

Survey Response Details

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Response Details

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1) Country

Brunei Darussalam (0)

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

Dr Ahmad Fakhri Junaidi

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7) Describe the process used for NCPI data gathering and validation:

Interviews with Ministry of Health persons responsible for HIV in terms of prevention, treatment, care and support for Part A. Interviews with Brunei Darussalam AIDS council representative for completion of Part B.

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

Final approval given by Permanent Secretary of Ministry of Health.

9)

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

None

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10)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Disease Control Division	Medical Officer	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Department of Health Services	Director-General	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Department of Internal Medicine	Medical Officer	A.IV
Respondent 4			
Respondent 5			
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			

- Respondent
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- Respondent
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- Respondent
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- Respondent
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- Respondent
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12)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 Brunei Darussalam AIDS Council	Deputy President	B.I, B.II, B.III, B.IV

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13)

Part A, Section 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 (0)

Page 6

14)

Part A, Section I: STRATEGIC PLAN

Question 1 (continued)

IF NO or NOT APPLICABLE, briefly explain why

HIV is primarily considered a health issue by most government agencies. Any issue pertaining to HIV which is related to other sectors is usually coordinated by the Ministry of Health as the lead agency. Number of HIV cases are also currently too low to warrant a multisectoral strategy.

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15)

Part A, Section I: STRATEGIC PLAN

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 (0)

Page 16

16)

Part A, Section I: STRATEGIC PLAN

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

N/A (0)

Page 17

17)

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

No (0)

Page 19

18)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 21

19)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 22

20)

Part A, Section I: STRATEGIC PLAN**6.1 IF YES, for which subpopulations?**

- | | |
|--------------------------------|-----|
| a. Women | No |
| b. Young people | No |
| c. Injecting drug users | Yes |
| d. Men who have sex with men | Yes |
| e. Sex Workers | Yes |
| f. Prison inmates | No |
| g. Migrants/mobile populations | Yes |

Other: Please specify

21)

IF YES, briefly describe the content of these laws, regulations or policies:

Legislation exists which prohibit activities by IDUs, MSMs and sex workers. National Policy requires foreign persons applying for work permits to be tested for HIV prior to arrival in Brunei and repeated every 2 years during contract renewal. If positive, application is denied.

22)

Briefly comment on how they pose barriers:

MSM activities are considered illegal and may be prosecuted although prosecution cases are rare. This makes it difficult to target group for prevention. Sex work is rarely heard of in the country, but prosecution against sex work is highly likely if found. IDUs are non-existent according to the Narcotics Control Bureau.

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23)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

24)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

No (0)

25)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

26)

Part A, Section I: STRATEGIC PLAN

7.3 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 (0)

27)

7.4 Is HIV programme coverage being monitored?

No (0)

Page 29

28)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

29)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

5 (5)

30)

What are remaining challenges in this area:

Committing resources to what is still considered a low-prevalence of HIV in the country. Other non-health agencies perception of HIV as mainly a health issue.

Page 31

31)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	No
Other high officials	Yes
Other officials in regions and/or districts	No

32)

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

No (0)

Page 32

33)

Part A, Section II: POLITICAL SUPPORT

Question 2 (continued)

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

Low prevalence of HIV in the country and other non-health agencies perception of HIV as mainly being a health issue. AIDS programmes are generally coordinated through the Department of Health Services. Brunei Darussalam AIDS Council (BDAC) is an NGO which complements HIV awareness activities with membership of its committee from relevant health and non-health sectors.

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34)

Part A, Section II: POLITICAL SUPPORT

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 (0)

Page 35

35)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Representation from relevant ministries (Ministry of Health, Ministry of Education, Ministry of Culture, Youth and Sports) in the executive committee of the Brunei Darussalam AIDS Council (BDAC), an NGO.

36)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	No
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

37)

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

No (0)

Page 38

38)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

8 (8)

Page 39

39)

Part A, Section III: PREVENTION

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

No (0)

Page 40

40)

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

No (0)

Page 41

41)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

No (0)

42)

2.1 Is HIV education part of the curriculum in:

primary schools?	No
secondary schools?	No
teacher training?	No

43)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

No (0)

44)

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

No (0)

45)

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

No (0)

Page 42

46)

Part A, Section III: PREVENTION**Question 3 (continued)****IF NO, briefly explain:**

i) MARP such as MSMs not easily identifiable. ii) Ad-hoc HIV education programmes are being carried out by government and NGO. iii) HIV incidence rates not high enough to warrant a policy or strategy iv) inclusion of sex education in curriculum is still a contested issue

Page 44

47)

Part A, III. PREVENTION**Question 3.1 (continued)**

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

5 (5)

Page 45

48)

Part A, III. PREVENTION

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

No (0)

Page 46

49)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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50)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

Page 48

51)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

52)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

53)

1.2 IF YES, does it address barriers for most-at-risk populations?

No (0)

54)

2. Has the country identified the specific needs for HIV treatment, care and support services?

No (0)

Page 50

55)

IF NO, how are HIV treatment, care and support services being scaled-up?

HIV treatment, care and support are provided free of charge for those who require them.
Antiretroviral treatment protocols have been updated over the past two years.

56)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	N/A
HIV testing for TB patients	Agree

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57)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

58)

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

No (0)

Page 53

59)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

60)

Since 2007, what have been key achievements in this area:

Updating of treatment guidelines inline with WHO recommendations (newer drugs, initiation of treatment, introduction of viral load testing)

61)

What are remaining challenges in this area:

Pretest counselling and post test counselling for negative clients not always done.

Page 54

62)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

N/A (0)

Page 57

63)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

No (0)

Page 58**64) Part A, Section V: MONITORING AND EVALUATION****Question 1 (continued)****IF NO, briefly describe the challenges:**

No specific programme has been initiated. However, all HIV cases are notifiable by law and notified to Ministry of Health for data compilation.

Page 64

65)

4. Are M&E priorities determined through a national M&E system assessment?

No (0)

Page 65

66)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

67)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? No
in the Ministry of Health? Yes
Elsewhere? (please specify)

Page 68

68)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 6969) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Notification of all positive HIV cases to the Ministry of Health.

Page 70

70)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)

Page 71

71)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

72)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

All positive cases of HIV and AIDS are notified to the Disease Control Division which manages the data.

73)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, but only some of the above (0)

Page 73**74) Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

target populations (0)

75)

7.3 Is there a functional* Health Information System?

At national level Yes
At subnational level Yes

Page 74**76) Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

At district level. However, as HIV incidence is relatively low, HIV data is kept at the national level.

77)

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

Yes (0)

Page 77**78) Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

No (0)

Page 78

79)

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

At national level? No

At subnational level? No

At service delivery level including civil society? No

Page 80

80)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

Page 83

81)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

82)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 86

83)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

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84)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

85)

IF YES, briefly describe the content of these laws, regulations or policies:

Legislation exists which prohibit activities by IDUs, MSMs and sex workers. National Policy requires foreign persons applying for work permits to be tested for HIV prior to arrival and repeated after arrival. Tests are repeated every 2 years for contract renewal. If positive, application will be denied and person is not allowed to work in the country.

86)

Briefly comment on how they pose barriers:

MSM activities are considered illegal and maybe prosecuted although prosecution cases are very rarely seen. Sex work is hardly heard of in the country, but prosecution against sex work is highly likely if found. IDUs are non-existent. Most drug use in the country tends to be through oral or inhalational means.

Page 8887) **Part B, Section I. HUMAN RIGHTS**

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

No (0)

Page 89

88)

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

No (0)

Page 90

89)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

No (0)

Page 91

90)

7. Does the country have a policy of free services for the following:

- | | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | Yes |
| c. HIV-related care and support interventions | Yes |

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91)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Healthcare is provided free of charge to all citizens and permanent residents of Brunei Darussalam including HIV.

92)

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

Yes (0)

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93)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

94)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

No (0)

Page 95

95)

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

No (0)

96)

11. Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No (0)

Page 97

97)

– 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

No (0)

98)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

99)

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

No (0)

Page 99

100)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

101)

– Legal aid systems for HIV casework

No (0)

102)

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

No (0)

103)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

No (0)

104)

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

No (0)

Page 105

105)

c. national AIDS reports?

3 (3)

106)

Comments and examples:

The first and current UNGASS report was drafted with civil society participation.

Page 106

107)

a. developing the national M&E plan?

0

108)

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

0

109)

c. M&E efforts at local level?

0

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110)

a. adequate financial support to implement its HIV activities?

3 (3)

111)

b. adequate technical support to implement its HIV activities?

4 (4)

112)

Comments and examples:

BDAC gets its funding through fund raising activities and donations. Technical support is given by MOH.

Page 109113) **Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	<25%

Testing and Counselling	<25%
Reduction of Stigma and Discrimination	<25%
Clinical services (ART/OI)*	<25%
Home-based care	<25%
Programmes for OVC**	<25%

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114)

Part B, Section III: PREVENTION

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

No (0)

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115)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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116)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

No (0)

Page 115

117)

IF NO, how are HIV treatment, care and support services being scaled-up?

HIV treatment, care and support are provided free of charge for those who require them.

118)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	N/A
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
HIV testing for TB patients	Agree

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119)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

N/A (0)