

Brunei

Country Review December 2011

BRUNEI DARUSSALAM AT A GLANCE

Total population (in thousands)	407 (2010) ¹
Annual population growth rate	1.7% (2010-2015) ¹
Population aged 15-49 (thousands)	241 (2008) ²
Percentage of population in urban areas	76% (2010) ³
Crude birth rate (births per 1,000 population)	19.8 (2008) ⁴
Under-5 mortality rate (per 1,000 live births)	7 (2008) ⁵
Human development index (HDI) – Rank/Value	37/0.805 (2010) ⁶
Life expectancy at birth (years)	77.4 (2010) ⁶
Adult literacy rate	95.0% (2005-2008) ⁶
Ratio of girls to boys in primary and secondary education (%)	101 (2008) ⁴
GDP per capita (PPP, \$US)	51,204 (2007) ⁴
Per capita total health expenditure (Int.\$)	1,176 (2007) ⁵



HIV EPIDEMIOLOGY AND TRENDS

Since the first case of HIV was detected in 1986, HIV prevalence in Brunei Darussalam has remained at <0.1%; however, the number of cases continues to grow and, by the end of 2009, a cumulative total of 56 cases of HIV had been reported together with 11 new cases of HIV for that year alone.⁷

Almost all new cases recorded between 2008 and 2009 were transmitted through sexual contact with approximately 75% through heterosexual and 25% through homosexual transmission. Of the new cases reported during 2008-2009, 85% were male and 42.1% were married.⁷ Compulsory antenatal screening for HIV of pregnant women finds a low HIV prevalence, which would indicate low levels in the general population. Since 1995, there have been no recorded cases of mother-to-child transmission, and since 2007 there have been five infants born to three HIV-positive mothers.⁷

WHO ARE AT RISK OF HIV IN BRUNEI DARUSSALAM?

As Brunei Darussalam is considered a low prevalence country, sero-surveillance is currently limited to the groups listed below. Even amongst these key populations, HIV prevalence continues to be low. According to the Ministry of Health, returning migrant workers accounted for 96% of the HIV cases identified in 2006.⁸

The following groups are screened routinely in HIV sero-surveillance:⁷

- all pregnant women (at antenatal assessment for each pregnancy)
- all blood donors (at every donation)
- frequent recipients of blood and blood products
- all tuberculosis patients
- contacts of HIV cases
- various groups at medical check-ups prior to employment (including healthcare workers, police officers, fire & rescue officers and security guards)
- foreign workers applying for a permit to work in Brunei Darussalam
- STI patients
- detainees (including prisoners and individuals in drug rehabilitation) and
- individuals tested upon voluntary request

Vulnerability factors⁷

- The rise in prevalence of other sexually transmitted infections (in particular chlamydia and gonorrhoea) among the general population.
- Lack of behavioural surveys, makes it difficult to interpret and better analyse HIV trends for more appropriate programming and implementation of HIV interventions (There are plans to initiate behavioural surveillance in youths and schools).
- Lack of a policy on sex education in school curriculum.
- Between 2008-9, MSMs contributed to about 25% of all HIV infections in the country⁹, however the group continues to be difficult to target. Male-to-male sex is illegal and there are no formalized MSM groupings or associations. As such, MSM are not only a very difficult target for prevention, but also for surveillance.

Injecting drug users

The UNGASS Progress Report in 2010 reported that there have been no known cases of HIV transmission via injecting drug use in 2008-9 and that IV drug use in general is virtually unknown in Brunei Darussalam.⁷ There is no known cultivation within the country and the quantity of drugs entering or transiting through Brunei Darussalam is minor, particularly as drug trafficking and illegally importing controlled substances are serious offenses in Brunei and carry a mandatory death penalty¹⁰.

NATIONAL RESPONSE

Law and policy implementation

Brunei Darussalam is one of Asia's former British colonies that still adhere to colonial laws against sodomy. In particular, the *Laws of Brunei; Penal Code*, at Section 377, prohibits male-to-male sex with the associated punishment of imprisonment for a term which may extend to 10 years with the additional possibility of a fine.¹¹ In addition, sex work is illegal in Brunei Darussalam.

Governance

Despite being categorized as a country with the lowest HIV prevalence in the region, Brunei Darussalam is committed politically at the highest levels to preventing an HIV epidemic. The Government has signed the UNGASS Commitment, the "3 by 5" Initiative launched by WHO and UNAIDS as well as the 7th ASEAN Summit Declaration on HIV/AIDS in 2001. Also, HIV was deemed a notifiable disease under the *Infectious Disease Order 2003* and it is compulsory for all clinicians to report any positive cases to the Department of Health Services.⁷ The Infectious Disease Order 2003 also specifically protects the confidentiality of all persons who are diagnosed.

The Government also has collaborated with non-governmental organizations towards widening the broadcast of information messages to the public, to practice "high moral living and to prevent high-risk, free sexual lifestyles and drug abuse". The Brunei Darussalam AIDS Council (BDAC) is currently the only non-governmental organization working on HIV issues.⁷ BDAC works in collaboration with the government towards increasing awareness about HIV, particularly among young people, by means of peer education programmes.⁷ In addition, Standard Chartered Bank, through its Living with HIV programme, targets corporate organizations in disseminating HIV awareness.

On 17 April 2002, the Sultanate of Brunei Darussalam signed a Memorandum of Understanding (MOU) with the governments of Indonesia, Malaysia, the Philippines and Singapore regarding pre-departure, post-arrival, and returnee reintegration for migrant workers. One important section of this MOU was to provide information on HIV to migrant workers before, during and at return of the migration process. HIV testing is not a prerequisite for short term visits and persons who are HIV positive should not be denied entry for this type of visit.

HIV prevention programmes

At the national level, HIV was integrated as one of the Millennium Development Goals objectives of the country. In January 2004, it began collaboration between the national tuberculosis and HIV programmes with an aim to reduce the number of cases of TB/HIV co-infection and in 2009, both programmes were placed under the same division. HIV treatment, care and support including counselling and testing are provided free of charge to all Brunei citizens and permanent residents.¹²

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