



Flanders, Belgium

City Hall of Ghent



General overview

Flanders is the most populated region in Belgium. Of the 11 million inhabitants of Belgium in 2017, 6 million were living in Flanders, which covers 13 500 km² (1). In 2013, life expectancy in the region was 78.9 years and 83.6 years for men and women, respectively (2).

Belgium has a complex state structure whereby the competencies are divided between the federal level and the regional level (the 3 Communities (person-related issues) and the 3 Regions (land-based issues, such as environment and agriculture). Flanders decided to merge the different competencies into one governance structure, with a Regional Government, Parliament and Administration.

In Belgium, the federal and regional levels are on an equal footing. Since 1980, political responsibilities, such as those related to health care, have been increasingly devolved to the regional level. The federal level is responsible for: the regulation and financing of the compulsory health insurance; the financing of hospital budgets; legislation related to the qualification of professionals; and the registration and price control of pharmaceuticals. The regional level is responsible for issues, such as: financing

the health infrastructure and heavy medical equipment; quality control of emergency hospitals; health promotion and disease prevention; defining the recognition norms for hospitals; planning the health workforce; mental-health care; rehabilitation; maternity and child health care; coordination in primary care; and long-term care.

The Belgian health system is characterized by a compulsory health-care insurance system. Health policy is the responsibility of both the federal and regional levels.

To facilitate collaboration and conclude cooperation agreements between the federal and regional levels, interministerial conferences are organized on a regular basis. The topics of discussion at these conferences relate to competencies (for example, chronic diseases) that are divided among the different governance levels. The conferences agree on the approach to action on these topics. For example, the Interministerial Conference on Health, which gathered the different ministers of health at the federal and regional levels, resulted in an action plan on e-health in Belgium in 2015. The ministers agreed to set up a common governance structure

that would ensure the political and operational coordination of the action plan. Specialized working groups follow up on this at a more detailed and technical level.

The Belgium Health Interview Survey carried out in 2013 identified a small increase in the satisfaction of the Flemish population with the health-care system compared to 2008. The social gradient was apparent in all surveys conducted in this period, however, whether they were on chronic diseases, mental-health issues, suffering, long-term functional limitations, quality of life, or health perception (3).

In December 2016, Flanders adopted the multiannual health goal that “every citizen in Flanders lives healthier in 2025”. The approach to this goal involves a change in the way of thinking of policy-makers and field workers. Previous multiannual health goals have focused on problem-driven action to tackle health-related issues, such as nutrition, tobacco use and physical activity.

The overarching concept of the new health goal to extend life expectancy is proportioned universalism with a focus on vulnerable

groups. To achieve it will require the actors involved to consider the different settings that are important in people’s daily lives, such as workplaces, leisure-time settings, environments, neighbourhoods and sports settings.

Since the Sixth State Reform in Belgium in 2014, Flanders has made progress in implementing new competencies in areas, such as primary care, mental-health care, rehabilitation, home care and care of the elderly.

Demographic changes and population ageing are generating an epidemiological shift towards chronic diseases, which is putting pressure on health-care organization in Flanders.

Since February 2017, Flanders has been implementing primary-care reform based on the *WHO framework on integrated people-centred health services* (4). The organization of integrated primary-health and social care focuses on a patient-centred approach, which combines self-care and home care with primary and outpatient care in conjunction with hospital and residential care.



Strengths

The strengths of the Flanders health-care system include:

- ✓ long-term health targets in prevention (vaccination, suicide, cancer, nutrition), which provide a solid basis across several legislatures;
- ✓ the involvement of stakeholders in the process to reach a health target (quadruple helix model);
- ✓ the outsourcing of action towards health targets and other policy initiatives to partner organizations, which creates a critical mass of field workers in support of the policies in question (for example, the Expertise Center Dementia in Flanders helps increase the expertise of care workers and offers citizens and professionals a forum for the exchange of knowledge about dementia).



Aspirations

The Flanders region is aiming to:

- ✓ work on inclusion of the Health in All Policies (HiAP) approach (5,6) in the Flanders Vision 2050 strategy, which is based on the circular economy concept and part of the long-term vision to achieve the Sustainable Development Goals (SDGs) (7) in Flanders;
- ✓ empower its citizens by increasing health literacy in prevention and health care.
- ✓ continue to focus on the social gradient in health and prevent lower levels of health and well-being among citizens of lower socioeconomic status (increasing healthy life expectancy).



Challenges

These include:

- ✓ a lack of sustainable cross-sectoral governance at the regional level (the HiAP approach) (5,6);
- ✓ insufficient cooperation between the regional and local levels on issues of environment and health (biomonitoring);
- ✓ bringing changes to the organization of care by integrating social and health care and introducing a patient-centred approach.



Potential areas of collaboration

The Flanders region is interested in collaborating with other regions on the:

- ✓ development of an HiAP approach (5,6) (by exchanging strategies on and evidence related to its implementation), including an all-of-government, all-of-society approach;
- ✓ development of strategies on and interventions for tackling the social gradient in health and monitoring their effect;
- ✓ development of a geographical tool for mapping differences in socioeconomic status;
- ✓ development of approaches to introducing behavioural change and increasing health literacy with a view to shared decision-making, for example, on cancer prevention and screening and primary care;
- ✓ implementation of the 2016 multiannual health goal, "in 2025 every citizen in Flanders lives healthier", by exchanging information on HiAP (5,6) approaches and, particularly, on developing healthy conditions in workplaces, leisure-time settings, the environment, neighbourhoods and sports settings.



Working groups

The Flanders region is interested in participating in working groups on:

- ✓ the Sustainable Development Goals (SDGs)(7)/equity;
- ✓ environment;
- ✓ health systems/primary health care.

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People active in the Regions for Health Network (RHN)

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