Flanders, Belgium

General overview

Flanders is the most populated region in Belgium. In 2019, of the country’s 11 million inhabitants, 6.58 million were living in Flanders, which covers an area of 13 500 km². In the same year, life expectancy in the region was 80.8 years and 84.8 years for men and women, respectively. The gross domestic product per capita was €38 200 (1).

Belgium has a complex state structure whereby competences are divided between the federal and regional levels. The three communities — the Flemish Community, the French Community and the German-speaking Community — deal with person-related issues, and the three regions — the Flemish Region, the Brussels capital region, and the Walloon Region — take care of land-based issues, such as environment and agriculture. Belgium’s state structure is complex, comprising three levels: federal, community and regional. Flanders decided to merge the different competences into one governance structure, comprising a regional government, a parliament and an administration (2).

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; controlling the quality of emergency hospitals; promoting health and
preventing disease; defining the recognition norms for hospitals; planning health workforce, mental-health care, rehabilitation, and maternity and child health care; and coordinating primary care and long-term care.

Regional activities linked to the WHO European Programme of Work

The following activities are linked to the three core priorities of the European Programme of Work (EPW): (i) moving towards Universal Health Coverage (UHC); (ii) promoting health and well-being; and (iii) protecting against health emergencies.

Moving towards UHC

The Flanders Institute for Primary Care was established in 2019 as part of the primary-care reform and, since 2020, the integration of health and social care has been the focus of 60 primary-care zones. The management of population health takes priority. During the COVID-19 crisis in 2020–2021, mobile vaccination teams created a difference for people in hard-to-reach areas.

Compensation for non-medical expenses is provided by Flemish Social Protection (3). This body has a care budget for people in need, pays for wheelchairs and other walking aids, and invests in care facilities, such as residential care centers and rehabilitation hospitals and facilities. In addition, it is responsible for reimbursing care providers for their participation in multidisciplinary care consultation. Regarding older people, this care budget makes the difference in deciding whether or not to delay health care.

Promoting health and well-being

In connection with policy development, Flanders uses the concept of proportioned universalism. This means that, whatever action or initiative is taken, there is room to consider the more vulnerable population groups.

In December 2016, Flanders adopted the multiannual health goal, “every citizen in Flanders lives healthier in 2025” (4). The approach to this goal involves changing the 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.

Achieving the 2025 goal will require that the actors involved consider different settings that are important in people’s daily lives, such as workplaces, leisure-time settings, environments, neighbourhoods, and sports settings.
Protecting against health emergencies

During the COVID-19 crisis, the Flanders Agency for Care and Health organized mitigation and public health response for the region.

One of its major achievements was the organization of vaccination centres with local actors. Another was the mobile teams’ success in reaching out to people living in isolated areas. To do so, they worked with local authorities and local networks, such as the anti-poverty network.

The crisis brought a new dimension to cooperation with local non-health-care actors. Flanders was fully competent in organizing vaccination against COVID-19, the basic coverage of which was 84.5% of the population (5).

Actions linked to the EPW flagship initiatives

(The Mental Health Coalition; Empowerment through digital health; The European Immunization Agenda 2030; Healthy behaviours: incorporating behavioural and cultural insights.)

Initiatives relative to the Mental Health Coalition

In the promotion of mental health, well-being is a large competence area of the Flanders Agency for Care and Health. Many actions and initiatives are underway in this area. For example, the Flemish Institute for Healthy Living has amassed important scientific knowledge about happiness (on what it is and how one can work to achieve it) in a happiness triangle (the Triangle of Happiness) (6).

The Triangle of Happiness (6) is already being used in school settings and companies by health and care professionals and non-professionals.

Flanders also has a comprehensive suicide prevention action plan (7).

Initiatives relative to empowerment through digital health

Flanders is developing a digital care and support plan, which can be used by health professionals to help those in need of care identify their goals in life.

A care atlas has been developed that allows identification of health data with socioeconomic data at the local level. The tool supports the primary-care zones in determining their main actions towards the integration of health and social care.

Initiatives relative to the European Immunization Agenda 2030

The Flanders Agency for Health and Care is developing a vaccination policy and setting up campaigns and action plans. A plan on how to tackle vaccination critics is currently underway.

Flanders, Belgium
Initiative relative to healthy behaviours: incorporating behavioural and cultural insight

The Flanders Agency for Health and Care is not involved in such an approach at the present time, but it will be most useful in connection with the recently started development of a plan to improve health and care literacy.

Initiatives specific to Flanders

Person-centered care and the development of goal-oriented care

This involves identifying and taking action towards fulfilling the personal life goals of those needing care.

Caring neighbourhoods

One hundred and thirty three (133) very small projects are working towards the creation of caring neighbourhoods where people with a need for support (large or small — in multiple life domains, regardless of age) can continue to live comfortably in their own homes. In these neighbourhoods: young and old will be able to live together and feel safe; quality of life will be central; residents will know and be able to help each other; both individuals and families with large and small support needs will receive it; and services and facilities will be accessible and available (8).

The three most important topics for collaboration within the Regions for Health Network

These are:

1. pandemic preparedness, based on lessons learned
2. climate change
3. strengthening the integration of care, including the Caring neighbourhoods project.

Main partners and collaborators

These are:

- the Flanders Institute for Primary Care (VIVEL)
- the Flemish Institute for Healthy Living (Gezond Leven).

Both these bodies are linked to the topics described above, but since the Flanders Agency for Care and Health develops health and care policy with many partner organizations, expert organizations, and a consortia of academic institutes and/or research centres, the list is not limited.
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References


1 Unless otherwise indicated, all URLs accessed 14 July 2022.