

# Health and Structural funds in 2007-2013: country and regional assessment

## COUNTRY ASSESSMENT FOR HEALTH & STRUCTURAL FUNDS

### BELGIUM (BE)

**Table 1: Country assessment summary - Belgium**

NSRF strategic objectives	Funding source	Direct health sector investment	Indirect health sector investment	Potential health gain Personal Economic Social Environmental	Lisbon Agenda (renewed 2005)
Strengthen territorial cohesion and maintain territorial competitiveness	ERDF	-	-	Env, S, E	To create a more attractive investment and working environment; To enhance growth through knowledge and innovation; To create more and better jobs.
Promote the knowledge economy, innovation & research, stimulate entrepreneurship and develop human capital	ERDF	-	-	E, S, P	
To create more and better jobs	ESF	-	X	E, S, P	

**Table 2: Eligible regions under Cohesion Policy Objectives**

Cohesion Policy Objective	Regions
Convergence	N/A
Phasing out	Hainaut
Phasing in	N/A
Regional competitiveness and employment	Brussels, Wallonia (excluding Hainaut), Flanders.

**Table 2: Eligible regions under Cohesion Policy Objectives**

Background: Belgium has a population of 10.3 million. The age structure of the population is: 0-14 years 16.5%; 15-64 years 66.1%; 65 years and over 17.4%. Life expectancy at birth has risen substantially. Latest estimates put it at 78.92 years above the OECD average of 78.3 years. It is much higher for females (82.24 years) than for men (75.75 years) (Source: [http://www.indexmundi.com/belgium/demographics\\_profile.html](http://www.indexmundi.com/belgium/demographics_profile.html)). Belgian life expectancy (LE) at age 65 has increased by 0.9 years for women and 1.8 years for men over the 1995-2005 period: LE for both sexes between 1995-2001 was slightly below the EU15 average. By 2005 LE for both sexes was close to the then EU25 average. The EHEMU 'Healthy Life Years' series, initiated in 2005 with the SILC data, shows a significantly lower value for Belgium than previously but still above the EU average, being close to the EU25 average (and similar to the EU15 average).

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## Table 2: Eligible regions under Cohesion Policy Objectives

Women and men at age 65 can expect to spend 47% and 55% of their life without self-reported long-term activity limitations respectively. Compared to earlier trends, the SILC question may result in people reporting limitations of different severity than previously and Belgian women and men may be more likely to report less severe problems than before. Although the total years lived by men were less than those for women, the numbers of years lived in very good or good perceived health and the years lived without activity limitation were similar. However the numbers of years lived without chronic morbidity were greater for women than men. Compared to men, women spent a larger proportion of their life in ill health and these years of ill health were more likely to be years with severe health problems (Source: [http://www.chemu.eu/pdf/CountryReports\\_Issue1/Belgium\\_Issue1\\_version11.pdf](http://www.chemu.eu/pdf/CountryReports_Issue1/Belgium_Issue1_version11.pdf)).

## Table 3: Programme period 2007-2013 - health investment in the NSRF and OPs

### Allocation of money in the SF 2007-2013

Source and budget	ERDF €1 160 383 172; ESF €903 117 594
Total	€2 063 500 766
Health sector % of total allocated SF	None allocated (0%)

### NSRF strategic objectives (with OP relevance and funding source)

1. To strengthen territorial cohesion and maintain territorial competitiveness  
(**OP H1, OP F1, OP B1, OP W** - ERDF)
2. To promote the knowledge economy, innovation & research, stimulate entrepreneurship and develop human capital  
(**OP H1, OP W, OP F1, OP B1** - ERDF)
3. To create more and better jobs (**OP H2, OP F2, OP B2, OP WB, OP FS, OP GSC** - ESF)

### Operational Programmes

#### Convergence

Hainaut 1 ERDF (OP H1)

Hainaut 2 ESF (OP H2)

#### Competitiveness and Employment

Wallonia ERDF (excluding Hainaut) (OP W)

Flanders ERDF (OP F1)

Brussels Capital Region ERDF (OP B1)

Flanders ESF (OP F2)

Brussels Capital Region ESF (OP B2)

Troika Wallonia (excluding Hainaut) - Brussels ESF (OP WB)

Federal State ESF (OP FS)

German speaking community ESF (OP GSC)

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## Table 3: Programme period 2007-2013 - health investment in the NSRF and OPs

<b>Direct health sector investment (with NSRF/OP relevance)</b>	
None identified. Health sector priorities will be largely funded from national resources. SF resources will be used to co-finance targeted interventions that contribute more broadly to social & economic development and environmental quality (see Table 4).	
<b>Indirect health sector investment (with NSRF/OP relevance)</b>	
<p>Within the the NSRF, the focus on creating more and better jobs shows indirect health investment potential in two areas:</p> <ul style="list-style-type: none"> <li>• Health promotion and creation of well-being at the workplace as well as methods to better combine jobs and private life, also health promotion targeted for older working population and women.</li> <li>• To help tackle social exclusion, guidance for persons with social problems in different areas, such as health, dependency.</li> </ul>	
<b>Evidence of capacity to deliver intersectoral policy and planning</b>	
The NSRF and OPs suggest where capacity exists and will be developed. Specifically, in terms of maximising health gain from Structural Funds capacity building is an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors. An initial focus could include: organisation development (Managing Authorities, Intermediary bodies); workforce development (Managing Authorities, Intermediary bodies), resources allocation (Monitoring Committee NSRF, OP Monitoring Committees), leadership (Managing Authorities OP) and partnerships/networks (Managing Authorities, Intermediary bodies).	
<b>Regional planning and implementation (From OPs)</b>	
Belgium has three principal regions: Brussels Capital Region, Wallonia and Flanders. The NSRF/OPs for Belgium take into account its institutional structure. So each region has developed a strategy adapted to its own socioeconomic circumstances. Relatedly, the governments of the three regions act as the Managing Authorities for their relevant ERDF/ESF OPs. Within these three regions there are 10 sub-regions. No direct or indirect health investment projects are currently identified.	

## Table 4: Non-health sector investment with potential health gain 2007-2013

Strategic objective (and OP)	Relevant investments	Potential health gain
To strengthen territorial cohesion and maintain territorial competitiveness	<ul style="list-style-type: none"> <li>• The aim of this priority is to make the economy more dynamic and create jobs in the priority intervention zone (PIZ). The strategy aims to make rundown districts of Brussels, or those undergoing change, more attractive in terms of their economic development and innovation. It is important for these districts to develop dynamically in a competitive European environment. An analysis has led to the conclusion that the following two groups of needs must be met: (i) support for the development and start-up of economic activities (ii) support for the creation of an urban development centre associated with the environmental sectors of the economy. (OP B1 Priority 1 "Support territorial competitiveness").</li> </ul>	Environmental, social, economic

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**Table 4: Non-health sector investment with potential health gain  
2007-2013**

<p>Promote the knowledge economy, innovation &amp; research, stimulate</p>	<ul style="list-style-type: none"> <li>• Health as one objective to reach good health and well-being of the population as prerequisite for sustainable development (OP B1 and OP B2 Horizontal priority "Sustainable development").</li> <li>• This priority is devoted to the development and exploitation of research and technological innovation potential, non-technological innovation and the development of successful skills training infrastructures. Specifically, Priority 2 focuses on: (i) direct support for R&amp;D projects conducted by SMEs (ii) strengthening approved research centres and the services subsequently made available to enterprises in the area (iii) creating effective infrastructures for the dissemination of knowledge associated with new technologies to the active population and young people (OP W Priority 2 "Development of human capital, knowledge, know-how and research").</li> </ul>	<p>Economic, social, personal</p>
<p>To create more and better jobs</p>	<ul style="list-style-type: none"> <li>• Provide support in tackling problems (of persons socially at risk), e.g. housing, deficiencies in health, psychological problems (OP FS Priority 1, "Multidimensional approach to reach the goal in decreasing/ eradicating poverty").</li> <li>• Taking into account the need to improve working conditions (OP FS Priority 2 "Initiation of in-depth research on how to retain older workforce longer at work (e.g. in the field of health, well-being at work, security at the workplace").</li> <li>• Holistic approach: actions include better access for persons at risk for social exclusion to e.g. health care services, social services, etc. (OP H2 Priority 3 "Social inclusion").</li> <li>• Actions would include activities in the field of social services, psychological support and support in health related matters regarding better access to the labour market (OP WB Priority 3 "Social inclusion").</li> </ul>	<p>Economic, social, personal</p>