

## Brunei Darussalam Report NCI

### NCPI Header

COUNTRY

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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**Describe the process used for NCPI data gathering and validation:**

Circulated ad referendum to the relevant stakeholders

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

-

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

-

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Department of Health Services	Dr Ahmad Fakhri Junaidi	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

### A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):**

No

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:**

-

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

N/A

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

No

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

**5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:**

Estimates of Current Needs Only

**5.3. Is HIV programme coverage being monitored?:**

No

**5.4. Has the country developed a plan to strengthen health systems?:**

Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

-

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:**

2

**Since 2009, what have been key achievements in this area:**

Revision of ARV treatment guidelines based on WHO recommendations

**What challenges remain in this area:**

Reaching marginalised groups in particular MSMs.

## A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

**A. Government ministers:**

Yes

**B. Other high officials at sub-national level:**

No

1.1

**(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):**

Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

-

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:**

No

**IF NO, briefly explain why not and how HIV programmes are being managed:**

A multisectoral body was formed 2 decades ago, however as the number of cases remained low, programmes continue to be managed by the Ministry of Health in partnership with other agencies and organizations if and when required

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

-

**Have active government leadership and participation?:**

-

**Have an official chair person?:**

-

**Have a defined membership?:**

-

**Include civil society representatives?:**

-

**Include people living with HIV?:**

-

**Include the private sector?:**

-

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

-

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:**

Yes

**IF YES, briefly describe the main achievements:**

Providing technical expertise to the Brunei Darussalam AIDS Council (BDAC), an NGO which focuses mainly on increasing awareness of HIV issues

**What challenges remain in this area:**

-

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

-

5.

**Capacity-building:**

No

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:**

No

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:**

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Briefly comment on the degree to which they are currently implemented:

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

**People living with HIV:**

No

**Men who have sex with men:**

Yes

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs :**

Yes

**Prison inmates:**

No

**Sex workers:**

Yes

**Transgendered people:**

Yes

**Women and girls:**

No

**Young women/young men:**

No

**Other specific vulnerable subpopulations [write in below]:**

-

**Briefly describe the content of these laws, regulations or policies:**

Sodomy and cross dressing is illegal in the country. As such, these groups are hidden and therefore more difficult to target MSMs and transgendered people for HIV prevention programmes. All persons who are non-citizens or permanent residents require a work permit to work in Brunei and pre-requisite for a work permit is a negative HIV test. Prostitution and sex work is illegal in the country.

**Briefly comment on how they pose barriers:**

-

## A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

Yes

**Avoid inter-generational sex:**

No

**Be faithful:**

Yes

**Be sexually abstinent:**

Yes

**Delay sexual debut:**

No

**Engage in safe(r) sex:**

No

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

No

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

No

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

Yes

**Use clean needles and syringes:**

No

**Use condoms consistently:**

No

**Other [write in below]:**

-

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:**

No

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

No

**2.1. Is HIV education part of the curriculum in**

**Primary schools?:**

No

**Secondary schools?:**

Yes

**Teacher training?:**

No

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:**

No

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:**

No

**Briefly describe the content of this policy or strategy:**

-

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:**

5

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

**4. Has the country identified specific needs for HIV prevention programmes?:**

No

**IF NO, how are HIV prevention programmes being scaled-up?:**

-

**4.1. To what extent has HIV prevention been implemented?**

**Blood safety:**

Strongly Agree

**Condom promotion:**

Disagree

**Harm reduction for people who inject drugs:**

Strongly Disagree

**HIV prevention for out-of-school young people:**

Strongly Disagree

**HIV prevention in the workplace:**

Agree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Disagree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Disagree

**Risk reduction for intimate partners of key populations:**

Disagree

**Risk reduction for men who have sex with men:**

Strongly Disagree

**Risk reduction for sex workers:**

Strongly Disagree

**School-based HIV education for young people:**

Agree

**Universal precautions in health care settings:**

Strongly Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

5

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

No

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Strongly Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Neutral

**HIV testing and counselling for people with TB:**

Strongly Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Neutral

**Nutritional care:**

Neutral

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Agree

**Sexually transmitted infection management:**

Disagree

**TB infection control in HIV treatment and care facilities:**

N/A

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:**

No

**Please clarify which social and economic support is provided:**

-

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:**

No

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:**

No

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:**

8

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

**6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:**

N/A

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:**

-

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## **A - VI. MONITORING AND EVALUATION**

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:**

No

**Briefly describe any challenges in development or implementation:**

-

**Briefly describe what the issues are:**

-

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:**

Yes

**Behavioural surveys:**

No

**Evaluation / research studies:**

No

**HIV Drug resistance surveillance:**

No

**HIV surveillance:**

Yes

**Routine programme monitoring:**

Yes

**A data analysis strategy:**

No

**A data dissemination and use strategy:**

No

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):**

Yes

**Guidelines on tools for data collection:**

No

**3. Is there a budget for implementation of the M&E plan?:**

No

**4. Is there a functional national M&E Unit?:**

Yes

**Briefly describe any obstacles:**

-

4.1. Where is the national M&E Unit based?

**In the Ministry of Health?:**

Yes

**In the National HIV Commission (or equivalent)?:**

-

**Elsewhere [write in]?:**

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-

-

-

-

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-

-

-

-

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

-

**Briefly describe the data-sharing mechanisms:**

-

**What are the major challenges in this area:**

-

**5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:**

-

**6. Is there a central national database with HIV- related data?:**

Yes

**IF YES, briefly describe the national database and who manages it.:**

Notification of HIV cases is mandatory to the Disease Control Division based in the Ministry of Health.

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:**

-

6.2. Is there a functional Health Information System?

**At national level:**

-

**At subnational level:**

-

**IF YES, at what level(s)?:**

-

**7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:**

Yes

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

No

**Other [write in]:**

-



Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

9. In the last year, was training in M&E conducted

**At national level?:**

-

**At subnational level?:**

-

**At service delivery level including civil society?:**

-

9.1. Were other M&E capacity-building activities conducted other than training?:

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

## B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

**Comments and examples:**

Brunei Darussalam AIDS Council (BDAC), is the country's sole NGO responding directly to the HIV situation. While it has the capability to raise awareness on HIV & AIDS through advocacy messages, education and community mobilisation, it is limited in their outreach. This is due to they are volunteer based and has no consistent fundings. Nonetheless, their work is seen relevant. For example, BDAC is pushing for the possible implementation of Formal Comprehensive Sexuality Education in the national curriculum, HIV & AIDS to be included in some aspects for response of social issues e.g. poverty, delinquency etc.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

0

**Comments and examples:**

BDAC has their say through appointed representatives from Ministry of Health.

3.

**a. The national HIV strategy?:**

3

**b. The national HIV budget?:**

0

**c. The national HIV reports?:**

4

**Comments and examples:**

HIV strategy is under the provision of Ministry of Health and BDAC is seen as a partner for consultancy, if not a decision making member. Views of BDAC is consulted in various of national HIV reports.

4.

**a. Developing the national M&E plan?:**

0

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:**

:

0

**c. Participate in using data for decision-making?:**

0

**Comments and examples:**

The limitation of capacity of BDAC to be included the process hinders its involvement.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

1

**Comments and examples:**

HIV & AIDS response is seen to be a multi sectoral approach. BDAC, with its effort to network with other non-traditional partners in HIV work e.g. women's association, youth organisations, schools etc as these sectors has the maximum outreach in their clients.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

**a. Adequate financial support to implement its HIV activities?:**

1

**b. Adequate technical support to implement its HIV activities?:**

4

**Comments and examples:**

Constant and available financial support is very much a challenge for BDAC. Technical support is very much given by Ministry of Health and other authorities. BDAC also uses its network to contact overseas agencies for best-practices, wherever applicable.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

**People living with HIV:**

-

**Men who have sex with men:**

-

**People who inject drugs:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Testing and Counselling:**

-

**Reduction of Stigma and Discrimination:**

-

**Clinical services (ART/OI)\*:**

-

**Home-based care:**

-

**Programmes for OVC\*\*:**

-

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## **B - II. POLITICAL SUPPORT AND LEADERSHIP**

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

-

## **B - III. HUMAN RIGHTS**

1.1.

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs:**

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

-

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

-

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

-

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

-

2.1. IF YES, for which sub-populations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

-

Briefly describe the content of the policy, law or regulation and the populations included:

-

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

-

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

-

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
-	-	-
-	-	-
-	-	-

If applicable, which populations have been identified as priority, and for which services?:

-

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

-

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

-

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

-

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

-

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

-

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

-

IF YES on any of the above questions, describe some examples:

-

11. In the last 2 years, have there been the following training and/or capacity-building activities?

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

-

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

-

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

-

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

-

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

- 1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

-

**Condom promotion:**

-

**Harm reduction for people who inject drugs:**

-

**HIV prevention for out-of-school young people:**

-

**HIV prevention in the workplace:**

-

**HIV testing and counseling:**

-

**IEC on risk reduction:**

-

**IEC on stigma and discrimination reduction:**

-

**Prevention of mother-to-child transmission of HIV:**

-

**Prevention for people living with HIV:**

-

**Reproductive health services including sexually transmitted infections prevention and treatment:**

-

**Risk reduction for intimate partners of key populations:**

-

**Risk reduction for men who have sex with men:**

-

**Risk reduction for sex workers:**

-

**School-based HIV education for young people:**

-

**Universal precautions in health care settings:**

-

**Other [write in]:**

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

- Since 2009, what have been key achievements in this area:

- What challenges remain in this area:

## B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

- Briefly identify how HIV treatment, care and support services are being scaled-up?:

- 1.1. To what extent have the following HIV treatment, care and support services been implemented?

**Antiretroviral therapy:**

-

**ART for TB patients:**

-

**Cotrimoxazole prophylaxis in people living with HIV:**

-

**Early infant diagnosis:**

-

HIV care and support in the workplace (including alternative working arrangements):

-

HIV testing and counselling for people with TB:

-

HIV treatment services in the workplace or treatment referral systems through the workplace:

-

Nutritional care:

-

Paediatric AIDS treatment:

-

Post-delivery ART provision to women:

-

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

-

Post-exposure prophylaxis for occupational exposures to HIV:

-

Psychosocial support for people living with HIV and their families:

-

Sexually transmitted infection management:

-

TB infection control in HIV treatment and care facilities:

-

TB preventive therapy for people living with HIV:

-

TB screening for people living with HIV:

-

Treatment of common HIV-related infections:

-

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

-

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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Source URL: <http://aidsreportingtool.unaids.org/35/brunei-darussalam-report-ncpi>