

UNGASS COUNTRY PROGRESS REPORT

Brunei Darussalam

Reporting period: January 2008–December 2009

Submission date: 31 March 2010

I. Overview of the AIDS epidemic

Brunei Darussalam recorded its first local case of HIV in August 1986 and has had cumulatively 56 cases in citizens and permanent residents up till the end of 2009¹. Out of these 56 cases, 19 new cases were reported in 2008-2009, with 2009 alone representing the highest annual increase with 11 new cases and a total of 8 new cases reported in 2008. As of the end of 2009, there are 34 persons known to be living with HIV in Brunei with 2 AIDS-related deaths recorded in 2008-9¹.

There are currently no children living with HIV with the last child death related to HIV occurring in 2007¹. Since 1995, there have been no recorded mother-to-child transmissions². A total of 5 children have been born to 3 HIV-positive mothers in the past 3 years¹.

Almost all of the cases (1 case denied any risk factors) recorded between 2008-9 were transmitted through sexual contact with approximately 75% through heterosexual and 25% through homosexual transmission with no known intravenous drug use¹ (IV drug use in general is virtually unknown in Brunei Darussalam). 85% of the new cases reported between 2008-9 were male and 42.1% were also married¹.

II. National response to the AIDS epidemic

Brunei Darussalam is fully committed towards achieving the targets of the Millennium Development Goals which includes ensuring universal and equitable access for better and comprehensive health care services. His Majesty's 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. Recent developments over the past 2 years have included revising care and treatment protocols as guided by the WHO as well as guidelines from many other developed nations. 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.

A multi-sectoral committee was formed in 1988 to look into HIV and AIDS related issues and chaired by the Ministry of Health. However, this body has not convened for the past 15 years.

Surveillance

HIV is 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. Additionally, the national laboratories also report all positive HIV blood tests to the Department.

HIV serosurveillance has been ongoing for the past two decades with the following groups screened routinely for HIV:

- i) At antenatal check ups
 - all mothers are screened for HIV at antenatal assessment for each pregnancy

- ii) Blood donors
 - All blood donors are screened for HIV (amongst other diseases) for every donation.
- iii) Frequent recipients of blood and blood products
- iv) All tuberculosis patients
- v) Contacts of HIV cases
- vi) Various groups at medical check up prior to employment
 - These groups include healthcare workers, police officers, fire & rescue officers and security guards
- vii) Foreign workers applying for a permit to work in Brunei Darussalam
- viii) Patients presenting with sexually transmitted infections (STI)
- ix) Detainees e.g. prisoners, drug rehabilitation
- x) Others e.g. Voluntary request

HIV testing is provided free of charge and available at most government health centres and clinics. However, pre-test counseling and post-test counseling for negative tests is not always done, although post-test counseling if test is positive is always given.

There are plans to initiate behavioural surveillance in youths and schools over the next few years.

III. Civil society involvement

The Brunei Darussalam AIDS Council (BDAC), 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 in youth and teenagers through its peer education programmes. Standard Chartered Bank (SCB) locally is also active in creating awareness on HIV particularly in the corporate sector.

IV. Challenges

Although prevalence of HIV nationally is considered to be very low and is expected to remain low in the near future, several issues and challenges will continue to be cause for concern:

1. Sexually transmitted infections (in particular chlamydia and gonorrhoea) have been on the rise over the past decade. The annual increase suggests that risky sexual behaviour practices exist within the community in Brunei Darussalam and therefore potential risk of HIV transmission.
2. There is currently no policy on sex education in the curriculum
3. Recent publications around Asia have shown that there have been increases in the number of MSMs testing positive for HIV³. MSMs although contributing to a quarter of all HIV infections in the country, continue to be a difficult group to target. Homosexual acts are illegal (although prosecution is rare) and there are no formalized groupings or associations that deal specifically with MSM issues.

¹ Disease Control Division, Department of Health Services surveillance data

² Department of Medical Services HIV registry

³ Towards Universal Access. Scaling up priority HIV/AIDS interventions in the health sector. Progress Report 2009. World Health Organization