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After several years of negotiations, it is with great pleasure that I have joined the FEMS to represent Belgium and the GBS-VBS. I'm convinced that our small country's participation in your dynamic association will be beneficial to us all. It is regrettable that Belgium did not take part in the work presented in the FEMS white book, but I am committed to investing in future projects initiated by the new board.

This year's report will be short and succinct, as not much has changed in Belgium in recent months, not least because of the 2024 elections and the lengthy government discussions that followed. The June 2024 elections led in January 2025 to the formation of a centre-right federal government including the Flemish socialists. This enabled Frank Vandenbroucke to regain the post of Minister for Health at a time when the entire medical Belgian world was hoping for a change and a more centre-right governance.

The two major reforms initiated more than four years ago by the same minister, namely the reform of hospital financing and the updating of the nomenclature of medical acts, are still under way. One thing is certain: the simplification and transparency so eagerly awaited by the medical profession will not be forthcoming. Yet these were essential issues for all doctors, particularly those working in hospitals.

The law banning supplements for BIM patients (Bénéficiaires de l'intervention majorée) came into force in January 2025. A second phase is planned for September, which should increase the number of patients affected to around 2 million (out of a population of 11 millions). This measure will exacerbate doctors' financial losses, particularly in the private system, which for many hospital practitioners is a source of income to offset the modest fees they receive for their hospital work.

The healthcare budget, as renewed for this year and 2026, is a closed envelope. There is a growth norm (2.5% in 2025), but this is lower than the cumulative indexation and the increase in needs linked to technological advances and demographic changes in the population. This means that the real healthcare budget is falling in absolute terms, whereas it should be rising to meet the challenges we face. Within this budget, the only room for manoeuvre left is to make savings or take from some to give to others.

This recurring policy of restraint is a source of conflict and frustration at a time when we know we need to make the medical sector more attractive and retain all those involved in healthcare. When will the political world understand that we need to invest financially and enhance the value of the healthcare sector if we are to meet current and future challenges ?