

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

BELGIUM COUNTRY PROFILE



Co-funded by
the European Union

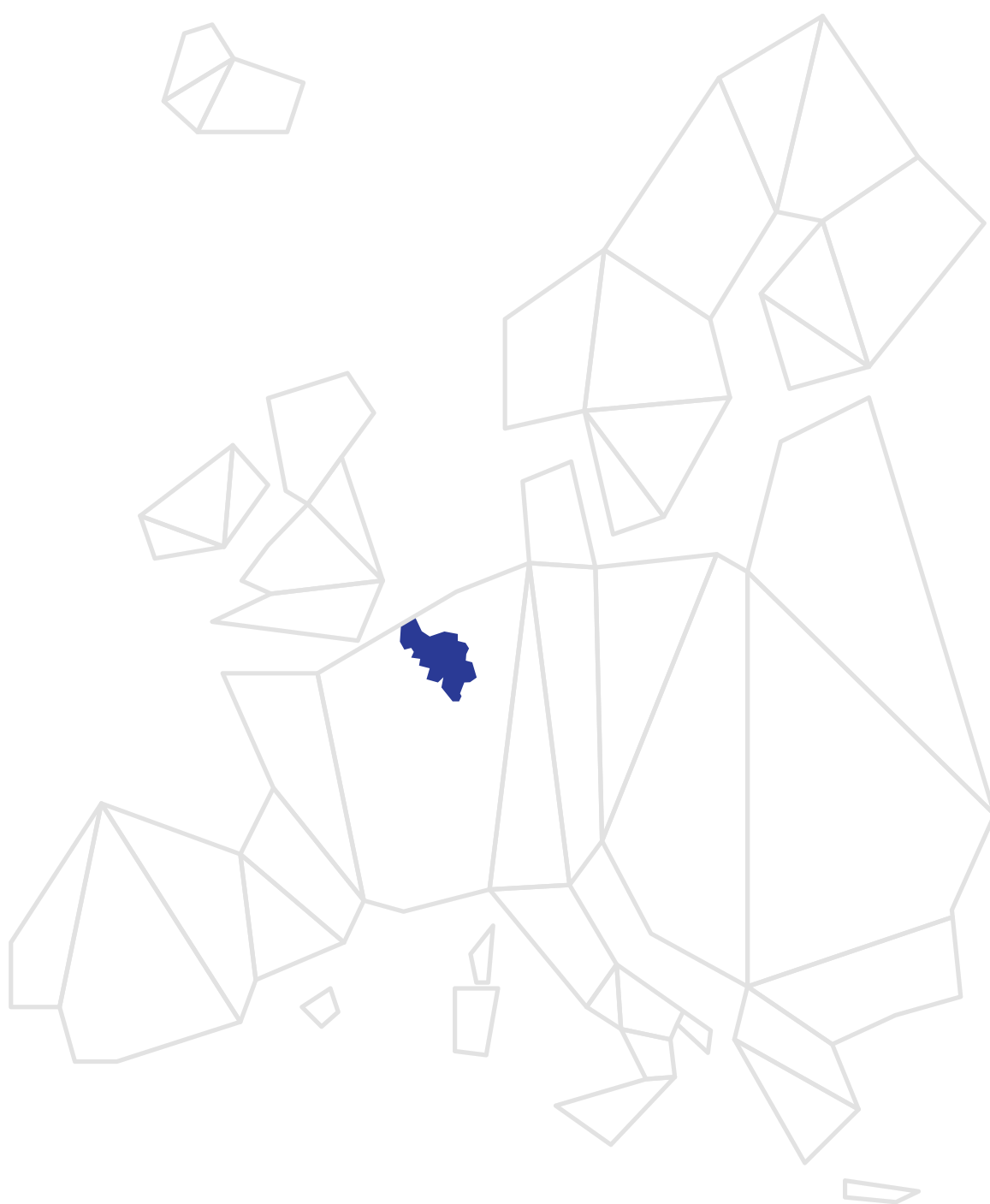


THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





Co-funded by
the European Union



Context: existing certification systems and organization of cancer care

Hospital certification is strongly encouraged by authorities

In Belgium, ISQUA (International Society for Quality in Healthcare) recognized hospital certification is strongly encouraged by the health authorities, as obtaining certification is one of the indicators in the Belgian hospital pay-for-performance programme set up by the public healthcare payor¹.

However, there is no national dedicated certification system, and hospitals are free to choose their preferred scheme. In practice, most hospitals choose to be certified by the Joint Commission International, Accreditation Canada, Dutch Qualicor Europe and – for some located in French speaking areas – the French National Authority for Health (**Haute Autorité de Santé**)².

Initially, certification rates increased as hospitals opted to participate in the process, with 65% of Belgian hospitals certified in 2020. This figure decreased to 46% in 2022, following the decision of some hospitals to discontinue their participation in the certification process.

Organization of cancer care³

In 2003, Belgian legislation introduced defined oncology care programmes with specific statutory standards that every hospital must comply with. The programmes are categorised as “basic oncological care” (less complex treatment and follow-up) and “oncological care” (more advanced diagnostic and therapeutic options). In 2020, Belgium had 62 basic oncology care programmes and 84 oncology care programmes.

Following the adoption of Belgium’s last national cancer plan in 2008, an evaluation of its implementation in 2012 identified specific areas for further investment or improvement. Several initiatives were adopted, such as efforts to improve the concentration of care.

Belgium faces challenges in implementing cancer care concentration, but recent policies show promise.

Since 2008, specialised centers for breast cancer have been recognised by Belgian law, based on criteria issued by the European Society of Mastology. These standards are related to the minimum volume of patients treated, the expertise and experience of the medical co-ordinator and other physicians, and the presence of a nurse co-ordinator, among other requirements.

Nonetheless, hospitals without this recognition have been able to treat patients with breast cancer. Following a 2023 report from the Belgian Federal Center of Expertise for Health Care (KCE) showing a 30% higher mortality rate among women treated in non-specialised centers, the Belgian Government has ceased reimbursing breast cancer treatment administered outside fully recognised clinics as of August 2024, except for follow-up treatment. Full implementation of this measure is planned by January 2026.

Since July 2019, Belgium has concentrated complex pancreatic and oesophageal surgical procedures in recognised centers, with exclusive reimbursement by the national health insurance fund.

Efforts are also underway to centralise care for head and neck tumours. Legislative changes have recently focused on concentrating cancer treatment for children, adolescents and young adults.

The Flemish Institute for Quality of Care, established in 2017, measures and reports cancer-related indicators publicly. In 2023, quality indicators for breast cancer were reported for all Flemish hospitals, allowing public comparison and revealing some variation in their overall good performance⁴.

Identified barriers against the implementation of EUnetCCC certification in Belgium

- Currently, there is no hospital in the country that would resemble CCCs. The hospitals that could try to be certified would be university hospitals: general hospitals with big oncology departments. However, it remains necessary to determine how to fit the concept within the existing system.
- Despite efforts towards concentration of cancer services (see above) there is still much dispersion of cancer services in too many hospitals.
- In Belgium, networks are being constructed but are based on affiliation (public, private, catholic). As long as this system is voluntary, policymakers do not have much influence over how they should function.
- Administrative burden of certification (such as OEI) discourages healthcare facilities to undergo the process. Hospitals that fulfil standards do not apply due to administrative burden and costs.

Identified enablers towards the implementation of EUCCC certification in Belgium

- Creation of EUCCCs could favour reorganization of cancer care and concentration of other services (following the example of what has been done for rare cancers, for example)
- Once the scheme is stabilised and complete, the idea is to involve the MoH and see how this concept can be imbedded in the national system and maybe propose incentives
- Clear demand from large hospitals to set up framework for better collaboration

Conditions for successful EUCCC certification implementation in Belgium

It is hoped that the implementation of EUCCCs in Belgium will bring the following benefits:

- setting up the platform for research collaboration
- joint procurements
- exchange of knowledge: a platform to share best practices
- exchange of data cross EU

Several factors will influence the implementation of EUCCC certification:

- Hospital financing reform is being drafted and will probably have an impact on the organization of health services in general, with less weight for activity-based payments.
- New cancer plan is being drafted and is expected to be published in January 2026: key issue of what place EUCCC will have in the national cancer plan.
- Incentives towards certification are crucial: since the EUCCC certification was a demand from the European Commission, they should also provide at least partial financial support to centers who wish to go through certification (within the limits that the legal framework allows them).

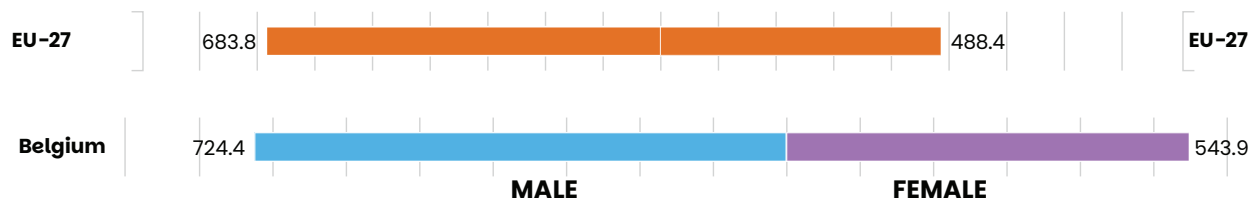
Number of OECI-certified CCCs: 2

Number of EUCCC pilot centers: 1

Epidemiology: incidence, mortality and survival rates

Incidence rate

Estimated incidence, both sexes, all sites but non-melanoma skin, 2022 (per 100 000 population)



Mortality rate:

Cancer mortality
ASMR per 100 000 population



Survival rates:

For the selection of cancers

Colon cancer 5-year survival
% survival for patients diagnosed 2010-2014



Breast cancer 5-year survival
% survival for women diagnosed 2010-2014



Lung cancer 5-year survival
% survival for patients diagnosed 2010-2014



Screening performance

Breast cancer screening
% of target population



Cervical cancer screening
% of target population



Colorectal cancer screening
% of target population



Risk factors

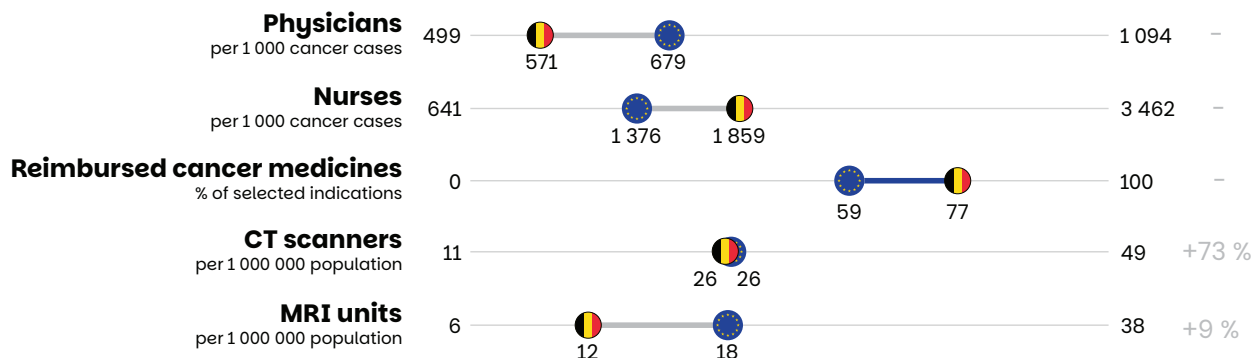
Daily smoking
% of population aged 15+



Alcohol consumption
Litres per capita, population aged 15+



Human resources and infrastructure



Number of clinical trials (2024) : 1217

Endnotes

- 1b._fiche_accréditation_isqua_2022_def.pdf
- Accréditation: les hôpitaux flamands et francophones ne suivent pas la même voie - MSD Belgium - FR
- EU Country Cancer Profile: Belgium 2025 | OECD
- Mapping the quality of care in Flanders | Zorgkwaliteit.be



**For more information,
please contact:**

eunetcccwp5@has-sante.fr