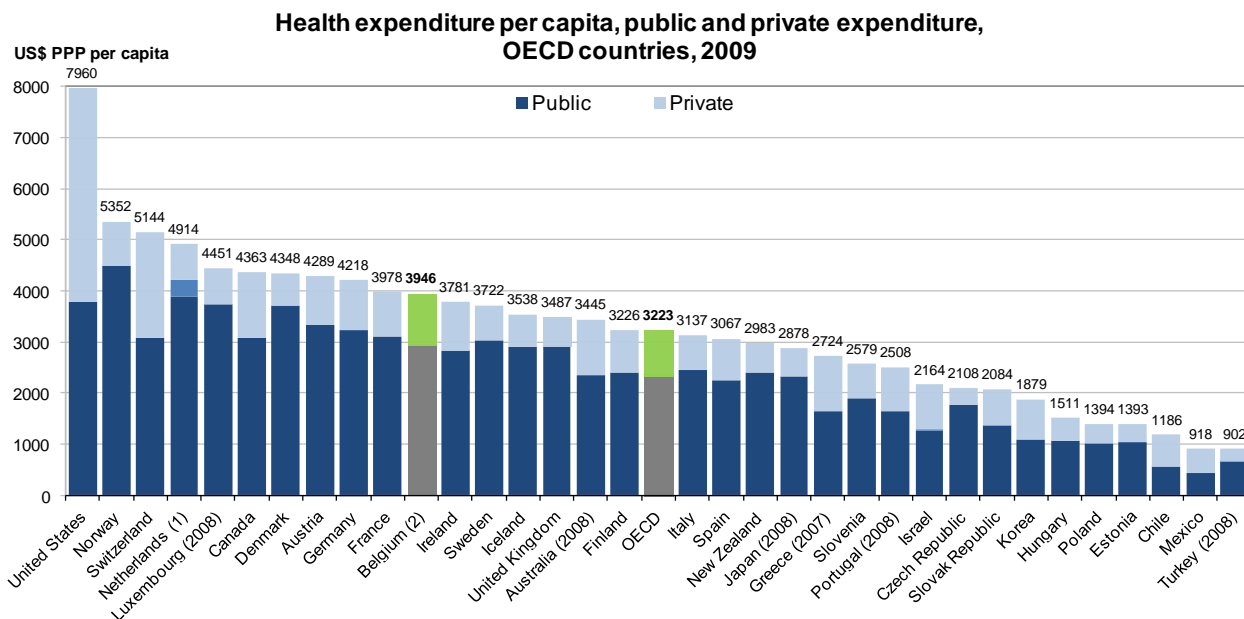
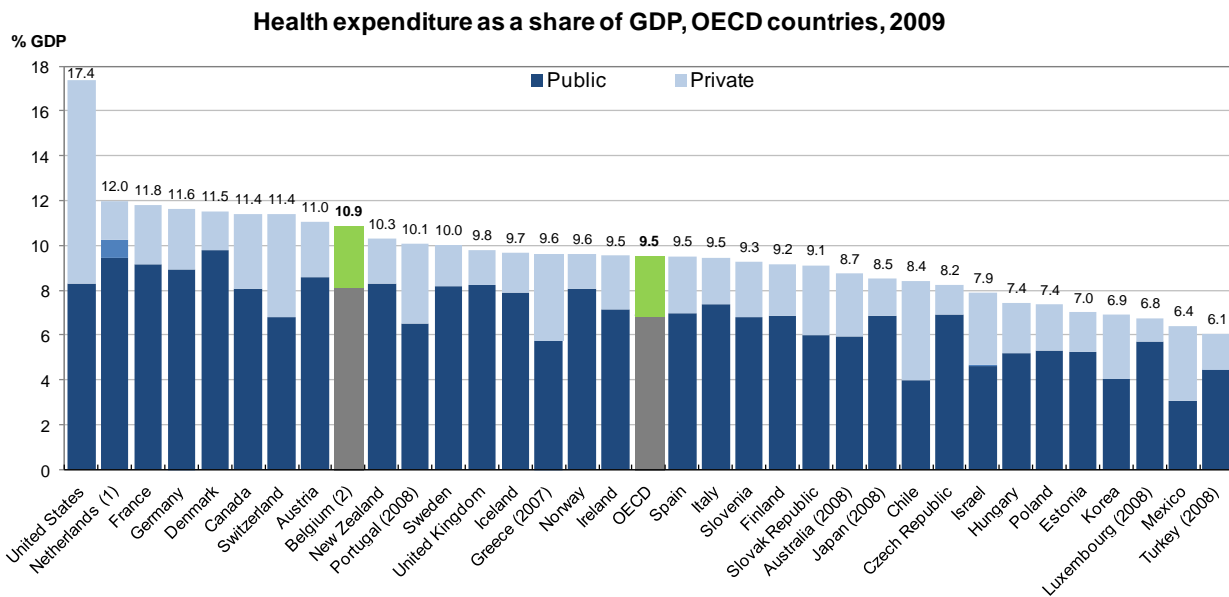


OECD Health Data 2011

How does Belgium compare

Health spending accounted for 10.9% of GDP in **Belgium** in 2009, around 1.4 percentage points higher than the OECD average of 9.5%. However, health spending as a share of GDP is much lower in **Belgium** than in the United States (which spent 17.4% of its GDP on health in 2009), and it is also lower than in number of European countries such as the Netherlands (12.0%), France (11.8%), Germany (11.6%) and Switzerland (11.4%).

Belgium also ranks above the OECD average in terms of health spending per capita, with spending of 3,946 USD in 2009 (adjusted for purchasing power parity), compared with an OECD average of 3,223 USD. Again, health spending per capita in **Belgium** remains much lower than in the United States which spent 7,960 USD per capita in 2009.



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.
 2. Total expenditure excluding investments. Source: OECD Health Data 2011, June 2011.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

The public sector is the main source of health funding in all OECD countries, except Chile, the United States and Mexico. In **Belgium**, 75.1% of current health spending (excluding investments) was funded by public sources, slightly less than the OECD average of 71.9%.

Resources in the health sector (human, physical, technological)

The number of physicians per capita in **Belgium** is quite close to the average number of physicians in OECD countries. There were 2.9 physicians per 1 000 population in **Belgium**, compared to an average of 3.1 in OECD countries.

The number of curative care hospital beds in **Belgium** was 4.2 per 1 000 population, higher than the OECD average (3.5 beds). As in most OECD countries, the number of hospital beds per capita in **Belgium** has fallen over the past 20 years. The decline has coincided with a reduction of average length of stays in hospitals and an increase in the number of surgical procedures performed on a same-day (ambulatory) basis.

The diffusion of modern medical technologies is a major factor in the increase of health spending in OECD countries. For example, the number of magnetic resonance imaging (MRI) units used to diagnose many diseases has increased more than fivefold on average in OECD countries since the early 1990s. In **Belgium**, the number of MRIs increased from 6 units per million population in 2000 to 10.7 in 2009. This remains lower than in some Nordic countries (Denmark, Finland) but exceeds the number of MRI units in Germany and France. The country which has, by far, the highest number of MRIs and CT scanners per capita is Japan.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2009, life expectancy at birth in **Belgium** was 80.0 years, slightly above the OECD average (79.5 years). Japan has the highest life expectancy at birth with 83.0 years, followed by Switzerland, Italy and Spain with life expectancies at birth of 81.8 years or more.

The proportion of daily smokers among adults has shown a marked decline over the past two decades in most OECD countries. In **Belgium**, the proportion was 20.5% in 2008 – below the OECD average of 22.3%. Australia, the United States and Sweden provide examples of countries that have achieved even lower smoking rates, with less than 17% of the adult population reporting smoking on a daily basis.

Obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In **Belgium**, the obesity rate among adults – based on self-reported data – increased from 10.8% in 1997 to 13.8% in 2008. This remains lower than the average for the 28 OECD countries with self-reported data (15.1%). Obesity's growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases), and higher health care costs in the future.

More information on *OECD Health Data 2011* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on **Belgium**, please visit www.oecd.org/belgium.