

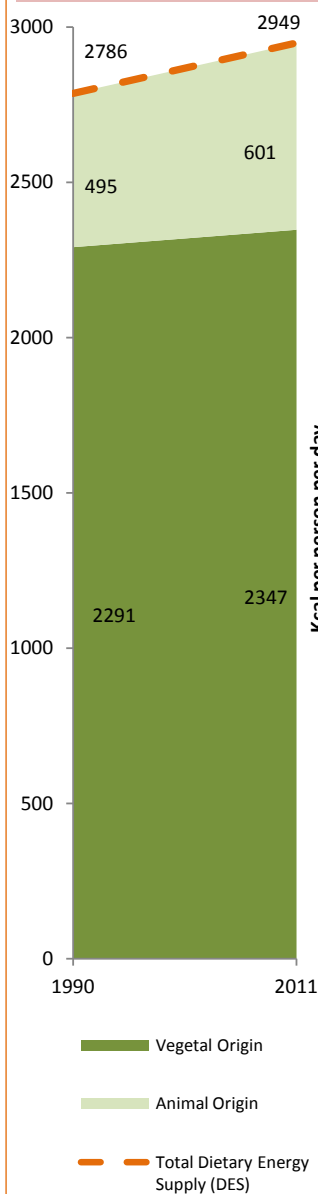


## Key Indicators

- Brunei Darussalam has one of the highest rates of GDP per capita and of Dietary Energy Supply (DES) per person in the region. For decades, food availability has been stable and undernourishment has remained low.
- Despite these significant outcomes, the proportion of infants with Low Birth Weight is high, and anaemia rates among pregnant women border on severe.
- More information is needed to better understand the divergence between the prevalence of Low Birth Weight and anaemia, and the context of higher household income (high GDP per capita).

**Figure 1.1 Food Availability**  
From 1990 to 2011:

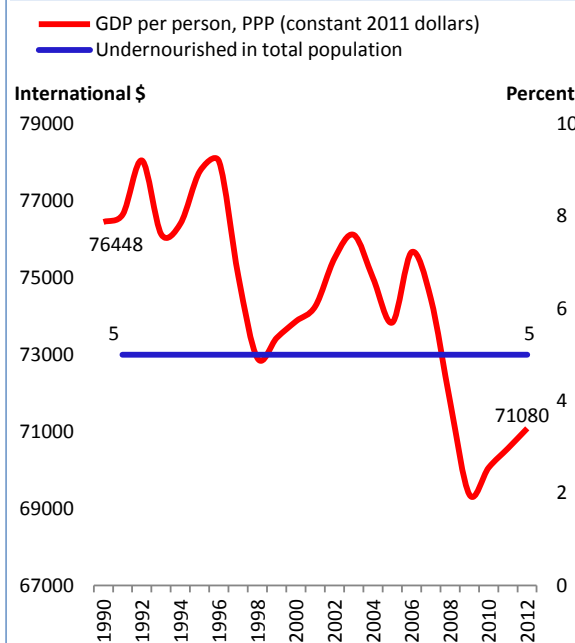
- DES increased 6%
- Animal-origin supply increased 21%
- Vegetal-origin products increased 2% and remained the major DES source



Source : FAOSTAT FBS: 2014 update

**Figure 1.2 Undernourishment and Economic Growth**  
From 1990 to 2012:

- GDP decreased 7%
- Undernourishment remained low and unchanged



Source: GDP: WDI 2014 / Undernourished: FAO FSI\_2013

**Figure 1.3 Child Malnutrition In 2012**

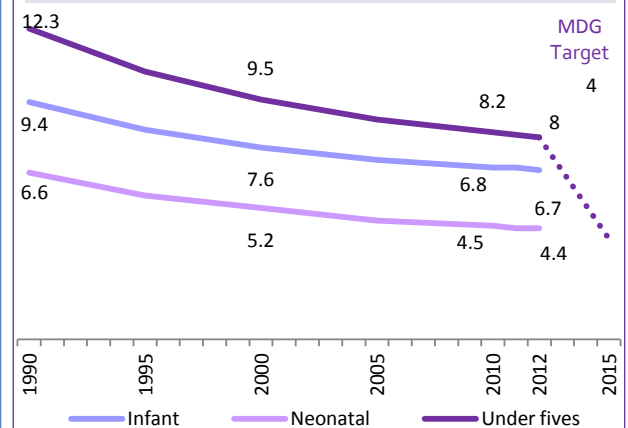
- Stunting rates were at 20%
- Underweight stood at 10%
- Wasting affected 3% of young children
- Overweight was 9%
- Low Birth Weight stood at 11%



Source: 2012 2nd National Health and Nutritional Survey NHANSS

**Figure 1.4 Child Mortality** From 1990 to 2012:

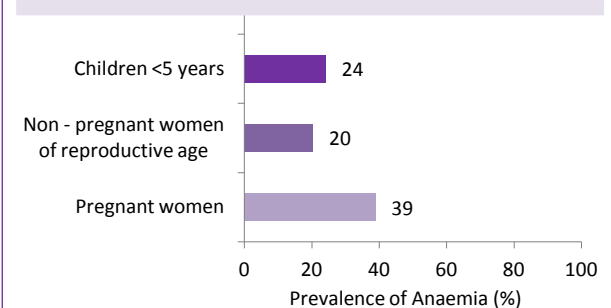
- Under-5 mortality reduced 35%, but will not reach the Millennium Development Goal (MDG) target
- Infant mortality reduced 29%
- Neonatal mortality reduced 33%



Source: Inter-agency Group for CME (2013)

**Figure 1.5 Anaemia prevalence**

Anaemia is a notable public health issue, high among pregnant women (39%) and moderate amongst non-pregnant women (20%) and among under-5 children (22%)



Source: WHO Worldwide prevalence of Anaemia (1993-2005)

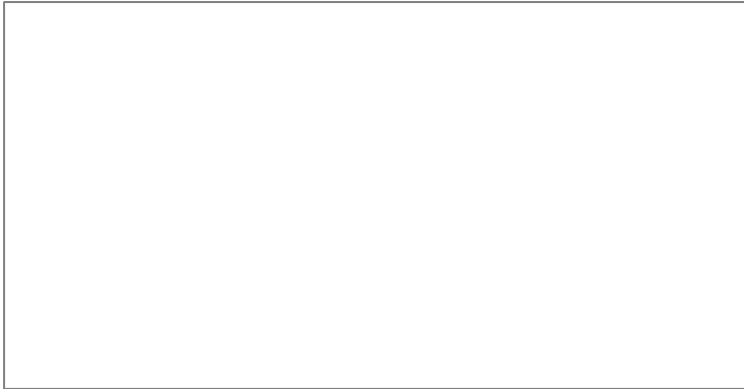
### Anthropometry (Table 1.1)

Underweight women (BMI < 18.5 kg/m <sup>2</sup> )	-	-
Overweight adults (BMI ≥ 25 kg/m <sup>2</sup> )	-	-
Proportion of infants with low birth weight	10 %	2002

Source: WHO/WPRO Health Information Profiles 2002 (MOH)



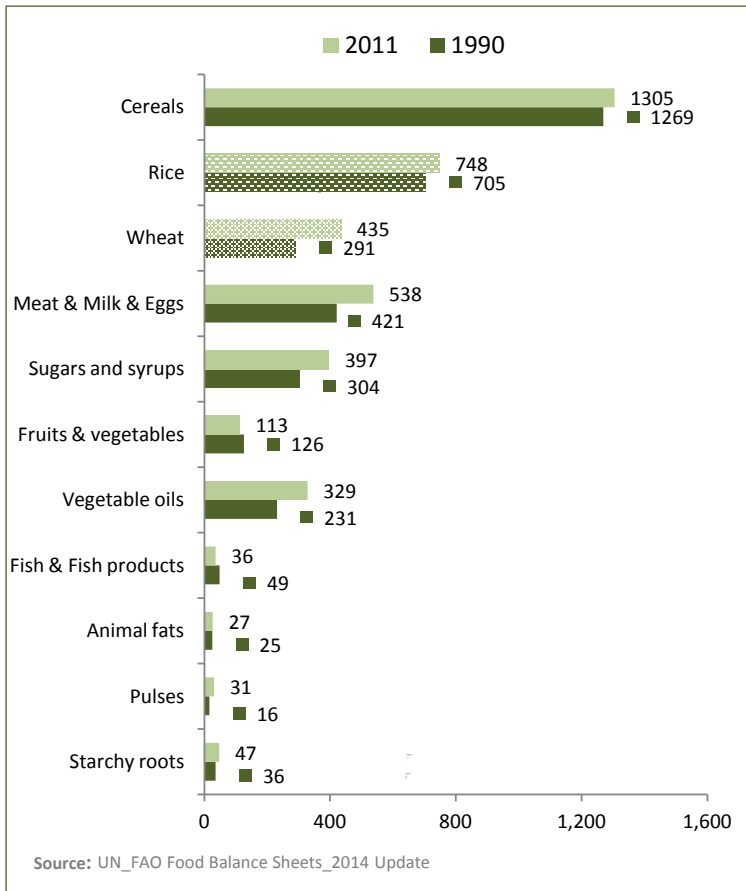
## Food Availability / Food Access



### Food Availability

**Figure 2.1 Food supply by food group From 1990 to 2011:**

(kcal/person/year) Total dietary energy supply= 2,949(2011)

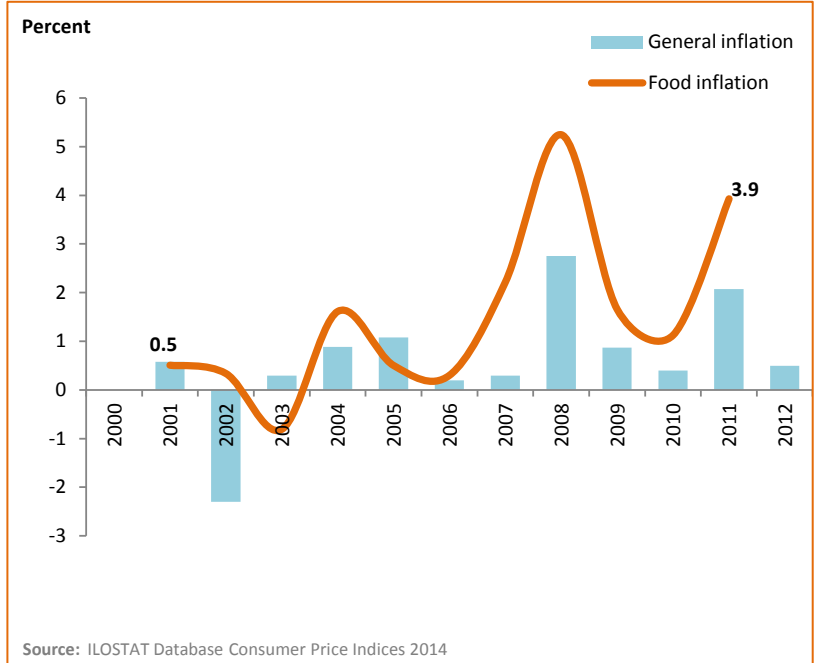


- Food availability increased 6% (DES = 2,949 Kcal in 2011)
- Main food commodities contribute to more than 80% of DES
- Cereals remain the most important source of food energy, at 44%
- Sugars and syrups contribute 13% to DES, whereas fruits and vegetables contribute only 4%
- Vegetable oils have increased their contribution to DES from 8% in 1990 to 11% in 2011

### Access to food

**Figure 2.2 Economic access to food**

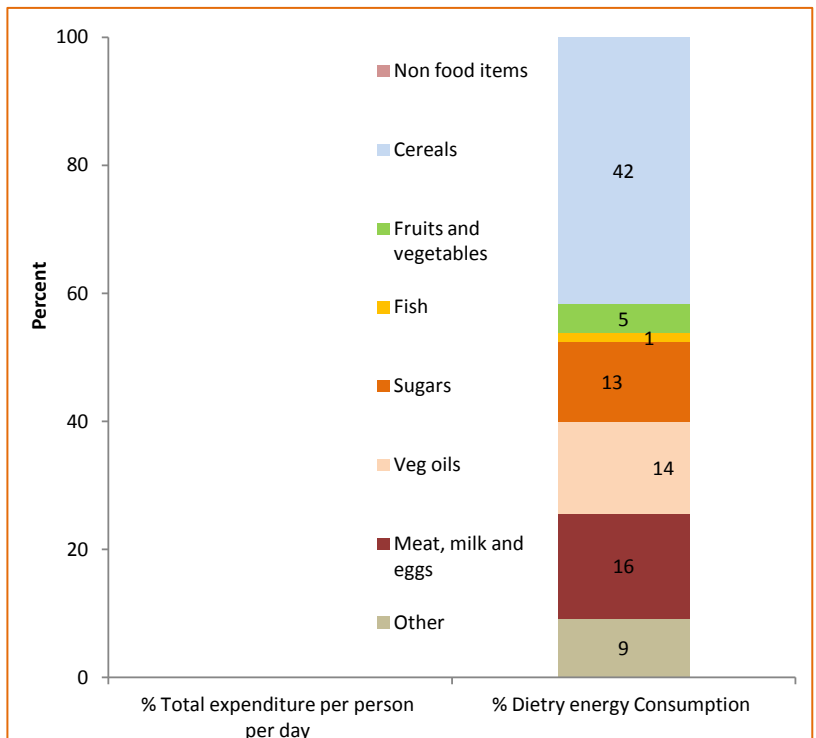
General and food inflation



From 2000 to 2012:

- Food inflation and general inflation are correlated overall
- In 2009, 42% of Dietary Energy Consumption was from cereal

**Figure 2.3 Share of food expenditure**





## Food Utilization



## Water and Sanitation

Figure 3.1 Access to Improved Sanitation



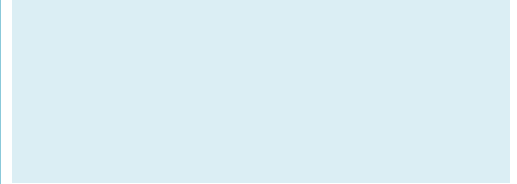
No Data

Figure 3.2 Open Defecation



No Data

Figure 3.3 Access to Improved Water Sources



No Data

## Food Safety

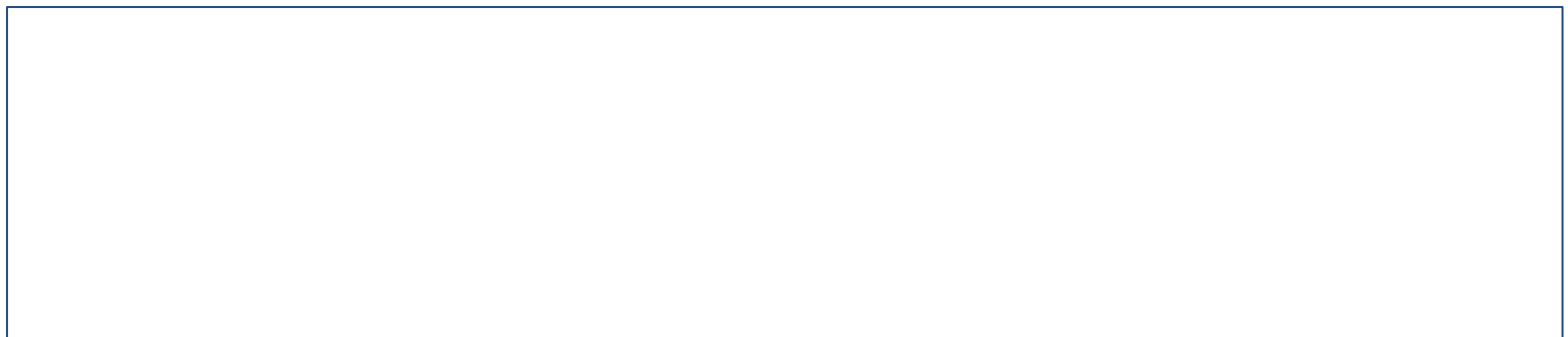
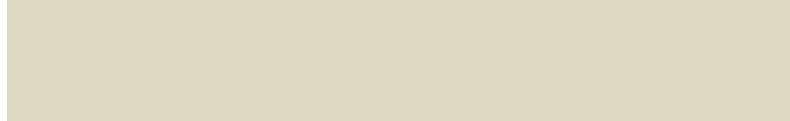


Figure 3.4 Diarrhoea



No Data

### Management of Diarrhoea (Table 3.1)

#### Zinc

Share of children under age 5 with diarrhoea receiving zinc treatment

-

#### Existing policy framework

Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhea

Source:

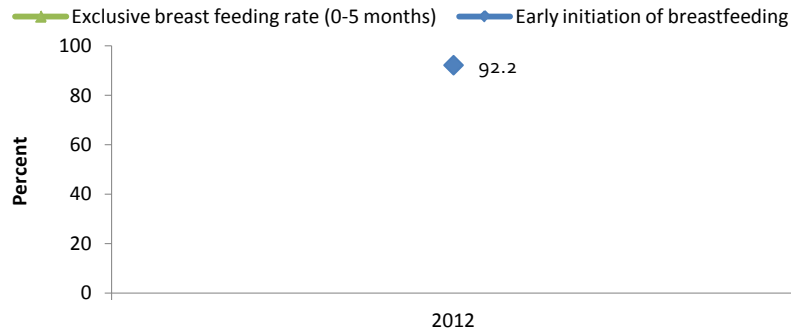


## Food Utilization

## Nutrition and Health

**Figure 3.5 Exclusive Breastfeeding in 2012:**

- Early initiation of breastfeeding (92.2%) is correlated with lower infant mortality and relatively prolonged breastfeeding.



Source: 2nd National Health and Nutritional Status Survey (NHANSS) Phase 1: 0-5 Years Old

**Figure 3.6 Complementary Feeding**

No Data

**Figure 3.7 Duration of Breastfeeding**

No Data

**Figure 3.8 Child Malnutrition and Poverty**

No Data

## Micronutrient Status

**Figure 3.9 Vitamin A**

No Data

## Iodine (Table 3.2)

Households consuming iodized salt	-
Iodine deficiency (Urinary Iodine Concentration <100ug/L) among school-age children	-

\*Optimal UIE 100 - 199ug/L

Source:



# Brunei Darussalam - Food and Nutrition Security Profiles



Policy Table - 1

Enabling environment for Nutrition and Food security - Policy documents addressing nutrition issues			
<b>1. Ministry of Health Vision 2035</b>			
<i>Promotes 5 key pillars; On of the key pillars includes 'A Nation That Embraces and Practices Healthy Lifestyle' (MoH Brunei 2009).</i>			
<b>2. National Health Promotion Blueprint 2011-2015 (MoH, 2011)</b>			
<b>3. Maternity Leave Regulations 2011 (Prime Ministers Office)</b>			
<b>4. Brunei Darussalam National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2018</b>			
<b>5. Multisectoral Action Plan for the Prevention &amp; Control of Non-Communicable Diseases 2013-2018</b>			
Officially released on 21/09/2013			
<b>6. National Breastfeeding Policy of MOH(officiated in 2001)</b>			
<b>7. National Health Care Plan (2000-2010)- A Strategic Framework for Action, Ministry of Health June 2000</b>			
Nutrition related issues covered in these policies		Covered	Comments
<b>Maternal and Child Undernutrition</b>	Child undernutrition	Yes	
	Low Birth Weight	Yes	
	Maternal undernutrition	Yes	
<b>Obesity and diet related NCDs</b>	Child obesity	Yes	
	Adult obesity	Yes	
	Diet related NCDs	Yes	
<b>Infant and Young Child Nutrition</b> <small>Source:</small>	Breastfeeding	Yes	Community Nutrition Division was established in 1992.
	Complementary feeding	Yes	
	Int'l Code of Marketing of BMS		
<b>Vitamins and Minerals</b>	Supplementation: Vitamin A children/women	Yes	universal coverage under MCH Programme only if necessary, universal coverage
	Iron Folate children/women	Yes	
	Zinc children	Yes	
	Other vitamins & min child/women	Yes	
	Food fortification	No	
<b>Underlying and contextual factors</b>	Food Safety	Yes	In terms of Breastfeeding as Food Security.
	Food security	Yes	
	Food Aid	No	
	Nutrition and Infection	No	
	Gender	No	
	Maternal leave	Yes	15 weeks for all Government servants, but only for citizens and permanent residents in the private sector
Social Protection policies or legislation including food or nutrition component			
<b>1. Public Health (Food) Act (since 2000)</b>			
<b>2. Infectious Diseases Act</b>			



Demographic Indicators (Table - 5.1)		Year	Economic Indicators (Table - 5.3)		Year	
Population size (thousands) /a	412	2012	GDP annual growth rate /c	2.15 %	2012	
Average annual population growth /a	1.39 %	2012	GDP per capita (PPP) (constant 2011 international dollars) /c	71,080	2012	
Proportion of population urbanised/c	76.3 %	2012				
Number of children <5 years (thousand)	34	2012	Gini index /c (100= complete inequality; 0= complete equality)	-	-	
Education level of mothers of under-fives: None (%)	-	-		-	-	
Life expectancy at birth (Years) /c	Male	77	2012	Unemployment rate /c	3.8 %	2012
	Female	80.3	2012	Population below US \$ 1.25 (PPP) per day /c (%)	-	-
Agriculture population density(people/ ha of arable land /b)	0.2	2006-2008	Poverty gap ratio /e		-	-
Employment in agriculture sector (% of total employment) /c	1.4 %	2001	Income share held by households /c	Poorest 20%	-	-
Women employed in agriculture sector (% of total female employment) /c	0.3 %	2001		Richest 20%	-	-
Adolescents (Table - 5.2)		Year	<p>Sources:</p> <p>a/ World Bank Health Nutrition and Population Statistics 2013,</p> <p>b/ FAOSTAT 2014 Update;</p> <p>c/ World Bank, World Development Indicators Database, 2014 Update;</p> <p>d/ UNICEF, State of the World Children 2014 (data refer to the most recent year available during the period specified)</p> <p>e/ UN Statistics Division, MDG database 2013 Update.</p>			
Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) /a	23	2012				
Adolescent girls aged 15-19 currently married or in union /d	-	-				
Women aged 20-24 who gave birth before age 18 /d (%)	-	-				

*The information included in this Food Security and Nutrition profile, is backed by recognized, validated and properly published information available until June 2014. Although updated information might be available at national level from different sources, until requirements of quality, validity and proper publication are met, it has not been included in this profile.*

