

The 11th ASEAN & Japan High Level officials Meeting on Caring Societies: Active Aging

1. Universal Health Coverage as a basis for “Active Aging”.

Universal health coverage (UHC) has been accorded the highest political will and commitment by the Government of Brunei Darussalam, in line with the strong recognition of health care as one of the major public investment in human development as well as supporting sustainable socio-economic development, peace and social security. The Country, through the Ministry of Health, formulates National Health Policies that aim to provide the highest level of health care that is accessible, cost-effective, sustainable and able to provide a high quality of life for our population.

In the implementation of the UHC, people-centered healthcare principle is emphasized with focus directed at provision of Primary Health Care integrated with a spectrum of services including maternal child health, school health, community based mental health, dental and eye clinics delivered by trained healthcare professionals. In certain remote areas, the primary health care is provided by Travelling Clinic & Flying Medical Services. As time evolved, the services were modulated incorporating different approaches including taking on board multi-sectorial stakeholders and local communities.

Specifically related to Active Aging, the Ministry of Health collaborates with local communities through the ‘Healthy Mukim’ Programme to promote healthy lifestyle in a sustainable way. This programme involves the active participation of local community leaders, groups, local village residents and representatives from the Health and Education sector appointed to form a special Health Promotion Committee for the community. The main components of the programme include complimentary health screenings, health exhibition, healthy cooking competition and an aerobic session followed by a walkathon. The programme also provides opportunity for the community to showcase their ‘One Village, One Product’ items such as fruits, vegetables, local food and handicrafts which are substantially contributed by the senior citizens of the community. One of the major highlights of the programme is the presentation the Healthy Senior Health Citizens Award whereby the recipients are nominated and selected by the local community. This award aims to provide the community members, especially senior citizens, the awareness and drive to practicing healthy lifestyle as well as encourage active aging.



Fig.1: Honorable Pehin Dato Adanan Yusof, Minister of Health, Brunei Darussalam with recipients of Senior Health Citizens Award for Mukim Sengkurong, 13 February 2013.

Brunei Darussalam is a relatively young country with young population. Over the years, Brunei Darussalam, fortunately, has managed to improve its standards of health care services, quality of life and overall socio-economic status. This has led to a significant decrease in overall mortality rates and increase in life expectancy which shifts the shape of the national population pyramid upwards as outlined in fig 2 of this report. The 60-plus population in Brunei Darussalam is projected to double in 20 years' time and will contribute to significant increase in overall health expenditure.

Population Pyramid (2012)

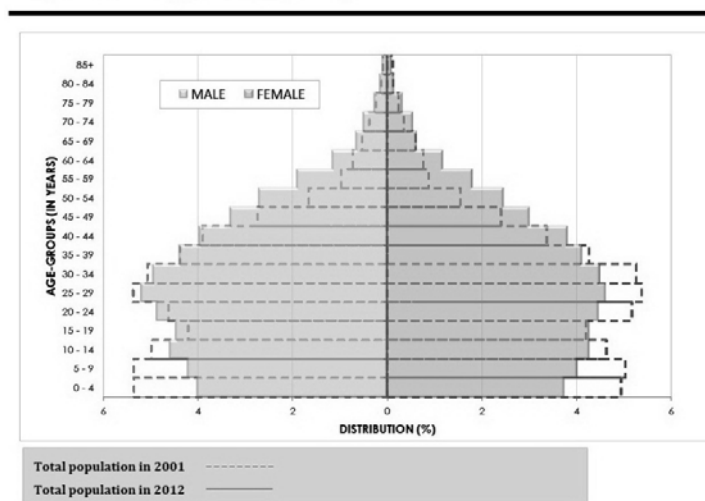


Fig 2: The population pyramid of Brunei Darussalam for 2012.

The changes in disease pattern and dramatic development of technologies observed globally have posed new challenges to the National Health Care System. The increasing rates of non-communicable diseases, potential threats of epidemics of emerging and re-emerging communicable diseases, insufficient number of doctors and other health professionals, and increasing demand from public for high quality services are some of the major challenges we face in Brunei Darussalam. The rapid advancement in information and communication technology has also changed public expectations on health care management. To meet the challenges, Brunei Darussalam provides continuous education and training to the doctors, nurses and allied health professionals, and also expanding and upgrading all Health Care Services including their technology and infrastructures.

In ensuring sustainability of the healthcare system, Brunei Darussalam continues to explore and invest on more cost-effective interventions such as health screening, strengthening health promotion and preventive activities. At the same time, secondary and tertiary level of care encompassing cure, treatment and rehabilitation continue to be strengthened in a coherent manner so health care is provided in a holistic approach, from womb to tomb, in which the health and welfare of Brunei Darussalam's senior citizens are always recognized as an area of great importance and value.

2. Medical and welfare services, Health Promotion, and Disease Prevention.

Brunei Darussalam's Ministry of Health Vision 2035 "Towards a healthy nation" focuses on

- Comprehensive healthcare system that emphasizes service excellence
- A nation that embraces and practices healthy lifestyle
- Sustainability through resource optimization, innovation and excellence
- Effective policies and regulations that ensure protection for all
- Transparent and proactive governance

Health Promotion

- It is important to promote healthy living at a young age to prevent diseases and disabilities at later life.
- Health Promotion Center are actively organizing health education for the public, works with schools, governments and private sectors to promote healthy lifestyles and organized health activities in the communities and villages

Disease Prevention

- Health screening available at all health centers
- Developed National Physical Activities Guidelines for all ages
- Launched BruMAP NCD 2013-2018, multi-sectors intervention on Non Communicable Diseases.

Medical and Welfare services

- Primary, secondary and tertiary medical care are available to all citizens
- Welfare services are available through collaboration from Ministry of Health, Ministry of Culture, Youth and Sport and Ministry of Religious Affairs.
- National Multisectorial Committee focus on ageing population agenda.

Current Challenges

- A. Multi-sectorial intervention on Healthy Ageing
 - a. Need all stakeholders 'buy in' to current issue, improving coordination and collaboration towards the same goal
 - b. BruMap NCB 2013 -2018 is a starting platform for all agencies to participate and collaborate.
 - c. 11th HLOM meeting is another platform where Ministry of Health and Ministry of Culture, Youth and Sport can exchange view and collaborate on social and health issues for older people as there is a strong link between social well-being and health.
- B. Limited healthcare resources
 - a. Especially healthcare professionals trained in Geriatric.
 - b. Roadshows to attract students into healthcare workforce.
 - c. Provide postgraduate geriatric experiences for healthcare workers
 - d. Introducing care of the elderly modules in medical education to ensure that all medical doctors have the knowledge to care for our older adults in the future.

C. Rehabilitation

- a. To improve homecare services to support the patients and their families in the communities.
- b. To improve services and activities at a pilot daycare center, will need an interdisciplinary team approach with “buy in” from all the relevant parties. Meetings and discussions to be scheduled.
- c. Need to reinforce early rehabilitation for all hospitalized older people, continue educating the medical and allied health professionals.

D. Strengthening the family values

- a. Celebrate annual National Family Day, reinforce family value as a unit, caring for each other in difficult times

E. Healthy Living

- a. It is vital to promote good health at early stage to reduce disability and diseases at later age.
- b. Low cost processed foods and snacks are widely available to the public.
- c. School Cafeteria Guidelines 2009 and Food and Drinks in Workplace Guidelines 2010 to promote healthy eating.
- d. Collaboration with fitness centers to encourage physical activities.
- e. Increased number of recreational parks available to the public to promote physical activities.
- f. Tobacco Control Order 2005 and Tobacco Regulations 2007 and smoking cessation clinic to reduce smoking habit.
- g. BruMap NCD 2013-2018 to tackle the rising of diabetes mellitus, cardiovascular diseases, chronic respiratory diseases and cancer.

3. Local Communities that Support the Elderly

In Brunei Darussalam, the family institution has been the main support and provider for the elderly. Brunei Darussalam’s policy is based on a society for all ages including the elderly. The rights of the elderly with regard to access to basic necessities allow them to be integrated in the national development. The society has always uphold the elderly with respect, gratitude, dignity and sensitivity. Their wisdom and productivity within the elderly community capitalized as an asset or otherwise it would be a great loss for the nation.

Caring for the elderly is considered as the direct responsibility of the family. The customary family care of the elderly is still strong, a situation explained by the religious and traditional values of the Bruneians. This is provided through the extended family system, which offers a lot of advantages, not only in economic terms but also in the spiritual and psychological aspects. Legislation is also in place to protect family members including the elderly from abuse and domestic violence.

Awareness campaigns are constantly conducted to sensitize the public on the unacceptability of abuse or neglect of the elderly. In recognition of the comfort that family environment can provide to the ageing population, Brunei Darussalam advocates “ageing in place” within the family environment and does not condone institutionalization of the elderly.

Programmes are also in place to strengthen the family as the fundamental institution in providing care for the young, elderly and the vulnerable. Programmes include compulsory pre marriage courses for young Muslim couples, post-marital courses, parenting skills, counseling as well as awareness campaigns on family values, reproductive health and domestic violence. Family campaigns are conducted regularly to educate the public on the healthy relationship between parents and children and to create and cultivate awareness of the vital role of parents in imparting desired social values to their children and to maintain their role as caregivers for their members. This initiative was further strengthened when His Majesty in the year 2012 declared the Sunday of the second week of May as the National Family Day whereby activities and programmes are organized nationwide.

Together with HelpAge Korea, Brunei Darussalam has developed Home Care model for the elderly who need help with daily activities and includes providing assistance and providing skills (through trained volunteers) to the family members and next of kin towards the care of their elderly family members. The objectives of this home care program are to improve the quality of life of the elderly, maintaining the family values that senior citizens will continue to be respected and given attention, raise public awareness, the private sector and volunteers of the need to care the elderly as to maintain survival, raise awareness of the responsibility to protect and care the elderly and improve the quality of life of seniors physically, emotionally and socially as well as provide assistance in the activities of daily living.

Programmes on active ageing, health care for the aged, are regularly organized to lessen the impact of disability and chronic illnesses in the elderly in the future. The government actively promotes healthy lifestyles through ongoing campaigns.

4. Social Involvement and Contribution by the Elderly

In 2012 an activity center for senior citizens was set up to meet the popular demand of the elderly to have a place to interact amongst their peers. It was established as a pilot project and will be extended to other districts.

Since 1999, Brunei Darussalam annually celebrated the International Day for the Older Persons which falls on the 1st of October. Through the Department of Community

Development, Ministry of Culture, Youth and Sports will organize activities and programs for the elderly. Recently, on the 7th November 2013 the International Day for the Elderly was celebrated by conducting a one day workshop for at least 600 participants of elderly and discussing nine topics concerning the elderly issues. Overall, the workshop was successfully conducted with good resolutions presented by the participants. The theme of the celebration was “The Future We Want: What Older Persons Are Saying”.

5. Learning from the Approaches in Brunei Darussalam.

Brunei Darussalam strongly believes that family environment is the one best suited to the lifestyle of the elderly. While government could play a vital role in providing care for the elderly, it should only supplement rather than replace the traditional family’s role. Institutional care for the elderly should be considered as the last resort. Our areas of concerns though, are the erosion of traditional family values, the consequences of increasing nuclear families and the negative influences these have on the traditional roles and responsibilities of family members. To ensure that the elderly are not marginalised, there is a need to promote understanding of ageing, understanding between generations and to inculcate in our community a more self-reliant mentality, to review our existing family-enhancing programmes and redesign them to enable families to be more resilient in the face of emergent issues. There is a need to increase the capabilities of families and equipping them with the necessary skills to allow them to be better able to cope with global change. There is also a need to prepare for the future with an ageing population by promoting community-based support systems to supplement the role of family as caregiver.

6. The roles of the Government in “Active Aging”.

The Brunei Government plays a very important role to its people and ensures that the country will achieve the “Brunei Vision 2035” and recognize for the accomplishments of its well-educated and highly skilled people, living with high quality of life and a sustainable and dynamic economy. So, various agencies from different government, private agencies and individuals responded towards the visions and work together as one community, and not exempted the elderly.

The welfare of the elderly are ensured by the government which provides basic services accessible to all including shelter, education and health, which are provided either free or very heavily subsidized. Social protection is provided under the non-contributory (universal pension) Old Age Pension and Disability Benefit schemes of BND250/USD201, once the person reaches 60 years and above as well as additional monthly financial assistance for the needy of BND100/USD125 (Brunei citizens and permanent residents). The Government spent BND6.3 million (USD4.9 million) for 25,401 recipients of old age pension for the month of October 2013.

In recognition of the importance of the family institution as well as the elderly issue, two inter-ministerial committees have been established under the chairmanship of the Minister of Culture, Youth and Sports. These are the “Special Committee on Women and Family Institution” and the “Special Committee on the Elderly and Disabled”. The committees with representations from governmental and non-governmental agencies ensure that the issues related to family institution and the elderly are approached in a holistic manner and with integrated efforts from all parties concerned. The committees are responsible for conducting research, formulating policies and plans of action related to women, family institution, elderly and persons with disabilities. The committees will also ensure that these policies and plans of action are implemented accordingly. A Plan of Actions for Elderly and People with Disability was formulated in 2012 which address a wide coverage on issues of elderly and disable people. The future of the senior citizens in Brunei Darussalam is guided by the POA which namely covers 9 issues: Law and regulation, health, employment, education, transportation, housing, recreation & social participation and infrastructure.

1. Future Cooperation with and among ASEAN Countries for the Aging Population.

Since ageing population is a phenomena and that every member states will experience this trend in the cycle of their country’s development hence it is timely for ASEAN member states to address these issues regionally. Future cooperation should be further strengthen by having more cooperation among member states through exchanges of experiences and information, sharing of good practices, conducting research on elderly, ASEAN Statistical data on elderly, ASEAN database indicators on elderly, annual ASEAN meetings on Elderly Issues, conduct seminars, forums, conferences and workshops.

2. Challenges

Major challenges in addressing the issues of the elderly are as follows:

1. To ensure that the family institution practice the extended family system which is a vital means of social balance for the balance of life and quality of life.
2. To ensure the sustainability of the financial resources especially for the delivery of old age pensions scheme.
3. To encourage the people practicing a healthy life style in order to achieve active ageing.
4. Maintaining a sustainable system of delivery of healthcare for the elderly.
5. Promoting volunteer work for the care of unattended elderly.

6. Reducing the “empty-nest syndrome” among the elderly as more children are going to work.
7. Achieving all the plans and activity in the POA on Elderly.

Follow-up of the 10th High Level Official Meeting on Caring Societies

As a follow up of the 10th HLOM held last year in October 2012, an informal meeting was held at the National Disaster Management Centre (NDMC) building at Bandar Seri Begawan. The NDMC was first set up in August 2006 as stipulated in the Disaster Management Order of 2006. Since its establishment the NDMC has been the focal and lead agency to initiate all actions pertaining to the event of a disaster in Brunei Darussalam. All aspects of disaster management, mitigation and prevention; preparedness and responses and recovery are considered through policies, strategies and practices implemented are guided by international, regional and national drivers. The NDMC membership consists of government relevant stakeholders namely the Ministry of Development, Ministry Of Home Affairs, Ministry Of Health, Ministry of Defense and Ministry of Culture, Youth and Sports. The NDMC’s strategy is to enhance capacity in both response and preparedness with the main objective of building disaster resilience community. All actions relating to disaster management in Brunei are centralized through NDMC and in which the NDMC will then disseminate the information to the relevant agencies for immediate actions.

In order to ensure coordinated actions are taken in the event of a disaster the NDMC drafted a National Standard Operating Procedure (NaSOP). Several meetings were held with relevant agencies to discuss the proposal. Relevant agencies were invited to ensure all aspects of actions are included in the proposal procedure. During this initial stages representative from the Community Development Department highlighted the procedure of assistance and rescue for the vulnerable groups especially like disabled persons, wheelchair bound people, frail and sick elderly, women and children should be included in the NaSOP. Top priority assistance should be given to these group of people.

For Brunei Darussalam the issues of assistance for the vulnerable groups came at the right moment coinciding with the drafting the SOP for disaster in which issues of assistance and appropriate measures to help the socially vulnerable group is incooperated in the national SOP. The Community Development Department suggested that the welfare and well-being of the vulnerable people should be considered and clarified in the NaSOP because these people have special needs and were sometimes often left out in the event of chaos and panic situation. The vulnerable group of people should be given top priority in any rescue operation.

The National Standard Operating Procedure (NaSOP) book on disaster was officially launched in the mid-year of 2013; it outlines the agreed procedures that must be followed by all agencies involved in a disaster operation. Through NaSOP’s concerted and coordinated approach, it is hoped that responses to disasters in Brunei Darussalam will be more effective and efficient. To ensure the NaSOP is effective and streamline into

responder agencies' standard operating procedures, the NDMC will periodically review the content through such activities like table-top and simulation exercises.

Through the NDMC, Brunei Darussalam closely works together with other countries especially with the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre) in alerting other ASEAN countries upon an upcoming or approaching disaster. Through the assessment of the participating responding countries, they will know what types of assistance were needed by the affected countries. Immediate actions will be deployed to the affected areas before assistance operations are carried out. Brunei Darussalam is fully committed in assisting and helping countries who are affected by disaster especially around this region.