

Brunei

Research conducted in

Brunei combines universal healthcare with one of Southeast Asia's most active community dementia awareness programmes despite lacking a formal national dementia strategy. Dementia care is centred at RIPAS Hospital, while Demensia Brunei has become an important partner in public awareness, caregiver education and screening. Since 2023, Brunei has expanded community screening programmes, demonstrating increasing government commitment to early detection. The principal challenge is demographic change. Brunei's rapidly ageing population, combined with one of the region's highest rates of diabetes, hypertension and obesity, is expected to substantially increase dementia prevalence over coming decades. Ministry of Health projections suggest dementia cases could increase by more than 300% by 2050 unless prevention efforts are strengthened.

Highlights

Health system **Universal, Mixed funding (Mixed provision)**

ADI member association(s): **Demensia Brunei**

National dementia plan:

Dementia plan funding: **No plan**

Dementia prevalence rate: **295**

Dementia incidence rate: **53**

Population: **470218**

Median age: **33**

Health expenditure (% of GDP): **2**

Diagnosis

Brunei has a centralised, clinically based dementia assessment system embedded within universal public healthcare, without a dedicated national memory-clinic pathway. Concerns usually arise in primary care before referral to specialists at RIPAS Hospital, where diagnosis combines history-taking, MMSE or MoCA, functional and informant assessment, neurological examination, laboratory testing, and CT or MRI. Community Mini-Cog screening provides an additional route to earlier referral, with roughly 14.5% of around 2,000 participants identified as having possible cognitive impairment. Dementia-specific waiting-time data are unavailable, although hospital capacity constraints may affect specialist access. Diagnostic services are generally free for Bruneian citizens, making cost a limited barrier. Conversely, advanced diagnostic approaches remain restricted, as amyloid and tau PET, routine APOE or familial Alzheimer's genetic testing, CSF biomarkers, and blood-based biomarkers are not part of standard clinical practice, leaving diagnosis dependent primarily on conventional clinical assessment and investigations.

Diagnosis pathway

Dementia assessment in Brunei is delivered through the universal public healthcare system rather than a dedicated memory-clinic network. Most suspected cases are identified in government primary care, often following concerns raised by relatives, and subsequently referred to geriatric medicine, internal medicine, or neurology. Specialist assessment is concentrated at RIPAS Hospital in Bandar Seri Begawan, where cognitive testing, neurological examination, laboratory investigations, and structural neuroimaging support clinical diagnosis. Biological confirmation of Alzheimer's pathology is not routinely available. A nationwide community screening initiative involving the Ministry of Health, Demensia Brunei, Universiti Brunei Darussalam, and the Davos Alzheimer's Collaborative has strengthened early identification, referring 14.5% of screened participants with possible cognitive impairment for clinical assessment.

Brunei does not currently operate a dedicated national dementia diagnostic pathway or network of memory clinics comparable to those found in several European countries. Instead, dementia diagnosis is integrated into the country's universal healthcare system and follows the standard referral process used for other chronic diseases through government primary healthcare clinics and specialist referral services. Most people first enter the pathway through government primary healthcare clinics after family members notice progressive memory loss, behavioural changes, difficulties performing daily activities or increasing dependence. Primary care physicians assess the patient and refer suspected cases to specialist services when cognitive impairment is identified. Because Brunei has a relatively small population and a highly centralized healthcare system, specialist assessment is concentrated at Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital in Bandar Seri Begawan, which serves as the country's principal tertiary referral hospital and houses geriatric medicine, neurology, radiology and laboratory services required for dementia assessment. Following initial assessment, patients are referred to specialists in geriatric medicine, internal medicine or neurology depending on the clinical presentation. The diagnostic evaluation combines a detailed medical history obtained from both the patient and family members with cognitive assessment, neurological examination, laboratory investigations and structural neuroimaging when appropriate. As in most countries without widespread biomarker availability, the diagnosis is primarily based on clinical judgement supported by conventional investigations rather than biological confirmation of Alzheimer's pathology.

Brunei has also begun incorporating community-based cognitive screening into its diagnostic pathway to facilitate earlier identification and referral of individuals with suspected dementia. In a nationwide screening programme conducted by Demensia Brunei, the Ministry of Health's Health Promotion Centre, Universiti Brunei Darussalam and the Davos Alzheimer's Collaborative, approximately 2,000 individuals were screened over a six-month period using brief cognitive assessment tools. Among participants aged 50 years and older, more than 1,350 had one or more dementia risk factors, including hypertension (approximately two-thirds), hypercholesterolaemia (half) and diabetes (one-third). More than 40% reported frequently misplacing items, around one-third experienced memory loss, one-quarter had visuospatial difficulties, and one-fifth reported mood or behavioural changes. Based on the cognitive screening results, 14.5% were identified as having possible cognitive impairment and were referred for comprehensive clinical evaluation through Brunei's specialist healthcare services, providing an additional pathway into formal dementia diagnosis before substantial functional decline occurs.

References

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Wait times

Status: Long wait time

Brunei does not publish national waiting-time statistics specifically for dementia. Specialist access may be relatively prompt given the country's small population and centralised healthcare system, but patients remain dependent on primary-care referrals and specialist availability at RIPAS Hospital. Broader capacity constraints, including reported specialist-clinic delays, inpatient bed shortages, and hospital congestion, can affect access. Measures to improve discharge processes, patient flow, and hospital capacity may therefore indirectly influence dementia assessment and admission timelines.

No official dementia-specific waiting-time statistics have been published by the Ministry of Health or other national authorities. Because Brunei has a relatively small population and a highly centralized healthcare system, waiting times for specialist assessment are generally considered shorter than in many neighbouring countries. However, access depends on referral through government primary care services and the availability of geriatric medicine and neurology specialists at Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital.

In recent years, growing pressure on hospital capacity has affected patient flow at RIPAS Hospital. The Ministry of Health has publicly acknowledged shortages of inpatient beds and has introduced interim measures, including transferring long-stay patients to other facilities, improving discharge processes, and constructing a new 500-bed hospital block, to reduce congestion and improve access to specialist services. Although these measures are not dementia-specific, they may indirectly influence waiting times for older adults requiring assessment or admission.

Recent Ministry of Health reports also identify long waiting times in specialist clinics and emergency departments as among the most common patient concerns, reflecting broader healthcare capacity challenges rather than delays specific to dementia services.

References

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- <https://www.councils.gov.bn/11-08-25interim-action-plans-to-address-bed-shortage-at-ripas-minister/>
- <https://www.councils.gov.bn/19-03-26-minister-addresses-key-concern-in-healthcare-system/>

Diagnosis cost

Status: Partially covered

Brunei's tax-funded universal healthcare system keeps the direct cost of dementia assessment very low for citizens using public services. Primary and specialist consultations, routine laboratory investigations, CT and MRI, and hospital treatment are generally covered by the Ministry of Health, contributing to an out-of-pocket share of only around 5% of current health expenditure. Consequently, affordability is unlikely to be the main barrier to diagnosis. Instead, access may depend on referral pathways and specialist capacity, particularly because assessment is concentrated at RIPAS Hospital. Non-citizens may face charges based on residency, insurance, or subsidy eligibility.

Healthcare in Brunei is financed through a tax-funded universal health system, with all Bruneian citizens receiving comprehensive healthcare free of charge at public health facilities, including primary care, specialist consultations, hospital treatment, diagnostic investigations and inpatient services. Dementia assessment therefore carries little or no direct cost for citizens when performed within the public healthcare system. Consequently, consultations with primary care physicians, specialist assessment at RIPAS Hospital, routine laboratory investigations, CT and MRI imaging, and hospital admissions required during the diagnostic work-up are generally fully covered by the Ministry of Health. Out-of-pocket expenditure accounts for only around 5% of total current health expenditure, reflecting one of the lowest levels of direct healthcare spending in Southeast Asia. Foreign residents and temporary visitors are not covered by Brunei's universal public healthcare system and may incur charges for consultations, investigations and hospital care depending on their residency status, employer-provided insurance or eligibility for government subsidies. Although financial barriers to dementia diagnosis are minimal for citizens, access may still be influenced by specialist availability and referral pathways rather than cost, particularly because dementia assessment is centralized at RIPAS Hospital and other government specialist services.

References

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Cognitive tests

Status: Available

Routine cognitive assessment in Brunei is conducted as part of specialist evaluation at RIPAS Hospital and combines standardized cognitive screening with comprehensive clinical assessment rather than relying on a single diagnostic test. The assessment typically includes the Mini-Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA) to evaluate global cognitive function, together with functional assessment of activities of daily living, informant interviews with family members or caregivers, and depression screening when clinically indicated. These findings are interpreted alongside the patient's medical history, neurological examination and laboratory investigations to determine whether cognitive impairment is consistent with dementia or another potentially

reversible condition. Community-based screening initiatives have complemented routine clinical assessment by using the Mini-Cog, a brief screening instrument combining three-word recall with a clock-drawing test, to identify individuals requiring referral for specialist evaluation. The programme, implemented through collaboration between RIPAS Hospital, the Ministry of Health, Universiti Brunei Darussalam and Demensia Brunei, represents Brunei's first large-scale effort to promote earlier identification of cognitive impairment. Results from the expanded national community screening programme, published in 2026, found that 14.4% of screened participants had suspected cognitive impairment based on Mini-Cog assessment, demonstrating the value of community screening in identifying individuals who warrant comprehensive diagnostic evaluation and specialist follow-up. As part of a national community screening initiative led by Demensia Brunei, RIPAS Hospital, the Health Promotion Centre, Universiti Brunei Darussalam and the Davos Alzheimer's Collaborative, approximately 2,000 individuals were screened over six months using brief cognitive assessment tools. Around 14.5% were identified as having possible cognitive impairment and were considered candidates for further specialist evaluation, demonstrating the feasibility of community-based early detection programmes in Brunei.

References

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- https://www.reddit.com/r/nasikatok/comments/162bsjd/dementia_a_rising_concern_in_brunei_expect_to

Imaging tests

Status: Commonly used

Structural neuroimaging is available through RIPAS Hospital, Brunei's principal tertiary referral centre, where CT and MRI services support the diagnostic evaluation of patients with suspected dementia. The Ministry of Health has also expanded MRI capacity through the installation of additional scanners to improve access to diagnostic imaging. Although CT and MRI are routinely used to exclude structural causes of cognitive impairment, including stroke, brain tumours, normal-pressure hydrocephalus and other intracranial abnormalities, they are also used for differential diagnosis of dementia subtypes. These investigations are interpreted alongside clinical examination and cognitive assessment rather than serving as stand-alone diagnostic tools. No evidence was found that amyloid PET or tau PET imaging is routinely available for the diagnosis of Alzheimer's disease in Brunei, and molecular neuroimaging does not currently form part of standard clinical practice.

References

- <https://moh.gov.bn/facilities/raja-isteri-pengiran-anak-saleha-hospital>
- <https://borneobulletin.com.bn/new-mri-machine-installed-at-ripas-hospital/>
- <https://www.mdpi.com/2499-6564/74/2/8>

Genetic tests

Routine APOE genotyping is not performed as part of dementia assessment in Brunei, and no national clinical guidelines recommend genetic testing for sporadic Alzheimer's disease. Diagnosis instead relies primarily on clinical assessment supported by cognitive testing and conventional investigations. Testing for pathogenic variants associated with familial Alzheimer's disease, such as APP, PSEN1 and PSEN2, is not part of routine clinical care.

Where hereditary dementia is strongly suspected because of an unusually early age of onset or a significant family history, testing would likely require referral to overseas specialist centres, as no evidence was found that these services are routinely available within Brunei's public healthcare system.

References

- <https://www.mdpi.com/2499-6564/74/2/8>

Biomarker tests

Status: Rarely used

Routine Alzheimer's biomarker testing is not currently part of standard clinical practice in Brunei. The available evidence indicates that dementia diagnosis continues to rely predominantly on clinical assessment, cognitive evaluation, laboratory investigations and structural neuroimaging rather than biological confirmation of Alzheimer's pathology. No evidence was found that Brunei routinely offers cerebrospinal fluid (CSF) amyloid- β or tau analysis, plasma phosphorylated tau assays, amyloid PET or tau PET for the clinical diagnosis of Alzheimer's disease. These advanced biomarkers have not been reported by the Ministry of Health or in published descriptions of Brunei's dementia services.

References

- <https://moh.gov.bn/>
- <https://www.mdpi.com/2499-6564/74/2/8>

Treatment & care

Brunei combines centralised specialist dementia care with a predominantly family-based long-term care model. RIPAS Hospital is the main specialist hub, bringing together geriatric medicine, neurology, psychiatry, internal medicine, rehabilitation, radiology, and laboratory services. Once patients are stabilised, government primary healthcare centres can provide ongoing monitoring and follow-up. Public treatment is largely free for citizens, covering specialist care, medicines, hospital treatment, and rehabilitation, while out-of-pocket spending accounts for only around 5% of health expenditure. However, dedicated residential dementia provision remains limited, so most long-term care takes place at home. Demensia Brunei helps address this gap through caregiver education, counselling, workshops, awareness, screening, and risk-reduction activities, complemented by Health Promotion Centre outreach. Formal respite and day-care options remain limited, leaving families with substantial caregiving responsibilities.

Specialized facilities and services

Dementia care in Brunei is highly centralised around RIPAS Hospital, where the Geriatric Medicine Service coordinates multidisciplinary assessment and management with neurology, psychiatry, internal medicine, radiology, rehabilitation, and laboratory teams. Care encompasses cognitive and functional evaluation, medication and comorbidity management, rehabilitation, and longer-term planning, with caregivers supported through education and counselling. After specialist review, stable patients can continue monitoring through government primary healthcare centres, returning to specialist services when necessary. Community support from Demensia Brunei strengthens this system through caregiver education, dementia screening, public awareness, and advocacy in collaboration with national health and academic partners.

Brunei's dementia care is highly centralized, with RIPAS Hospital in Bandar Seri Begawan serving as the country's principal tertiary referral centre for diagnosis, treatment and long-term management of dementia. The hospital houses the national Geriatric Medicine Service, supported by neurology, internal medicine, psychiatry, radiology, rehabilitation and laboratory services, enabling multidisciplinary assessment of patients with complex cognitive disorders. The geriatric team coordinates diagnostic work-up, medical management, functional assessment and care planning for older adults with dementia and other age-related conditions. Patients are typically assessed through a multidisciplinary approach that combines specialist medical evaluation with cognitive and functional assessment, neuroimaging, medication review and management of coexisting chronic diseases. Rehabilitation services, including physiotherapy and occupational therapy where appropriate, aim to preserve mobility, independence and quality of life, while caregivers receive education and counselling on disease progression, behavioural symptoms and long-term care planning. Following specialist assessment, ongoing monitoring and management are coordinated through Brunei's network of government primary healthcare centres, allowing stable patients to receive follow-up care closer to home while maintaining access to specialist review when clinical deterioration or treatment adjustments occur. Community support is further strengthened through collaboration with Demensia Brunei, which provides caregiver education, public awareness activities, dementia screening programmes and advocacy in partnership with the Ministry of Health, Universiti Brunei Darussalam and other

national stakeholders.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link
Galantamine	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycopremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link
Memantine	Namenda, Namenda XR, Ebixa, Mema, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

The cost of dementia treatment in Brunei is relatively low for citizens because the tax-funded healthcare system covers public specialist care, prescribed medicines, hospital services, rehabilitation, and diagnostic treatment with minimal direct payment. Out-of-pocket expenditure represents around 5% of total current health spending. The greater challenge lies in long-term care capacity, as dedicated residential dementia services are limited, leaving families to provide most care at home. Government home healthcare and community rehabilitation programmes offer support for eligible patients, while expansion of community-based long-term care is needed to meet the needs of an ageing population.

Treatment and long-term management of dementia are provided within Brunei's tax-funded universal healthcare system, meaning that Bruneian citizens receive care at public hospitals and health centres with little or no direct out-of-pocket cost. Government funding covers consultations, specialist care, hospital admissions, diagnostic

investigations, rehabilitation and prescribed medications provided through public facilities, resulting in one of the lowest levels of out-of-pocket health expenditure in Southeast Asia. Although dementia-specific medication reimbursement policies have not been published, symptomatic treatment prescribed through government specialist services is generally covered under the Ministry of Health's publicly funded healthcare system. Financial barriers to ongoing treatment are therefore substantially lower than in most neighbouring ASEAN countries, with out-of-pocket spending accounting for only around 5% of total current health expenditure. Long-term residential dementia care remains limited, and most people with dementia continue to be cared for at home by family members. The Ministry of Health has acknowledged the need to expand community-based rehabilitation, long-term care and home healthcare services to reduce reliance on hospital-based care and support an ageing population. Existing home-based nursing and home healthcare programmes provide clinical support for eligible housebound patients, but dedicated residential dementia facilities remain limited.

References

- <https://www.social-protection.org/gimi/RessourcePDF.action?id=57649>
- <https://www.councils.gov.bn/19-03-26-minister-addresses-key-concern-in-healthcare-system/>
- <https://moh.gov.bn/services/nursing-services>
- <https://moh.gov.bn/services/health-centres/>

Caregiver support

Brunei relies heavily on family caregivers, with its ageing-in-place approach placing much of the daily supervision and personal care burden on relatives. Demensia Brunei is the principal dementia-focused support organisation, offering caregiver education, counselling, workshops, awareness activities, and risk-reduction programmes in partnership with national health and academic institutions. The Health Promotion Centre further contributes through public education, outreach, and activities in community and senior centres. However, formal respite and day-care options, as well as specialist residential dementia services, remain scarce, limiting alternatives to family-based long-term care.

Family members remain the primary caregivers for people living with dementia in Brunei, reflecting both cultural expectations and the limited availability of formal long-term care services. The Ministry of Health's community-based model of care emphasizes ageing in place, with government primary healthcare services providing follow-up care while families assume responsibility for most day-to-day support. The principal source of dementia-specific caregiver support is Demensia Brunei, a non-governmental organization that works closely with the Ministry of Health, RIPAS Hospital, Universiti Brunei Darussalam and the Davos Alzheimer's Collaborative. The organization delivers caregiver education, counselling, public awareness campaigns, dementia risk-reduction programmes and workshops designed to improve understanding of dementia symptoms, communication strategies and long-term care planning. It also organizes activities during World Alzheimer's Month and community outreach programmes to reduce stigma and encourage earlier diagnosis. Support has also expanded through community initiatives involving the Health Promotion Centre (HPC), where educational materials, public lectures and outreach activities have been delivered to government agencies, community organizations and Senior Citizen Activity Centres to strengthen dementia awareness among caregivers and the wider public. Community screening programmes additionally provide opportunities to educate families about dementia risk factors and available support services. Despite these developments, formal respite care, dedicated day-care services and specialist residential facilities for people with

dementia remain limited, leaving families to provide most ongoing supervision and personal care throughout the course of the disease.

References

- <https://borneobulletin.com.bn/world-alzheimers-month-observed-with-call-for-earlier-dementia-prevention>
- <https://www.alzint.org/member/demensia-brunei/>
- <https://borneobulletin.com.bn/world-alzheimers-month-observed-with-call-for-earlier-dementia-prevention/>

Policy

Brunei's dementia policy remains embedded within broader healthy ageing, NCD, mental health, and healthcare frameworks, with no dedicated national strategy, action plan, or dementia-specific legislation. Existing policies promote prevention, integrated care, and support for older adults, but leave gaps in diagnostic standards, referral pathways, caregiver entitlements, decision-making capacity, advance care planning, and long-term care protections. Future development could draw on community screening programmes, the Adult and Elderly Health Programme, and findings from the National Successful Ageing Survey 2026, which will inform a planned Five-Year Roadmap for Successful Ageing. The Elderly Action Plan 2023–2030 also provides a basis for strengthening community services and caregiver assistance. At the societal level, dementia care remains predominantly family-based, reflecting strong filial expectations and limited formal alternatives. Although awareness is improving, symptoms may still be interpreted as normal ageing, potentially delaying help-seeking.

National dementia plan

Dementia is not currently a standalone policy priority in Brunei, and no national dementia strategy or action plan has been adopted. Policy responses are incorporated into wider initiatives on healthy ageing, NCD prevention, mental health, and healthcare strengthening. Wawasan Brunei 2035 and national health strategies provide a broader foundation for healthy ageing and integrated services, while BruMAP-NCD addresses several modifiable dementia risk factors. Mental health policy also supports services for older people. However, these measures do not establish comprehensive national provisions for dementia prevention, diagnosis, treatment, or long-term care.

Brunei does not currently have a dedicated national dementia strategy or action plan, and dementia has not been identified as a standalone priority within the country's health policy framework. Instead, dementia is addressed through broader policies on healthy ageing, non-communicable diseases (NCDs), mental health and health system strengthening. The Ministry of Health has increasingly recognized dementia as an emerging public health challenge in response to the country's rapidly ageing population, but no comprehensive national framework governing dementia prevention, diagnosis, treatment and long-term care has yet been adopted.

Several national policy documents nevertheless provide an indirect foundation for dementia care. These include Wawasan Brunei 2035 (Brunei Vision 2035), which prioritizes healthy ageing and quality healthcare; the Health System and Infrastructure Master Plan, which aims to strengthen specialist and community healthcare services; Vision 2035 and Health Strategy, which emphasizes prevention, healthy lifestyles and integrated healthcare delivery; and Brunei Darussalam Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (BruMAP-NCD), which targets modifiable dementia risk factors such as hypertension, diabetes, obesity, smoking and physical inactivity. The National Mental Health Policy and Strategic Plan also supports improved mental health services for older adults, although it does not establish dementia-specific objectives or care pathways.

References

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- <https://moh.gov.bn/wp-content/uploads/2024/10/FINAL-MOH-Strategic-Book-2019-compressed-5MB-1.pdf>

Upcoming plans

Brunei has not announced a dedicated dementia strategy, but ongoing ageing and NCD initiatives could provide a platform for future policy development. The Adult and Elderly Health Programme and Health Promotion Centre promote healthy ageing, dementia risk reduction, education, and cross-sector collaboration, while BruMAP-NCD 2021–2025 targets several modifiable dementia risk factors. Community screening projects have demonstrated the potential for earlier detection, with findings informing the National Successful Ageing Survey 2026 and a planned Five-Year Roadmap for Successful Ageing. Meanwhile, the Elderly Action Plan 2023–2030 seeks to expand community services, social protection, and caregiver assistance. These developments may strengthen dementia prevention, community care, and support for families as the population ages.

Although Brunei has not announced plans to develop a dedicated national dementia strategy, dementia is increasingly being incorporated into broader healthy ageing, non-communicable disease (NCD) and older adult health policies. The Ministry of Health's Adult and Elderly Health Programme and Health Promotion Centre continue to expand initiatives focused on healthy ageing, dementia risk reduction, community education and inter-agency collaboration, while the BruMAP-NCD 2021–2025 framework addresses several modifiable dementia risk factors, including hypertension, diabetes, obesity, smoking and physical inactivity. Future policy development is also likely to be informed by emerging evidence from national healthy ageing initiatives. Community-based dementia screening projects conducted by the Ministry of Health, Demensia Brunei, Universiti Brunei Darussalam and the Davos Alzheimer's Collaborative have demonstrated the feasibility of earlier case detection, while the National Successful Ageing Survey 2026 is being undertaken to support the development of Brunei's National Five-Year Roadmap for Successful Ageing, which is expected to shape future policies affecting older adults, including dementia prevention, community care and healthy ageing. In parallel, the Elderly Action Plan 2023–2030, led by the Ministry of Culture, Youth and Sports, includes measures to strengthen support for older persons through enhanced community services, social protection and caregiver assistance. Although the plan is not dementia-specific, its implementation is expected to improve the broader policy environment for dementia care as Brunei's ageing population continues to grow.

References

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- <https://www.councils.gov.bn/30-03-26-mcys-committed-to-welfare-of-senior-citizens-youth-women-and-persons-with-disabilities>

Policy gaps

Legal barriers

Brunei currently lacks dementia-specific legislation establishing rights, care standards, or dedicated provisions for people living with dementia. Advance care planning, decision-making capacity, guardianship, caregiver rights, residential care, and quality requirements are addressed through general healthcare and social welfare practice rather than disease-specific law. Broader frameworks, including Wawasan Brunei 2035, health strategies, BruMAP-NCD, and the National Mental Health Policy, promote healthy ageing, prevention, and integrated services but do not define a comprehensive dementia pathway. Consequently, referral arrangements, multidisciplinary care, specialist access, and long-term care standards remain largely dependent on general policy and professional judgement, which may become increasingly challenging as Brunei's ageing population grows.

Brunei does not currently have dementia-specific legislation governing the rights and care of people living with dementia. No dedicated legal framework was identified addressing advance care planning, supported decision-making, dementia-specific guardianship, or national standards for dementia care, and there are no published dementia-specific clinical or legal guidelines comparable to those adopted in some higher-income countries. Dementia care is therefore delivered within the broader framework of Brunei's universal healthcare system and general health and social welfare legislation rather than through disease-specific legislation.

The absence of a national dementia strategy also means there are no statutory provisions defining standardized referral pathways, multidisciplinary care requirements, caregiver entitlements, quality indicators or equitable access to specialist dementia services. Instead, policy relevant to dementia is embedded within broader government frameworks, including Wawasan Brunei 2035 (Brunei Vision 2035), the Vision 2035 and Health Strategy, the Health System and Infrastructure Master Plan, the Brunei Darussalam Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (BruMAP-NCD), and the National Mental Health Policy and Strategic Plan. While these documents promote healthy ageing, integrated healthcare delivery, mental health and prevention of chronic diseases, none establishes a comprehensive legal or policy framework specifically for dementia.

Consequently, important issues such as advance care planning, decision-making capacity, long-term residential dementia care, formal caregiver rights and dementia-specific quality standards remain governed by general healthcare practice and professional judgement rather than dedicated legislation. As Brunei's older population continues to grow, the absence of a dementia-specific legal framework may present challenges for ensuring consistent standards of care and protecting the rights of people living with dementia across the continuum of care.

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Cultural barriers

Dementia support in Brunei is largely provided by families at home, reflecting strong expectations of filial care and limited specialised residential and long-term services. Government policy reinforces community-based, family-

centred support, but misconceptions remain an obstacle to timely diagnosis. Cognitive and behavioural changes are often viewed as part of normal ageing rather than progressive illness. The national screening programme highlighted this disconnect: many participants reported memory, visuospatial, or behavioural symptoms, while 14.5% were identified as having possible cognitive impairment and referred for comprehensive specialist assessment.

Family care remains the dominant model of dementia support in Brunei, with most people living with dementia cared for at home by relatives rather than in formal residential facilities. This reflects both strong cultural expectations surrounding filial responsibility and the limited availability of specialized long-term dementia care services. Government policy continues to emphasize community-based and family-centred care, with primary healthcare services supporting patients while families provide most day-to-day supervision and assistance. Although public awareness of dementia has improved considerably in recent years, misconceptions remain a significant barrier to timely diagnosis. Many older adults and their families continue to regard memory loss, confusion and behavioural changes as a normal part of ageing rather than symptoms of a progressive neurological disease, delaying medical assessment until cognitive impairment substantially affects daily functioning. Findings from Brunei's nationwide community screening programme demonstrated that symptoms suggestive of dementia were common, over 40% of participants reported frequently misplacing objects, around one-third experienced memory loss, one-quarter reported visuospatial difficulties and one-fifth described mood or behavioural changes, yet 14.5% were ultimately identified as having possible cognitive impairment requiring specialist evaluation, highlighting the gap between symptom recognition and clinical diagnosis.

Research

Brunei has limited dementia research infrastructure, with no identified Alzheimer's drug trials, disease-modifying therapy studies, or dedicated national dementia registry. Cases are instead followed through routine clinical services and individual research projects. Innovation has primarily centred on strengthening diagnostic capacity and digital integration. Additional high-field MRI scanners at RIPAS Hospital have expanded structural neuroimaging, while Bru-HIMS enables information sharing across public facilities, improving continuity between primary and specialist care. BruHealth and MOHcares further extend digital healthcare capabilities. Although advanced biomarkers, amyloid PET, and AI-assisted diagnostics are not routinely available, these developments create a platform for future dementia research, precision diagnostics, and emerging therapies.

Selected academic institutions

[Universiti Brunei Darussalam \(UBD\)](#) [PAPRSB Institute of Health Sciences](#)

Clinical trials and registries

No Alzheimer's disease drug clinical trials were identified in Brunei, and no evidence was found that the country currently participates in interventional studies evaluating disease-modifying therapies such as anti-amyloid monoclonal antibodies. Searches of major international clinical trial registries have not identified active dementia treatment trials recruiting participants in Brunei. No national dementia patient registry or Alzheimer's disease registry was identified. Dementia cases are therefore monitored through routine clinical practice and research projects rather than through a dedicated nationwide registry.

References

- <https://clinicaltrials.gov/>
- <https://www.who.int/tools/clinical-trials-registry-platform>

Selected innovative methods

Brunei has concentrated dementia-related innovation on expanding diagnostic infrastructure and integrating digital healthcare. Additional high-field MRI scanners at RIPAS Hospital have improved access to structural neuroimaging, supporting differential diagnosis within the public system. Meanwhile, Bru-HIMS provides clinicians across government facilities with shared access to medical histories, laboratory results, imaging reports, and medication records, strengthening continuity between primary and specialist care. Digital platforms including BruHealth and MOHcares further contribute to integrated services and quality improvement. Although advanced Alzheimer's biomarkers, amyloid PET, and AI-assisted diagnostics are not yet routinely available, Brunei's centralised specialist model, digital infrastructure, and continued investment in diagnostic technology provide a foundation for future precision diagnostics and disease-modifying dementia therapies.

Brunei has focused its innovation in dementia care on strengthening its healthcare infrastructure and digital health capabilities rather than introducing advanced Alzheimer's biomarkers or disease-modifying therapies. The country's highly centralized healthcare system enables specialist services at RIPAS Hospital to integrate cognitive assessment, laboratory investigations and structural neuroimaging within a single tertiary referral centre, facilitating coordinated multidisciplinary care. The Ministry of Health has invested in expanding diagnostic imaging capacity through the installation of additional high-field MRI scanners at RIPAS Hospital, improving access to structural neuroimaging for patients with suspected neurological disorders, including dementia. These investments support earlier and more accurate differential diagnosis by increasing the availability of advanced imaging services within the public healthcare system. Another important innovation is the nationwide implementation of Bru-HIMS (Brunei Health Information and Management System), one of Southeast Asia's earliest integrated electronic health record systems. Bru-HIMS provides clinicians across public healthcare facilities with real-time access to patients' medical histories, laboratory results, radiology reports and prescribed medications, improving continuity of care between primary healthcare providers and specialist services. Complementing this digital infrastructure, the Ministry of Health has introduced digital health platforms such as BruHealth for integrated healthcare services and MOHcares for patient feedback and service quality improvement, reflecting Brunei's broader commitment to health system digitalization. Although Brunei has not yet implemented routine Alzheimer's biomarkers, amyloid PET imaging or artificial intelligence-assisted diagnostic tools, its integrated digital health infrastructure, centralized specialist model and continued investment in diagnostic technologies provide a strong foundation for the future adoption of precision diagnostics and emerging disease-modifying therapies. Although Brunei has not yet implemented routine Alzheimer's biomarkers, amyloid PET imaging or artificial intelligence-assisted diagnostic tools, its integrated digital health infrastructure, centralized specialist model and continued investment in diagnostic technologies provide a strong foundation for the future adoption of precision diagnostics and emerging disease-modifying therapies.

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Support

Brunei does not have a dedicated national media outlet focused specifically on dementia or Alzheimer's disease. Instead, information is disseminated through government health communications, dementia-focused organisations, academic institutions, community centres, and international partners. Demensia Brunei provides a central source of public education, caregiver information, and awareness activities, while the Ministry of Health and Health Promotion Centre communicate guidance on dementia prevention, healthy ageing, and risk reduction. Universiti Brunei Darussalam contributes research and educational resources relating to ageing and cognitive health. Senior Citizen Activity Centres support community-level outreach, and the Davos Alzheimer's Collaborative provides access to international dementia research, innovation, and knowledge-sharing networks.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

[Demensia Brunei](#) [Davos Alzheimer's Collaborative \(DAC\)](#) [Senior Citizen Activity Centres](#)

Selected initiatives

Brunei's dementia awareness efforts combine public education, healthy ageing, risk reduction, and caregiver support. During World Alzheimer's Month 2023, the Ministry of Health's Health Promotion Centre partnered with Demensia Brunei, Universiti Brunei Darussalam, and other organisations to deliver public lectures, educational roadshows, government outreach, awareness materials, and programmes at Senior Citizen Activity Centres under the theme "Never too early, never too late". The wider healthy ageing agenda promotes physical activity, healthy nutrition, cardiovascular health, smoking cessation, and social participation to reduce cognitive decline risk. Caregiver workshops delivered by Demensia Brunei, RIPAS Hospital professionals, and the Ministry of Health provide practical guidance on communication, behavioural symptoms, disease progression, and long-term care planning.

World Alzheimer's Month 2023 awareness campaign

The Ministry of Health's Health Promotion Centre (HPC), in partnership with Demensia Brunei, the Ministry of Culture, Youth and Sports, Universiti Brunei Darussalam (UBD), the Davos Alzheimer's Collaborative, and community organizations, organized nationwide awareness and risk-reduction activities during World Alzheimer's Month. These included public lectures, educational roadshows, distribution of awareness materials, outreach to government ministries, and dementia risk-reduction programmes at Senior Citizen Activity Centres. The campaign promoted the theme "Never too early, never too late", emphasizing that lifestyle modification and early detection can delay or prevent dementia. Demensia Brunei also announced that Brunei would host the Alzheimer's Disease International Asia-Pacific Regional Conference in October 2023.

Healthy Ageing Programme

Dementia prevention has increasingly been incorporated into Brunei's broader healthy ageing agenda through

programmes led by the Ministry of Health's Health Promotion Centre and the Adult and Elderly Health Programme. These initiatives promote physical activity, healthy nutrition, cardiovascular health, smoking cessation and social participation as strategies to reduce the risk of cognitive decline while supporting healthy ageing across the lifespan. Caregiver education workshops: Family caregivers receive training through workshops and educational programmes delivered by Demensia Brunei, healthcare professionals from RIPAS Hospital and the Ministry of Health. These sessions provide practical guidance on communication, behavioural symptom management, disease progression and long-term care planning, helping families care for relatives with dementia at home.

In parallel, LAF leads a range of awareness and advocacy initiatives, particularly around World Alzheimer's Month and World Alzheimer's Day, using public lectures, community outreach, and media engagement to improve dementia literacy and reduce stigma. The Foundation also organizes periodic public campaigns and memory awareness events such as "Memory Walk" and "Run to Remember". While these initiatives are project-based and largely urban-centered, they represent the most sustained and visible dementia-related actions in the country, effectively filling gaps left by the absence of a comprehensive, state-led dementia strategy.

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- <https://www.instagram.com/p/Da5B45OCYBI/>

Dedicated media outlets

Brunei does not have a dedicated national media outlet focused exclusively on dementia or Alzheimer's disease. Instead, dementia-related information is disseminated through government health communications, specialist organizations, academic institutions and mainstream national media. The principal sources of dementia information include the Ministry of Health Brunei, Demensia Brunei, and Universiti Brunei Darussalam (UBD), which disseminates research findings and public education materials on ageing and cognitive health.

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