

Key affected women and girls include:

- Women and girls living with HIV
- Female intimate partners of men with high-risk behaviours
- Female migrant workers who may be vulnerable to HIV due to conditions by which they migrate

Brunei Darussalam Country Brief

HIV and Key Affected Women and Girls

More than one third of newly reported HIV cases are female.

Among new HIV cases reported between 2010 – 2011, **40%** were married at the time of diagnosis.

Between 2008 – 2009 and 2010 – 2011 the percentage of females among new reported cases of HIV increased from **15% to 37.5%.**



About the Country Briefs

- These country briefs synthesize some of the current available data and evidence on key affected women and girls into one, easy-to-read report. For the first time, available data and research on national AIDS responses as it specifically relates to key affected women and girls were collated and carefully reviewed together, to improve understanding of women and girls most at risk of, and most affected by, HIV in the region. In doing so, the aim of the briefs is to increase understanding of the specific needs of key affected women and girls in ASEAN Member States and to support national efforts to ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls, in all their diversity. The briefs were developed in response to requests from partners at the regional and national level to assist them in prioritizing which women and girls to comprehensively target in national AIDS responses.
- A consistent approach has been applied in order to produce an off-the-shelf analysis of HIV and key affected women and girls which synthesizes information from disparate national sources. While multiple data sources have been used to compile each brief, country progress reporting on HIV and AIDS is widely cited. Each of the briefs includes an overview of the following as it specifically relates to key affected women and girls in the context of the national AIDS response:
- Epidemiology
 - Modes of transmission
 - Social and economic vulnerabilities
 - Access to information
 - Access to services
 - Legal and policy environment
 - Current international and regional policy guidelines
 - Information gaps
 - Recommendations

From the cover page

More than one third of newly reported HIV cases are female.¹

1 *Global Aids Progress Reporting 2012 and Universal Access in the Health Sector Reporting Brunei Darussalam*. 2012. (<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/>)

Between 2008 – 2009 and 2010 – 2011 the percentage of females among new reported cases of HIV increased from 15% to 37.5%.²

2 *Brunei Darussalam UNGASS Country Progress Report*. 2010 (<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/>) and *Global Aids Progress Reporting 2012 and Universal Access in the Health Sector Reporting Brunei Darussalam*. 2012. (<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/>)

Among new HIV cases reported between 2010 – 2011, 40% were married at the time of diagnosis.³

3 *Global Aids Progress Reporting 2012 and Universal Access in the Health Sector Reporting Brunei Darussalam*. 2012. (<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/>)

EPIDEMIOLOGY

- 6 out of the total 16 new HIV cases reported in Brunei Darussalam between 2010 – 2011 were female.⁴
- Between 2008 – 2009 and 2010 – 2011 the percentage of females amongst new reported cases of HIV increased from 15% to 37.5%.

MODES OF TRANSMISSION

Sexual transmission

- Heterosexual transmission accounts for the majority of HIV cases reported in Brunei Darussalam.⁵

Injecting drug use

- Of all cases recorded between 2010 and 2011 there was no known transmission through injecting drug use.⁶

Vertical transmission

- In 2011 Brunei Darussalam recorded its only case of mother-to-child transmission since 1995. The pregnant mother only presented for antenatal care during labour.⁷
- 99.8% of deliveries in 2010 were in hospitals by skilled health personnel.⁸
- Brunei Darussalam has compulsory antenatal screening for HIV of pregnant women.⁹

SOCIAL AND ECONOMIC VULNERABILITIES

- Deportation of HIV-positive migrants and the absence of reintegration programmes in countries of origin can be devastating for the health, well-being, and livelihoods of female migrant workers and their families. There is often little or no assistance for returning HIV-positive female migrants to reintegrate into their countries of origin. Mandatory deportation of female migrant workers who are HIV-positive imposes substantial economic costs on the woman, owing primarily, to a loss of livelihood. In addition, they are often stigmatized and discriminated against by their families, fellow migrant workers, and their immediate communities.¹⁰

ACCESS TO INFORMATION

- A policy on sex education has yet to be included in the curriculum, although the Ministry of Education is considering the introduction of life-skills based education.¹¹
- The Brunei Darussalam AIDS Council, the sole non-governmental organization looking at HIV issues in the country, in collaboration with the government, has made considerable efforts in increasing awareness on HIV particularly among youth through its peer education programmes. Standard Chartered Bank is also active in creating awareness on HIV in the corporate sector.¹²

ACCESS TO SERVICES

- The Government provides free and comprehensive health care to all citizens and permanent residents of Brunei Darussalam. This includes all aspects of prevention, care, treatment and support for HIV although there is no separate budget allocated for HIV/AIDS specifically. First-line antiretrovirals are readily provided to citizens and permanent residents. Although available, second and third-line have to be applied for on an individual basis.¹³
- 17 adults and children with advanced HIV infection received antiretroviral therapy in 2010.¹⁴
- Dried Blood Spot (DBS) technology is available for prevention of mother-to-child transmission and paediatric HIV care.¹⁵
- Brunei Darussalam provides free and comprehensive health care to all citizens and permanent residents of Brunei Darussalam, but access to health for Brunei Darussalam's large population of migrants and overseas workers is dependent on their work contracts and permits.¹⁶

LEGAL AND POLICY ENVIRONMENT

- Laws, regulations and policies exist that present obstacles to effective HIV prevention, treatment, care and support for female sex workers, female drug users and female migrant workers.¹⁷
- There are no protective laws or regulations that protect people living with HIV or vulnerable subpopulations against discrimination.¹⁸
- No HIV test is required for short-term visits, but people wishing to work or study in Brunei Darussalam must undergo a health examination, including a mandatory HIV test in their country of origin and again within two weeks after entering the country. In addition to cancellation of their work permits, the government also aims to provide appropriate counselling to workers who test positive for HIV. Workers who do not speak English or Malay are provided with a translator from their Embassy but this can also present challenges around issues of confidentiality.¹⁹
- Under the Infectious Disease Order 2003 it is compulsory for all clinicians to report any positive cases to the Department of Health Services. The Infectious Disease Order 2003 also specifically protects the confidentiality of all persons who are diagnosed.²⁰
- The Infectious Disease Order (2003) criminalizes HIV transmission and exposure.²¹
- Sex work is illegal in Brunei Darussalam.²²
- The law does not criminalize spousal rape; it explicitly states that sexual intercourse by a man with his wife is not rape, as long as she is not under age 13. The legal age of marriage is 14. Protections against sexual assault by a spouse are provided under the amended Islamic Family Law Order 2010 and Married Women Act Order 2010, and the penalty for breaching a protection order is a fine or imprisonment not exceeding six months. There is no specific domestic violence law, but arrests were made in domestic violence cases under the Women and Girls Protection Act 1972.²³

CURRENT INTERNATIONAL AND REGIONAL POLICY GUIDELINES

- HIV and the Law: Risks, Rights & Health (Global Commission on HIV and the Law, July 2012)²⁴;
- Sex Work and the Law in Asia and the Pacific (UNDP, UNFPA, UNAIDS, 2012)²⁵;
- UNAIDS Guidance Note on HIV and Sex Work (UNAIDS, 2009);
- Agenda for accelerated country action for women, girls, gender equality and HIV (UNAIDS, 2009)²⁶;
- Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response (UNAIDS/The ATHENA Network, 2011)²⁷;
- Joint UN Statement: Compulsory drug detention and rehabilitation centres (March 2012)²⁸.

INFORMATION GAPS

- There is virtually no data regarding HIV knowledge and vulnerability in Brunei Darussalam.²⁹
- There is complete lack of data on risk behaviours among key populations as well as among the general population. This lack of data might become the major impediment for effective HIV prevention interventions in the future.³⁰
- No assessment and mapping studies have been done to understand the dynamics of HIV in the country and to explore the possibilities of containing the low-level epidemic and to prevent the emerging epidemic³¹.
- Limited data is available relating to anti-retroviral therapy (ART) such as number of people receiving ART, ART survival and patients who received treatment for TB and HIV. Response related data such as prevention and HIV testing coverage among key affected populations is not available.³²
- There are plans to initiate behavioural surveillance in youths and schools over the next few years.³³
- The absence of gender-based data collection mechanisms and surveillance systems on HIV and mobility issues remains a gap.³⁴

RECOMMENDATIONS

- Strengthen the legal and policy framework for protecting and promoting the health and human rights of people living with HIV and key populations, including key affected women and girls. This includes reviewing existing laws, regulations and policies that impact on women, girls and youth affected by HIV within a broader human rights framework in order to create an enabling environment for the national AIDS response. This includes strengthening laws that adhere to informed consent, confidentiality in pre and post-test counselling, and comprehensive referrals to treatment, care and support services.
- Review legislation that criminalizes HIV exposure or transmission. Evidence shows that criminalization of HIV exposure or transmission does not prevent new HIV transmissions or reduce women's vulnerabilities to HIV. In fact, criminalization has been shown to harm women rather than assist them whilst negatively impacting on both public health needs and human rights protections. Furthermore, key affected women and girls often lack adequate access to HIV prevention, testing, treatment, care, and support services. For some key affected women and girls this is directly a result of their existing 'criminalized' status. The criminalization of HIV exposure and transmission is likely to further stigmatize already 'criminalized' women and to constitute yet another barrier to healthcare and other services by posing a threat of double prosecution.
- Comprehensive referral services for migrants testing HIV positive in Brunei Darussalam should be strengthened and scaled up.
- Expansion of life skills education for girls and adolescent females, both formal and non-formal, should be a priority.
- Deepen gender analysis of national HIV programmes, indicators and data concerning the situation and prevention of intimate partner transmission of HIV among women.
- Take action to address the gaps in strategic information on key populations and key affected women and girls highlighted in this country brief. This includes the lack of data and research on the gender dynamics of HIV and its social and economic impact on women and girls in Brunei Darussalam.
- Ensure the meaningful involvement of key affected women and girls, including women and girls living with HIV, in the development of policies and programmes that affect them.

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WHO ARE “KEY AFFECTED WOMEN AND GIRLS” IN ASEAN?

Depending on the circumstance and country, the following groups have been identified as key affected women and girls in ASEAN:

- Women and girls living with HIV
- Female sex workers
- Women and girls who use drugs
- Transgender women and girls
- Mobile and migrant women
- Female prisoners
- Women with disabilities
- Women in serodiscordant relationships
- Female intimate partners of men who engage in behaviours that put them at a higher risk of HIV infection
- Women and girls in HIV-affected households

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The country brief is available to download at www.aidsdatahub.org and www.genderandaids.org.

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