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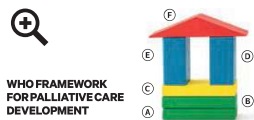


General data

POPULATION, 2023
458,949
SURFACE, KM², 2022
5,770
PHYSICIANS / 1,000 INH, 2022
0,67

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High
HUMAN DEVELOPMENT INDEX RANKING, 2021
51
GDP PER CAPITA (US\$), 2023
32962,91
HEALTH EXPENDITURE (% GDP), 2021
2,2
UNIVERSAL HEALTH COVERAGE, 2021
78



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ EDUCATION AND TRAINING
- Ⓒ USE OF ESSENTIAL MEDICINES
- Ⓓ RESEARCH
- Ⓔ PROVISION OF PC

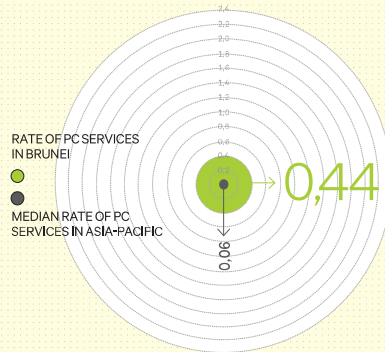


Brunei Darussalam

F Provision of PC (Specialized Services)

Total number of Specialized PC services **2**
Rate of PC services per 100,000 inhabitants **0,44**

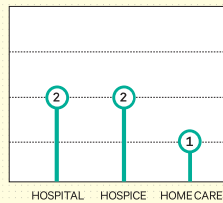
Brunei in the context of Asia-Pacific regions



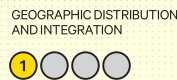
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services



TOTAL NUMBER

0

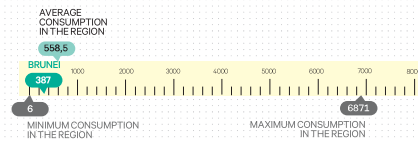
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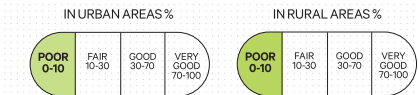
D Use of essential medicines

Opioids consumption (excluding methadone) **387**
S-DDD/MILL INHABITANTS/DAY

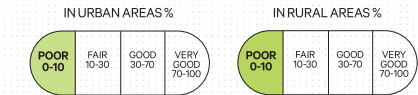
Brunei in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **2**



Existence of PC congresses or scientific meetings **2**



National Association: -
Consultants: Tamin Norhasyimah; Shyh Poh Teo.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **1/1**



Nursing schools with mandatory PC teaching **3/3**



Recognition of PC specialty **4**

B Policies

National PC plan or strategy **1**

Responsible authority for PC in the Ministry of Health **2**

Inclusion of PC in the basic health package at the primary care level **1**

A Empowerment of people and communities

Groups promoting the rights of PC patients **2**





Advanced care planning-related policies **1**





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People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>The Foundation for Children with Cancer (Yayasan Kanser Anak Anak, YASKA) offers information and support to children with cancer. Additionally, the Brunei Cancer Centre (TBCC) provides a supportive care team dedicated to assisting patients and their families.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).</p>	<p></p> <p>There is no national policy or guideline on advance care planning.</p>	

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	<p></p> <p>Not known or Does not exist.</p>	<p>The Brunei Darussalam Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (Brumap-NCD) 2021–2025 includes an initiative to strengthen patient support systems for better NCD management. This will be accomplished through a multidisciplinary approach that incorporates rehabilitative, geriatric, palliative, and social care services, with a target completion date of 2025.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	<p></p> <p>A national palliative care plan is in preparation.</p>	

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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Not at all.</p>	<p>At present, palliative care services (PC) are limited to hospital settings.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff..</p>	<p></p> <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p> <p></p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>There is no specific unit or department within the Ministry of Health for coordinating palliative care (PC) development. However, several technical groups provide assessments and reports to guide progress. The Geriatrics and Palliative Unit at RIPAS Hospital, the country's main tertiary hospital, offers critical input for decision-making, including contributions to guidelines such as those for Cardiac Failure. Collaborative efforts also exist, such as the Conservative Kidney Management (CKM) service, jointly operated by renal and palliative teams. The Brunei Cancer Centre (TBCC) plays a key role, regularly consulting with the Ministry on cancer treatment and palliative care matters. Additionally, the Ministry has a Technical Working Group on Cancer Control, co-chaired by the Director of Hospital Services and the Director of TBCC, which contributes to advancing cancer-related and PC initiatives.</p>

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Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.

2

Only sporadic or non-periodical conferences or meetings related to palliative care take place.

The Brunei Darussalam Palliative and Supportive Care Interest Group previously held monthly sessions at Universiti Brunei Darussalam, with the last session taking place in 2018. The Palliative Care team at The Brunei Cancer Centre (TBCC) also organizes events at the World Hospice and Palliative Care Day. In 2023, they hosted a forum titled "Towards the End of Life from Cultural Perspectives."

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.

2

Reflects a limited number of articles published.

Medicines

Ind8

Reported annual opioid consumption – excluding methadone – in S-DDD per million inhabitants per day.

387

S-DDD PER MILLION INHAB /DAY

According to national sources the reported annual opioid consumption –excluding methadone – in oral morphine equivalence (OME) per capita would be 10.67 for 2023. Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 387 S-DDD (INCB 2023)

COUNTRY VS REGION

AVERAGE CONSUMPTION IN THE REGION: 558.5

BRUNEI: 387

MINIMUM CONSUMPTION IN THE REGION: 6

MAXIMUM CONSUMPTION IN THE REGION: 6871

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Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

The Head of Primary Care in the country reports that essential palliative care medicines available at the primary healthcare (PHC) level include paracetamol, certain NSAIDs, paracetamol with codeine (but not codeine alone), and tramadol. Approximately 50% of the palliative care medications listed in the WHO Model List of Essential Medicines are accessible in PHC facilities. In public primary care centers, IV morphine is kept in treatment rooms exclusively for emergencies and is supplied by the RIPAS Hospital pharmacy. However, oral morphine is not prescribed at this level.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

Oral morphine is primarily available in tertiary hospital settings and is not accessible at the primary healthcare level.


10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).


1

Poor: Between 0% to 10%.

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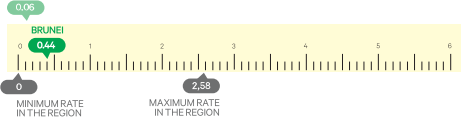


Education & Training

<p>Ind11</p> <p>11.1. Proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p>	<p>1/1</p>	<p></p> <p>Brunei has one medical school, the PAPRSB Institute of Health Sciences (Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute of Health Sciences), which is part of Universiti Brunei Darussalam (UBD). According to direct sources from the university, undergraduate medical students attend a compulsory teaching session on palliative care, though it is not a full module. There are three nursing education programs in Brunei offered by Universiti Brunei Darussalam (UBD), Politeknik Brunei, and the JPMC College of Health Sciences (JCHS), all of which include palliative care as a mandatory component in their undergraduate curricula. At UBD and Politeknik Brunei, palliative care is taught as part of a compulsory session, while at JCHS, it is delivered as a full module, taught in Year 2.</p>
<p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p>	<p>0/1</p>	
<p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p>	<p>3/3</p>	
<p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p>	<p>0/3</p>	

<p>Ind 12</p> <p>12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.</p>	<p>In Brunei, clinicians aiming to specialize in palliative care must pursue training overseas, as with all medical subspecialties. Common pathways include training in Singapore, supported by an MOU with the Academy of Medicine, or in the UK through a twinning arrangement. These training opportunities are seamlessly integrated into the healthcare system, and palliative care specialists, along with other consultants who complete advanced training in Singapore, are officially recognized as consultants upon their return to Brunei.</p>
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AP Brunei Darussalam

Provision of PC / Services

<p>Ind13</p> <p>13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Please enter the total number of specialized PC services or teams in the country.</p>	<p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>Brunei has two specialized palliative care services: one at The Brunei Cancer Centre (TBCC) and another at RIPAS Hospital, the main tertiary hospital. The RIPAS palliative care team focuses on managing cancer complications and pain and operates a Conservative Kidney Management (CKM) clinic in collaboration with the renal department. They are also developing guidelines for chronic pulmonary and hepatic failure and training palliative care champions in district hospitals, though this initiative is in its early stages. Currently, district hospitals lack dedicated palliative care services, and patients requiring specialized care must be transferred to TBCC (for cancer patients) or RIPAS Hospital. The longest transfer, from Suri Seri Begawan Hospital in Kuala Belait, takes 1.5–2 hours by ambulance. Palliative care teams at TBCC and RIPAS also provide community-based home visits, follow-up calls, and virtual consultations via the BruHealth app. Brunei has 0.44 specialized palliative care services per 100,000 inhabitants (2023).</p> <p>RATE OF SPECIALIZED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p>  <p>0.44 BRUNEI</p> <p>0 MINIMUM RATE IN THE REGION 2.58 MAXIMUM RATE IN THE REGION</p> <p>2 ← SPECIALIZED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Please enter the total number of pediatric specialized PC services or teams in the country</p>	<p></p> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	<p>There are no specialised palliative care services for children.</p>