

Global AIDS Progress Reporting 2012 and Universal Access in the Health Sector Reporting Brunei Darussalam

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I. Overview of the AIDS epidemic

Brunei Darussalam recorded its first local case of HIV in August 1986 and has had cumulatively 72 cases in citizens and permanent residents up till the end of 2011¹. Out of these 72 cases, 16 new cases were reported in 2010-2011, with 2011 alone representing the joint highest annual increase (with 2009) with 11 new cases and a total of 5 new cases reported in 2010. As of the end of 2011, there are 49 persons known to be living with HIV in Brunei with 1 AIDS-related deaths recorded in 2010-11¹.

Since 1995, Brunei Darussalam has only recorded one case of mother-to-child transmission (MTCT) which was recorded in 2011 (MTCT was attributed to pregnant mother only presenting for antenatal care during labour). A total of 7 other children have been born to 3 HIV-positive mothers in the past 5 years¹.

Apart from one case of MTCT, almost all of the cases recorded between 2010-2011 were transmitted through sexual contact with only 2 likely cases of transmission in men-who-have-sex-with-men (MSM) with no known transmission through intravenous drug use¹ (IV drug use in general is virtually unknown in Brunei Darussalam). 62.5% of the new cases reported between 2010-11 were male and 40% of the new cases were married at the time of diagnosis.

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. 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.

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.

Although there have been no studies to quantify the prevalence of HIV within the general population, 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) Workers during routine pre-employment medical check-ups.
- vii) Foreign workers applying for a permit to work in Brunei Darussalam (HIV tests are required every 2 years)
- viii) Patients presenting with sexually transmitted infections (STI)
- ix) Detainees e.g. prisoners, drug rehabilitation

Over 20,000 HIV tests have been requested annually and tested by the Ministry of Health's clinical laboratories in 2011² in addition to screening tests for blood donors. Foreign worker screening is done separately by the Ministry's public health laboratories. 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 increased 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. A policy on sex education has yet to be included in the curriculum, although the Ministry of Education are considering the introduction of life-skills based education
3. Although majority of the cases reported in Brunei Darussalam have been through heterosexual means, publications around Asia have shown that there have been increases in the number of MSMs testing positive for HIV³. MSMs continue to be a difficult group to target for surveillance as well as prevention. 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 Laboratory Services statistics

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