
During its audit of scientific support to the federal healthcare policy, the Court of Audit found that there is no coherent system sustaining the healthcare policy. The process of acquiring knowledge is spread out throughout multiple organisations that, for lack of any central vision and strategy, carry out their missions according to their own views and means, without much mutual agreement or coordination. Although the audited organisations have tried to produce high standard reports and recommendations, there are still some areas – depending on the organisation – that leave room for improvement, such as the planning, allocation of financial means, outsourcing, execution and following-up of the research activities. In the absence of feedback and owing to an untransparent decision-making process in the healthcare sector, it is often unclear whether the recommendations and research activities are used. The minister of Health agrees with most of the Court of Audit’s conclusions and recommendations and will ask the administration to put forward a plan with suggestions for improvement.

New and emerging illnesses, increasing healthcare demand as well as technological progress put extra burden on the healthcare financial manageability. This social challenge requires a policy based on scientific knowledge in order to watch over the healthcare quality, evaluate the value of the new technologies and assess the efficiency of the healthcare system itself.

The Court of Audit tried to determine whether there is a coherent system providing scientific support to the federal healthcare policy and, if so, whether the said system meets the standards of the World Health Organisation (WHO). The Court further examined the way the five most important knowledge institutes operate. Those are the following: the federal Health department, the Belgian Health Care Knowledge Centre (KCE), the Superior Health Council (SHC), the Scientific Institute of Public Health (ISP-WIV) and the National Institute for Health and Invalidity Insurance (Inami-Riziv).

Although the successive ministers have been aware of the importance of scientific research, a strategy allowing to acquire knowledge and make use of it has not been developed. Many organisations and councils write up scientific reports and recommendations. However, their missions and activities have not been clearly defined and there is no coordination on that matter. Budgeting could be improved too. As a result of various definitions and calculation methods, combined with expenses spread throughout several budget plans, there is no way to calculate the budget allocated to scientific support to the healthcare policy. Which amount of financial means is dedicated to which project or allocated to which organisation? On what base have these choices been made? These questions are often left unanswered. These shortcomings prevent the optimal use of scientific knowledge to support the healthcare policy.

The Court of Audit recommends to better organise the knowledge landscape by mutual agreement between all the parties concerned, with the minister of Health acting as a coordinator. The Court also advises to see to it that the funding system allows to clearly calculate the cost of scientific research. In the long run, financing of separate organisations should be replaced by a system in which funds would be granted according to objectives and programmes.
Since there is no forum of consultation for bringing the various strategies in line, the five examined knowledge institutes mainly cooperate on project basis. This can result in poor consistency between the respective research activities. The coordination with the French-speaking and Flemish communities meets the same difficulties. The institutes endeavour to send high standard studies and recommendations to the minister and their other customers. Yet, the process of acquiring knowledge is not of the same level in every institute. Some of the problems are listed below:

- The data necessary to carry out high standard research are not always available in due time.
- The reason for choosing some research subjects and discarding others is often unclear.
- The planning is generally made on ad hoc basis and is limited in scope.
- The project management is not sufficiently rigorous. When it comes to outsourcing procedures, some of the knowledge institutes do not pay enough attention to the quality and usefulness of the research, the independence of the researchers and the transaction costs.
- Several knowledge institutes do not draw a detailed list of their scientific studies.
- The institutes could do better as regards publishing and distributing the research reports.

The parties concerned, even the institutes themselves, have limited insight into the use that is made of research. The main cause of this problem resides in the lack of feedback from the beneficiaries of the reports and advices to the knowledge institutes. Furthermore, the advice and decision-making processes, which are not transparent in healthcare matters, are not conducive to an optimal use of the research results.

The Court of Audit has made practical recommendations so as to help solve those shortcomings. The minister of Health has answered that she agrees with most of the Court of Audit’s conclusions and recommendations. She will ask the different public services under her competence to put forward plans with suggestions for improvement.

The full report (82 p.), the summary (2 p.) and the press release can be found on the Court of Audit’s website (www.rekenhof.be).