Social Protection in Action: Building social protection floors for all

Country Brief: Brunei Darussalam

December 2021

Extending Social Health Protection in Brunei Darussalam: Accelerating progress towards Universal Health Coverage

1. Introduction

A small island nation with the second highest GDP in South East Asia, Brunei Darussalam had a population of just 437,483 in 2019 (World Bank n.d.) all of whom are provided with free health care through a public network of health facilities. Financed directly by the government, funding for health care is primarily raised through the sale of natural resources. Through the public health care system, citizens are provided with a comprehensive range of services, and all services offered at public facilities—from prevention and primary health care to tertiary hospital care—are fully covered. As a result of comprehensive service and population coverage, combined with the proximity of health care facilities to residents thanks to the country's small land mass, utilization of health services is high. As such, the country performs strongly in various health indicators. However, the health budget as a percentage of GDP, at 1.9 per cent, is below the rates seen in other high-income countries; within the OECD, countries spent an average of 8.8 per cent of GDP on health from 2015–2019 (OECD 2021). Given the remarkable health outcomes achieved in Brunei Darussalam, it seems that the country has a relatively efficient health financing model compared to other high-income countries. Nonetheless, the health system's reliance on revenues from natural resource extraction may pose sustainability challenges in the future.

2. Context

Brunei Darussalam gained its independence from Britain in 1984. In the same year, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital—currently the largest hospital in Brunei Darussalam—was founded to accommodate the nation's growing medical and health needs (Brunei Ministry of Health 2020). However, universal health protection in the country had been enshrined long before Independence, with Brunei Darussalam instituting universal health care for its citizens in 1958 (Tant 2014). Presently, the country provides free health care for all using publicly funded and provided health services.

As an overarching strategic document, the national long-term development plan entitled *Wawasan Brunei 2035* (or Brunei Vision 2035), was

introduced in 2007. The plan outlined sustainable development goals to promote a dynamic and sustainable economy in Brunei Darussalam, with a highly educated, skilled and accomplished population who can enjoy a high quality of life. [1]

In 2009, a Ministry of Health (MOH) publication, *Vision 2035 and Health Strategy*, was launched to introduce key elements of its new strategy. This focused on the development of a comprehensive health care system that emphasises service excellence and embraces healthy lifestyle practices, innovation and excellence, alongside sustainability through resource optimization, transparency, good governance and effective policies and regulations that ensure protection for all (WHO 2018).

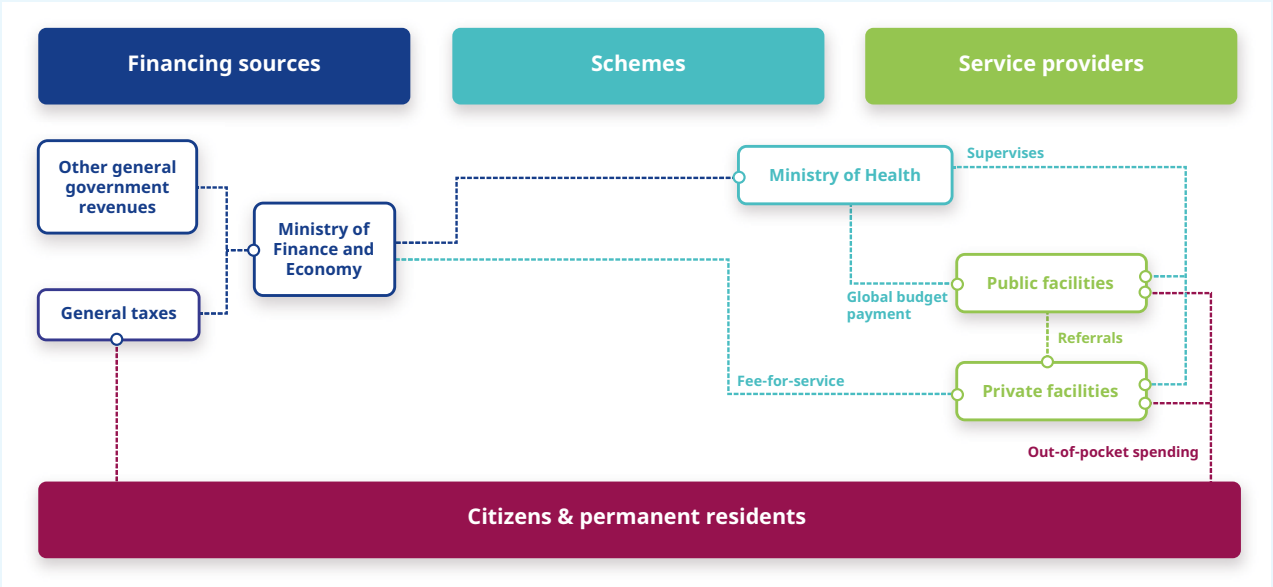
Later, in 2012, the Health System and Infrastructure Master Plan (Brunei Ministry of Health 2012) was introduced to provide a roadmap for health systems development intended to be used by the MOH and other stakeholders to further strengthen the national health system and infrastructure. The Master Plan is aligned with the *Wawasan Brunei 2035*, aiming to enhance the quality of life for the population of Brunei Darussalam.

3. Design of the social health protection system

- Financing

As noted above, the health care system in Brunei Darussalam is financed by revenues from oil and other natural resources (Younas and Yafar 2017), with a single pool for revenue collection (Myint et al. 2019), and the total health budget in 2017 was estimated at more than B$316 million, equivalent to around US$226 million (Brunei Ministry of Health 2017). A schematic on the financial flows of the system is presented below in Figure 1.

Figure 1. Overview of main financial flows of the social health protection system in Brunei Darussalam

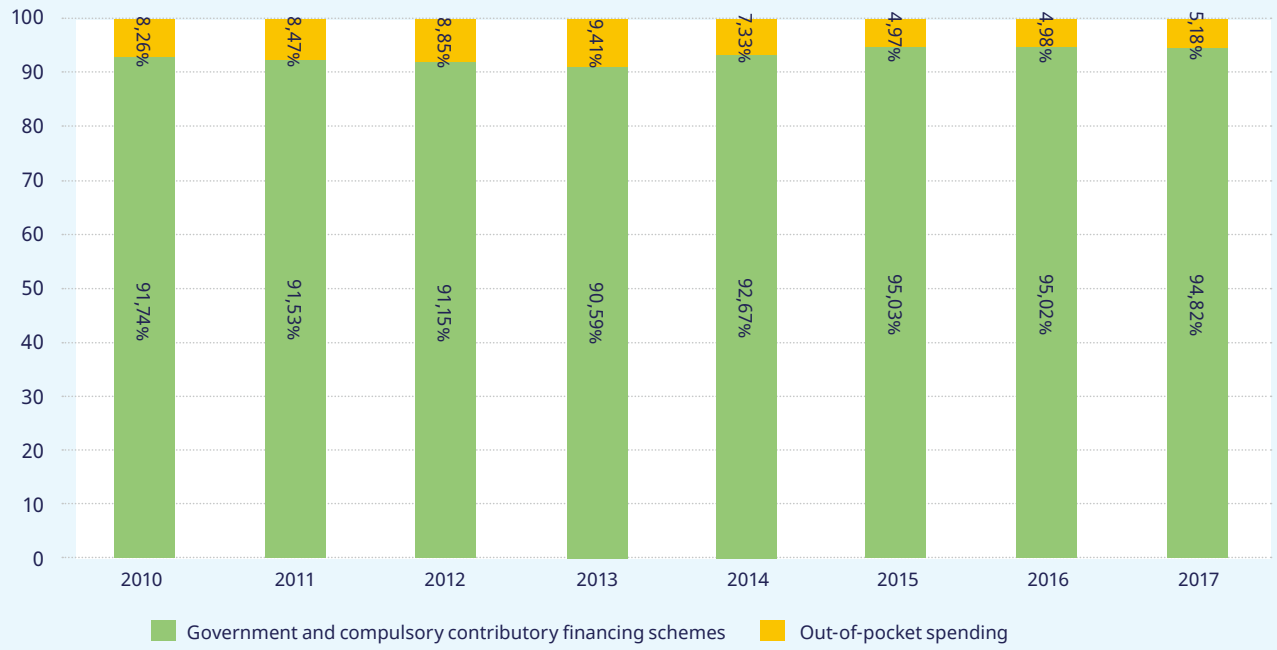


Source: Authors

[1] Government of Brunei Allied Health Professions of Brunei Darussalam Order of 2017, available at: http://www.moh.gov.bn/Image%20Gallery/AHPBD%20Order%202017.pdf

Total per capita spending on health was US$671 in 2017, equal to 2.4 per cent of GDP. In the same year, government schemes accounted for 94.8 per cent of current health expenditure (CHE), while out-of-pocket (OOP) spending accounted for the remaining 5.2 per cent (figure 2). The health budget accounted for 8.8 per cent of the total national budget and around 1.9 per cent of GDP for the financial year 2017–2018.

▶ Figure 2. Current health expenditure by financing scheme and mechanism



Note: Government and compulsory financing schemes only refer to the tax-financed national health system.

Source: Adapted from WHO Global Health Expenditure Database.

- Governance

The health system is managed by the MOH (Younas and Yafar 2017) under the leadership of the Minister of Health and a Permanent Secretary. There are also two deputy permanent secretaries, one of whom is responsible for technical and professional issues, while the other is responsible for administration and finance matters. The Department of Health Services at the MOH is responsible for providing public health services throughout the country (Brunei Ministry of Health 2017). Meanwhile, the Brunei Medical Board regulates health care practices by medical practitioners and dentists in Brunei Darussalam (Hoang et al. 2014). As health care services are mainly provided and managed by the government, health care quality is controlled primarily through regulation and registration of medical practitioners in the country. In 2017, the Allied Health Professions of Brunei Darussalam Order [2] was introduced to regulate a diverse group of allied health professions.

- Legal coverage and eligibility

All Brunei Darussalam citizens are entitled to free government-financed health care, though foreigners are not covered by this system (Younas and Yafar 2017).

- Benefits

Brunei Darussalam has a comprehensive benefit package. All services offered at public facilities,

[2] Available at: http://www.moh.gov.bn/Image%20Gallery/AHPBD%20Order%202017.pdf

from prevention and primary health care to tertiary hospital care, are fully covered through the national health system (Myint et al. 2019). [3]

- Provision of benefits and services

The network of health care facilities in Brunei Darussalam includes public facilities, army facilities and private facilities. Free health care services for all are only available at public facilities, for which patients are not required to make co-payments. Accreditation is not required for public providers in Brunei Darussalam (Myint et al. 2019). The network has two levels of health facilities: health centres/clinics (for primary outpatient care and dental services) and hospitals (for secondary and tertiary care). Notably, to reach out to remote populations, Brunei Darussalam also has mobile health clinics and flying medical teams (using helicopters) in cases of emergency (Brunei Ministry of Health 2017). Care at private hospitals is covered for Brunei Darussalam citizens if they are referred to a private hospital by a public facility (Tant 2014), though limited information is available on how the referral system works.

▶ 4. Results

- Coverage

As noted, Brunei Darussalam has been successful in maintaining universal health coverage (UHC) since 1958, through the equitable provision of free health care to all its citizens.

- Adequacy of benefits/financial protection

Owing to the provision of free public health care services, OOP payments in the country are very low, at only 5.18 per cent of total current health spending, indicating a high level of financial protection provided by the country's social health protection system.

- Responsiveness to population needs

  o Availability and accessibility

As there are no financial barriers to seeking care, health care in Brunei Darussalam is readily available and accessible. As a result, health care utilization is expected to closely correspond to the medical needs of the country. However, a study of health systems survey data found that health care utilization in Brunei Darussalam varies by ethnicity, residence, health status and income, suggesting some access barriers may exist for certain groups (Tant 2014). Chinese households were significantly less likely to utilize public health facilities and significantly more likely to seek care from private providers than other ethnic groups, while indigenous groups were less likely to seek care from private providers. Income was found to be positively associated with health expenditure and the use of private providers. The study concluded that, while a well-funded universal health care system (as is present in Brunei Darussalam) can reduce access and utilization inequalities, substantial financial resources alone do not guarantee equity among rural and minority populations.

  o Quality and acceptability

Brunei Darussalam has succeeded in providing high quality services through its national health care system. Should any quality issues arise, the general public are able to provide comments, complaints, and recommendations for services and issues concerning the MOH, through the mobile application, MOHcares (Brunei Ministry of Health n.d.). The app is a useful tool to strengthen the capacity of MOH to accept, monitor and respond to feedback from patients.

Recent evidence suggests that high quality maternal and child health services, including vaccination and antenatal care, have significantly contributed to low maternal mortality ratios and low child mortality rates (United Nations General Assembly 2019). Since the 1960s, the maternal mortality ratio has shown a marked decline from 487.2 to 0.0 per 100.000 live births in the 1990s. In 2017, only four maternal deaths were recorded across the country. In the same year, almost 100 per cent of births were delivered at hospitals or with the attendance of skilled health professionals (Brunei Ministry of Health 2017). The under-five mortality rate and infant mortality rate have also seen significant improvements over time, with current rates at about a third of those in the 1970s.

[3] It was not possible to obtain a full list of services provided.

5. Way forward

Brunei Darussalam's health care system has led to strong improvements in health indicators and a high level of financial protection for its citizens. However, the existence of a degree of utilization disparities between ethnic groups suggests that UHC efforts should incorporate measures to understand and address barriers to health care among minority communities (Tant 2014).

Moving forward, ensuring the sustainability of the health system will be a key challenge for the country, due to the system's reliance on government subsidies, primarily from the sale of oil and other natural resources (Haji Saim 2010). Should government funding become limited in the future, for example due to a strong decline in economic activity resulting from reduced revenues from natural resource extraction, the health sector may struggle to meet this shortfall in funding through other sources.

6. Main lessons learned

- The national health service has positively contributed to the achievement of significant health outcomes. Evidence suggests that the provision of free, high-quality maternal and child health services, including vaccination and antenatal care, has significantly contributed to low maternal mortality ratios and low child mortality rates (United Nations General Assembly 2019).
- The availability of free national health services has contributed to low levels of inequity in accessing care in Brunei Darussalam, with studies finding that inequity in health care utilization by ethnicity, residence, health status and income, although present, are relatively low (Tant 2014).
- Given its impressive health outcomes, Brunei Darussalam's health system can be considered efficient. For the financial year 2017/2018, the health budget accounted for only 1.9 per cent of GDP, which is lower than other high-income countries.

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