

Responses by Brunei Darussalam Regarding
Prevention Mortality and Morbidity of Children
under 5 years of ages as a Human Rights
Concern

Human Rights Council Resolution 24/11

**PREVENTABLE MORTALITY AND MORBIDITY OF CHILDREN
UNDER 5 YEARS OF AGE AS A HUMAN RIGHTS CONCERN-
HUMAN RIGHTS COUNCIL RESOLUTION 24/11**

- 1) Has your government developed a national policy/ strategy/ action plan aimed at reducing mortality and morbidity of children under five years of age? Please provide information on provisions that ensure that explicit attention is being paid to specific health and development of needs of vulnerable and disadvantaged children, and to interventions and service delivery approaches for these children.

The Government of Brunei Darussalam continues to place priority on the provisions of health care to children and has established relevant strategies that aim to reduce mortality and morbidity of children in line with the United Nations Millennium Development Goals on health. Brunei Darussalam has successfully reduce child under 5 mortality rate from 30 deaths per 1000 live births in 1976 to 10.3 deaths per 1000 live birth in 2012.

Maternal and Child Health (MCH) Service in Brunei Darussalam has contributed to the reduction in under-5 mortality. The MCH Service, a major primary health care service in Brunei Darussalam, has gone through rapid expansion. It is widely distributed and easily accessible in all four districts. Remote areas are served by the flying medical team. The objective is to provide optimum health care to all children below the age of 5 and all pregnant women throughout their antenatal and postnatal periods. MCH Service includes antenatal care, postnatal care, child-health care, well-woman clinic and health education, treatment of minor ailments, domiciliary care and home nursing.

Other Approaches and programmes that have been implemented:

- The childhood national immunisation programme (0-5 years) was upgraded with the addition of booster doses to ensure prolonged immunity.
- The Oral Polio Vaccine (OPV) has been replaced with the 6-in-1 combination vaccine (hepatitis B, diphtheria, tetanus, pertussis, haemophilus influenza b, and inactivated poliovirus vaccine (IPV)), in-line with the 66th Session of the World Health Assembly (WHA) recommendation.
- The school entry immunisation requirement was also implemented to ensure higher population immunity.

- 2) Does your government collect data on the health status of children under five, including information on vulnerable and disadvantaged groups? How is this data used in the development, implementation, monitoring and evaluation of policies, programmes and services relating to mortality and morbidity of children under five?

Health data in Brunei Darussalam is collected with the integrated reporting system where morbidity, mortality and various health services activities were collected from government health institutions such as hospitals, health centres and health clinics. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) is used for the coding of hospital discharge (morbidity) and mortality data based on the rules established by World Health Organisation (WHO), thus assuring the high quality data produced according to international standard.

The establishment of Community Nutrition Division under the Ministry of Health is to improve the nutritional status of the population through comprehensive and collaborative nutrition education programme including to monitor the underweight and overweight children below 5 years of age.

In 2009-2011, Brunei Darussalam conducted its 2nd National Health and Nutritional Status Survey (NHANSS) to update the dietary and health status of the population for the formulation of health and nutrition policy. The first phase was carried out to children below 5 years of age whilst the second phase to individuals aged 5 years old

up to senior citizens. Information on the risk factors for non-communicable diseases are obtained from the survey e.g. tobacco smoking, obesity, dietary and nutritional intake consumption.

- 3) What coordination, monitoring and redress mechanisms are in place to ensure effective implementation of the national policy/ strategy/ action plan at all levels? Please provide information on how such mechanisms ensure transparency, as well as participation of all relevant stakeholders, including national human rights institutions, civil society and community representation.

The progress including indicators on the implementation of health programmes are continuously being reported by the relevant departments under the Ministry of Health and are published annually in the Health Information Booklet. With Brunei Darussalam's involvement in international commitments such as the Convention on the Rights of the Child (CRC), and also the National reporting on Human Rights to the United Nation's Human Rights Council, the Ministry of Health shares the information with the relevant Government Agencies and also Non-Government Agencies (NGO) through inter-agency meetings and consultations. Reports on health indicators can also be found in the national MDG reports and can be accessible in public domain.

- 4) How is your government ensuring that underlying determinants such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, health environmental conditions and gender equality are taken into consideration in the prevention of child mortality and morbidity?

Health development in Brunei Darussalam is undertaken as part of a holistic approach in the overall socio-economic development in the country, with the goal of improving the quality of life of the people. The overall infrastructure such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, education, health environmental conditions and gender

equality, combined with sound public health programmes, have raised the living standard and health status of the people.

5. How has your government incorporated human rights in planning and implementing universal coverage of primary health services for children? In particular, how have the criteria of availability, accessibility, acceptability and quality of health services been considered?

Brunei Darussalam has long heeded the WHO call for universal health coverage and the provision of high quality health care services in which this has been accorded the highest political will and fullest commitment by the Government of Brunei Darussalam. The adoption and implementation of universal health coverage (UHC) in Brunei Darussalam has contributed to the remarkable progress in the attainment of the United Nations Millennium Development Goals (MDGs) for health particularly in the reduction of child and maternal mortality.

The integration of school health, maternal health and child health services, community based mental health, dental and eye clinics into the primary health care services delivered by trained health care professionals have assured that our people have access to a full range of curative, rehabilitative, preventive as well as promotive health services of high quality.

The National Immunisation Programme has achieved high immunisation coverage whereby more than 95 percent of children under five years old were immunised every year from vaccine preventable diseases. The country has also recently introduced the 6 in 1 vaccine for infants and replaced the oral polio vaccine with injectable type in line with the Global Vaccine Plan. In further improving the UHC as well as maintaining the great achievement in MDG 4, the Ministry of Health has developed a dedicated block for women and children at Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital.