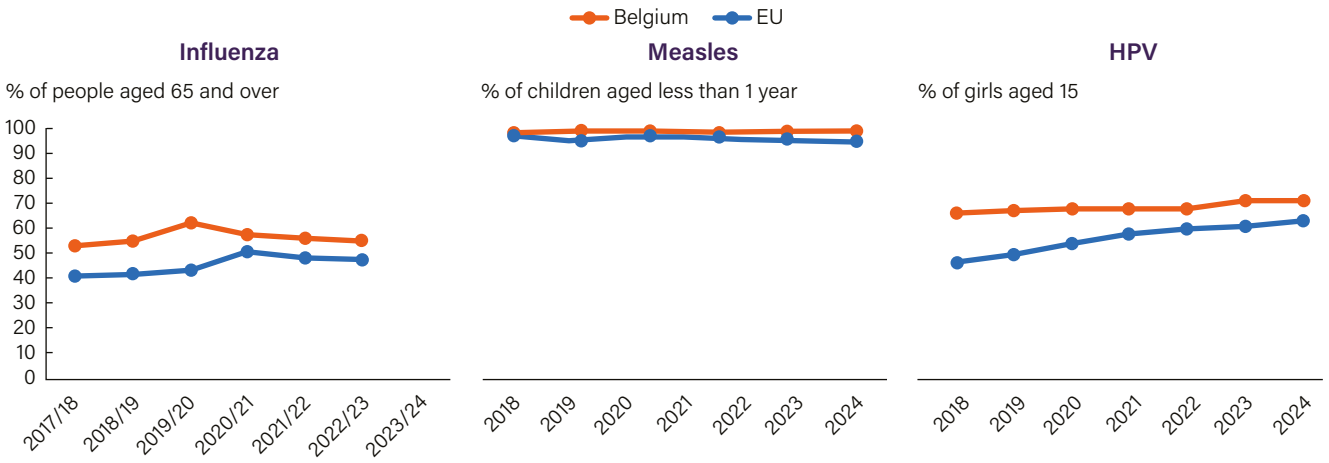
Like many EU countries, Belgium's breast cancer screening rate dropped during the first year of the COVID-19 pandemic but rebounded to exceed pre-pandemic levels by 2023, reaching 58 % among the eligible population, matching the EU average. Cervical cancer screening saw a smaller decline during the pandemic and has remained stable since 2018, at 56 % among the eligible population, below the EU average. Despite a small decline in 2023, colorectal cancer screening

Figure 12. Preventable causes of mortality could be further reduced in Belgium



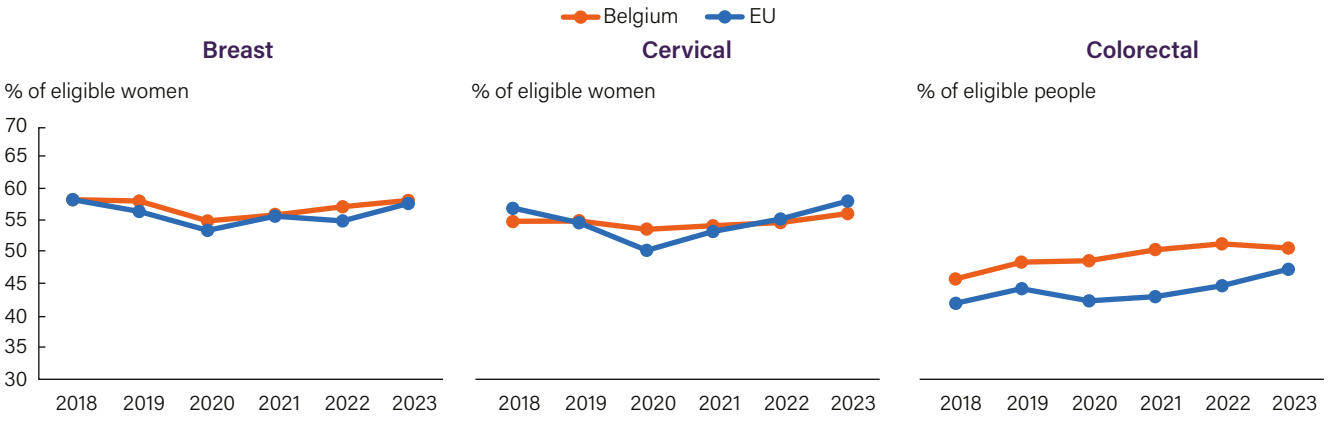
Note: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths for some diseases (e.g. ischaemic heart diseases, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death. COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat (hlth_cd_apr) (data refer to 2022).

Figure 13. Belgium has a higher vaccination coverage than the EU average



Notes: The EU average is weighted for influenza (calculated by Eurostat) and unweighted for measles and HPV.
Sources: Eurostat (hlth_ps_immu) and WHO/UNICEF Joint Reporting Form on Immunization (JRF).

Figure 14. Belgium outperforms the EU average for colorectal cancer screening rates, but there is room for further improvement



Notes: All data refer to programme data. Colorectal programme data are based on national programmes that may vary in terms of age group and frequency. The EU average is unweighted.
Sources: OECD Data Explorer (DF_KEY_INDIC) and Eurostat database (hlth_ps_prev).

remains above the EU average, reaching 51 % in 2023, up from 46 % in 2018 (Figure 14).

However, the overall coverage of breast, cervical, and colorectal cancer screenings remains below the 90 % participation rates target set by the EU. Initiatives to boost cervical screening rates are ongoing: a pilot of self-sampling for specific population groups is ongoing in Flanders and in discussion in Wallonia (OECD/EC, 2025).

Regional disparities in breast and colorectal cancer screening are large in Belgium

According to the most recent national health interview survey, the coverage of breast cancer screening in Flanders in 2024 was almost 5 percentage points higher than in the Walloon region and more than 3 percentage points higher than in the Brussels region. Most women screened in Brussels and Wallonia are screened outside the population-based programme (opportunistic screening).

While participation rates in colorectal cancer screening have increased since the implementation of the population-based screening programme in Flanders in 2013 and since the nationwide implementation of self-sampling screening strategy, disparities between regions remain and are much greater than for breast cancer screening. Coverage of the eligible population for colorectal cancer screening in 2024 was much lower in Brussels (30 %) and Wallonia (26 %) compared to Flanders (55 %).

Despite Flanders being the only region with an organised cervical cancer screening programme for women aged 25-64 years, the coverage was similar across the three regions, at around 66 % in 2024.

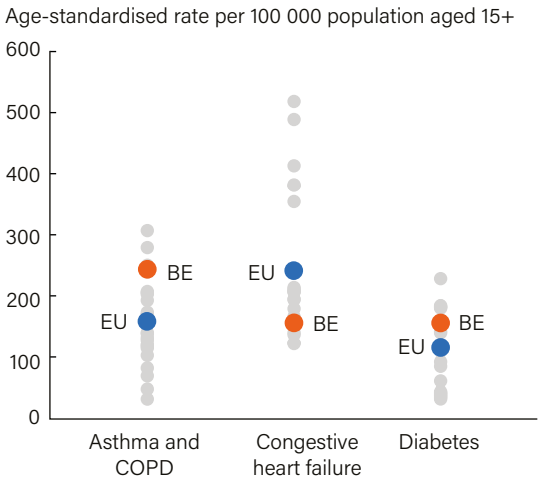
Hospital admission rates for diabetes, asthma and COPD are higher in Belgium than in most EU countries

Data on avoidable admissions for people with chronic conditions can be used as a marker of access to and quality of primary care delivery. In Belgium, hospital admission rates for several ambulatory care-sensitive conditions are higher than those in most other EU countries. In 2023, Belgium's combined hospitalisation rate for diabetes, asthma and chronic obstructive pulmonary disorder (COPD) was 6 % higher than the EU average. This was driven by much higher hospital admission rates for asthma and COPD (54 % higher than the EU average) and diabetes (32 % higher), pointing to the need to improve access and effectiveness of primary care and continuity of care in managing these chronic conditions. By contrast, Belgium had one of the lowest rates of hospital admission for congestive heart failure (Figure 15).

Belgium shows mixed performance on care co-ordination in primary care

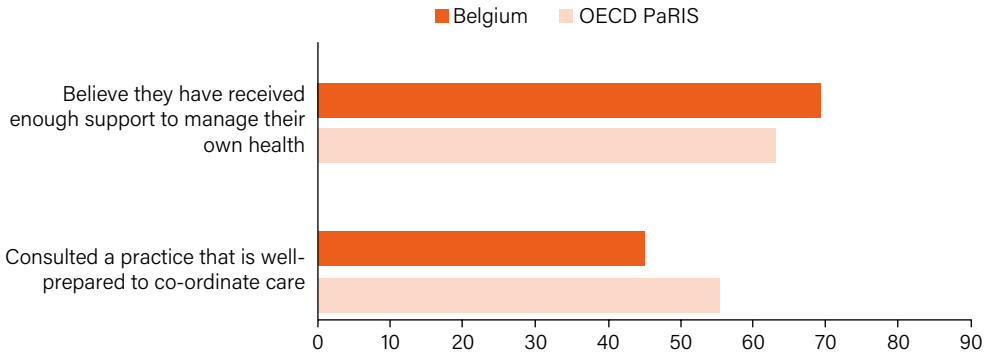
Results from the 2023-24 OECD PaRIS survey highlight that a people-centred approach - characterised by strong patient engagement and effective care coordination - is associated with better health outcomes and patient experiences, particularly in the management of chronic conditions (OECD, 2025). In Belgium, performance on people-centred care

Figure 15. Belgium has one of the highest rates of avoidable admissions for asthma and COPD



Notes: Admission rates are not adjusted for differences in disease prevalence across countries. The data pertain to 2023.
Source: OECD Data Explorer (DF_HCQO).

Figure 16. Care co-coordination in primary care is perceived to be relatively low in Belgium



Note: Results for people with one or more chronic conditions.
Source: OECD PaRIS 2024 Database (data refer to 2023-24).

indicators is mixed relative to the average of the 19 OECD countries that participated in the PaRIS survey. While 69 % of people with chronic conditions in Belgium reported receiving sufficient support to manage their own health - exceeding the average of 63 % - less than half (45 %) indicated that their primary care practices were well-prepared to coordinate care, compared to an average of 56 % across participating countries (Figure 16).

5.2 Accessibility

The compulsory public health insurance system covers a wide range of health services, but dental care coverage is lagging behind

The Belgian compulsory public health insurance system covers a wide range of services. As already noted in Section 4, the services that are covered by compulsory health insurance are described in the nationally established fee schedule (called the nomenclature). Services not included in the fee schedule are not reimbursed. The extent to which different health services are financed through public sources (including government and compulsory SHI contributions) gives a partial indication of the main gaps in health coverage.

About 88 % and 63 % of expenditure on inpatient and outpatient care were covered by public sources in 2023 - which is 3 and 14 percentage points lower than the EU average, respectively (Figure 17). Pharmaceuticals were covered at 74 % by public sources, which is higher than the EU average of 59 %. As in most other countries, dental care had the lowest public coverage, with only 28 % of expenditures covered by public sources, a lower share than the EU average of 35 %.

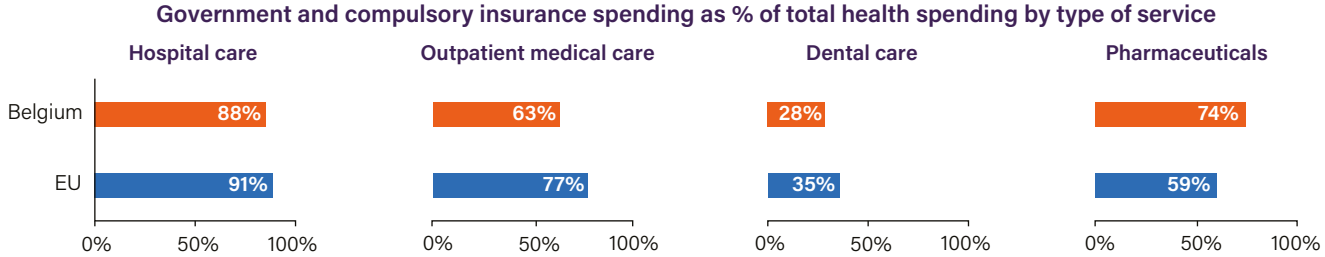
The share of OOP spending reaches 22 % of total health spending, mostly driven by fee supplements

Out-of-pocket (OOP) payments accounted for 22 % of total health spending in Belgium in 2023 - a level notably above the EU average of 16 %. More than a quarter of OOP spending was directed to outpatient care, with another 13 % allocated to retail pharmaceuticals, 14 % to dental care, and 15 % to long-term care (Figure 18).

Fee supplements remain a major contributor to OOP payments in both inpatient and outpatient settings. Although a maximum billing system, introduced in 2001, puts a ceiling on the total amount of co-payments an individual or household must pay annually, it does not apply to fee supplements, such as those for single hospital rooms, thereby reducing financial protection for patients (Gerkens et al., 2024). In 2022, a freeze was introduced on the maximum fee supplement at the hospital level as an initial step to curb future increases.

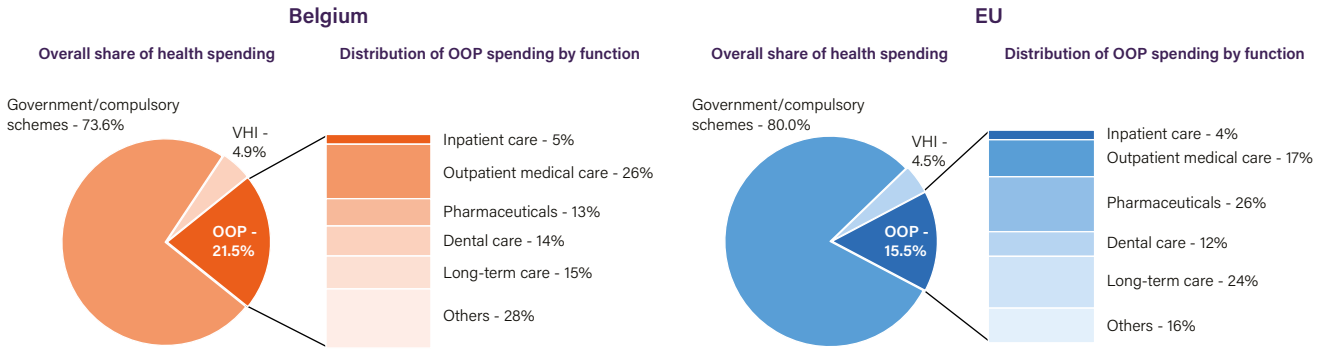
However, there continues to be a lack of transparency regarding fee supplements and services not covered by insurance in the outpatient sector. While 87 % of GP consultations in 2021 were with conventioned physicians who do not charge supplements, less than half of outpatient specialist consultations involved conventioned specialists - leaving many patients exposed to escalating out-of-pocket costs (Gerkens et al., 2024).

Figure 17. Public coverage of hospital, outpatient and dental care is lower in Belgium than in the EU, while coverage for pharmaceuticals is higher



Notes: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines as well as medical non-durables. The EU average is weighted.
Source: OECD Data Explorer (DF_SHA). The data pertain to 2023.

Figure 18. Belgium's out-of-pocket spending is higher than the EU average



Note: VHI also includes other voluntary prepayment schemes. The EU average is weighted.
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023.

In June 2025, a preliminary draft law outlining several healthcare reforms was distributed to all organizations active in Belgium's healthcare sector. Among the key reform areas is the convention mechanism and tariffs, aiming to simplify and unify the convention process for all healthcare providers who agree to respect established tariffs. The reform also seeks to make this system more attractive, for example, by having certain premiums available exclusively to conventioned providers. For providers who remain non-conventioned, caps on supplementary fees are currently under discussion, marking a significant reduction from the current maximum supplements, which can reach up to four times the agreed tariffs.

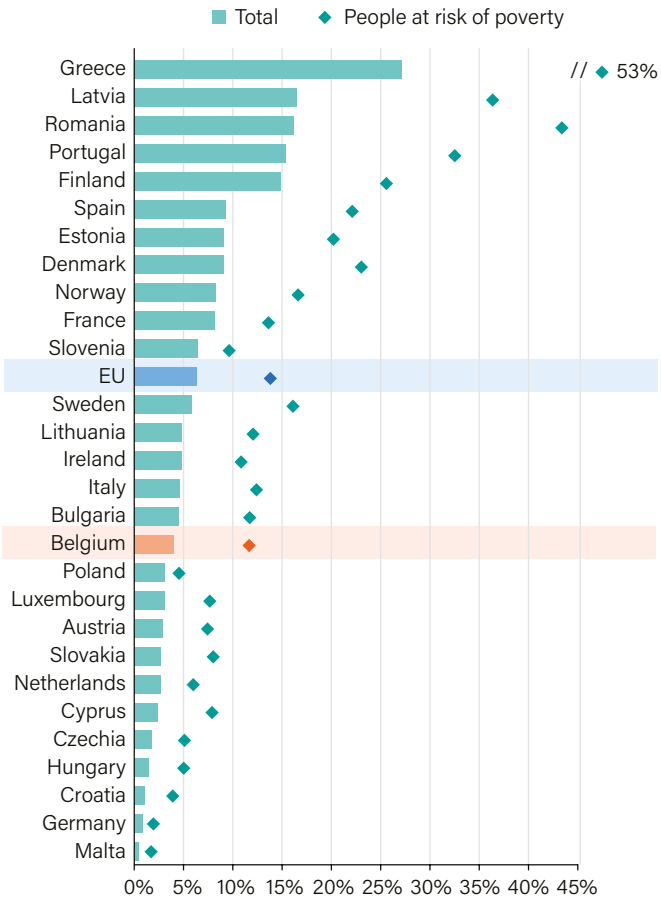
Belgians at risk of poverty are three times more likely to report unmet needs due to financial barriers, long waiting lists, or distance

Out-of-pocket (OOP) payments can present financial barriers to accessing healthcare, leading some individuals to forego or delay needed care, with potential negative health consequences. In 2024, just 1.5 % of Belgians in need of medical care reported unmet needs due to cost, distance, or waiting times - less than half the EU average of 3.6 %. However, unmet needs were disproportionately concentrated among vulnerable groups, with 4.6 % of people at risk of poverty in Belgium reporting unmet medical needs. Disparities are even greater for dental care, which has more limited coverage under statutory health insurance: in 2024, 4 % of Belgians needing dental care reported unmet needs, but this proportion reached nearly 12 % among those at risk of poverty (Figure 19).

Catastrophic spending in Belgium is highest among low-income groups

By shifting costs onto households, OOP payments can represent a financial burden and lead to financial hardship for people using healthcare, in particular for individuals with high care needs and limited resources. In 2020, nearly 260 000 households (over 5 % of households) in Belgium experienced catastrophic health spending.[2] On average, catastrophic health spending was primarily driven by OOP payments for pharmaceutical and other medical products (40 %), followed by diagnostic test (15 %) and dental care (13 %), owing to coverage gaps from compulsory health insurance funds. Almost half of the people reporting catastrophic spending were from the lowest income quintile, raising important equity issues. Outpatient medicines were the most important driver of catastrophic spending among households in the poorest quintile (WHO, 2025).

Figure 19. Unmet dental care needs due to cost, distance or waiting time are relatively high in Belgium among people at risk of poverty



Notes: The EU average is weighted. Data refer only to individuals who reported having medical care needs. People at risk of poverty are defined as those with an equivalised disposable income below 60 % of the national median disposable income.
Source: Eurostat database (hlth_silc_08b). Data refer to 2024.

[2] Catastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).

People entitled to preferential reimbursement pay reduced co-payments but are not protected from fee supplements when consulting a non-conventioned practitioner. A Royal Decree, published in March 2024, addresses this issue; since January 2025, non-conventioned physicians and dentists are prohibited from charging extra billing for ambulatory care provided to patients who automatically qualify for preferential reimbursement due to eligibility for other social benefits. By January 2026, this protection will extend to all people entitled to preferential reimbursement, including those who qualify based on their gross annual income.

5.3 Resilience

Health system resilience - the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes - has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

Belgium is a leading country in the EU for monitoring health system performance, including resilience

Belgium's health system performance assessment, initiated in 2007, is conducted by the Belgian Health Care Knowledge Centre (KCE), a federal research institute that provides independent, evidence-based analysis and advice to support health policy decisions in Belgium. KCE collaborates with various stakeholders and data providers to collect and analyse the necessary data for these performance assessments.

The latest report, published in 2024, included a special focus on the resilience of the Belgian health system to the COVID-19 pandemic (Gerkens et al., 2024). The assessment highlighted significant resilience challenges in maintaining an adequate health workforce in times of shock. The pandemic tested the resilience of Belgium's health workforce, leading to increased psychological strain, rising absenteeism, and growing retention challenges. Staff surveys conducted during the pandemic revealed a marked rise in health professionals considering leaving the profession, with nearly 28 % expressing this intention by late 2021. Among nurses working in intensive care units (ICU), 44 % reported an intention to leave their job at that time, and 27 % considered exiting the profession altogether. Staff shortages resulted in the temporary closure of 5 % to 10 % of hospital beds between late 2021 and 2022. At the same time, nurse vacancies in hospitals surged, with unfilled positions reaching record highs by the end of 2021, underscoring systemic difficulties in recruitment and retention.

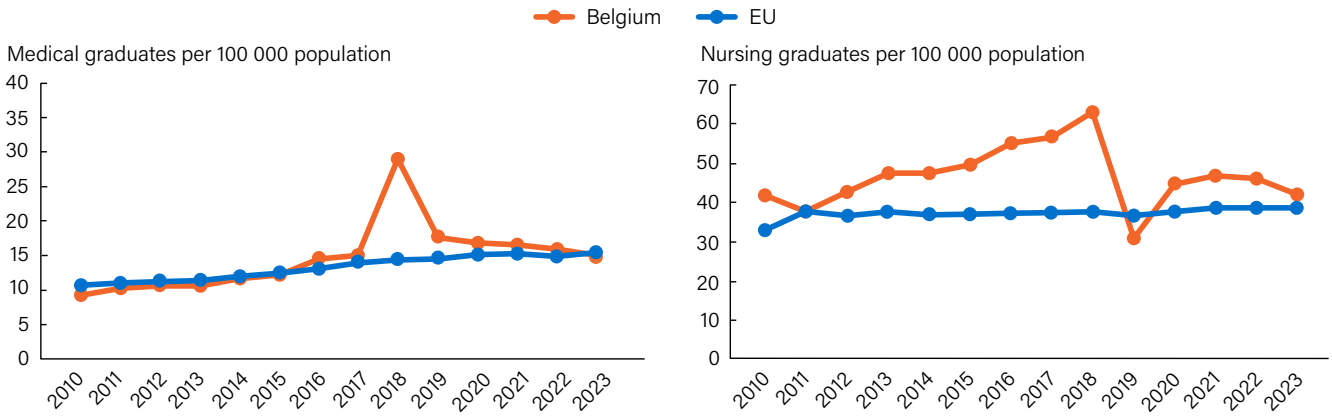
Belgium faces growing health workforce challenges due to an ageing population, mismatches in medical training capacity, and declining nursing graduate numbers

As in other EU countries, Belgium faces the structural challenges posed by population ageing, which will increase the demand for healthcare in the coming years while reducing the supply of the working-age population to respond to this demand. Over 40 % of doctors in Belgium were aged over 55 in 2021, also increasing replacement needs.

Between 2010 and 2023, the number of medical graduates rose from 9 to nearly 15 per 100 000 population (Figure 20). To address the shortage of GPs, the government announced in 2022 a plan to gradually increase the share of postgraduate training places allocated to general medicine from 39 % in 2022 to 47 % by 2028. More recently, to better align the excessive supply of new graduates with available training capacity, the government introduced restrictive measures to postgraduate specialty training in 2024, including an entrance exam and a fixed number of available spots ("numerus fixus").

The nursing workforce pipeline, meanwhile, faces a different set of pressures that threaten future supply. Although the number of nursing graduates rose significantly until 2018, an extension of the duration of their studies caused a steep drop in 2019 from which the system has not fully recovered. Numbers remain well below the 2018 peak, a trend attributed to both the longer study period and a potential decline in the profession's attractiveness following the COVID-19 pandemic. Consequently, while Belgium's number of nursing graduates

Figure 20. The number of medical and nursing graduates have not increased since the pandemic



Notes: The EU average is weighted (calculated by the OECD). Data include graduates from all nursing programmes, not limited to those meeting the EU Directive for general nurses. The peak in the number of medical graduates in Belgium in 2018 is due to the reduction by one year in the length of studies that was decided a few years earlier, which means that two cohorts graduated in the same year. Conversely, the big decrease in the number of nursing graduates in 2019 is due to the extension of the length of the studies a few years prior.
Source: OECD Data Explorer (DF_GRAD).

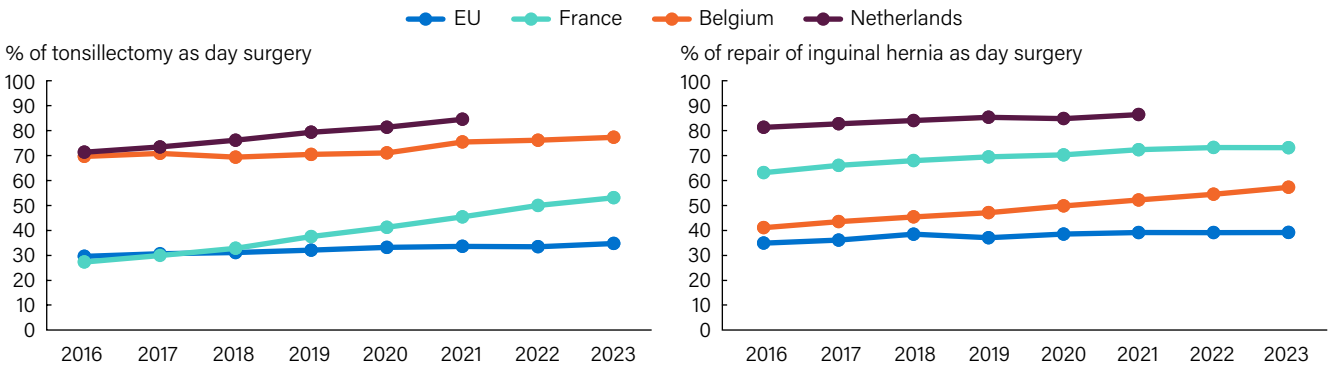
per capita remained slightly above the EU average in 2023, this gap is gradually closing. The challenge of retention compounds this supply issue, as a large share of new graduates (up to 35 % in the French-speaking community) are foreign students who typically leave Belgium after completing their studies.

Hospital efficiency has improved in recent years, but further progress can be made

Following the broader EU trend, the number of hospital beds per capita in Belgium has steadily decreased over the past two decades, although it remained slightly above the EU average in 2023 (5.4 beds per 1 000 population compared to an EU average of 5.1 beds). This reduction was made possible by shifting from inpatient care to day cases and more generally shortening hospital stays, which also allow containing the demands on the hospital workforce.

Day surgery rates in Belgium have steadily increased. Between 2016 and 2023, the proportion of tonsillectomies and inguinal hernia repairs performed as day surgeries rose by 11 % and 39 % respectively (Figure 21). While these rates exceed the EU average, they remain lower than those in the Netherlands (and France for inguinal hernia repairs).

Figure 21. Day surgery has increased steadily in Belgium



Note: The EU average is unweighted (calculated by the OECD). The latest data available for the Netherlands is 2021.
Source: OECD Data Explorer (DF_SURG_PROC).

There are large variations in day-surgery activity across regions and hospitals in Belgium, suggesting room for further efficiency gains in those lagging behind. For example, the share of abdominal hernia surgeries performed as day surgery in 2023 varied from about 30 % in the Brabant Wallon region to more than 70 % in Limburg (INAMI 2023).

While incentives were introduced to promote day care in the past, the payment rules remain complex (some interventions are financed within a closed budget and others, on a nominative list, are paid for by lump sums) and lack transparency. Projects are ongoing to incentivise day hospitalisations by removing financial obstacles (for both hospitals and patients).

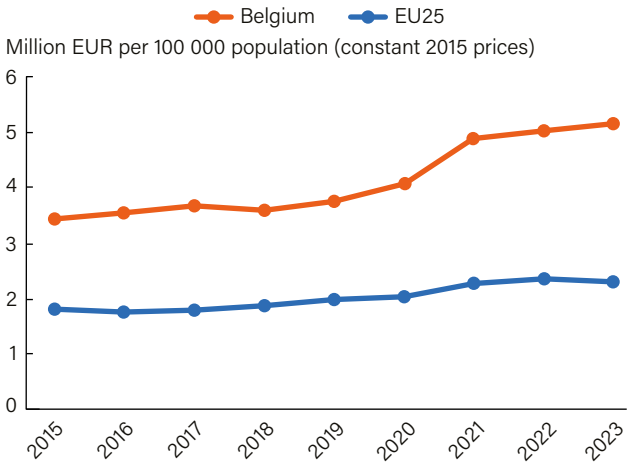
Belgium is moving forward in digitalising its health system

The COVID-19 pandemic highlighted the critical importance of robust health IT systems in enabling timely data sharing, supporting remote care, and coordinating public health responses.

Following the COVID-19 crisis, Belgium has substantially increased its spending on health information and communication technology to reach EUR 5.1 million per 100 000 population in 2023, which is more than twice the EU average (Figure 22). The level and growth of spending were both higher than in most other EU countries, demonstrating Belgium's dedication to modernize and digitalise the country's healthcare system. Belgium has allocated approximately EUR 70 million of its Recovery and Resilience Plan (RRP) budget for investments to digitalise its healthcare system.[3]

Belgium's health data governance is guided by the eHealth Action Plan (with the latest plan covering the period 2025-2027), which aligns with the European Health Data Space (EHDS) regulation. The Action Plan focuses on secure, standardised data management across regions, with the Health Data Agency (HDA) overseeing accessibility, security, and interoperability

Figure 22. Investment in health information and communication technology (ICT) is much higher in Belgium compared to the EU average



Note: Values refer to gross expenditure and include ICT equipment and computer software and databases. Data refer to human health and social work activities (Q).
Source: Eurostat database (nama_10_a64_p5).

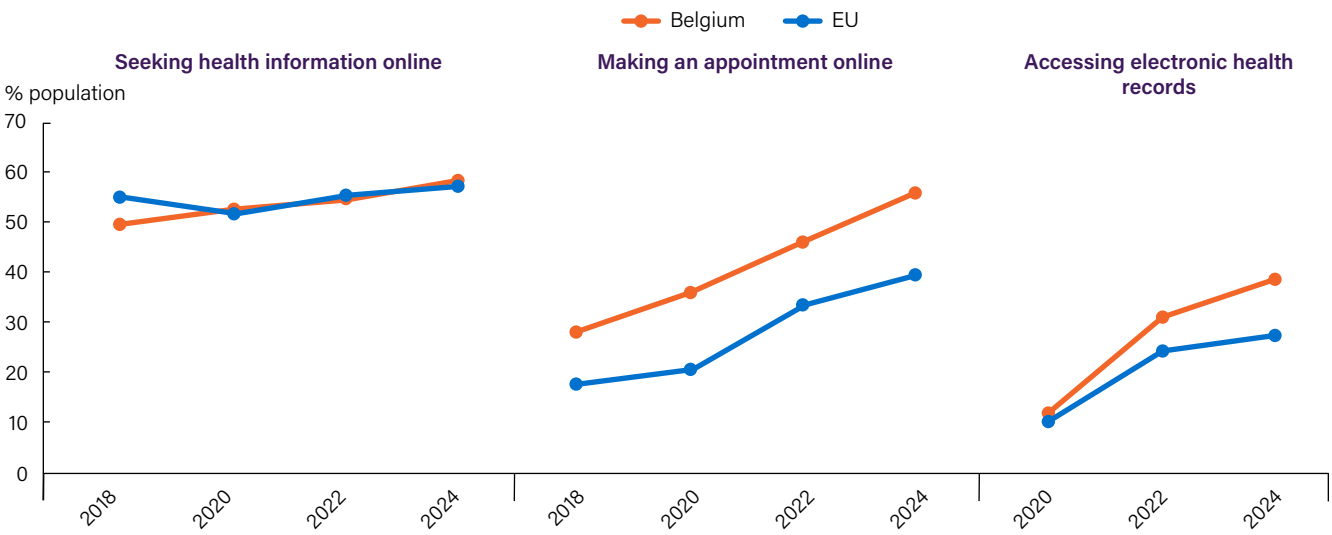
[3] Recovery and Resilience Fund data are based on the information available as of 20 September 2025; potential future amendments may affect these figures.

standards for secondary use of data. One of the pillars of the strategy is the development of the Belgian Integrated Health Record, a digital platform designed to create a comprehensive, electronic health record for each patient, allowing health professionals to access up-to-date medical information in real time, regardless of where the patient receives care.

The uptake of digital tools for health-related activities by the population is higher in Belgium than the EU average

Public uptake of digital health tools is high and growing. Mirroring EU trends, the use of online resources for seeking health information and making appointments increased markedly between 2018 and 2024 (Figure 23). The increase in access to electronic health records in 2024 was higher in Belgium than in the EU, reflecting the government efforts to widen access to electronic health records. In 2018, the Belgian federal online health portal "Masanté.be" was launched, providing citizens with a secure, centralized access point to their personal digital health data. Through Masanté, users can consult their medical records, exam results, electronic prescriptions, vaccination data, organ donor status, and insurance information. The portal aims to empower patients to become active participants in their own health management by improving transparency and accessibility of health information across various healthcare providers and regions in Belgium.

Figure 23. An above-average share of the population in Belgium schedules appointments online and accesses their electronic health records

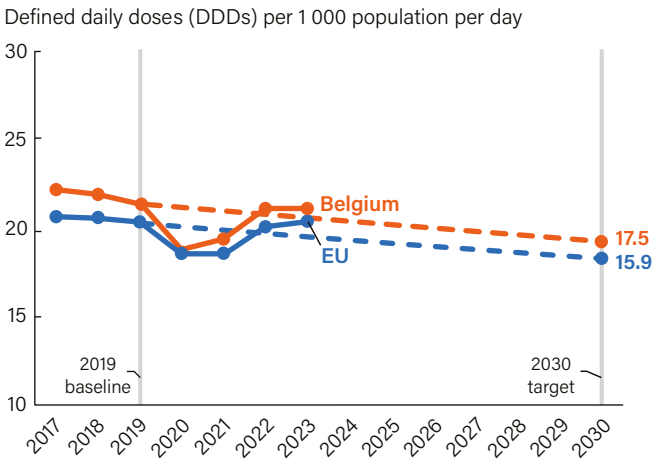


Source: Eurostat database (isoc_ci_ac_i).

Belgium is not on track to meet its target reduction of antibiotic use by 2030

Reducing excessive antibiotic use is crucial for combating antimicrobial resistance (AMR), a major threat to public health in Belgium as in other EU countries. Monitoring antibiotic consumption plays a key role, especially in light of the EU Council's 2030 reduction targets set in 2023.[4] The country's primary strategy has been the One Health National Action Plan for 2020-2024, which outlined over 230 actions targeting prudent use, infection control, and professional training (FPS Health, 2020). However, consumption patterns have shown a worrying rebound following the pandemic. While use dropped significantly during the COVID-19 pandemic due to lower infection rates, it began to rise again in 2022 and continued this upward trend in 2023 to reach 20.6 defined daily doses (DDDs) per 1 000 population, returning close to pre-pandemic levels (Figure 24). This rebound suggests that underlying prescribing behaviours have not been fundamentally altered and underscores the plan's limitations. While broadly implemented, significant gaps in evaluation and accountability have made it difficult to measure its full impact, complicating efforts to meet the EU's 2030 reduction targets.

Figure 24. Belgium consumes more antibiotics than the EU average



Note: The EU average is weighted. The chart shows antibiotic consumption in hospital and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.
Source: ECDC ESAC-Net.

[4] Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

6 Spotlight section on pharmaceuticals

Belgium's spending on pharmaceuticals per capita is close to the EU average

Per capita spending on retail pharmaceuticals in Belgium was 6 % lower than the EU average in 2023, amounting to EUR 479 compared to EUR 510 (adjusted for purchasing power parity). Retail pharmaceutical spending represents 10 % of total health expenditure in Belgium, a smaller share than the EU average of 13 % (Figure 25). However, retail pharmaceuticals spending represented only 44 % of total pharmaceutical spending in 2023. The remaining 56 % was spent on outpatient and inpatient treatments in hospitals, which is one of the highest shares among EU countries with available data.

In Belgium, innovative new drugs are often subject of "managed entry agreements" (MEA) which generally involve a financial compensation mechanism (a confidential "rebate" for the most part), making it difficult to assess the exact cost of each medicine. While corrections can be made for these compensations, their confidential nature remains an obstacle to reliable estimates. After accounting for MEA compensations, public spending on pharmaceuticals was estimated to be over EUR 1 billion less than the actual spending recorded in 2022 (Gerkens et al., 2024).

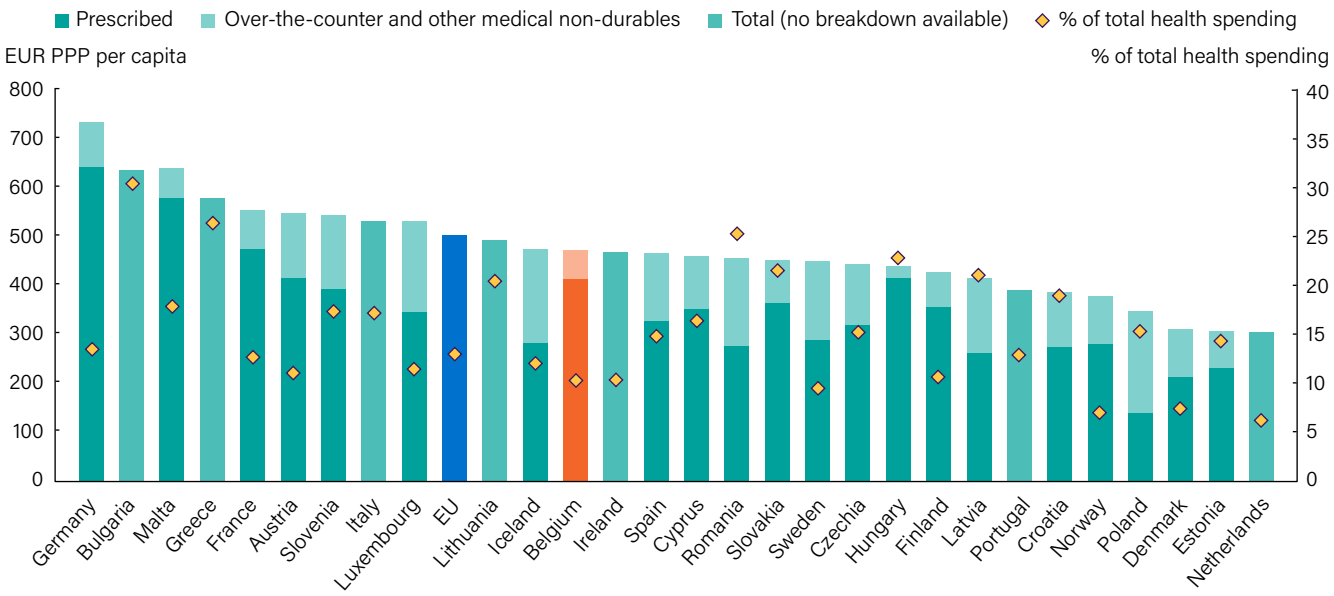
Amid growing pharmaceutical costs, Belgium positions itself as a leader in Health Technology Assessment in the EU

Pharmaceutical treatments are a critical component of healthcare systems, with a constantly evolving landscape as new drugs enter and leave the market. These innovative treatments often come with high costs, significantly impacting healthcare budgets. As pharmaceutical spending is projected to increase sharply—by nearly 50 % between 2022 and 2027 (Gerkens et al., 2024), or around 37 % after accounting for rebates related to MEAs, policymakers face the urgent challenge of balancing patient access to essential medicines with financial sustainability.

In response to these growing budgetary pressures, Belgium is positioning itself as a leader in health technology assessment (HTA), a key tool for managing the affordability and value of new treatments. Leveraging a robust institutional framework and strong international collaborations, Belgium plays a prominent role in shaping European HTA processes. The NIHDI and the KCE have established rigorous, evidence-based assessment procedures that emphasize cost-effectiveness and therapeutic value to guide reimbursement and approval decisions.

Belgium's leadership extends beyond its borders through initiatives like BeNeLuxA, a collaborative effort with the Netherlands, Luxembourg, Austria, and Ireland, which aims to improve patient access to innovative and affordable medicines via joint negotiation and assessment. Furthermore, Belgium now leads the EU-wide joint HTA consortium under the EU Regulation 2021/2282 on Health Technology Assessment, streamlining the evaluation of new health technologies across member states. This leadership not only strengthens transparency and efficiency but also ensures more equitable access to innovation across Europe, positioning Belgium at the forefront of efforts to sustainably address the rising costs of pharmaceutical care.

Figure 25. Expenditure on retail pharmaceuticals per capita is about 6 % lower in Belgium than the EU average



Note: This figure represents pharmaceutical expenditures dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023, except for Norway (2022).

A quarter of spending on pharmaceuticals is out-of-pocket in Belgium

For a pharmaceutical to be reimbursed in Belgium, it must be listed on the official positive list. The level of reimbursement depends on the therapeutic value of the product and the patient's socioeconomic status, particularly whether they qualify for preferential reimbursement. Each reimbursed pharmaceutical is assigned a reimbursement category, which determines the extent to which compulsory health insurance will cover its cost. This classification is based on medical and therapeutic importance rather than price and is determined by the Minister of Social Affairs, following a proposal from the Reimbursement Committee (CTG).

Social health insurance covered 74 % of retail pharmaceutical expenditure in 2023, a higher share than the EU average of 62 %, but lower than in France (Figure 26). Patients' direct contributions, including non-reimbursable medications and those purchased without prescriptions, represented 26 % of total retail pharmaceutical spending in 2023.

Time to access new medicines varies, but is usually very fast for medicines with high clinical benefit

Belgium, like many EU countries, uses a comprehensive process to determine social health insurance coverage and pricing for pharmaceuticals. As already noted, this process integrates HTA to inform both coverage decisions and price negotiations. The negotiation process adheres to legally defined principles and follows a framework agreement periodically established between the pharmaceutical industry and the governmental body responsible for price negotiations.

This process takes time. According to the patient WAIT ("Waiting to Access Innovative Therapies") indicator published annually by the European Federation of Pharmaceutical Industries and Associations, Belgium's performance regarding time to access new medicines is close to the EU average. This indicator measures the interval between the EU central marketing authorization and the implementation of "routine reimbursement" in each country. For medicines approved by the EU between 2020 and 2023, Belgium recorded an average time-to-reimbursement of 549 days, slightly below the EU average of 578 days (Newton et al., 2025). As of January 2025, 51 % of these medicines had coverage in Belgium, a higher share than the EU average of 43 %.

It is important to keep in mind that the indicator of average time-to-reimbursement does not accurately reflect the actual accessibility of medicines. Belgium offers several early access schemes that allow patients to obtain innovative or life-saving medicines before they are fully authorised or reimbursed. These include the Medical Need Programme (MNP), which provides access to promising treatments still under evaluation, and Compassionate Use Programmes (CUPs), coordinated with the Federal Agency for Medicines and Health Products (FAMHP), which permit the use of unauthorized medicines for groups of patients with serious conditions outside clinical trials. In addition, early temporary reimbursement allows certain medicines to be reimbursed on a provisional basis while a full reimbursement decision is pending, often involving a Managed Entry Agreement (MEA).

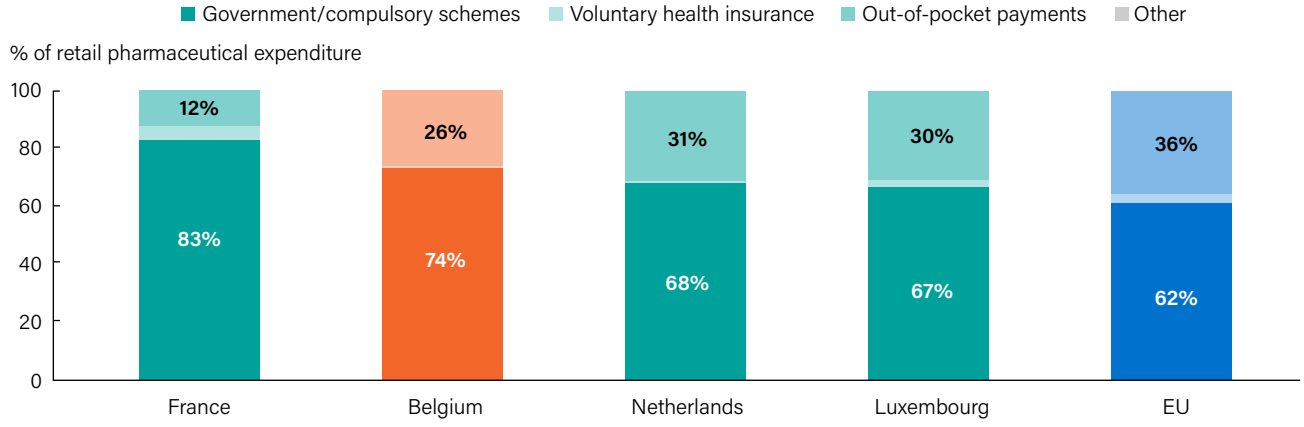
Starting 1 January 2026, Belgium will introduce an "Early and Fast Equitable Access" (EEFA) system that allows patients with severe or life-threatening conditions to obtain innovative medicines before they receive official European market authorization. This scheme is part of a reform of the reimbursement system and applies to treatments showing strong clinical results for which no alternatives exist in Belgium. These mechanisms aim to ensure timely access to critical therapies while maintaining safeguards around efficacy, safety, and cost-effectiveness.

Despite some progress, generic medicines uptake remains relatively low

As of 2023, generic medications constituted 38 % of all pharmaceutical units dispensed through community pharmacies, up from 26 % in 2012. Nevertheless, this proportion remains much lower than in leading countries such as the Netherlands (Figure 27). Similarly, the uptake of biosimilar medicines is low in Belgium, as market shares for most biosimilars were still below 20 % in 2019 (Moorkens et al., 2021).

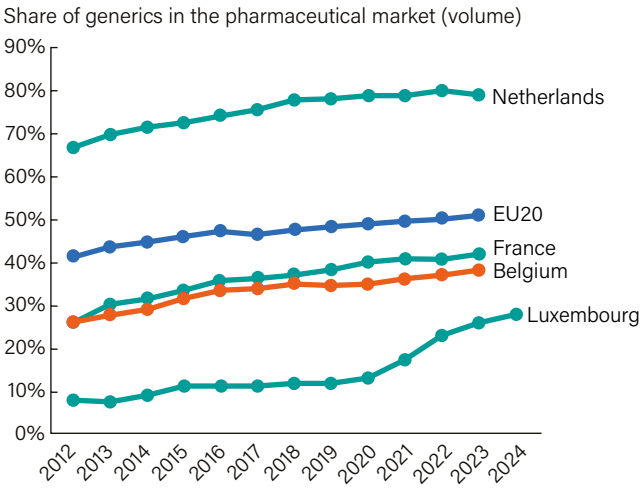
Despite previous attempts to increase the uptake of generics and biosimilar medicines, the current Belgian landscape for these off-patent medicines is challenged by several factors,

Figure 26. Public coverage of retail pharmaceuticals in Belgium is higher than the EU average



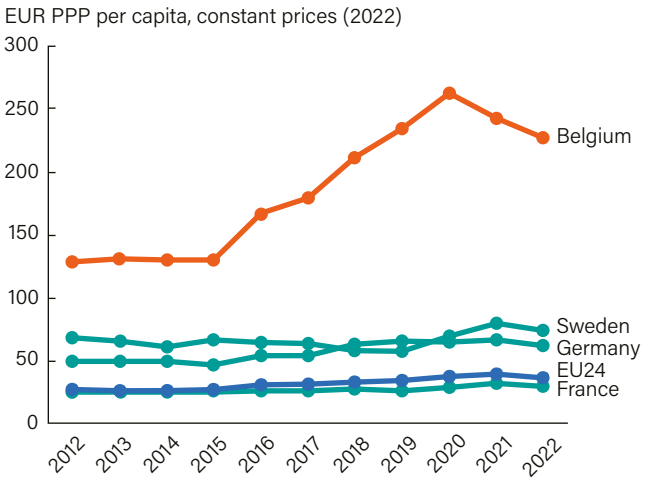
Note: The EU average is unweighted.
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023.

Figure 27. The share of generics in Belgium has increased over the past decade, but remains lower than the EU average



Note: The EU average is weighted.
Source: OECD Data Explorer (DF_GEN_MRKT).

Figure 28. Belgium's business spending on pharmaceuticals R&D per capita is more than five times the EU average



Note: The EU average is weighted (calculated by the OECD).
Source: OECD Data Explorer (DF_ANBERDi4).

leading to a suboptimal market (Vandenplas et al., 2023). Belgium's strong pharmaceutical R&D sector has created an innovator-friendly environment, marked by physician brand loyalty and political sensitivity to industry impact. After patent expiry, shifts often occur toward newer, more expensive alternatives with limited added value. Moreover, cost reductions for off-patent biologicals after biosimilar market entry are mainly determined by mandatory price reductions applicable to both originator and biosimilar products, and not by lower prices induced by competition. For products used in the retail setting, significant mandatory price reductions for both originator and reference products with low biosimilar volumes result in a lack of price competition. In hospitals, the financing system does not consistently promote cost-effective choices, and competition occurs mainly through confidential tender discounts, allowing originator companies to maintain dominance.

Belgium's pharmaceutical industry is the most R&D intensive in the EU

In 2022, pharmaceutical industry research and development (R&D) investment in Belgium amounted to approximately EUR 2.6 billion (PPP adjusted), representing about 17 % of total pharmaceutical R&D expenditure across the EU. On a per capita basis, Belgium is the largest spender in pharmaceutical R&D across the EU, with EUR 227 (PPP adjusted) per capita spent in 2022 (Figure 28). Belgium's impressive pharmaceutical R&D performance is driven by a strong research infrastructure and close collaboration between companies, universities, and research institutes. Pharmaceutical R&D relies on over 50 research centres and a highly skilled talent pool. Public-private partnerships and supportive government policies have strengthened Belgium's position as a hub for pharmaceutical and biotech innovation.

The number of pharmaceutical patent applications is another important metric for gauging innovation potential within the pharmaceutical sector. According to OECD Intellectual Property Statistics, 137 applications were submitted in Belgium under the Patent Cooperation Treaty (PCT) in 2022. This volume accounted for 8 % of all PCT applications originating from EU countries in that year. When related to population size, Belgium demonstrates a significant intensity with 11.8 applications per million population, largely exceeding the EU average of 4.1.

Belgium also has a relatively high rate of clinical trials per capita, more than two times greater than the EU average in 2024 (42 clinical trials per million population compared to the EU average of 18), also supporting pharmaceutical innovation. This has been supported by a dedicated trials programme managed by KCE (Box 1).

Box 1. The Belgian Healthcare Knowledge Centre (KCE) Trials Programme

The KCE Trials Programme is a Belgian funding initiative for non-commercial clinical trials, established in 2015 at the request of the Minister of Health. It focuses on research addressing healthcare issues often overlooked by the industry but of high societal importance. These trials differ from commercial ones by being practice-oriented, involving real-life patient treatments in hospitals, communities, and nursing homes. They evaluate the effectiveness of treatments that have never been directly compared, and aim to improve efficiency while maintaining or enhancing patient outcomes. The trials cover a broad range of interventions, not just pharmaceutical drugs or medical devices, but also lifestyle changes, psychotherapies, physiotherapy, surgical procedures, and diagnostics. Data from these trials are publicly available for further independent research, including cost-effectiveness studies.

7 Key findings

- The health status of the Belgian population is generally good. In 2024, life expectancy in Belgium reached 82.6 years, nearly one year higher than the EU average. After a notable decline of 1.3 years during the first year of the COVID-19 pandemic in 2020, life expectancy rebounded to reach a new all-time high in 2024. Cancer and circulatory diseases are the two leading causes of death, responsible for nearly half of all deaths.
- Behavioural and environmental risk factors accounted for 26 % of all deaths in Belgium in 2021, which was nonetheless slightly lower than the EU average of 29 %. While adult and adolescent smoking in Belgium have dropped in the last decade, heavy alcohol drinking among adolescents and lack of physical activity among adults are two important public health issues in Belgium.
- In 2023, per capita health expenditure in Belgium was nearly 20 % higher than the EU average and represented 10.8 % of Belgium's GDP, also above the EU average of 10.0 %. Public sources accounted for 74 % of health expenditure in 2023, below the EU average of 80 %. Out-of-pocket payments accounted for the bulk of private financing, reaching 22 % of total health spending - well above the EU average of 16 %, mostly driven by fee supplements.
- In 2024, only 1.5 % of the Belgian population in need of medical care reported facing unmet needs due to costs, travel distance or waiting times - a proportion less than half the EU average (3.6 %). However, unmet needs are disproportionately concentrated among individuals on low incomes. Income-related disparities in unmet needs are even more pronounced for dental care, which is less comprehensively publicly covered in Belgium as in many other EU countries.
- Belgium's screening rates for breast, cervical, and colorectal cancers are close to EU average, but remain well below the EU's 90 % target of the eligible population. However, significant regional disparities exist, with Flanders showing much higher coverage than Brussels and Wallonia for breast and cervical cancer screening.
- Despite an increase in the number of doctors and nurses, Belgium faces ongoing staffing shortages. In 2023, Belgium had 3.4 doctors per 1 000 population, well below the EU average of 4.3, but a relatively high nurse density with 11.5 nurses per 1 000 population, above the EU average of 8.4. Yet hospitals face difficulties in recruiting and retaining enough nurses. The shortage of nurses in hospital settings has important consequences for hospital bed closures and more broadly for the quality of care in hospitals.
- Belgium has significantly increased its investment in health information and communication technology in recent years to support the digitalisation of its health system. A growing proportion of Belgians are using digital tools to make online medical appointments and access their health records. A central component of the eHealth Action Plan (2025-2027) is the development of the future Belgian Integrated Health Record, a digital platform providing real-time access to comprehensive patient information for health professionals across different care settings.
- Belgium's per capita spending on retail pharmaceuticals was 6 % below the EU average in 2023. While generic medication use has increased over the past decade, Belgium's uptake remains low compared to other EU countries. On the positive side, Belgium is the leader in pharmaceutical R&D investment, with R&D spending per capita five times greater than the EU average in 2022, highlighting its strong innovative environment supported by a dense network of research centres, top scientific talent, and strong public-private partnerships.

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Country abbreviations

Austria	AT	Czechia	CZ	Germany	DE	Italy	IT	Netherlands	NL	Slovakia	SK
Belgium	BE	Denmark	DK	Greece	EL	Latvia	LV	Norway	NO	Slovenia	SI
Bulgaria	BG	Estonia	EE	Hungary	HU	Lithuania	LT	Poland	PL	Spain	ES
Croatia	HR	Finland	FI	Iceland	IS	Luxembourg	LU	Portugal	PT	Sweden	SE
Cyprus	CY	France	FR	Ireland	IE	Malta	MT	Romania	RO		

State of Health in the EU
Country Health Profiles 2025

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2025 edition of the *Country Health Profiles* provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- an account of the pharmaceutical sector and policies within the country.

Complementing the key findings of the Country Health Profiles is the *Synthesis Report*.

For more information, please refer to: https://health.ec.europa.eu/state-health-eu_en

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