3 BUILDING AND ENERGY MANAGEMENT

3.2 Energy audits/scans in care facilities in the Flemish region (ENV-9)

3.2.1 Documentation sheet

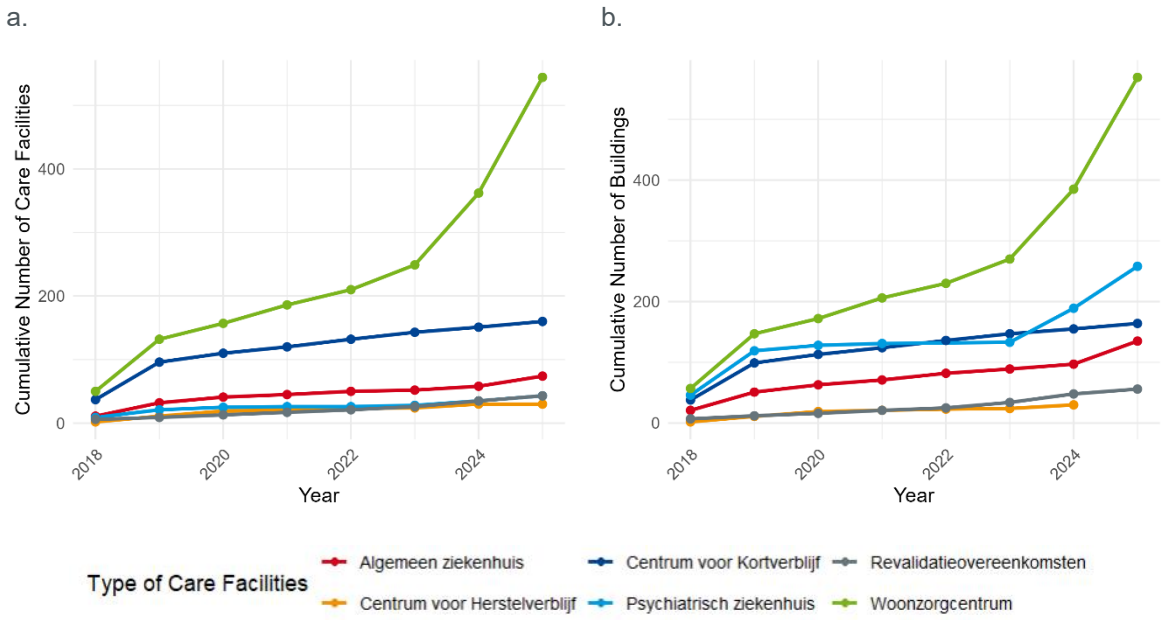
Description	**Primary indicator**: A. General hospitals that had an energy audit since 2018 in the Flemish region (percentage) **Secondary indicator:** B. General hospitals that had an energy audit in the Flemish region (number) C. Care facilities and buildings that had an energy audit since 2018 in the Flemish region (number) D. Care facilities that had an energy audit since 2018 (percentage) (per type of facility and per province of the Flemish region) E. Care facilities that received energy subsidies since 2018 (percentage) (per type of facility and per province of the Flemish region) F. Top 10 most commonly recommended and subsidized measures to improve energy efficiency in general hospitals of the Flemish region
Rationale	Hospitals and care facilities are energy-intensive public buildings, and their decarbonisation requires systematic assessment and continuous improvement. International organisations such as Health Care Without Harm (HCWH), the G20 and the Nordic Center for Sustainable Healthcare (NCSH) identify energy-efficient buildings as a key component of climate-related strategies in the healthcare sector [1-3]. Energy audits provide a structured basis for identifying inefficiencies and for planning targeted actions to reduce energy consumption and associated greenhouse gas emissions. In Belgium, the Operation Zero project estimates the annual direct emissions of the healthcare sector at 1.084 kt CO_2e, implying an expected ETS2 cost of about 65 million euro per year (at 60 euro per tonne CO_2) [4]. Energy audits and the corresponding investment subsidies currently generate an estimated potential financial effect of 31 million euro annually for Flanders (calculation by VIPA, based on [5] and [4]). This is relevant in light of recent analyses showing that hospitals face increasing budgetary pressure [6]. Although lower energy prices temporarily eased operating costs in recent years, future ETS2-related expenses are expected to rise. Energy audits and related investment support therefore offer a structured approach to identifying and implementing cost-efficient energy-reduction measures.
Calculation	**Primary indicator (A)**: • Numerator: The number of general hospitals that had an energy audit since 2018 • Denominator: Total number of active general hospitals (dd. August 2025) **Secondary indicators:** **Indicator B:** • Numerator: The number of general hospitals that had an energy audit since 2018 • Denominator: / **Indicator C:** • Numerator: The number of care facilities/buildings that had an energy audit since 2018 • Denominator: / **Indicator D:**

	• Numerator: The number of care facilities that had an energy audit since 2018 • Denominator: The total number of active care facilities (dd. August 2025) **Indicator E:** • Numerator: The number of care facilities that received energy subsidies since 2018 • Denominator: The total number of active care facilities (dd. August 2025)
Data source	The Flemish Infrastructure Fund (VIPA 2025)
Technical definitions	The Flemish Infrastructure Fund (VIPA), in collaboration with the Flemish Energy Company (VEB), supports healthcare and welfare facilities in improving energy efficiency and climate resilience. Since 2018, VIPA offered free (until 2025), tailored energy scans or audits conducted by qualified energy specialists. These audits provide a detailed assessment of a building's energy consumption, technical installations, and the condition of the building envelope, with the aim of identifying measures reducing energy use and enable renewable energy production, as well as offering detailed insight in costs and indicating potential savings. An energy scan focuses on short- to medium-term measures that help achieve the 2030 climate objectives. An energy audit takes a longer-term perspective, proposing measures that contribute to carbon neutrality by 2045–2050 and includes a full energy balance and heat loss calculation. In this analysis, no distinction is made between an energy scan and an energy audit. The outcome of both energy scans and audits is a dynamic action plan listing recommended measures, their estimated payback period, and potential CO_2 reduction. Facilities can adjust this plan themselves, while investment costs and savings are automatically recalculated. Climate subsidies are available for measures with a payback period longer than five years, and all energy-saving measures are eligible for interest-free loans.
International comparability	To the best of our knowledge, there are no public international reports on similar data.
Limitations	Data are only available for Flanders and facilities in Brussels under the authority of the Flemish government. Data on invested amounts by hospitals are unavailable. However, data on governmental subsidies provide some insight on this matter.
Dimension	Environmental sustainability
Related indicators	/
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3.2.2 Results

Since its launch in 2018, an energy scan/audit was conducted in 52 out of 59 active general hospitals. In the healthcare sector as a whole, as shown in Figure 1, 424 facilities and 466 buildings were residential care facilities, representing the majority of assessments. These numbers have known a steep increase in 2023 and onwards, when energy audits had become mandatory for many large and medium sized organisations.

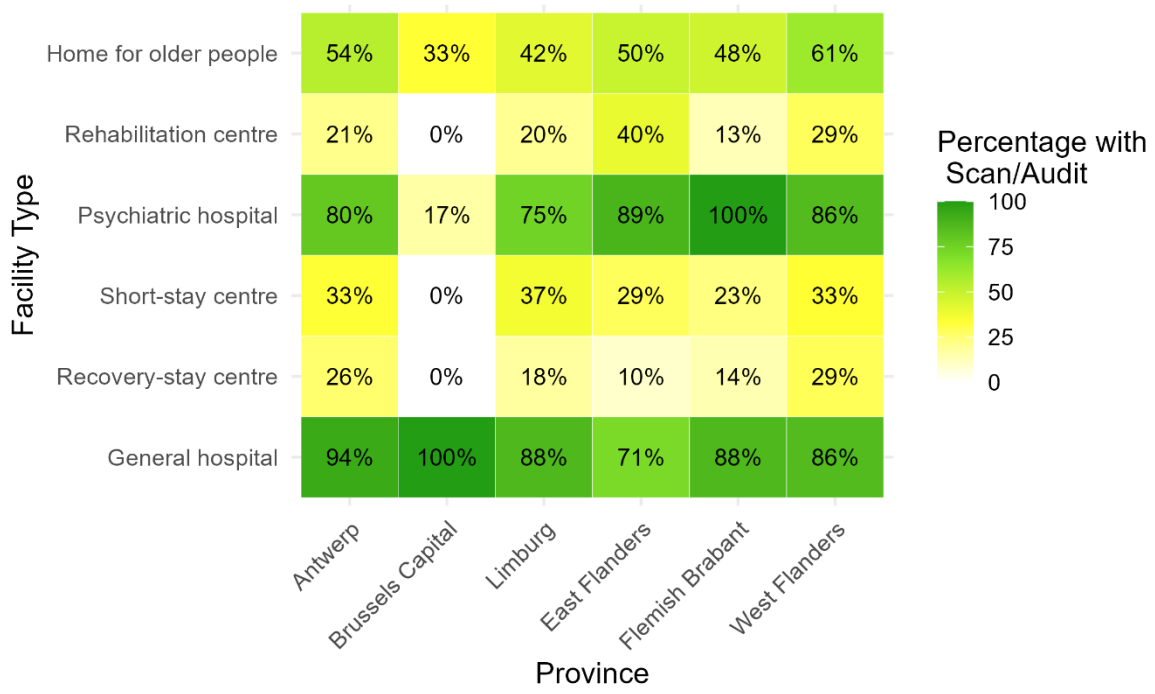
Figure 1 – Cumulative Number of (a) Care Facilities and (b) Buildings with a Scan/Audit



Source: VIPA 2025

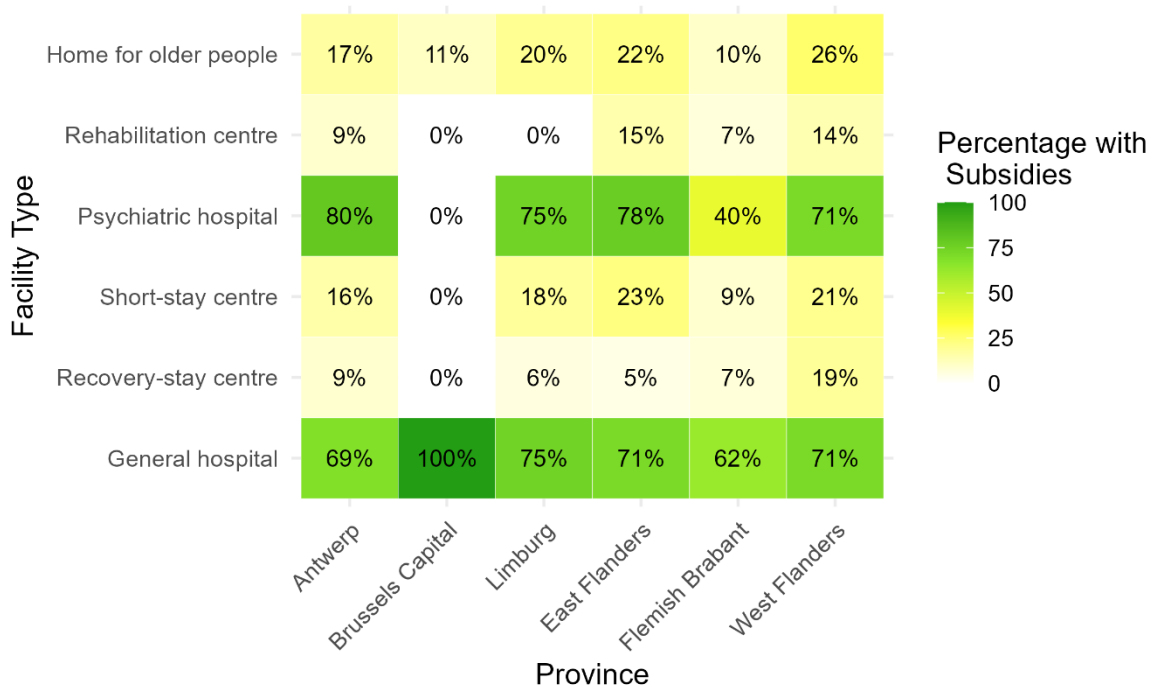
While residential care facilities may be the most frequently audited type, this is not the type of care facility with the largest proportion scanned/audited (as displayed in Figure 2), nor subsidized (as shown in Figure 3. General and psychiatric hospitals are indicated as having the largest proportion of facilities scanned/audited as well as subsidised. This is a positive finding given that the greatest potential of healthcare-related reduction of emissions is with hospitals, as they are responsible for approximately 55% of the emissions of the healthcare sector {FPS Public Health, 2025 #356}. Furthermore, it must be noted that the number of facilities in the Brussels Capital Region is very low, thus explaining the extreme values of many facility subtypes in Figure 2. No major differences emerge between Flemish provinces, except a lower share of subsidised facilities in Flemish Brabant. Without information on the result of the scan/audit, it is hard to gain more insight in this finding.

Figure 2 – Proportion of Facilities with Scan/Audit by Type and Province (2018-2025)



Source: VIPA 2025

Figure 3 – Proportion of Facilities with Subsidies by Type and Province (2018-2025)



Source: VIPA 2025

RECOMMENDED AND SUBSIDISED MEASURES

Table 1 shows the top 10 of interventions for general hospitals that were proposed on the basis of an energy scan/audit. The majority of proposed interventions had a payback period longer than five years, thereby potentially qualifying for VIPA subsidies, which are shown in Table 2 ordered by assigned budget. The most frequently recommended and subsidised intervention involved relighting or relamping, while photovoltaic panels consistently ranked among the top three as well. The subsidised measures for general hospitals listed in Table 2 account for 77% of the total amount of €36 654 703.5 spent until today.

Table 1 – Top 10 most recommended measures in general hospitals

	Recommended measure	Frequency	Proportion with payback period ≤ 5y
1.	Relighting/Relamping	189	17%
2.	Photovoltaic panels	140	19%
3.	Monitoring	77	19%
4.	Pump/valve/hydraulic insulation	75	19%
5.	Boiler room renovation	72	0%
6.	Regulation and control measures	72	31%
7.	Heat pumps and cooling systems	63	0%
8.	Aluminium frame renovation	59	0%
9.	Outer facade	52	0%
10.	Roof insolation	48	0%

Source: VIPA 2025

Table 2 – Top 10 of subsidised measures in general hospitals

Source: VIPA

	Recommended measure	Frequency	Budget	Proportion of total budget
1.	Relighting/Relamping	20	€ 8 380 520.80	23%
2.	Ventilation renovation	14	€ 4 483 641.60	12%
3.	PV panels	29	€ 4 070 059.66	11%
4.	Boiler room renovation	21	€ 3 303 485.20	9%
5.	Joinery renovation	10	€ 2 242 035.00	6%
6.	Heat pumps and cooling systems	5	€ 1 452 479.73	4%
7.	Central heating	2	€ 1 389 000.00	4%
8.	Other	21	€ 1 095 160.00	3%
9.	Roof insolation	16	€ 1 057 425.00	3%
10.	Pump replacement	18	€ 894 318.80	2%

KEY POINTS

- An energy scan/audit was conducted in 52 out of 59 active general hospitals between 2018 and 2025. This cumulative share increased from 18.6% in 2018 to 88.1% in 2025.
- General and psychiatric hospitals are the most commonly audited and subsidised type of care facility. This is a positive finding given that the greatest potential of healthcare-related reduction of emissions is with hospitals, as they are responsible for approximately 55% of the emissions of the full healthcare sector.
- The most commonly recommended measure for general hospitals was related to relighting or relamping. This category of interventions was also assigned the largest subsidy budget. The second most commonly recommended measure was the installation of photovoltaic panels, which was also the third most frequently subsidized intervention.
- At present, no new VIPA subsidies are available for energy audits in healthcare facilities, as the current Flemish Government has not allocated funds for these climate objectives.

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