



**79th AEMH Plenary Meeting
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Belgium Report

Please name 3 main current concerns of the healthcare system in your country :

- A medical-insurance agreement was concluded in January with an 87% uptake rate and strong participation from GPs. This apparent success masks the reality on the ground: a lack of access to certain specialities and particular difficulties regarding hospital-based specialities.
- The Ministry of Health and Employment, doctors, patients and employers are grappling with long-term incapacity for work, which affects 500,000 Belgians.
- The reform of hospital funding and the classification of medical procedures is still in progress after more than five years.

Full report

Report from Belgium

A new agreement between doctors and the National Institute for Health and Disability Insurance (INAMI) was concluded in January 2026. The overall uptake rate is 87%, with strong participation from general practitioners. This high figure masks the reality on the ground: a lack of access in certain specialities and difficulties faced by others, both in hospitals and in private practice.

In hospitals, several situations are cause for concern:

Doctors working in hospitals ensure their smooth running, but they face ever-increasing deductions from their income. Consequently, we are seeing a flight from hospital settings by specialists who are able to do so (ophthalmologists, ENT specialists, urologists, orthopaedic surgeons, gynaecologists, stomatologists). They are thus leaving the heavy medical and surgical workload to their hospital colleagues in favour of more profitable work in private practice. There is therefore a risk that the shift of the simplest and most profitable procedures out of the hospital will intensify, which will further exacerbate the difficulties in managing and running the hospital.

In contrast, other specialities are effectively held hostage by the hospital system. Whilst the rate of contract coverage remains high in certain specialities, this is not due to enthusiastic support for an efficient and fair system, but because certain doctors (A&E doctors, intensive care specialists, geriatricians, anaesthetists, radiotherapists) are effectively trapped within this system. They cannot move their practice to the private sector. Furthermore, they are penalised by the law prohibiting the charging of additional fees to hospitalised patients. This level of contract coverage therefore does not reflect a comfortable situation within the hospital system, but rather the existence of constraints specific to certain hospital specialities.

These same doctors ensure access to certain specialities and safeguard the system's long-term viability. They are the first to face the constraints of on-call duties and call-outs, rising costs, recruitment difficulties, and departments struggling to retain certain staff profiles in order to function. It is also they who must provide care for increasingly complex patients, who require extensive or multidisciplinary consultations that are financially undervalued.

Today, the system is on its last legs. Far-reaching reform is essential, both in terms of funding and with regard to the recognition and valuation of medical intellectual work, whether it relates directly to patient care or to the broader management of patients' health.

In Belgium, in 2026 there were more than 500,000 people on long-term sick leave (>1 year) out of a working-age population of approximately 7.86 million and an employment rate of 72.3% (5.66 million people in work). These long-term sick people therefore represent around 10% of the working population. The Ministers for Health and Employment have therefore brought all stakeholders together to try to address this situation and, in particular, to encourage a return to work. Several waves of measures have been introduced. These aim to strengthen reintegration support and make employers and patients more accountable, whilst offering incentives and additional resources. Doctors are also involved in these changes, both in terms of clinical care and therapeutic follow-up, as well as monitoring, which inevitably raises ethical issues.

Finally, the long-awaited reform of hospital funding and the revision of the healthcare classification system have still not been completed after five years.

At hospital level, the hope for administrative simplification, desired by all, is fading fast. The place and role of medical directors and the medical board in the management of the hospital system remains a major issue in this reform. Clear rules regarding deductions from medical procedures and fees also remain to be defined. These must be accompanied by a precise definition and transparent rules regarding the use of these funds for the payment of expenses and the support and development of medical activity within the hospital.

As regards the revision of the classification of medical procedures, the debate centres primarily on placing greater value on intellectual work and medical expertise (acquired and developed), alongside, in all likelihood, a reduction in technical procedures and an expansion of flat-rate payment schemes.

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