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

Population[1] 2016
24.1 million

GDP per capita (current US$)[2] 2016
49 927.80

Income level[2] 2017
High income

Income Gini coefficient[3]
N/A
0 (equality) – 100 (inequality)

Health system

Total health expenditure as % of GDP[4] 2014
9.4%

Total health expenditure per capita (current US$)[4] 2014
6031.11

General government health expenditure as % of total health expenditure[4] 2014
67.0%

Life expectancy at birth (in years)[5] 2015
82.8

Key Messages

Overall progress towards universal health coverage (UHC)

- The vision of the *Department of Health Strategic Intent 2017-2021* is "Better health and wellbeing for all Australians, now and for future generations." The purpose of the strategic intent is to lead and shape Australia's health and aged care system and support outcomes through evidence based policy, well targeted programs, and best practice regulation. It focuses on three priorities: better health and ageing outcomes and reduced inequality; affordable, accessible, efficient, and high quality health and aged care system; and better sport outcomes.

- Compared to other countries in the Western Pacific Region, Australia has high coverage of essential services.

- Based on estimates of the financial burden for health, more than 200 000 people (1% of the population) incurred high out-of-pocket health payments, which suggest gaps in financial protection for health. People in the poorest quintile seem to be most vulnerable to out-of-pocket expenses.

The majority of SDG 3 indicators are close to the target

- Compared to other countries in the Region for SDG 3 indicators, Australia fared relatively well in reproductive, maternal, newborn and child health (RMNCH), in infectious diseases, in urban and environmental health, and in health system resources and service capacity.

- However, challenges remain in noncommunicable disease (NCD) prevention and control; Australia has one of the highest rates of per capita alcohol consumption in the Region.

- Disaggregated data relating to some population groups are currently unavailable.

UHC Overall Progress

UHC index[6] – coverage of essential health services (SDG 3.8.1)
0–100 scale (Target: 100)

≥ 80	40	≥ 80
Australia	*Region (lowest)*	*Region (highest)*

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)

1.1%	0.0%	5.0%
Australia	*Region (lowest)*	*Region (highest)*

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

6 tracer indicators > 80	5 tracer indicators 60–80	0 tracer indicators < 60
Reproductive, maternal, newborn and child health		
4	0	0
Infectious diseases		
1	2	0
Noncommunicable diseases		
0	3	0
Service capacity and access		
1	0	0

Note: Refer to page 2

SDG Overall Progress

3 GOOD HEALTH AND WELL-BEING

SUSTAINABLE DEVELOPMENT GOALS

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

14 indicators > 70%	0 indicators 40–70%	2 indicators < 40%
Reproductive, maternal, newborn and child health		
7	0	0
Infectious diseases		
2	0	0
Noncommunicable diseases		
2	0	1
Urban and environmental health		
3	0	0
Health system resources and capacity		
2	0	0

Note: Refer to page 3

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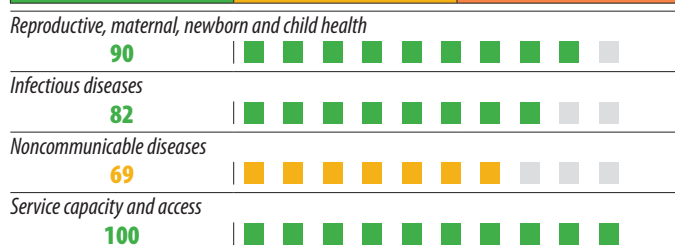
Health service coverage is measured by the UHC index that is a summary measure that combines 16 tracer categories. It has four main categories, namely: (1) RMNCH; (2) infectious diseases; (3) NCDs; and (4) service capacity and access.

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 20 points (mean value minus lowest value).

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

> 80% Average of 27 Western Pacific Region countries	60–80% Average of 27 Western Pacific Region countries	< 60% Average of 27 Western Pacific Region countries

Reproductive, maternal, newborn and child health
90

Infectious diseases
82

Noncommunicable diseases
69

Service capacity and access
100

What tracer indicators are included in the UHC index[6]– coverage of essential health services?

Tracer category	Indicator value	Indicator rescaled score, when applicable. Target: 100%	
Reproductive, maternal, newborn and child health[8]	*Family planning demand satisfied with modern methods (%), 2015* **84**		84
	Antenatal care, 4+ visits (%), 2013 **95**		95
	Child immunization 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine (%), 2015 **93**		93
	Care-seeking behaviour for child pneumonia (%), 2015 **90[c]**		90
Infectious diseases[9]	*Tuberculosis (TB) detection and treatment (%), 2015* **69**		69
	HIV antiretroviral treatment (%), 2015 **79**		79
	Access to improved sanitation (%), 2015 **100**		100
Noncommunicable diseases[10]	*Prevalence of non-raised blood pressure (%), 2014* **80**		60
	Mean fasting plasma glucose (mmol/L), 2008 **5.5**		79
	Tobacco non-use (%), 2015 **85**		69

Service capacity and access[11]	*Hospital beds per 10 000 population, 2014* **37.9**	Reference point: 18[a]
	Health worker density (per 10 000 population), 2015 **38.4[b]**	Reference point: 10.5[a]
	International Health Regulations compliance (%), 2015 **100**	**100**

a Minimum rates observed in countries of the Organisation for Economic Co-operation and Development (OECD)
b 3.5 physicians per 1000 pop (2015); 13.7 psychiatrists per 100 000 pop (2015); 20.3 surgeons per 100 000 pop (2015)
c No estimate; regional or imputed value used as placeholder

What does financial protection measure?

Financial protection (SDG 3.8.2)[7] 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 financial risk protection vary across population groups in Australia ?

Financial risk protection by place of residence and economic status
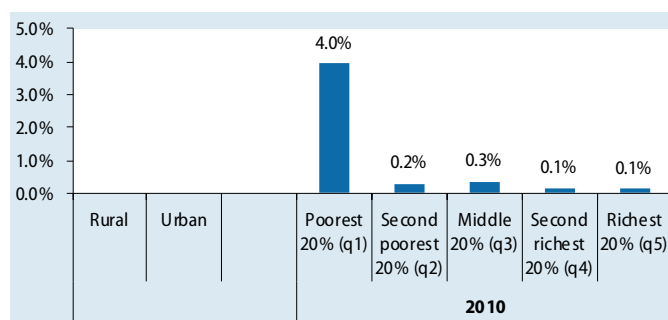
How does Australia compare to other countries in the Region?

Relationship between UHC coverage of essential health services and financial risk protection in Western Pacific Region countries
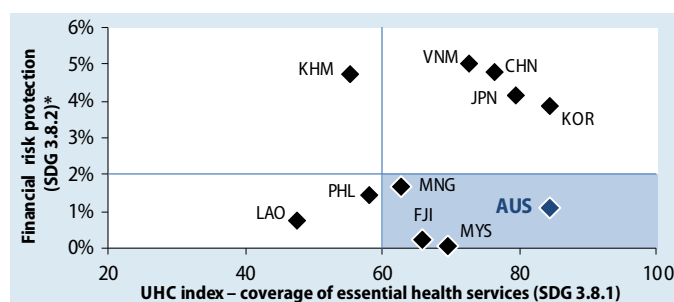
Legend: **AUS** = Australia, **KHM** = Cambodia, **CHN** = China, **FJI** = Fiji, **JPN** = Japan, **KOR** = Republic of Korea, **LAO** = Lao People's Democratic Republic, **MYS** = Malaysia, **MNG** = Mongolia, **PHL** = Philippines, **VNM** = Viet Nam

*Proportion of population with out-of-pocket health spending exceeding 25% of total household consumption or income, 2010. 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.

Quadrant	Interpretation
North-west	Limited coverage of essential health services, and relatively high risk of financial hardship
South-west	Limited coverage of essential health services, and relatively low risk of financial hardship; although this may indicate limited access to health services
North-east	Relatively high coverage of essential health services, and relatively high risk of financial hardship
South-east	Relatively high coverage of essential health services, and relatively low risk of financial hardship

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, Australia has a value of 88%, meaning it has performed at 88% of the best-performing country.

For all SDG indicators, rescaled values range from 0 to 100, therefore three equal bands have been used.
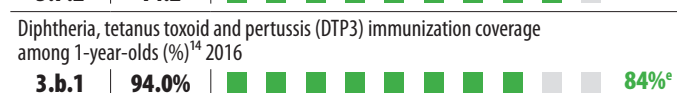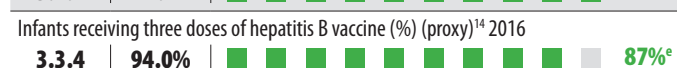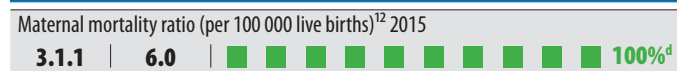
The **SDG performance scorecard** colour code for the Western Pacific Region:

> 70% Proximity from the target	40–70% Proximity from the target	< 40% Proximity from the target
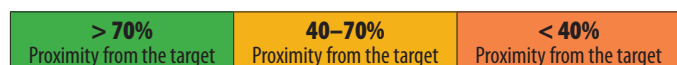
How far is Australia from the SDG targets?

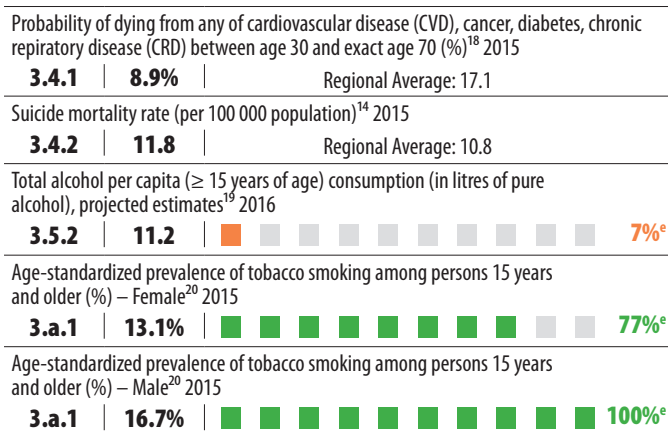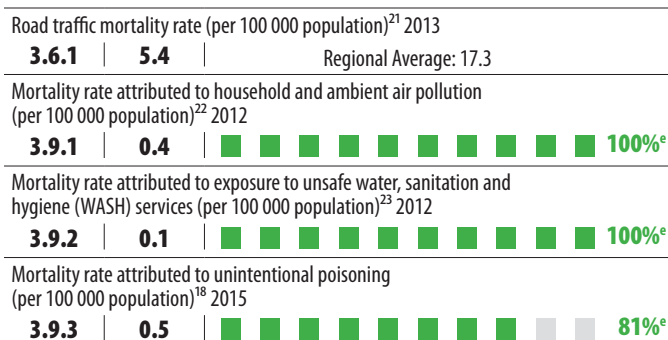| SDG	Indicator value	Indicator rescaled score to 0–100% Target: 100%
Reproductive, maternal, newborn and child health		

Maternal mortality ratio (per 100 000 live births)[12] 2015
| **3.1.1** | **6.0** | 100%[d] |

Proportion of births attended by skilled health personnel (%)[13] 2013
| **3.1.2** | **99.0%** | 98%[e] |

Under-5 mortality rate (per 1000 live births)[14] 2016
| **3.2.1** | **3.7** | 100%[d] |

Neonatal mortality rate (per 1000 live births)[14] 2016
| **3.2.2** | **2.2** | 100%[d] |

Infants receiving three doses of hepatitis B vaccine (%) (proxy)[14] 2016
| **3.3.4** | **94.0%** | 87%[e] |

Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods[15]
| **3.7.1** | | |

Adolescent birth rate (per 1000 women aged 15–19 years)[16] 2013
| **3.7.2** | **14.2** | 88%[e] |

Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)[14] 2016
| **3.b.1** | **94.0%** | 84%[e] |

Infectious diseases

New HIV infections among adults 15–49 years old (per 1000 uninfected population)[17] 2015
| **3.3.1** | **0.1** | 86%[e] |

TB incidence (per 100 000 population)[14] 2016
| **3.3.2** | **6.1** | 100%[e] |

Malaria incidence (per 1000 population at risk)[14]
| **3.3.3** | | |

Noncommunicable diseases

Probability of dying from any of cardiovascular disease (CVD), cancer, diabetes, chronic respiratory disease (CRD) between age 30 and exact age 70 (%)[18] 2015
| **3.4.1** | **8.9%** | Regional Average: 17.1 |

Suicide mortality rate (per 100 000 population)[14] 2015
| **3.4.2** | **11.8** | Regional Average: 10.8 |

Total alcohol per capita (≥ 15 years of age) consumption (in litres of pure alcohol), projected estimates[19] 2016
| **3.5.2** | **11.2** | 7%[e] |

Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Female[20] 2015
| **3.a.1** | **13.1%** | 77%[e] |

Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Male[20] 2015
| **3.a.1** | **16.7%** | 100%[e] |

Urban and environmental health

Road traffic mortality rate (per 100 000 population)[21] 2013
| **3.6.1** | **5.4** | Regional Average: 17.3 |

Mortality rate attributed to household and ambient air pollution (per 100 000 population)[22] 2012
| **3.9.1** | **0.4** | 100%[e] |

Mortality rate attributed to exposure to unsafe water, sanitation and hygiene (WASH) services (per 100 000 population)[23] 2012
| **3.9.2** | **0.1** | 100%[e] |

Mortality rate attributed to unintentional poisoning (per 100 000 population)[18] 2015
| **3.9.3** | **0.5** | 81%[e] |

Health system resources and capacity

Total net official development assistance to medical research and basic health per capita (constant 2014 US$), by recipient country[24]
| **3.b.2** | | |

Skilled health professionals density (per 10 000 population)[25] 2013
| **3.c.1** | **157.2** | Regional Average: 42.0 |

Average of 13 International Health Regulations (2005) core capacity scores[14] 2016
| **3.d.1** | **100.0** | 100%[e] |

[d] Rescaled based on existing SDG targets.

[e] Rescaled based on targets identified in the Region.

Are population groups in Australia being left behind?[26]
NO DATA

	Poorest 20%	Richest 20%	Diff	Rural	Urban	Diff
SDG 3.1.2 Proportion of births attended by skilled health personnel (%)						
SDG 3.2.1 Under-5 mortality rate (per 1000 live births)						
SDG 3.2.2 Neonatal mortality rate (per 1000 live births)						
SDG 3.7.1 Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods						
SDG 3.7.2 Adolescent birth rate (per 1000 women aged 15–19 years)						
SDG 3.b.1 Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)						

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

Technical notes and sources

1. World population prospects: the 2017 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017.

2. World Development Indicators. Washington (DC): World Bank (http://wdi.worldbank.org, accessed 26 September 2017).

3. World Development Indicators 2013. Washington (DC): World Bank (http://data.worldbank.org, accessed October 2013).

4. Global health expenditure database [online database]. Geneva: World Health Organization (http://apps.who.int/nha/database/Select/Indicators/en, accessed 26 September 2017).

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. Estimates of indicator SDG 3.8.2 are based on primary household survey data obtained from government statistical agencies directly or indirectly by the World Health Organization or the World Bank. The survey used in Australia was the Household Expenditure Survey (HES), Australian Bureau of Statistics from 2010.

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.

12. WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015 (http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/, accessed 17 March 2017). WHO Member States with a population of less than 100 000 in 2015 were not included in the analysis.

13. WHO/UNICEF joint global database 2017 (http://www.who.int/gho/maternal_health/en/ and https://data.unicef.org/topic/maternal-health/delivery-care). The data are extracted from public available sources and have not undergone country consultation. WHO regional and global figures are for the period 2010–2016.

14. World health statistics [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/en/, accessed 3 November 2017).

15. World contraceptive use 2016 [online database]. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2016. Regional aggregates are estimates for the year 2016. Model-based estimates and projections of family planning indicators 2016. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2016 (http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml).

16. World fertility data 2015. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2015 (http://www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2015.shtml). Regional aggregates are the average of two five-year periods, 2010–2015 and 2015–2020, taken from: World population prospects: the 2015 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2015 (http://esa.un.org/unpd/wpp/Download/Standard/Fertility/, accessed 13 April 2016).

17. UNAIDS/WHO estimates; 2016 (http://www.who.int/gho/hiv/epidemic_status/incidence/en/).

18. Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: World Health Organization; 2015 (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1).

19. WHO global information system on alcohol and health [online database]. Geneva: World Health Organization; 2017 (http://apps.who.int/gho/data/node.main.GISAH?showonly=GISAH).

20. WHO global report on trends in prevalence of tobacco smoking 2015. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/156262/1/9789241564922_eng.pdf, accessed 22 March 2017).

21. Global status report on road safety 2015. Geneva: World Health Organization; 2015 (http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/, accessed 22 March 2017). WHO Member States with a population of less than 90 000 in 2015 who did not participate in the survey for the report were not included in the analysis.

22. Public health and environment [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/phe/en/). WHO Member States with a population of less than 250 000 population in 2012 were not included in the analysis.

23. Preventing disease through healthy environments. A global assessment of the burden of disease from environmental risks. Geneva: World Health Organization; 2016 (http://apps.who.int/iris/bitstream/10665/204585/1/9789241565196_eng.pdf?ua=1, accessed 23 March 2017); and Preventing diarrhoea through better water, sanitation and hygiene. Exposures and impacts in low- and middle-income countries. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/150112/1/9789241564823_eng.pdf?ua=1&ua=1, accessed 23 March 2017). WHO Member States with a population of less than 250 000 in 2012 were not included in the analysis.

24. United Nations SDG indicators global database (https://unstats.un.org/sdgs/indicators/database/?indicator=3.b.2, accessed 6 April 2017). Based on the Creditor Reporting System database of the Organisation for Economic Co-operation and Development, 2016.

25. Skilled health professionals refer to the latest available values (2005–2015) in the WHO Global Health Workforce Statistics database (http://who.int/hrh/statistics/hwfstats/en/) aggregated across physicians and nurses/midwives. Refer to the source for the latest values, disaggregation and metadata descriptors.

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, Australia does not report data to this tool.

UHC and SDG Country Profile 2018
Brunei Darussalam

World Health Organization
Western Pacific Region

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

Population[1] 2016
423 196

GDP per capita (current US$)[2] 2016
26 938.50

Income level[2] 2017
High income

Income Gini coefficient[3]
N/A
0 (equality) – 100 (inequality)

Health system

Total health expenditure as % of GDP[4] 2014
2.6%

Total health expenditure per capita (current US$)[4] 2014
957.61

General government health expenditure as % of total health expenditure[4] 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.

UHC Overall Progress

UHC index[6] – coverage of essential health services (SDG 3.8.1)
0–100 scale (Target: 100)

≥ 80	40	≥ 80
Brunei Darussalam	*Region (lowest)*	*Region (highest)*

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)

N/A	0.0%	5.0%
Brunei Darussalam	*Region (lowest)*	*Region (highest)*

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

7 tracer indicators > 80	3 tracer indicators 60–80	1 tracer indicator < 60
Reproductive, maternal, newborn and child health		
4	0	0
Infectious diseases		
1	1	1
Noncommunicable diseases		
1	2	0
Service capacity and access		
1	0	0

Note: Refer to page 2

SDG Overall Progress

3 GOOD HEALTH AND WELL-BEING

SUSTAINABLE DEVELOPMENT GOALS

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

14 indicators > 70%	0 indicators 40–70%	1 indicator < 40%
Reproductive, maternal, newborn and child health		
7	0	0
Infectious diseases		
1	0	0
Noncommunicable diseases		
3	0	0
Urban and environmental health		
3	0	0
Health system resources and capacity		
0	0	0

Note: Refer to page 3

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 20 points (mean value minus lowest value).

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

> 80% Average of 27 Western Pacific Region countries	60–80% Average of 27 Western Pacific Region countries	< 60% Average of 27 Western Pacific Region countries

Reproductive, maternal, newborn and child health
92

Infectious diseases
73

Noncommunicable diseases
72

Service capacity and access
97

What tracer indicators are included in the UHC index[6]– coverage of essential health services?

Tracer category	Indicator value	Indicator rescaled score, when applicable. Target: 100%
Reproductive, maternal, newborn and child health[8]	*Family planning demand satisfied with modern methods (%), 2015* **83[c]**	83
	Antenatal care, 4+ visits (%), 2011 **100**	100
	Child immunization 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine (%), 2015 **99**	99
	Care-seeking behaviour for child pneumonia (%), 2015 **86[c]**	86
Infectious diseases[9]	*Tuberculosis (TB) detection and treatment (%), 2015* **57**	57
	HIV antiretroviral treatment (%), 2015 **72[c]**	72
	Access to improved sanitation (%), 2015 **96**	96
Noncommunicable diseases[10]	*Prevalence of non-raised blood pressure (%), 2015* **81**	62
	Mean fasting plasma glucose (mmol/L), 2008 **5.3**	88
	Tobacco non-use (%), 2015 **84**	67

Service capacity and access[11]	*Hospital beds per 10 000 population, 2015*	
	27.4	Reference point: 18[a]
	Health worker density (per 10 000 population), 2015	
	17.7[b]	Reference point: 10.5[a]
	International Health Regulations compliance (%), 2015	
	91	91

a Minimum rates observed in countries of the Organisation for Economic Co-operation and Development (OECD)

b 1.5 physicians per 1000 pop (2015); 4.3 psychiatrists per 100 000 pop (2015); 22.5 surgeons per 100 000 pop (2015)

c No estimate; regional or imputed value used as placeholder

What does financial protection measure?

Financial protection (SDG 3.8.2)[7] 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 financial risk protection vary across population groups in Brunei Darussalam?

NO DATA

(Rural, Urban, Poorest 20% (q1), Second poorest 20% (q2), Middle 20% (q3), Second richest 20% (q4), Richest 20% (q5))

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

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, **MYS** = Malaysia, **MHL** = Marshall Islands, **FSM** = Micronesia, (Federated States of), **MNG** = Mongolia, **NRU** = Nauru, **NZL** = New Zealand, **NIU** = Niue, **PLW** = Palau, **PNG** = Papua New Guinea, **PHL** = Philippines, **KOR** = Republic of Korea, **WSM** = Samoa, **SGP** = Singapore, **SLB** = Solomon Islands, **TON** = Tonga, **TUV** = Tuvalu, **VUT** = Vanuatu, **VNM** = Viet Nam

* 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.

Quadrant	Interpretation
North-west	Limited coverage of essential health services, and relatively high risk of financial hardship
South-west	Limited coverage of essential health services, and relatively low risk of financial hardship; although this may indicate limited access to health services
North-east	Relatively high coverage of essential health services, and relatively high risk of financial hardship
South-east	Relatively high coverage of essential health services, and relatively low risk of financial hardship

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:

> 70% Proximity from the target	40–70% Proximity from the target	< 40% Proximity from the target

How far is Brunei Darussalam from the SDG targets?

SDG	Indicator value	Indicator rescaled score to 0–100% Target: 100%
Reproductive, maternal, newborn and child health		

Maternal mortality ratio (per 100 000 live births)[12] 2015
| **3.1.1** | **23.0** | 100%[d] |

Proportion of births attended by skilled health personnel (%)[13] 2015
| **3.1.2** | **100.0%** | 100%[e] |

Under-5 mortality rate (per 1000 live births)[14] 2016
| **3.2.1** | **9.9** | 100%[d] |

Neonatal mortality rate (per 1000 live births)[14] 2016
| **3.2.2** | **4.4** | 100%[d] |

Infants receiving three doses of hepatitis B vaccine (%) (proxy)[14] 2016
| **3.3.4** | **99.0%** | 98%[e] |

Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods[15]
| **3.7.1** | | |

Adolescent birth rate (per 1000 women aged 15–19 years)[16] 2008
| **3.7.2** | **16.6** | 86%[e] |

Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)[14] 2016
| **3.b.1** | **99.0%** | 97%[e] |

Infectious diseases

New HIV infections among adults 15–49 years old (per 1000 uninfected population)[17]
| **3.3.1** | | |

TB incidence (per 100 000 population)[14] 2016
| **3.3.2** | **66.0** | 89%[e] |

Malaria incidence (per 1000 population at risk)[14]
| **3.3.3** | | |

Noncommunicable diseases

Probability of dying from any of cardiovascular disease (CVD), cancer, diabetes, chronic respiratory disease (CRD) between age 30 and exact age 70 (%)[18] 2015
| **3.4.1** | **12.6%** | Regional Average: 17.1 |

Suicide mortality rate (per 100 000 population)[14] 2015
| **3.4.2** | **1.3** | Regional Average: 10.8 |

Total alcohol per capita (≥ 15 years of age) consumption (in litres of pure alcohol), projected estimates[19] 2016
| **3.5.2** | **1.3** | 100%[e] |

Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Female[20] 2015
| **3.a.1** | **3.1%** | 96%[e] |

Age-standardized prevalence of tobacco smoking among persons 15 years and older (%) – Male[20] 2015
| **3.a.1** | **29.3%** | 73%[e] |

Urban and environmental health

Road traffic mortality rate (per 100 000 population)[21]
| **3.6.1** | | Regional Average: 17.3 |

Mortality rate attributed to household and ambient air pollution (per 100 000 population)[22] 2012
| **3.9.1** | **0.2** | 100%[e] |

Mortality rate attributed to exposure to unsafe water, sanitation and hygiene (WASH) services (per 100 000 population)[23] 2012
| **3.9.2** | **0.1** | 100%[e] |

Mortality rate attributed to unintentional poisoning (per 100 000 population)[18] 2015
| **3.9.3** | **0.2** | 95%[e] |

Health system resources and capacity

Total net official development assistance to medical research and basic health per capita (constant 2014 US$), by recipient country[24]
| **3.b.2** | | |

Skilled health professionals density (per 10 000 population)[25] 2012
| **3.c.1** | **96.6** | Regional Average: 42.0 |

Average of 13 International Health Regulations (2005) core capacity scores[14] 2016
| **3.d.1** | **92.0** | 86%[e] |

[d] Rescaled based on existing SDG targets.
[e] Rescaled based on targets identified in the Region.

Are population groups in Brunei Darussalam being left behind?[26]
NO DATA

	Poorest 20%	Richest 20%	Diff	Rural	Urban	Diff
SDG 3.1.2 Proportion of births attended by skilled health personnel (%)						
SDG 3.2.1 Under-5 mortality rate (per 1000 live births)						
SDG 3.2.2 Neonatal mortality rate (per 1000 live births)						
SDG 3.7.1 Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods						
SDG 3.7.2 Adolescent birth rate (per 1000 women aged 15–19 years)						
SDG 3.b.1 Diphtheria, tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)						

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

Technical notes and sources

1   World population prospects: the 2017 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2017.

2   World Development Indicators. Washington (DC): World Bank (http://wdi.worldbank.org, accessed 26 September 2017).

3   World Development Indicators 2013. Washington (DC): World Bank (http://data.worldbank.org, accessed October 2013).

4   Global health expenditure database [online database]. Geneva: World Health Organization (http://apps.who.int/nha/database/Select/Indicators/en, accessed 26 September 2017).

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 greater 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.

12   WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015 (http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/, accessed 17 March 2017). WHO Member States with a population of less than 100 000 in 2015 were not included in the analysis.

13   WHO/UNICEF joint global database 2017 (http://www.who.int/gho/maternal_health/en/ and https://data.unicef.org/topic/maternal-health/delivery-care). The data are extracted from public available sources and have not undergone country consultation. WHO regional and global figures are for the period 2010–2016.

14   World health statistics [online database]. Global Health Observatory (GHO) data. Geneva: World Health Organization (http://www.who.int/gho/en/, accessed 3 November 2017).

15   World contraceptive use 2016 [online database]. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2016. Regional aggregates are estimates for the year 2016. Model-based estimates and projections of family planning indicators 2016. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2016 (http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml).

16   World fertility data 2015. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2015 (http://www.un.org/en/development/desa/population/publications/dataset/fertility/wfd2015.shtml). Regional aggregates are the average of two five-year periods, 2010–2015 and 2015–2020, taken from: World population prospects: the 2015 revision, DVD edition. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2015 (http://esa.un.org/unpd/wpp/Download/Standard/Fertility/, accessed 13 April 2016).

17   UNAIDS/WHO estimates; 2016 (http://www.who.int/gho/hiv/epidemic_status/incidence/en/).

18   Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: World Health Organization; 2015 (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1).

19   WHO global information system on alcohol and health [online database]. Geneva: World Health Organization; 2017 (http://apps.who.int/gho/data/node.main.GISAH?showonly=GISAH).

20   WHO global report on trends in prevalence of tobacco smoking 2015. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/156262/1/9789241564922_eng.pdf, accessed 22 March 2017).

21   Global status report on road safety 2015. Geneva: World Health Organization; 2015 (http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/,