Brunei Darussalam

UHC and SDG Country Profile 2018

Objectives

Monitoring progress in the Sustainable Development Goals (SDGs) and universal health coverage (UHC) is a priority in the Western Pacific Region. This country profile aims to assist the country-led SDG and UHC monitoring process. Specifically, it will explore the current SDG/UHC situation, guide and direct discussion on possible areas (and population groups) where performance may be low, and foster policy dialogues.

Country statistics

Population¹ 2016 423 196
GDP per capita (current US$)² 2016 26 938.50
Income level² 2017 High income
Income Gini coefficient³ N/A
0 (equality) – 100 (inequality)

Health system

Total health expenditure as % of GDP⁴ 2014 2.6%
Total health expenditure per capita (current US$)⁴ 2014 957.61
General government health expenditure as % of total health expenditure⁴ 2014 93.9%
Life expectancy at birth (in years)⁵ 2015 77.7

Key Messages

Overall progress towards universal health coverage (UHC)

• The Vision 2035 and Health Strategy aimed to introduce the key elements of the new Ministry of Health strategy, in line with Wawasan Brunei 2035 and focused on – comprehensive healthcare system that emphasises service excellence, embraces and practices healthy lifestyle, sustainability through resource optimization, innovation and excellence, effective policies and regulations that ensure protection for all, and transparent and proactive governance.

• Compared to other countries in the Western Pacific Region, Brunei Darussalam has high coverage of essential services.

• Relatively low out-of-pocket spending suggests a low risk of financial hardship. However, as health services are predominantly government subsidized, further efforts to support sustainable financing are required.

• The UHC index indicates some gaps in tuberculosis (TB) detection and treatment, as well as concerns with the prevalence of tobacco use and raised blood pressure.

The majority of SDG 3 indicators are close to the target

• Compared to other countries in the Region, Brunei Darussalam fared relatively well with indicators for SDG 3, including those for reproductive, maternal, newborn and child health (RMNCH), for urban and environmental health, and for health system resources and capacity.

• The equity dimension is not known either because the country may not have disaggregated data or because data have not been reported to WHO.

SDG Overall Progress

Performance scoreboard of 23 SDG health indicators, in relation to a target of 100% (as relative proximity to SDG targets)

14 indicators > 70%
14 indicators 40–70%
1 indicator < 40%

Reproductive, maternal, newborn and child health
Infectious diseases
Noncommunicable diseases
Urban and environmental health
Health system resources and capacity

Note: Refer to page 3

UHC Overall Progress

UHC index¹ – coverage of essential health services (SDG 3.8.1) 0–100 scale (Target: 100)
Financial risk protection:⁷ proportion of population with out-of-pocket health spending exceeding 25% of household’s budget or income (SDG 3.8.2)

Performance scoreboard of 13 UHC index – coverage of essential health services indicators, in relation to a target of 100%

Note: Refer to page 2
Universal Health Coverage

UHC, which is a specific target under SDG 3, is the platform that brings health and development efforts together. UHC ensures that all people and communities receive the quality services they need, and are protected from health threats, without suffering financial hardship. It is measured by a country's health service coverage and financial protection.

Health service coverage is measured by the UHC index that is a summary measure that combines 16 tracer categories. It has four main categories, namely: (1) RMNCH; (2) infectious diseases; (3) noncommunicable diseases (NCDs); and (4) service capacity and access.

How is country performance on UHC indicators assessed?

Country performance on UHC was assessed based on the distribution of indicator values across Western Pacific Region countries. The overall UHC index coverage of essential health services available for 27 Western Pacific Region countries was used to determine the threshold values. The main threshold was set at the mean (close to 60 points). The other thresholds were set at equal intervals to 60 points (mean value minus lowest value).

The UHC performance scorecard colour code for the Western Pacific Region:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>&gt; 80%</td>
<td>High coverage of essential health services, and relatively low risk of financial hardship</td>
</tr>
<tr>
<td>60–80%</td>
<td>Relatively high coverage of essential health services, and relatively low risk of financial hardship</td>
</tr>
<tr>
<td>&lt; 60%</td>
<td>Relatively low coverage of essential health services, and relatively high risk of financial hardship</td>
</tr>
</tbody>
</table>

What tracer indicators are included in the UHC index—coverage of essential health services?

<table>
<thead>
<tr>
<th>Tracer category</th>
<th>Indicator value</th>
<th>Indicator rescaled score, when applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive, maternal, newborn and child health</td>
<td>Family planning demand satisfied with modern methods (%), 2015</td>
<td>83a</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>Antenatal care, 4+ visits (%), 2011</td>
<td>100</td>
</tr>
<tr>
<td>Noncommunicable diseases</td>
<td>Care-seeking behaviour for child pneumonia (%), 2015</td>
<td>99</td>
</tr>
<tr>
<td>Service capacity and access</td>
<td>Tuberculosis (TB) detection and treatment (%), 2015</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>HIV antiretroviral treatment (%), 2015</td>
<td>72c</td>
</tr>
<tr>
<td></td>
<td>Access to improved sanitation (%), 2015</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>Prevalence of non-raised blood pressure (%), 2015</td>
<td>81</td>
</tr>
<tr>
<td>Mean fasting plasma glucose (mmol/L), 2008</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>Tobacco non-use (%), 2015</td>
<td>84</td>
<td></td>
</tr>
</tbody>
</table>

How does financial protection vary across population groups in Brunei Darussalam?

Legend: AUS = Australia, BRN = Brunei Darussalam, KHM = Cambodia, CHN = China, COK = Cook Islands, FJI = Fiji, JPN = Japan, KIR = Kiribati, LAO = Lao People’s Democratic Republic, MHS = Malaysia, MHL = Marshall Islands, FSM = Micronesia, (Federaated States of), MNG = Mongolia, NRU = Nauru, NZL = New Zealand, NRU = Nauru, PAL = Palau, PNG = Papua New Guinea, PHI = Philippines, KOR = Republic of Korea, SGP = Singapore, SLB = Solomon Islands, TON = Tonga, TUV = Tuvalu, VUT = Vanuatu, VNM = Viet Nam

What does financial protection measure?

Financial protection (SDG 3.8.2) measures direct health payments families incur, typically in the last month, in relation to a household’s budget or income. In general, a higher value means increased financial hardship. The indicator summarizes the percentage of the population in a country for which health spending exceeds 25% of their household’s budget.

How does Brunei Darussalam compare to other countries in the Region?

Relationship between UHC coverage of essential health services and financial risk protection in Western Pacific Region countries

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OOPS: out-of-pocket expenditure per capita in US$, 2013; GDP: gross domestic product in current US$ per capita, 2013. This indicator does not necessarily measure financial risk protection and is not a replacement for the UHC financial risk protection indicator (3.8.2). The 2% threshold is not a target. It was arbitrarily selected to map countries in a way that allows cross-country comparison and a baseline position for future trend analysis.

How does Brunei Darussalam compare to other countries in the Region?
**Sustainable Development Goals**

World leaders committed to achieve the 17 Sustainable Development Goals (SDGs) by 2030 in an effort to end poverty, protect the planet and ensure prosperity for all. SDG 3 covers the unfinished Millennium Development Goal (MDG) agenda and newer challenges such as noncommunicable diseases (NCDs), health security, tobacco and injuries.

**How is country performance on the SDG indicators assessed?**

There are two values displayed in each country profile: the indicator value and the rescaled value. The first corresponds to the actual value for a country at the baseline year, whereas the rescaled value shows the relative position of a country with respect to other countries in the Western Pacific Region.

The rescaled value measures the relative proximity to a target, i.e. explicit SDG targets or a best-performing country. Specific SDG targets (indicators shaded in grey) were used for the maternal mortality rate (70 per 100 000 live births), the neonatal mortality rate (12 per 1000 live births) and the under-5 mortality rate (25 per 1000 live births). A value of 100% means the indicator value is at the exact target value. The closer to the target the indicator value is, the higher the percentage.

The rescaled data should be interpreted in the following way: using the adolescent birth rate as an example, Brunei Darussalam has a value of 86%, meaning it has performed at 86% of the best-performing country.

For all SDG indicators, rescaled values range from 0 to 100, therefore three equal bands have been used.

The **SDG performance scorecard** colour code for the Western Pacific Region:

- **< 40%** Proximity from the target: Rescaled based on existing SDG targets.
- **40–70%** Proximity from the target: Rescaled based on existing SDG targets.
- **> 70%** Proximity from the target: Rescaled based on existing SDG targets.

**How far is Brunei Darussalam from the SDG targets?**

<table>
<thead>
<tr>
<th>SDG</th>
<th>Indicator value</th>
<th>Indicator rescaled score to 0–100% Target: 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratio (per 100 000 live births)¹⁴ 2015</td>
<td>3.1.1</td>
<td>23.0</td>
</tr>
<tr>
<td>Proportion of births attended by skilled health personnel (%)¹⁵ 2015</td>
<td>3.1.2</td>
<td>100.0%</td>
</tr>
<tr>
<td>Under-5 mortality rate (per 1000 live births)¹⁶ 2016</td>
<td>3.2.1</td>
<td>9.9</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)¹⁷ 2016</td>
<td>3.2.2</td>
<td>4.4</td>
</tr>
<tr>
<td>Infants receiving three doses of hepatitis B vaccine (%) (proxy)¹⁸ 2016</td>
<td>3.3.4</td>
<td>99.0%</td>
</tr>
<tr>
<td>Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods¹⁹</td>
<td>3.7.1</td>
<td></td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 women aged 15–19 years)²⁰ 2008</td>
<td>3.7.2</td>
<td>16.6</td>
</tr>
<tr>
<td>Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)²¹ 2016</td>
<td>3.8.1</td>
<td>99.0%</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV infections among adults 15–49 years old (per 1000 uninfected population)²²</td>
<td>3.3.1</td>
<td></td>
</tr>
<tr>
<td>TB incidence (per 100 000 population)²³ 2016</td>
<td>3.3.2</td>
<td>66.0</td>
</tr>
<tr>
<td>Malaria incidence (per 1000 population at risk)²⁴</td>
<td>3.3.3</td>
<td></td>
</tr>
</tbody>
</table>

**Noncommunicable diseases**

- Probability of dying from any of cardiovascular disease (CVD), cancer, diabetes, chronic respiratory disease (CRD) between age 30 and exact age 70 (%)³⁹ 2015
  - SDG 3.4.1 | 12.6% |
  - Regional Average: 17.1
- Suicide mortality rate (per 100 000 population)³⁰ 2015
  - SDG 3.4.2 | 1.3 |
  - Regional Average: 10.8
- Total alcohol per capita (≥ 15 years of age) consumption (in litres of pure alcohol), projected estimates³¹ 2016
  - SDG 3.5.2 | 1.3 |
  - Regional Average: 10.0%
- Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Female³² 2015
  - SDG 3.a.1 | 3.1%
  - Regional Average: 29.0%
- Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Male³³ 2015
  - SDG 3.a.1 | 29.3%

**Urban and environmental health**

- Road traffic mortality rate (per 100 000 population)³⁴ 2015
  - SDG 3.6.1 | |
  - Regional Average: 17.3
- Mortality rate attributed to household and ambient air pollution (per 100 000 population)³⁵ 2012
  - SDG 3.9.1 | 0.2 |
  - Regional Average: 10.0%
- Mortality rate attributed to exposure to unsafe water, sanitation and hygiene (WASH) services (per 100 000 population)²³ 2012
  - SDG 3.9.2 | 0.1 |
  - Regional Average: 10.0%
- Mortality rate attributed to unintentional poisoning (per 100 000 population)³⁶ 2015
  - SDG 3.9.3 | 0.2 |
  - Regional Average: 9.0%

**Health system resources and capacity**

- Total net official development assistance to medical research and basic health per capita (constant 2014 US$), by recipient country²⁴
  - SDG 3.b.2 | |
  - Regional Average: 42.0
- Skilled health professionals density (per 10 000 population)²⁵ 2012
  - SDG 3.c.1 | 96.6 |
  - Regional Average: 42.0
- Average of 13 International Health Regulations (2005) core capacity scores²⁶ 2016
  - SDG 3.d.1 | 92.0 |
  - Regional Average: 86.6%

**Are population groups in Brunei Darussalam being left behind?²⁶**

<table>
<thead>
<tr>
<th>POOREST 20%</th>
<th>RICHEST 20%</th>
<th>DIFF</th>
<th>RURAL</th>
<th>URBAN</th>
<th>DIFF</th>
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<tbody>
<tr>
<td>SDG 3.1.2 Proportion of births attended by skilled health personnel (%)</td>
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<tr>
<td>SDG 3.2.1 Under-5 mortality rate (per 1000 live births)</td>
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<td>SDG 3.2.2 Neonatal mortality rate (per 1000 live births)</td>
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</table>

**SDG 3.b.1 Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)²¹ 2016**

- Minor inequalities (< 10%)
- Moderate inequalities (10–50%)
- Major inequalities (> 50%)

**Data sources**

- Regional database for the Western Pacific Region
- 2015 Country Profiles for the Western Pacific Region
- 2015 SDG progress report for the Western Pacific Region
- 2015 SDG report for the Western Pacific Region
- 2015 SDG database for the Western Pacific Region
- World Health Organization (WHO) Country Profiles
- World Health Organization (WHO) Statistical Information System (WHOSIS)

**Notes**

- ³¹ 2016
- ³² 2015
- ³³ 2015
Technical notes and sources

5. WHO life expectancy (http://www.who.int/gho/mortality_burden_disease/life_tables/en/).
6. SDG indicator 3.8.1 and its components have been computed by WHO using publically available data, including existing WHO/UN agency estimates, country data reported to WHO, and published results from household surveys available in UHC Data Portal (http://apps.who.int/gho/cabinet/uhc.jsp) and in the 2017 Global Monitoring Report on Tracking Universal Health Coverage (http://www.who.int/healthinfo/universal_health_coverage/report/2017_global_monitoring_report.pdf?ua=1).
7. Given the limited number of countries for which SDG indicator 3.8.2 on financial risk protection is available, an alternative proxy measure was used in some analyses to be able to assess financial hardship in a larger number of countries. The proposed measure was out-of-pocket health expenditure per capita as a percentage of GDP per capita. This measure showed a moderate correlation with SDG indicator 3.8.2. In addition, this proxy indicator does not necessarily measure financial risk protection and is not a replacement for the UHC financial risk protection indicator (3.8.2).
8. Reproductive, maternal, newborn and child health measures the extent to which those in need for family planning, pregnancy and delivery care, child immunization and treatment receive the care they need.
9. Infectious diseases measures: (i) the extent to which those in need for TB and HIV treatment and malaria prevention receive the care and services they need; and (ii) access to improved sanitation.
10. Noncommunicable diseases measures the current status of NCD risk factors in the population, including blood pressure, glucose level and tobacco consumption, as a proxy indicator of success of both prevention efforts and screening and treatment programmes.
11. Service capacity and access measures general features of service capacity and access to care within a health system. Measures include hospital beds and health professionals per capita, and a measure of health security for responding to epidemics and other health threats.
17. UNAIDS/WHO estimates; 2016 (http://apps.who.int/gho/hiv/epidemic_status/incidence/en/).
26. Disaggregated data for SDG indicators on page 3 come from the WHO Health Equity Assessment Toolkit (HEAT), software for exploring and comparing health inequalities in countries. The tool includes reproductive, maternal, newborn and child health indicators, disaggregated by five dimensions of inequality, including economic status, education, place of residence, subnational region and sex (where applicable). Currently, Brunei Darussalam does not report data to this tool.

WPR/2018/DHS/002

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