



General data

POPULATION, 2023  
**11,787,423**  
PHYSICIANS / 1,000 INH, 2021  
**3.24**

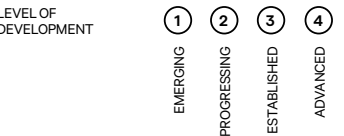
Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**High income**  
GDP PER CAPITA (US\$), 2023  
**54,700**  
HEALTH EXPENDITURE (% GDP), 2021  
**11.04**  
UNIVERSAL HEALTH COVERAGE, 2021  
**86**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



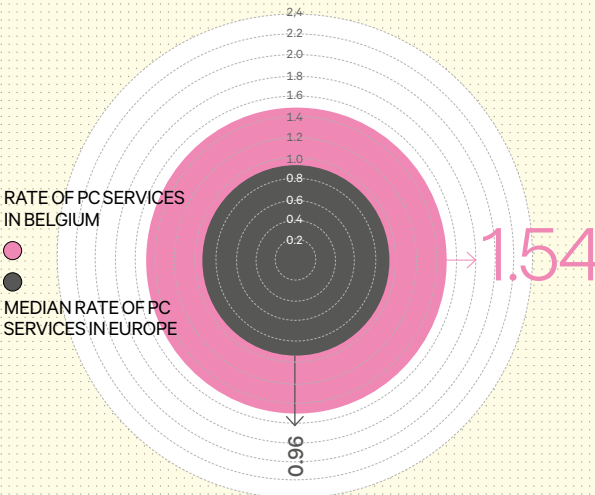
Consultants: Karen Van Beek; Johan Wens; and Johan Menten.  
National Association: -  
Data collected: October 2024–March 2025  
Report validated by consultants: Yes  
Endorsed by National PC Association: -  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

# Belgium

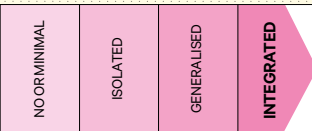
F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**182**  
Rate of PC services per 100,000 inhabitants  
**1.54**

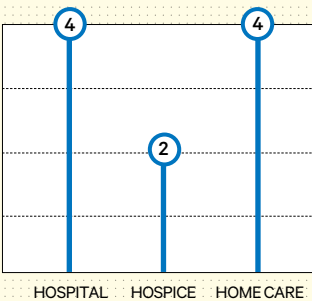
Belgium in the context of European region



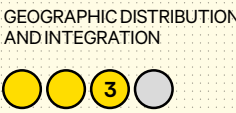
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER

**5**

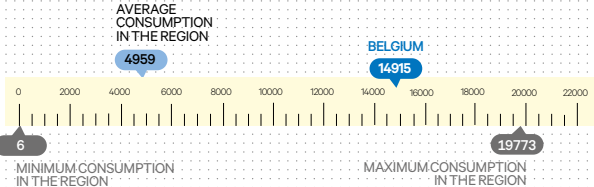


# Belgium

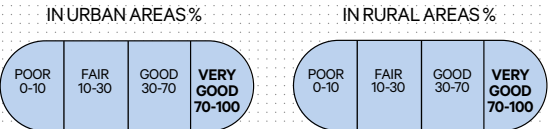
D Use of essential medicines

Opoids consumption (excluding methadone)  
**14,915**  
S-DDD/MILL INHABITANTS/DAY

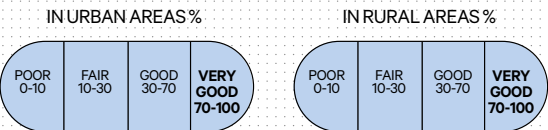
Belgium in the context of European region



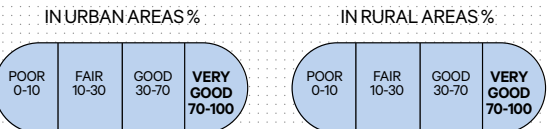
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



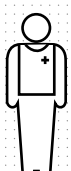
E Education & Training

Medical schools with mandatory PC teaching



**1/7**

Nursing schools with mandatory PC teaching



**0/23**

PC Full Professors



**0**

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



Inclusion of PC in the basic health package at the primary care level



A Empowerment of people and communities







Groups promoting the rights of PC patients







Advanced care planning-related policies



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<b>Ind1</b>  Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	  Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)	Several associations exist: 'Palliative Care Flanders', The Walloon Federation of Palliative Care (FWSP), and The Brussels Federation for palliative care. In Flanders (Dutch speaking part of Belgium), the sub-nationwide association organises yearly a palliative care conference. Guidelines about various topics in palliative care are initiated and published ( <a href="http://www.pallialine.be">www.pallialine.be</a> ) in Dutch. However, as such, there are no adult association groups of patients/family members advocating for palliative care ( <a href="https://vlaamspatientenplatform.be/nl">https://vlaamspatientenplatform.be/nl</a> ). On the contrary, it existed one for children as well as several groups founded by parents who lost a child: e.g. <a href="https://lucasforlife.be/">https://lucasforlife.be/</a> , <a href="https://berrefonds.be/">https://berrefonds.be/</a> . In the French part, the Walloon Federation of Palliative Care (FWSP) promotes palliative care and issued guidelines in French.
<b>Ind2</b>  Is there a national policy or guideline on advance directives or advance care planning?	  There is a national policy on advance care planning.	There is an 'ACP' and an 'ACP for people living with dementia' guideline, in Dutch, not updated (published in 2015 and 2016). The French guideline on ACP is recent (2024). The law on patients' rights (2002) was adapted in 2024, where the definition and use of ACP is enshrined: 5) definition: the continuous thought and communication process between the patient the professional(s) and, at the patient's request, the next of kin with the aim of discussing values, life goals and preferences of current and future care; 6) advance living will: the recording in writing (paper or electronically) of the patient's will in case the patient can no longer decide alone; 7) confidant: a person assisting a patient in exercising his rights as a patient; and 8) representative: a person who exercises the patient's rights if the patient is unable to exercise his rights as a patient himself.
<b>Ind3</b>  3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	  Actualized in last 5 years, and actively evaluated or audited.    A national palliative care plan is in preparation.	Although a national palliative care plan or strategy does not exist, a policy in the form of laws and other official government documents does exist, including three related laws: 1st ) a law on patients' rights; 2nd ) law on palliative care (mainly describing eligible patients for Palliative Care); and 3rd ) law on euthanasia. Furthermore, there exists a national regulation regarding a palliative lump sum, that can be requested by the GP within the last 3 expected months of life and in which case co-payments by the patient will no longer apply. In the federal law 2002, an evaluation cell is appointed in Article 8 whose task is to regularly evaluate palliative care needs and the quality of solutions. Its findings are submitted to the legislative Chambers every two years in the form of an evaluation report (latest in 2022). Its members were appointed by royal decree of 3 February 2003 (amended latter in further decrees), and was renewed in 2023. At a sub-national level, it is to mention that in Flanders,

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	  The indicators exist, but have not been updated (implemented out of the determined period).	a national palliative care plan is in preparation to make a consortium of all the stakeholders to be the contact organ for the government about Palliative care planning and evaluation.
<b>Ind4</b>  PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	  Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	Palliative care may be provided in hospitals, in homes for the elderly (HFEs), in rest and nursing homes (RNHs) and at home. All Belgian general hospitals and a number of isolated G (geriatric) and SP (chronic illnesses) departments have a mobile palliative care team. All RNHs and some HFEs (more than 60 beds) are obliged to offer palliative care. In quite a number of RNHs, at least one member of staff actively deals with palliative care support on a part-time basis. In Belgium, various measures have been introduced to support the provision of palliative care in the home environment (1st) financial, through the abolition of the non-refundable part of certain home visits and the fixed palliative care fee; 2nd) support for carers, through the option of taking palliative leave; and 3rd) specialist care facilities, through palliative day centres and multidisciplinary teams supporting carers providing home care.
<b>Ind5</b>  5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	  There is no authority defined.    Does not have concrete functions or resources (budget, staff, etc.)	The governance of PC presents a complex, multi-tiered structure without a dedicated department at either the federal or regional level. While the federal Minister of Social Affairs and Health, in collaboration with the Federal Public Service (FPS) Public Health, oversees the broader healthcare system, including hospital financing and regulation of palliative support teams, regional ministers of Welfare and Public Health are responsible for more localized aspects such as prevention policies, residential care centres, and home care settings. This decentralized approach extends to PC, with each region managing its own services. Notably, Flanders is currently undergoing a transition in its PC system, led by Ms. Anneleen Craps, a director at the Ministry. Despite absence of a specific PC department within the Flemish MoH, this transition is supported by dedicated staff and budget, underscoring the importance placed on improving end-of-life care.

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<b>Ind6</b>  Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div></div><div></div><div>4</div></div> <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>There is no national congress (at the country level), however there is a yearly Flemish conference for health care providers and a two-yearly research conference on palliative care, organised in cooperation with the Dutch palliative care organisation Palliatief. Usually there are around 500-600 participants. Likewise, the Walloon palliative care federation organizes every two years a symposium for all health care providers working in palliative care.</p>
<b>Ind7:1</b>  Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div></div><div></div><div></div><div>4</div></div> <p>Denotes an extensive number of articles published on this subject.</p>	<p>The end-of-life-care research group in Brussels (EOLC) alone published from 2020-2024 367 articles and the Academic Expert Centre for Palliative Care of the KU Leuven had 167 articles the last 5 years (of which some overlap with articles published in the EOLC research group).</p>
<b>Ind7.2</b>  Inclusion of PC topics in national research calls.	<div><div></div><div></div><div>3</div><div></div></div> <p>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</p>	<p>The Belgian Healthcare Knowledge Centre is an independent research centre that provides scientific advice on topics related to health care. The topics are generally asked for by the public authorities, universities, associations, and have produced several studies: 1) The role of 'intermediate palliative care' in Belgium; 2) Palliative care - an exploratory study of categorisation tools based on patients' needs and their value for entitlement, 3) Organisation of palliative care in Belgium; 4) Paediatric palliative care Planned study; and 5) Appropriate care at the end of life.</p>
<b>Ind8</b>  Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div>14,915</div><div>S-DDD PER MILLION INHAB / DAY</div></div> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div><div>BELGIUM</div><div>14915</div><div>19773</div><div>6</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div>

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<b>Ind9</b>  9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.  9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	<p>The Belgian healthcare system ensures that the WHO Essential Medicines are accessible through primary care facilities. However, data detailing the exact percentage of primary care facilities stocked with the full range of WHO-recommended PC medications are not readily available. Belgium has a well-established PC framework that integrates PC services into primary health care and has implemented measures to monitor medicine availability. The Federal Agency for Medicines and Health Products launched PharmaStatus, an online app providing up-to-date information on the availability of medicines. This tool aids patients, healthcare professionals, and the pharmaceutical industry in managing and mitigating the impact of medicine shortages.</p>
<b>Ind10:1</b>  10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).  10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	<p>In Belgium, immediate-release oral morphine is available at the primary care level. The country's healthcare system ensures that essential medications, including those for pain management, are accessible to patients through primary care facilities and pharmacies. There are no specific data found for Belgium regarding availability of immediate-release oral morphine at the primary level, but as a high-income nation with a well-developed healthcare infrastructure, it is reasonable to infer that Belgium ensures the availability of immediate-release oral morphine at the primary care level.</p>
<b>Ind10.2</b>  10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.  10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	<p>Commonly prescribed opioids and their formulations include: Tramadol: Available in IR and SR tablets, capsules, and oral drops; Morphine: Offered in IR and SR tablets, oral and injectable forms; Oxycodone: Available in IR and SR tablets and capsules; Fentanyl: Primarily administered via transdermal patches (other formulations include lozenges and injectable forms, though these are less common in primary care, and Lollipops and intra-oral spray not available); Buprenorphine: Available as sublingual tablets and transdermal patches; Piritramide: Marketed under the trade name Dipidolor, available in injectable form; Tilidine: A synthetic opioid painkiller available in oral formulations, commonly prescribed for moderate to severe pain; and Tapentadol: Available in IR and SR tablets.</p>



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<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p>	<p>1/7</p> <p>4/7</p> <p>0/23</p> <p>N/A</p> <p>0</p> <p>No</p>	<p></p> <p>At the KU Leuven faculty of medicine palliative medicine is compulsory at several levels: 1st) Bachelor classes: Quality practice with the basics of palliative care plus examination; 2nd) Master classes: case based learning about palliation and end of life care; 3rd) End of life care - spiritual care and examination; 4th) Geriatrics: end of life care and care planning in frail elders plus examination; and 5th) Religion, meaning and philosophy of life. Furthermore, palliative care teaching is optional in four universities: Antwerp, Brussels, Ghent, and Leuven. For example, at the University of Antwerp, all students in their second master are offered a 3-day elective course in palliative care, in which knowledge in all facets of primary and specialised palliative care is provided. Furthermore, during the training to become a general practitioner, there is an inter-university training cluster in palliative care that is jointly organized by the 4 Flemish universities. Regarding nursing schools, there are 23 in total: 11 in Flanders and 12 in the French speaking part; none teaching PC mandatory. Although there are no full professors, since October 2024 there is one Chair ‘Social Dying and Grief Medicine’ at the Antwerp University, a chair ‘Dignified end of life’ at the free university of Brussels; and -until 2022- one palliative care professor at the free university of Brussels.</p>
<p><b>Ind12</b></p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p>	<p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities.</p>

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<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p></p> <p>Are part of most/all hospitals in some form.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Strong presence of home care teams in all parts of the country.</p>	<p>Belgium’s palliative care system comprises 182 services (1.59 per 100,000 inhabitants), structured through three regional federations (Flemish, Brussels, and Walloon) and 30 palliative care networks. Key components include: 28 Multidisciplinary Guidance Teams (MBEs) for home care, distributed across the country (15 in Flanders, 9 in Wallonia, 1 in the German-speaking region, and 3 in Brussels). These MBEs, composed of health-care professionals, provide comprehensive support to patients, families, and primary care providers. The system also includes Palliative Care Units in approximately 50 hospitals, with 379 recognised beds in 6-12 bed units, and one stand-alone hospice. Hospital Support Palliative Care Teams are present in all 103 Belgian general hospitals, integrating palliative care principles across departments. For children and adolescents, five Pediatric Liaison Teams (PLTs) are attached to university hospitals. Additionally, Flanders hosts 5 day care centres for palliative care. This structured network ensures widespread access to specialised services.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96 BELGIUM 1.54</p> <p>0 MINIMUM RATE IN THE REGION 3.68 MAXIMUM RATE IN THE REGION</p> <p>182 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>Generalised provision: palliative care specialised services or teams for children exist in many parts of the country but with some gaps.</p> <p></p> <p>PPC TEAMS</p>	<p>Paediatric PC for children/adolescents is provided through 5 paediatric liaison teams (PLTs), each of which is attached to a university hospital. They support the hospital team that looks after the patient on the basis of their own paediatric multidisciplinary expertise. After discharge, they provide continuity and ensure the link between the hospital team, the family and care providers, as well as the facilities where children stay. Hospitals treating children with severe chronic illnesses without a recognised paediatric liaison function may use PLTs and must have a cooperation contract. During the eol care phase, the PLTs try to ensure that this takes place in the child’s home environment. Mobile PC teams, such as the “Globul’Home” (Queen Fabiola Children’s University Hospital), while the PLTs from Ghent and Leuven (Koester and Kites) operate in the university hospitals of Gent and Leuven.</p>