



5.4 Governance

Since the COVID-19 pandemic, good governance has gained further importance as central government institutions were forced to rapidly adjust decision-making processes and cross-government policy-coordination, while pre-existing structures were not always adapted to respond to the multidimensional impacts of the COVID-19 pandemic.⁶⁸

In the new Belgian HSPA framework, governance was therefore defined as the capacity of health decision makers to ensure accountability and agency, transparency, provide fit-for-purpose institutions and be responsive to the needs of the population (adapted from Papanicolas et al. 2022¹¹).

This report includes four indicators that provide specific information on the governance of the healthcare system. The results give only a partial view of the performance of the Belgian health system governance and two of the indicators are based on self-reported key informant data. Nevertheless, some important conclusions can be drawn.

Responsiveness to population's needs and accountability and agency

In 2022, 90% of the Belgian population was satisfied with the healthcare system, which was the highest level among EU-27 countries. This indicator (S-29) can be considered an overall indicator of the performance of the Belgian health system, as it also relates to (sub-)dimensions beyond governance. The mean level of trust in the healthcare system in Belgium increased from 6.7 to 7.0 between April/May 2020 and June/July 2020 and then decreased to 6.3 in February/March 2021. The mean level of trust in Belgium was lower than or equal to the EU-14 average level between June/July 2020 and February/March 2021 but remained higher than the EU-27 average level. The discordance between the high satisfaction with the healthcare system and the average trust level in the healthcare system could potentially be related to differences in the time period of the survey or in the phrasing of the survey questions (satisfied vs dissatisfied for S-29 and a 1-10 scale for S-30).

In 2023, Belgium had a score of two (scale 1-3) for patients' formal participation role in health policy. Citizens or patient organisations were involved in three areas of health policy making: coverage or reimbursement, Health Technology Assessment and definitions of public health objectives. Belgium's scores remained similar to the EU-14 and EU-27 average scores over time (2023: 1.7 and 1.8, respectively).

Transparency

Belgium had data available for 82% of health-related SDGs for at least one year between 2013 and 2017, which was a bit lower than the EU-27 and EU-14 averages. Based on a more recent OECD survey (2019-2020) of health data development,⁶⁹ Belgium scored 4.42 (out of 8) for health dataset availability, maturity and score and 11.86 (out of 15) for health dataset governance. These results indicated average agreement with the policies, regulations and practices that foster the development, use, accessibility and sharing of key national health datasets for research and statistical purposes and high agreement with the health data governance policies and practices that were measured.

Conclusion

Although the Belgian population's satisfaction with the healthcare system has remained high over time, the country's performance on other indicators of governance was average, including trust in the healthcare system during the COVID-19 pandemic, patient having a formal participation role in health policy and the availability of data to monitor health-related SDGs. The latter is however based on old data^s and in recent years, Belgium has made efforts to improve its health information system (see section 13.1).




As noted in KCE Report 370,¹⁰ the selection of governance indicators has several limitations, including the exclusion of indicators related to the governance of specific sectors of the health system and the focus on quantitative indicators. Nevertheless, several indicators reported in the sub-dimension quality – people-centred care are also related to governance and more precisely the empowerment of the population and the responsiveness of the system to population needs. Some qualitative assessments can also

^s No evaluation is therefore given.






be found in the Belgian Health Systems in Transition (HiT) profile⁵. The appendix of the KCE Report 370¹⁰ provides to the interested readers the sections of the HiT that give qualitative information on the governance.

Table 14 – Sustainability: Indicators on governance of the healthcare system

(ID) Indicator	Score	Belgium	Year	Flanders	Wallonia	Brussels	Source	EU-14	EU-27
S-29 New People satisfied with the healthcare system (% of respondents)		90	2022	-	-	-	Gallup World Poll*	73	68
S-30 New Trust in the healthcare system, scored on a 1-10 scale		6.3	2021	-	-	-	Eurofound	6.5	5.9
S-31 New Patient having a formal participation role in health policy (scored on a 1-3 scale)		2	2023	-	-	-	OECD	1.8	1.7
S-32 New Availability of data to monitor health-related Sustainable Development Goals (SDGs) (%)	C**	82	2013-2017	-	-	-	WHO	88	87

* Via OECD Statistics ** No score given as data are old.

Good () , average () or poor () results, globally stable (ST), improving (+) or trend not evaluated (empty).
For contextual indicators (no evaluation): upwards trend (↗), stable trend (→), downwards trend (↘), no trend (C).

5.5 Environmental sustainability

Environmental sustainability is defined as the system's capacity to minimize negative impacts on the environment and leverage opportunities to restore and improve it to the benefit of the health and well-being of current and future generations.⁶⁴ For a question of timing and data availability, this sub-dimension is not yet developed in the Belgian HSPA report.