The 5th ASEAN & Japan High Level Officials Meeting on Caring Societies:

Collaboration of Social Welfare and Health Services, and
Development of Human Resources and Community
-Community Services for the Elderly-

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BRUNEI DARUSSALAM COUNTRY REPORT

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1.0 INTRODUCTION

The elderly population in Brunei Darussalam is still relatively small compared to the rest of the region. The number of elderly population however has doubled in numbers during the period 1971 to 2001. These population of elderly persons in Brunei Darussalam is estimated to be 73 139 in 2025 and 168 058 in 2050 (U.S Census Bureau).

1.1 Demography

Brunei Darussalam is located on the northwest coast of Borneo Island. The country has an area of 5 765 square kilometers, 78 per cent of which is still cover in tropical rain forest. It is wedge between the two Malaysian state of Sabah and Sarawak. Brunei Darussalam is divided into four administrative districts, 39 mukims and 430 kampongs or localities. The capital city is located in The Brunei-Muara district, the most densely populated among the four districts; it is home to 69.1 per cent of the population. The Belait district is the largest district, 16.7 per cent of the population lives here. The Belait district is also the base for the oil and natural gas industries, the main source of Brunei Darussalam's wealth. The Tutong district lies between Brunei-Muara district and Belait district. It has a population of 43 301 (11.7 per cent). 2.5 per cent of the population lives in the Temburong district. It is the least populated and developed. Most of the land area of Temburong is still covered with virgin forest.

1.2 Population

Brunei Darussalam has an estimated population of 370 100 (national census 2001). 73.4 per cent are citizen and permanent residence, the remaining are temporary residence who are working in the country and their families. The annual growth rate currently is at 2.9 per cent.

Brunei Darussalam has multi-ethnic population. The Malays is the largest ethic group which comprise of 66.8 per cent of population and 11.1 percent are Chinese and others constitutes the remaining 22.1 per cent of the population.

1.3 Age structure

The Brunei population is predominantly made up of young groups, 40.1 per cent of the population is aged between 0-19 years, 53.8 per cent are age between 20-54 years, 3.5 per cent are between the age of 55- 64 and the remaining 2.6 per cent are 65 and over.

2.0 CURRENT SITUATION

2.1 Policy direction and strategic goals of Ministry of Health

The Government of Brunei Darussalam is fully committed to continuously improve the health status of the people in the country and consider government funding for health care as one of the major public investments in human development. The health policies and programs will be constantly reviewed in the context of changing economic, social, technological environments and health situations. In the provision of health services for all Bruneian, the ministry will be guided by the following principles:

I. Ensuring universal access of better healthcare.
II. Enabling equity of access to comprehensive health services.
III. Promoting partnership and public participation.
IV. Ensuring that the health service system is sustainable within the Ministry institutional capacity and financial resources.

The Ministry of Health in its national Health Care Plan 2000-2010 outlines the following strategic goals:

I. To promote Primary Health Care.
II. To focus on the management of Priority-Chronic diseases.
III. To pursue high quality in healthcare.
IV. To achieve a more equitable allocation of fund for diverse health services and to venture into alternative sources of healthcare financing.
V. To promote selected areas of excellence in health services.

2.2 Health Expenditure

Budget allocations for health service have increased over the years from B$200 million to B$240 million (See Table 1).

Table 1: Government budget allocation for health

	2003	2004/05	2005/06
Total Health Budget (B$ Millions)	225.46	233.32	240,86
Health Budget as % of National Budget	6.62	6.63	6.82
Per Capita Health Budget (B$) #	645	649	651
Health Budget as % of GDP #	2.73	(r) 1.75	(p) 1.52
Total Health Expenditure ($B Millions)	290.15	262.93	…
Health Expenditure as % of Government Expenditure	6.75	7.88	…
Health Expenditure as % of GDP #	3.51	(r) 1.98	…
Per Capita Health Expenditure (B$) #	830	731	…

2.3 Healthcare And Medical Services Are Provided Free For All Citizens And Permanent Residents

Services include specialized medical care not available within the country. Healthcare and medical service for the elderly is given as part of the existing comprehensive services. The following facilities are available throughout the country:

Medical Care

There are 4 hospitals in the country, one in each district providing secondary and tertiary services. Community services for the elderly are provided from the hospitals through the following units:

I. Home Based Nursing
II. Occupational Therapy Home assessment as part of discharge planning following hospitalization
III. Medical Social Work services
IV. Psychiatric field work services
V. Tuberculosis health worker

Table2: Community services provided from RIPAS Hospital

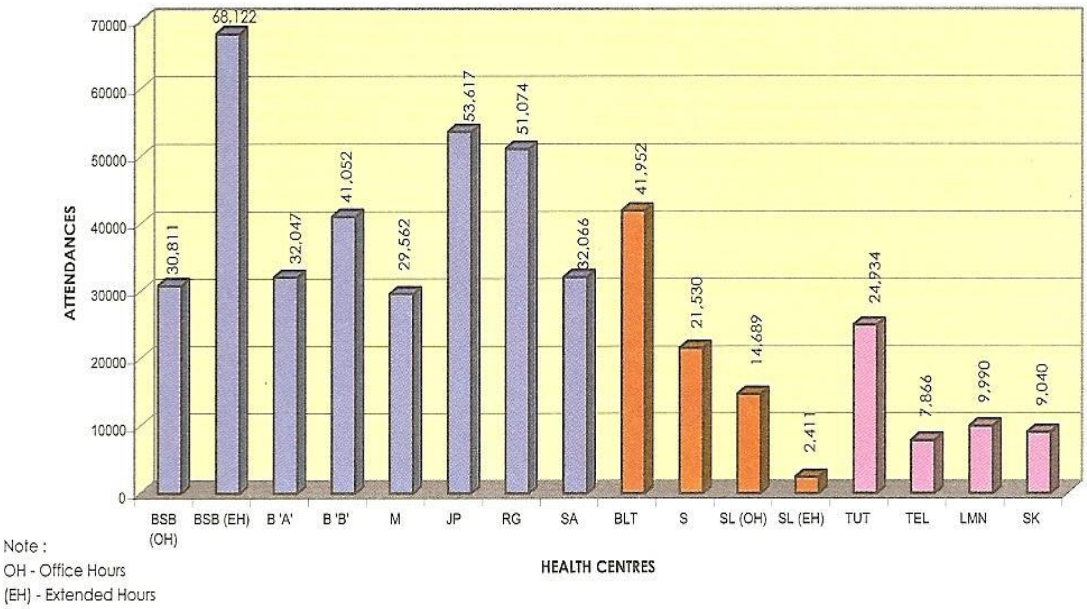
Department / Unit	2001	2002	2003	2004	2005	2006	July 2007
Home Based Nursing*	249	326	399	473	545	621	672
Occupational Therapy	29	35	19	7	16	16	18
Medical Social Work	22	26	34	32	34	39	18
Medical Social Work (no of cases referred)	75	86	113	107	115	130	59
Psychiatric Field Work*	50	85	228	445	371	314	252

Health Services

The Public Primary Health Care services are provided through health centers, traveling health clinics and flying medical services. The hospital based primary health care service was decentralized in 2002. There are currently 15 health centers in the country, 7 in Brunei-Muara district, 3 in Belait district and 4 in Tutong district. There are 4 flying team medical services and 10 traveling health clinics. In 2005 the total number of attendances in health centers and clinics is 485 327 compared to 330 754 in 2004. The figure 4 shows general out patients attendances to health centers for 2005.

**Figures represent the total number of cases referred including the elderly patients*

Figure 4: General Out Patient attendances to health centers in 2005



2.4 Social Welfare Policy And Services For Elderly

The primary goal of welfare program in the country is to promote the well being of the country's needy sector including the elderly and the disabled people. The Old Age and Disability Pensions Act 1954, stipulates that those who reach the age of sixty receive monthly allowances of BND $250.

The old age pensions scheme in Brunei Darussalam was enforced since 1st January 1955. Through the intention of the late His Majesty Sultan Haji Omar Ali Saifuddien, the old age pensions scheme was included in the First National Development Plan. The pensions and allowances provided under this Act are non-contributory and non-means-tested benefits. To be eligible to apply for old age pension a person must reside in Brunei Darussalam for not less than ten years for those born in the country and not less than thirty years for those born outside the country. The person must not leave the country for more than three months consecutively. An elderly person (age 60 and above) who is blind is also eligible for disability pension for himself and his dependents.

The number of recipients for old age and disability pension in 1985 was 7 320 persons and as of July, 2006 this number has increased to 18 320 persons as indicated in the table.

Year	1985	1990	1995	2000	2004	2005	2006	2007 (July)
No. of Recipients of Old Age Pension and Disability allowances	7320	8693	10812	13638	16123	16123	17494	18320

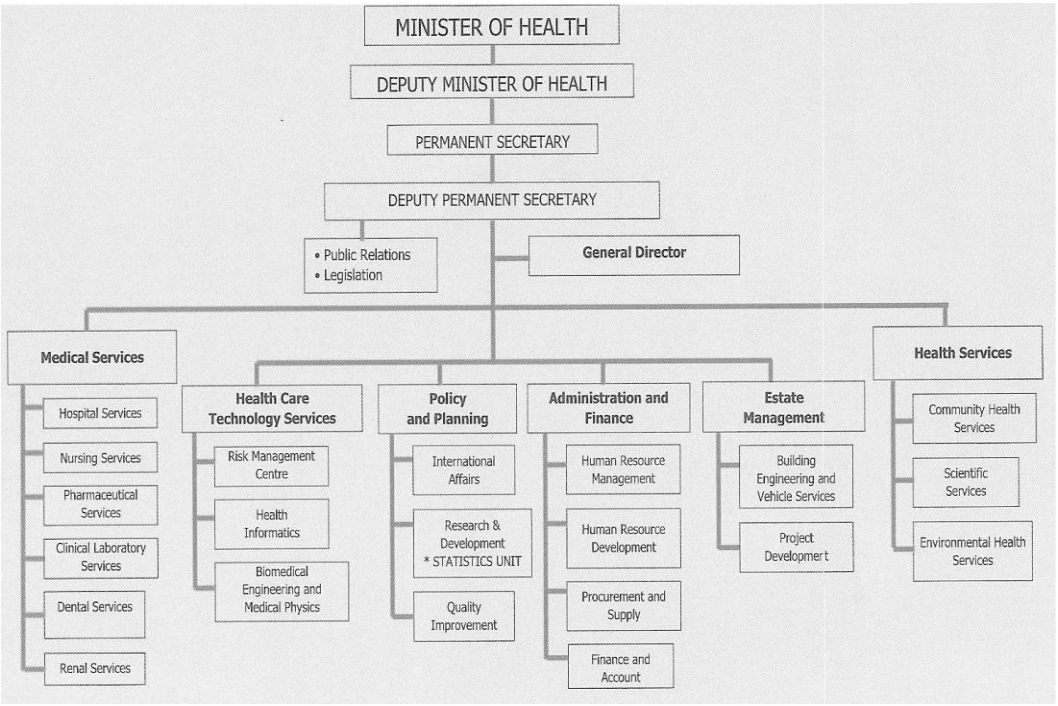
The pension allowances rates also had been increased since it was introduced, from $20.00 per month in 1955 to $250.00 per month, following the cost of standard of living in the country. It is aim to improve the quality of life of elderly people in the country. The objectives were to ensure the well-being of elderly people in Brunei and as a recognition and appreciation for their contribution in developing the socio-economy of the country.

3.0 HEALTHCARE INSTITUTIONAL FRAMEWORK AND COMMUNITY SUPPORT WORK FOR THE ELDERLY

3.1 Ministry of Health

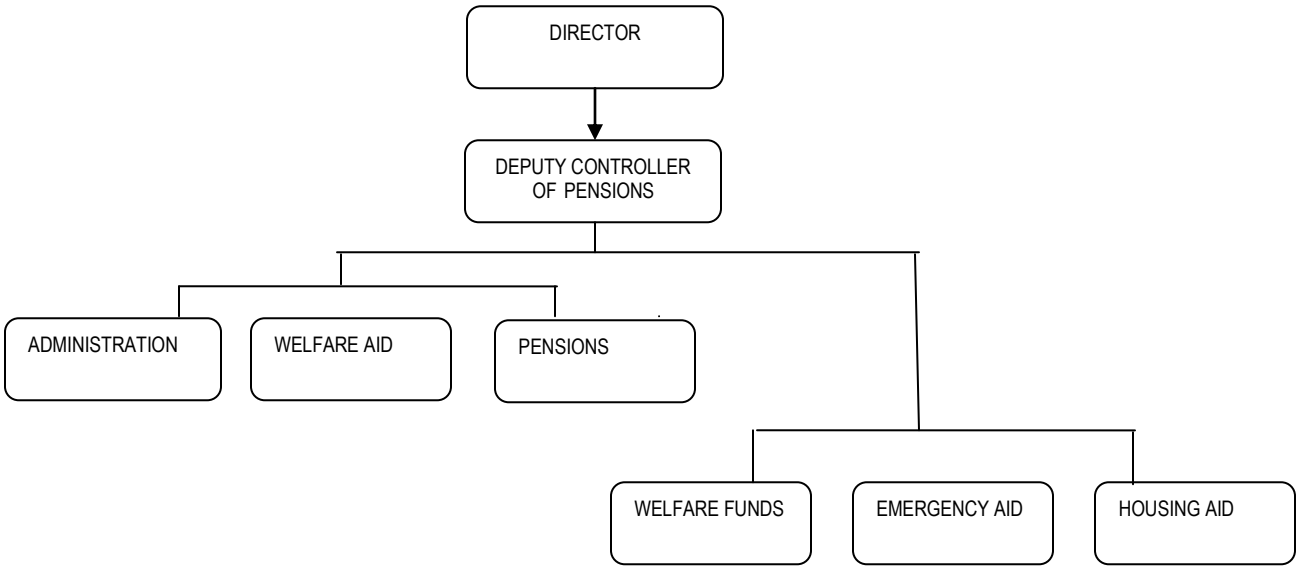
The government of Brunei Darussalam has been providing healthcare services since 1907. The Ministry of health is celebrating 100 years of services this year. Ministry of Health is led by a minister who is assisted by a deputy minister. The permanent secretary office has been led by a permanent secretary and a deputy secretary was introduced in 2006.. Under the deputy permanent secretary is the general director. The figure 1 below shows the organization structures of the Ministry of Health:

Figure 1: Organization structure of Ministry of Health



3.2 Community Development Department, Ministry of Culture, Youth and Sports

The Community Development Department is established since 1st July 1954, and previously known as Customs, Religions and Welfare Department. It is one of the five agencies under the Ministry of Culture, Youth and Sport. The Community Development Department is divided into seven sections and headed by the Director. The welfare aid and pensions is one of the important sections under Community Development Department and headed by The Deputy Controller of Pensions.



4.0 RECENT ACTIVITIES

4.1 Human Resource Development

Human Resources for Health for 2005	Government	Private	Total
Doctors	335	55	390
Population per doctor			949
Dentists	59	14	73
Population per dentist			5070
Pharmacists	25	16	41
Population per pharmacist			9027
Nurses	1962	44	2006
Population per nurse			184
Occupational Therapists	17	2	19
Population per occupational therapist			19479

4.2 Social And Economic Development

In term of the social support for the elderly people, the Government continues to encourage the participation and involvement of the elderly people in the development of the country. Several projects and awareness programs were carried out to encourage the elderly to participate in the society to the greatest extend possible and not to be seen as a burden to the society. They are encouraged to organize themselves by setting up an association or a committee through which they can contribute by actively being involve in various activities that could maximize their potentials and their feeling of self-worth. At the moment, there are two associations for the elderly people in the country.

With regard to economic development, most of the elderly people are actively engaged in the production of local handicrafts and the government helps to promote their products through expos and exhibitions. In addition to pension allowances, The Community Development Department provides re-employment for those who wish to continue working.

4.3 Collaboration between Healthcare, social welfare and other government agencies

Health workers and medical social workers liaise with welfare officers from Ministry of Culture Youths and Sports and Officers from Ministry of Religious Affairs in finding resources. There are cases of the elderly people who need crises intervention, especially for those who have chronic diseases. In this matter, both social and health services would play their own role. Through the referrals made by Health Department, the Community Development Department would usually provide financial assistance, counseling services, advocacy, assistive devices (for example wheelchair, walking stick) and possibly repaired and renovate their house for their accessibility.

4.4 Public, private and non-government organization

The Government of Brunei Darussalam recognizes the importance of caring for the elderly people in the country and this has been made clear when Home Care Project was launched on the 22nd June 2005 by Ministry of Culture, Youth and Sport. Home Care Project is the first program in the country that addressing about the well-being of older people.

The ROK-ASEAN Home Care Project for Older People was jointly organized by the Community Development Department in cooperation with HelpAge Korea. The objective of this project is to develop Home Care model for older people which includes providing assistance for older people and to enhance the involvement of children, family members and next of kin towards the care of the older people. The project does not substitute the obligation of children or next of kin towards their older parents or family members but it is to compliment the available services which are already provided. Furthermore, it is aimed to perpetuate family values so that senior citizens will always be respected, given attention and to heighten public awareness on the caring of older people.

It involves family members and volunteers visiting the elderly to provide assistance such as cleaning, delivering and preparing food, bringing to the hospital, shopping and as talking partners to ensure that they take proper medication among others. (Borneo Bulletin 17 April 2007). The activities of the Project includes; promotes awareness among stakeholders, conducting training for caregivers, sharing of knowledge and experiences among caregivers, sharing of experiences and information's through exchange visit among ASEAN countries and attending regional and international seminars and workshops on services for older people.

A recent activity was on 13th August 2007, voluntary course project for family in minding older people phase two was held in Belait District. It was aimed at widening the scope of caring for older people in the country by not just focusing on one district (Brunei Muara) but the whole country through phases.

4.5 Role of Family and Community

Brunei Darussalam gives an important place to the welfare of the elderly people and respect for the elderly people is considered as the direct responsibility of the family. Caring for the elderly is considered as the direct responsibility of the family. The system of extended family structure whereby parents, grandparents and others still live together under one roof is still widely practiced. The extended family system has contributed significantly in enhancing the caring values by teaching children to uphold moral and spiritual values by respecting their parents, elders, rulers and leaders.

Although most women are now taking up employment to become career women, which may have an adverse effect on the traditional source of support for the elderly population, however these values seem to be holding and as strong as before.

Family members or kinship is an important source of care for elderly people in the community particularly the frail and disabled. Many of the health problems suffered by the elderly are caused by chronic non-communicable diseases such as diabetes, heart diseases and stroke. These diseases may have started early on in life and becomes worse with age causing impairment in functions. In such cases the health workers works very closely with the family during the rehabilitation period and usually home assessments are done by occupational therapists prior to their discharge from the hospital to ensure that patients can be safely taken care of at home. Family members are also thought and advised on lifting, transfers and when necessary wheelchair management.

4.6 Collaboration Between National And Local Governments

In Brunei Darussalam, the payment process for old age pensions is through Heads of villages, payment counters, house to house delivery or specified centers such as Hospitals and association centers. The Heads of Villages play traditional function of providing a channel of communication between the Government and the public. They are under District Offices, Ministry of Home Affairs. Hence, the roles of heads villages are not only delivering the pensions allowances but also to enhance the standard and quality of life so as to ensure continuous prosperity and well-being of the people.

5.0 CHALLENGES AND ACTIONS FOR THE FUTURE

- Strengthening the management of the emergence of chronic non- communicable diseases.
- Strengthening health promotion and prevention.
- Strengthening inter-agencies collaboration between the government organization and between government and non government organization.
- To enhance the continuous involvement and supports from individual and non-government agencies.
- To plan and provide Day Care Centre or Community Centre for the elderly people.

6.0 REFERENCES

1. Brunei Darussalam Millennium Development Goals and Beyond
2. Health Information Booklet 2005
3. Reports on 2001 National Census
4. National Health Care Plan 2000-2010