

1.1. Compulsory health insurance coverage (% of the population entitled to compulsory insurance) (A-1)

1.1.1. Documentation sheet

Description	A-1 Compulsory health insurance coverage (% of the population entitled to compulsory insurance)
Calculation	Numerator: Belgian population affiliated with a sickness fund and fully compliant with administrative requirements Denominator: Belgian population affiliated with a sickness fund
Rationale	<p>Belgium has made a commitment to universal health coverage (UHC), i.e. everyone should be able to obtain the health services that they need, of high quality, without risk of financial hardship in doing so.^{1,2} To meet the goals of UHC, the basis for entitlement should encompass everyone living in a country. However, in practice it is almost always more narrowly specified to exclude some groups, using criteria such as legal residence (most EU countries) or payment of contributions (most EU countries with social health insurance schemes).³ In Belgium, the basis for entitlement is legal residence and/or the payment of contributions to the social health insurance (SHI) scheme (e.g. employees, self-employed persons, pensioners) or payment of personal contributions directly to the sickness fund (e.g. working students, self-employed persons without work) or the receipt of replacement income (e.g. unemployed persons, persons in invalidity).^{2,4}</p> <p>The share of the population covered provides an important, but partial, measure of access to care. It is a pre-requisite for financial protection, but should be considered jointly with the range of services covered and the degree of cost sharing for those services to assess the comprehensiveness of healthcare coverage and accessibility of healthcare.⁵</p> <p>Belgium has a compulsory public health insurance system, covering a wide range of services for (nearly) the entire population (employees, self-employed, civil servants, unemployed, pensioners, minimum income recipients, disabled, students, foreign nationals as well as all of their dependents).² Since January 2023, health coverage for prisoners and detainees has been integrated in the compulsory public health insurance. However, some vulnerable groups are not covered by the compulsory public health insurance, such as undocumented migrants, asylum seekers (depending on the status of their application), homeless people (not automatically registered). They can rely on separate systems of health coverage for a more restricted set of services. Also posted workers (people sent by their employer to carry out a service in another EU Member State on a temporary basis) residing in Belgium are not covered by the Belgian public health insurance but by the health insurance of their country of origin. The services that are covered by compulsory health insurance are described in the nationally established fee schedule. Services not included in the fee schedule are not reimbursable.</p>
Data source	RIZIV – INAMI Statistics on Belgian population affiliated with a sickness fund. ⁶
Technical definitions	Each year two snapshots are taken of the Belgian population affiliated with a sickness fund at 30/6 and 31/12. For this indicator the situation on 30/6 is used. The Belgian population affiliated with a sickness fund can be further subdivided in individuals fully compliant with administrative requirements and individuals currently not insured. An uninsured person is defined as someone who is affiliated with a sickness fund, but not entitled to compulsory health insurance. The main reason is that administrative and/or financial requirements are not fulfilled.

International comparability	OECD health statistics on population coverage
Limitations	<p>Specific vulnerable groups without coverage in the compulsory public health insurance are not included in the data, because they are not affiliated with a sickness fund. These include undocumented migrants, asylum seekers (depending on the status of their application), and homeless people (not automatically registered). These groups can rely on separate systems of health coverage for a more restricted set of services (“<i>urgent medical assistance</i>” / “<i>dringende medische hulp</i>” / “<i>l’aide médicale urgente</i>”). In accordance with international law, posted workers (people sent by their employer to carry out a service in another EU Member State on a temporary basis) residing in Belgium are not covered by the Belgian public health insurance but by the health insurance of their country of origin. Employees in international organisations located in Belgium may also not be covered by the Belgian compulsory public health insurance, but rely on their own separate health insurance coverage. No good data exist to capture the size of these population groups not covered by the compulsory public health insurance. Moreover, people in transition between coverage from the Belgian compulsory health insurance and this private health insurance may be recorded as uninsured in the RIZIV – INAMI statistics.</p> <p>In the other direction, in accordance with international law, Belgians residing abroad may in certain instances remain affiliated with a sickness fund and insured through the Belgian system.</p>
Dimension	Accessibility
Related indicators	<p>A-2 Out-of-pocket (OOP) payments (% of current expenditure on health)</p> <p>A-4 Households facing catastrophic out-of-pocket payments (% of respondents, HBS)</p> <p>A-6 People with self-reported unmet needs for medical examination due to financial reasons (% of respondents, EU-SILC)</p> <p>A-7 People with self-reported unmet needs for dental examination due to financial reasons (% of respondents, EU-SILC)</p>
Reviewers	Dorothee Nevens (RIZIV – INAMI), Carine Van de Voorde (KCE)

1.1.2. Results

Belgium

Based on the available data, limited to the Belgian population affiliated with a sickness fund, population coverage of the compulsory public health insurance amounted to 99.1% in 2022. The percentage of uninsured persons was stable between 2011 and 2022 at about 1% (see Table 1).

Although coverage was near universal, barriers persist that impede full population coverage.

Table 1 – Population coverage of the compulsory public health insurance (2011-2022)

		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Belgium	Numerator: Persons affiliated and fully compliant	10 715 356	10 785 206	10 851 160	10 906 348	10 954 981	11 009 531	11 069 759	11 127 182	11 181 589	11 223 658	11 258 461	11 344 982
	Denominator: persons affiliated	10 823 976	10 904 425	10 969 707	11 028 464	11 073 971	11 131 460	11 184 208	11 235 495	11 292 693	11 339 850	11 373 977	11 451 564
	Indicator (%)	99.0%	98.9%	98.9%	98.9%	98.9%	98.9%	99.0%	99.0%	99.0%	99.0%	99.0%	99.1%
Regions	Flanders	99.4%	99.4%	99.4%	99.4%	99.4%	99.5%	99.5%	99.6%	99.6%	99.5%	99.5%	99.5%
	Wallonia	99.2%	99.2%	99.2%	99.2%	99.3%	99.3%	99.3%	99.4%	99.4%	99.4%	99.4%	99.5%
	Brussels	97.8%	97.7%	97.8%	97.8%	97.9%	97.9%	98.1%	98.3%	98.4%	98.4%	98.4%	98.7%
	Abroad	85.3%	82.9%	82.1%	82.0%	81.3%	79.9%	83.1%	83.0%	81.4%	81.1%	82.4%	83.0%
	Unknown							66.3%	67.0%	65.7%	45.4%	39.4%	57.5%
Gender	Male							98.7%	98.8%	98.7%	98.7%	98.7%	98.8%
	Female							99.3%	99.3%	99.3%	99.3%	99.3%	99.3%
Age category	0-19	99.4%	99.3%	99.4%	99.4%	99.4%	99.4%	99.4%	99.5%	99.5%	99.5%	99.5%	99.5%
	20-39	98.0%	97.8%	97.8%	97.8%	97.8%	97.7%	97.8%	98.0%	97.9%	97.8%	97.9%	98.0%
	40-59	98.9%	98.8%	98.8%	98.8%	98.8%	98.8%	98.9%	98.9%	98.9%	98.8%	98.8%	98.9%
	60-79	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%
	80+	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	100.0%

Source: RIZIV – INAMI⁶

Analysis by demographic characteristics, socioeconomic status

In Table 1 coverage rates were calculated for different population subgroups based on sociodemographic characteristics. Although differences were relatively minor, coverage rates were lower among males (98.8% in 2022) and among younger adults (age group 20-39, 98.0% in 2022). The latter can be partly the result of administrative red tape when individuals change status from being a dependant to a beneficiary. Anyone aged over 25 years, or under 25 years and working or receiving social benefits, must register with a sickness fund and pay contributions in order to be covered. An additional explanation is that younger adults and individuals at working age may be more mobile (with regard to activity status, place of residence, place of employment etc.) and may be more likely to find themselves in a financially precarious situation (limited savings, lack of work or informal work), elements that may raise financial and administrative barriers.

Regional comparison

The results in Table 1 show that the percentage of uninsured persons was slightly higher in Brussels (1.3%) than in Flanders (0.5%) or Wallonia (0.5%). However, the low coverage was much more visible in the group of uninsured persons living abroad, both in coverage rate and in absolute numbers of uninsured persons (not shown in Table 1). There were 37 540 uninsured individuals (or a coverage rate of 83.0%) in 2022 among persons living abroad, which was higher than the number of uninsured in any single region (34 604 in Flanders, 18 774 in Wallonia and 14 956 in Brussels). The financial and administrative burden to remain insured while abroad was probably higher while the direct benefits may be smaller, leading to a higher non-compliance rate. In absence of the population subgroup living abroad, the overall population coverage rate would increase to 99.4%. Finally, the subgroup with unknown residential information had a very low coverage rate, but was very small in absolute numbers (1 666 persons in 2022 of which 708 were not insured).

International comparison

Figure 1 and Figure 2 put the Belgian results in an European context. Most EU countries, including Belgium, report universal (100%) or near universal (over 99%) population coverage. There were some exceptions, like Romania (85.5%) or Poland (94.0%). However, it is not always clear how population coverage rates were calculated and if they are sufficiently reliable and comparable across countries.

Research suggests that significant gaps in population coverage were more likely to occur in countries that base entitlement on payment of contributions to a social health insurance (SHI) scheme than in countries that base entitlement on residence.³ Those most likely to lack coverage are unemployed, self-employed, and those working in the informal economy or in other forms of precarious employment. Many of them cannot afford to pay SHI contributions or find it difficult to pay due to administrative complexity.

In France, population coverage was increased by changing the basis for entitlement to the public health insurance in 2000 from the payment of SHI contributions to residence. In 2016, all residents – not just legal residents – were granted an automatic and permanent right to healthcare. Over time, SHI contributions have been reduced but not abolished, and persons not paying SHI contributions were not penalized by restricting their access to healthcare, but through the tax agency.^{3, 7}

Impact of COVID-19 pandemic

There was no impact of COVID-19 on population coverage rates.

Figure 1 – Population coverage of the public health insurance, evolution Belgium, EU-14 and EU-27 (2011-2022)

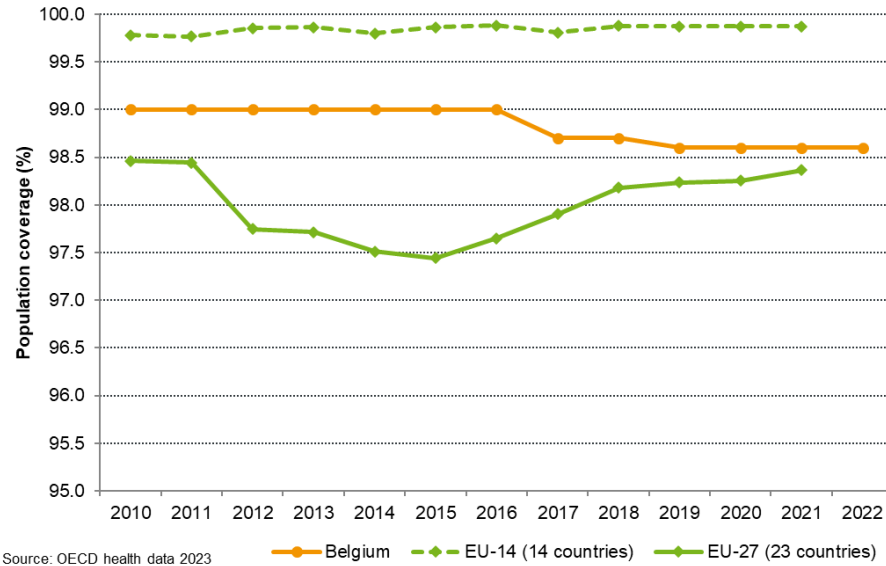
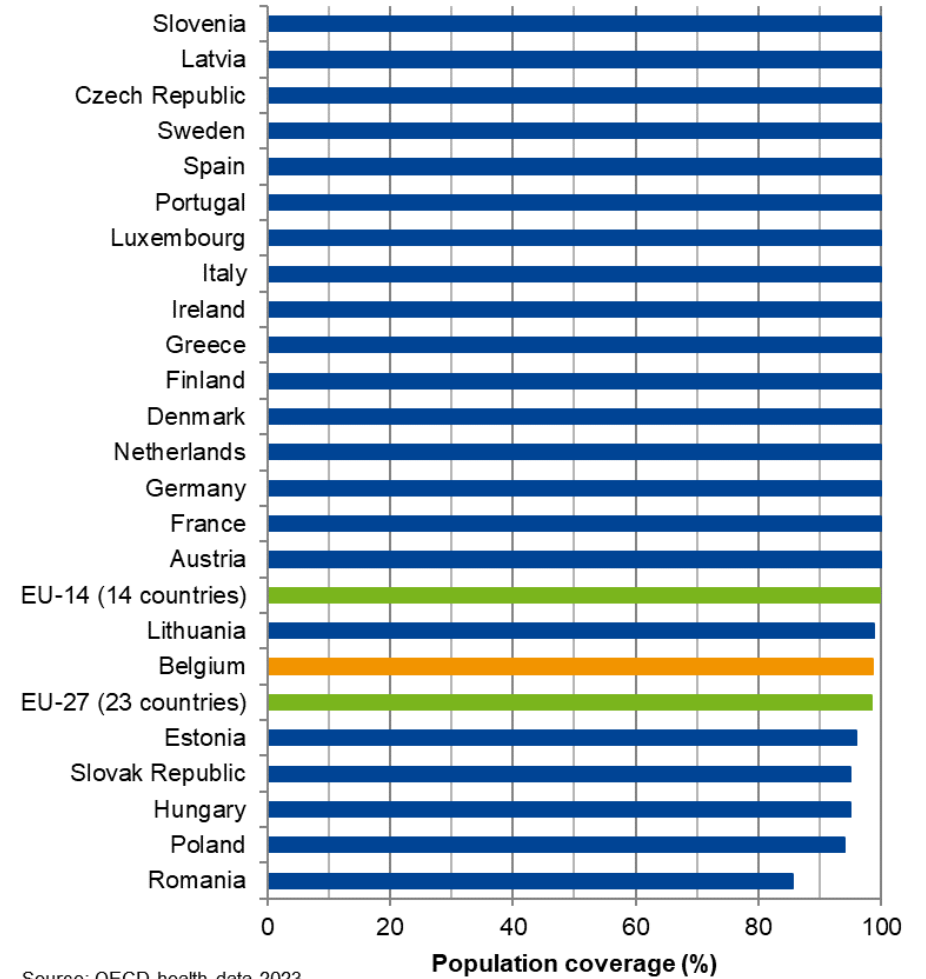


Figure 2 – Population coverage of the public health insurance in a European perspective (2022)



Key points

- **To meet the goals of universal health coverage, the basis for entitlement should encompass everyone living in a country.**
- **Population coverage in Belgium amounted to 99.1% in 2022. The percentage of uninsured persons was stable between 2010 and 2022 at about 1% (see Table 1). Although coverage was near universal, barriers persist that impede full population coverage.**
- **Differences in coverage rates across population subgroups are relatively minor, coverage rates are lower among males (98.8% in 2022), among younger adults (age group 20-39, 98.0% in 2022), and in the Brussels region (98.7%).**
- **Particularly low compliance rates are found among Belgians living abroad but still affiliated with a Belgian sickness fund.**
- **Most EU countries, including Belgium, report universal (100%) or near universal (over 99%) population coverage, although it is unclear how reliable and comparable these data are. Research suggests that significant gaps in population coverage are more likely to occur in countries that base entitlement on payment of contributions to a social health insurance scheme than in countries that base entitlement on residence, and cover all residents (not just legal residents) automatically.**

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