BRUNEI DARUSSALAM

COUNTRY REPORT

THE 6th ASEAN AND JAPAN HIGH LEVEL OFFICIALS

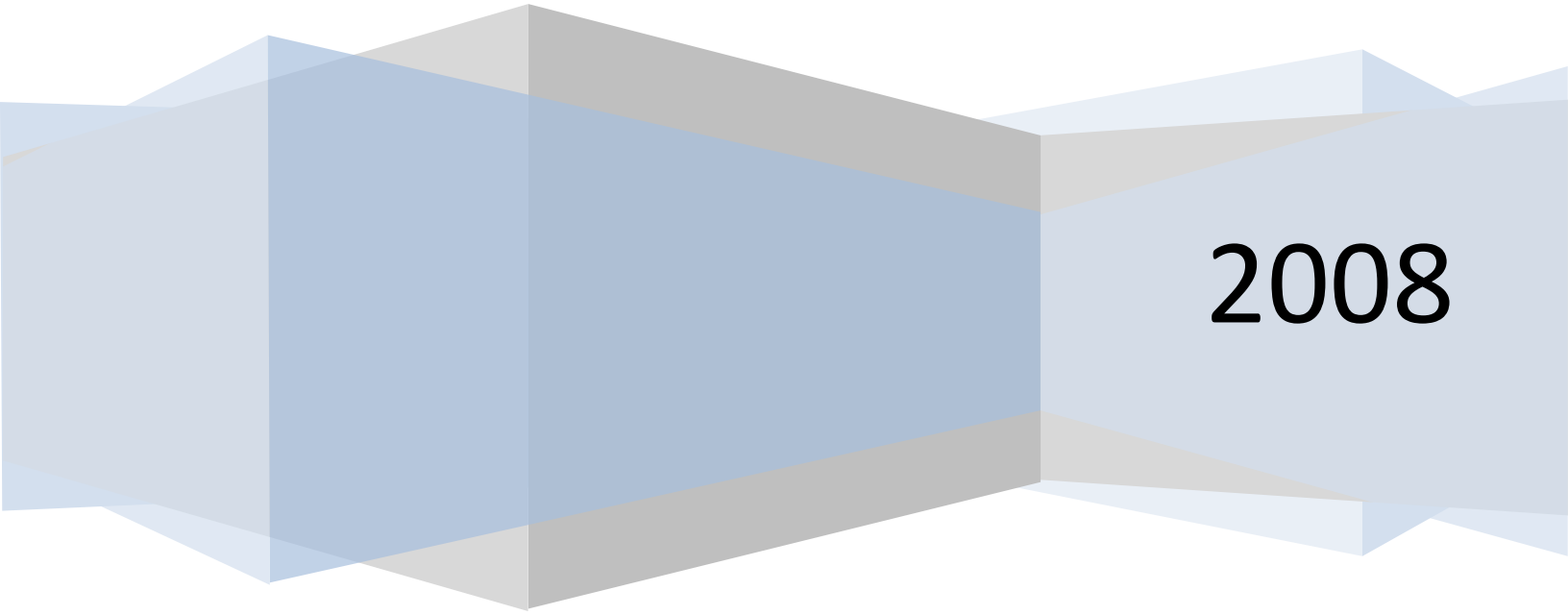
MEETING ON CARING SOCIETIES:

"HEALTHY NEXT GENERATION"

UNDER THE TIGHT COLLABORATION BETWEEN HEALTH AND SOCIAL WELFARE

TOKYO, JAPAN

8TH – 11TH September 2008



2008

1. Introduction

Brunei Darussalam is on the northern coast of the island of Borneo with an area of 5,765 square kilometers and a coastline of about 161 kilometres long. It is bordered by two Malaysian states: Sabah to the west and to the south and east by Sarawak.

In 2007, the population of Brunei Darussalam was estimated at 374,577 persons, of whom 189,334 were males and 185,243 were females. Of these, 27.8% were below the age of 14, 69.0% were in the 15-64 years and 3.2% were 65 or older.

Brunei Darussalam has a multi-racial society with Malays being the majority, making up 67% of Brunei's population; Chinese makes up 15% of the population with the remainder being made up of other races such as other indigenous groups, Indians and expatriates.

Bahasa Melayu or the Malay language is the national and official language of this country. However, English is also widely spoken and understood by almost all. Various dialects of the various ethnic groups are used by the respective communities.

The Government of His Majesty The Sultan and Yang Di Pertuan of Negara Brunei Darussalam provides free education (regardless of gender) to all Brunei Darussalam citizens and permanent residents who attend government schools. Every child is provided a minimum of 12 years of education, comprising of 7 years of primary education (inclusive of 1 year in pre-school) and 5 years of secondary education. In 2008, primary school enrolment totaled at 48 345 students, of which 25 306 (52%) are males and 23 039 (48%) are females. As a result of the continuous effort to provide education for all, the literacy rate in Brunei Darussalam has risen. In 2006, the literacy rate for all those over the age of 15 was 93.7% (Males 95.8%; Females 91.5%).

Brunei Darussalam's sound socio economic climate has enabled its people to enjoy a high standard of well-being as reflected by the national vital statistics. In 2006:

- Life expectancy at birth for women is 77.7 compared to 74.1 for men
- Crude death rate is 2.86 per 1 000 population
- Crude birth rate is 17.1 per 1000 population

- The Maternal Mortality Ratio is 15.3 per 100 000 live births
- Infant Mortality Rate stands at 6.6 per thousand live births
- Mortality Rate for children under 5 stands at 9.2 per thousand live births
- Total fertility rate is 2.2 per woman

[See Appendix 1 for vital statistics from 2000-2006]

2. Child Health

Improvement in child health and the reduction of child mortality have long been one of the central goals of the National Health Care Plan 2000-2010.

Under-5 mortality rate in Brunei Darussalam has been gradually reduced from 20 deaths per thousand live births in 1980 to 9.2 deaths per thousand live births in 2006, a rate that is comparable to other developed nations. Brunei Darussalam has therefore achieved the WHO Millenium Development Goal 4 before 2015.

Similarly, there has also been a reduction in the perinatal and infant mortality rates, which, in 2006 stand at 7.5 per thousand live births and 6.6 per thousand live births respectively.

Brunei Darussalam has a comprehensive National Childhood Immunisation Programme that protects children against vaccine-preventable diseases. This successful programme is delivered through the extensive network of Maternal and Child Health Clinics and by School Health Services. It is available free of charge to all children regardless of citizenship. Over the years, immunisation coverage in Brunei Darussalam has consistently been above 95% for all the vaccines in the programme.

Improvement in all child health indicators is a result of rising standards of accessible health services, higher standard of living with improved hygiene and sanitation (99.9% have access to clean water), improved levels of education and literacy and increasing empowerment of women.

[See Appendix 2 for causes of infant deaths and under-five deaths from 2000-2007]

3. Maternal Health

In 2006, women made up 47% of the total population, of which 58% are in the reproductive age-groups (15-49). As in most other parts of the world, women in Brunei Darussalam outlive their male counterparts with a life expectancy in 2006 of 77.7 compared to 74.1 for men.

More than 99% of pregnant women receive antenatal care. On average, each woman makes about seven antenatal visits during her pregnancy, which is well-above the WHO minimum recommendation of 4 visits per year. More than 99% of deliveries in Brunei Darussalam take place in hospitals and are attended to by qualified and skilled health personnel.

The quality of our antenatal care is reflected in the consistently low maternal mortality ratio (MMR) that is comparable to other developed countries. In fact, between 1989-1992, there were no maternal deaths at all. Since then, there have been fluctuations in MMR that have not been significant. For a small country like Brunei Darussalam, with birth rates of around 7000 per year, the MMR can be deceptive. Rates that appear substantial, as in 2001, when the MMR was 40.5, only represented 3 deaths. In 2006, there was only one death giving an MMR of 15.3.

4. Primary Health services

The Government of Brunei Darussalam through the Ministry of Health is committed to improving the well-being of the people of Brunei Darussalam through a **high quality** and **comprehensive health care system** which is **equitable** and **accessible** to all.

Healthcare in the government sector is provided virtually free for all citizens, and is affordable to all permanent citizens and non-citizens. Maternal and Child Health services, however, are provided free for all pregnant mothers and children regardless of citizenships.

Primary health care in Brunei Darussalam is delivered through the Community Health Services with the mission of providing comprehensive and effective primary health care that is cost-effective and evidenced-based through holistic approach with emphasis on health promotion and community participation. Community Health Services include:

- Outpatient Division
- Maternal and Child Health Division
- School Health Division
- Community Health Nursing Division
- Community Nutrition Division
- Health Promotion and Education
- Psychology services

5. Maternal and Child Health Division

The Maternal and Child Health services were first introduced in the early 1940's and have expanded rapidly since the country gained its independence. These services are now available in 11 health centres, 11 health clinics and 7 travelling clinics throughout the country, and are also provided to four remote areas in the country through the flying medical services. Six army medical centres under the Ministry of Defence also provide MCH services for the families of His Majesty's servants working with the Armed Forces and the Gurkha Reserve Unit.

The main objectives of MCH services are to provide optimum care to all pregnant women throughout their antenatal and postnatal periods as well as to all children below the age of 5 years.

Being front-liners, health workers in MCH services also play a role in identifying both at risk women and children and initiating referral to and support from the relevant agencies.

MCH services include:

- Antenatal care
- Postnatal care
- Child health care (including immunisation)
- Well-Woman screening (including family spacing services)
- Domiciliary care and home nursing
- Health education

All services for children and pregnant women (up to six weeks after delivery) are provided free regardless of citizenship.

6. MEDICAL SOCIAL WORK SERVICES

The Medical Social Work Division (MSWD) is a member of the Clinical Support Services under the Department of Health Services, Ministry of Health Brunei Darussalam. The medical social work service was started in Brunei in the early 1980s and at present the scope of service covers all areas within hospital and community health settings. There are four district hospitals and the largest hospital accommodates five hundred and fifty five in patient beds and there are twelve out patient specialist clinics. Under the community health setting, service coverage includes all Community Health Centres, National Tuberclosis Centre, Mother and Child Health Clinics and the centre for children with special needs (the Child Development Centre). The mission of the medical social work service is to provide appropriate social care and support to patients and their families so that citizens and residents of Brunei Darussalam are empowered to achieve their fullest potential. In the context of services for maternal and child health, the main

objectives of the medical social work service are to provide services regardless of citizenship which promotes the wellbeing of children and their families so that the children can develop socially and emotionally healthy.

The main types of services offered by the Medical Social Work Division in working with children include as follows:-

- Management Of Suspected Child Abuse Cases
- Child Protection Work In Relation To Suspected At Risk Children
- Management Of Crisis In Relation To Family Violence
- Welfare Advocacy Work
- Family Counseling
- Community Service

Due to the establishment of medical social work services is under the Ministry of Health, the Division plays a major role in liaising with other agencies in ensuring children who are identified to be in dire need and their families receive appropriate assistance. In dealing with monetary related issues, the Division relies entirely on financial resources available from other agencies which include government and non-government agencies and the private sector. Government agencies include the Community Development Department under the Ministry of Culture, Youth and Sports and the Islamic Religious Council under the Ministry of Religious Affairs. The main contributors from non-governmental agencies include the Sultan Haji Hassanal Bolkiah Foundation and associations such as the Rotary Club and Lions Club. The private sector is comprised of private firms or companies and individuals. In addition, the Ministry of Health had established a special fund in 2006 which depends on the contributions from the staffs of the ministry and fund raising activities organized by the ministry to help those families living in deprived situations whilst awaiting assistance from the relevant government and non-government agencies.

7. WELFARE SERVICES

The main agency in promoting the welfare of children in Brunei Darussalam is the Community Development Department (CDD) under the Ministry of Culture, Youth and Sports (MCYS). This department is mandated to recommend and implement welfare programmes and services for the needs of the various categories of people. One of the department's primary objectives is to promote the quality of life for its people and develop the potential of children so that they can be self reliant and become productive members of the

society in the future. Under the Children and Young Persons Act 2007, a child is defined as a person under the age of eighteen years old. In Brunei Darussalam, most of the children aged eighteen years and below still live with their parents.

In Brunei Darussalam the extended family system is still considered as common feature. This could be due to the influence of culture and religion. The strong commitment to family values within the society, the high standard of living, and government funding for children's welfare provides most children a healthy and nurturing environment. As for welfare related services, the system recognizes the significance of good family dynamics so that to ensure children can develop in a safe and harmony environment. Therefore, in addressing the needs for conducive situations for children to develop healthily, the needs of the family as a whole are taken seriously. The types of services in connection with the needs of children and their families include support for the families of children with disabilities and those families who experience life crises. Supportive therapy is provided to the families of people with disabilities in which emotional, moral and educational support are given to the families to help alleviate anxieties and to provide mutual support and self help. Through supportive counseling, parents and other member of the families are able to acquire more positive attitudes and feelings which facilitate acceptance and understanding of their family member's condition. Children in moral danger (depending on their age) are offered counseling and assistance from a team of well-trained specialists. On the other hand, a family member can call in for consultations on issues related to their children's development or sessions with counselors. In situations of helping victims during a crisis such as natural disaster or fire, in order to ensure the readiness and ability to help victims, short courses concerning communication skills, anger management techniques and counseling skills are offered to equip CDD staffs, participants from NGOs as well as members of the community.

The CDD provides monthly financial assistance in the form of cash to eligible heads of family whom are widows or divorcees, children who are orphans and those who are chronically sick or disabled. The assistance is further extended to families with large number of dependants whose income is insufficient to support the family.

In the effort to combat child abuse and neglect, a special helpline is available. The helpline is not only for reporting incidences of children in need of protection, it is also provided to offer direct assistance and support to women victims of domestic violence in which it provides the victims with the opportunity to share their difficulties or problems of abuse.

In the context of supporting working mothers in looking after their small children during working hours, the CDD acknowledges the importance of ensuring child care or nursery centres for children under the age of three are cared for in a safe environment which includes the appropriateness of its personnels. In Brunei Darussalam, child care or nursery centres are regulated by the Child Care Order 2005. Every child care centre in Brunei Darussalam is required to register by applying for license provided by the CDD.

The CDD also acknowledges the importance of community participation in helping to fulfil the needs of needy children and their families. As a strategy to involve and promote the participation of members of the community in voluntary work, the CDD has been establishing and coordinating close collaborations with local NGOs and other relevant agencies in Brunei Darussalam.

8. COLLABORATION BETWEEN HEALTH AND WELFARE IN ATTENDING TO THE NEEDS OF VULNERABLE CHILDREN

Vulnerable children are entitled to receiving first class universal services including access to good primary care services and access to good schools, in order to improve their quality of life. This report will focus on vulnerable children with disabilities, children with special education needs and children living in deprived conditions.

8.1 Children With Disabilities And Special Education Needs.

Under the Ministry of Health, a community-based rehabilitation centre known as the Child Development Centre (CDC) was established in 1999. Its main objective is to facilitate the provision of services for the diagnosis, assessment, treatment and support for children in need, in order to help them achieve optimal health as well as social and educational development. Services provided include:

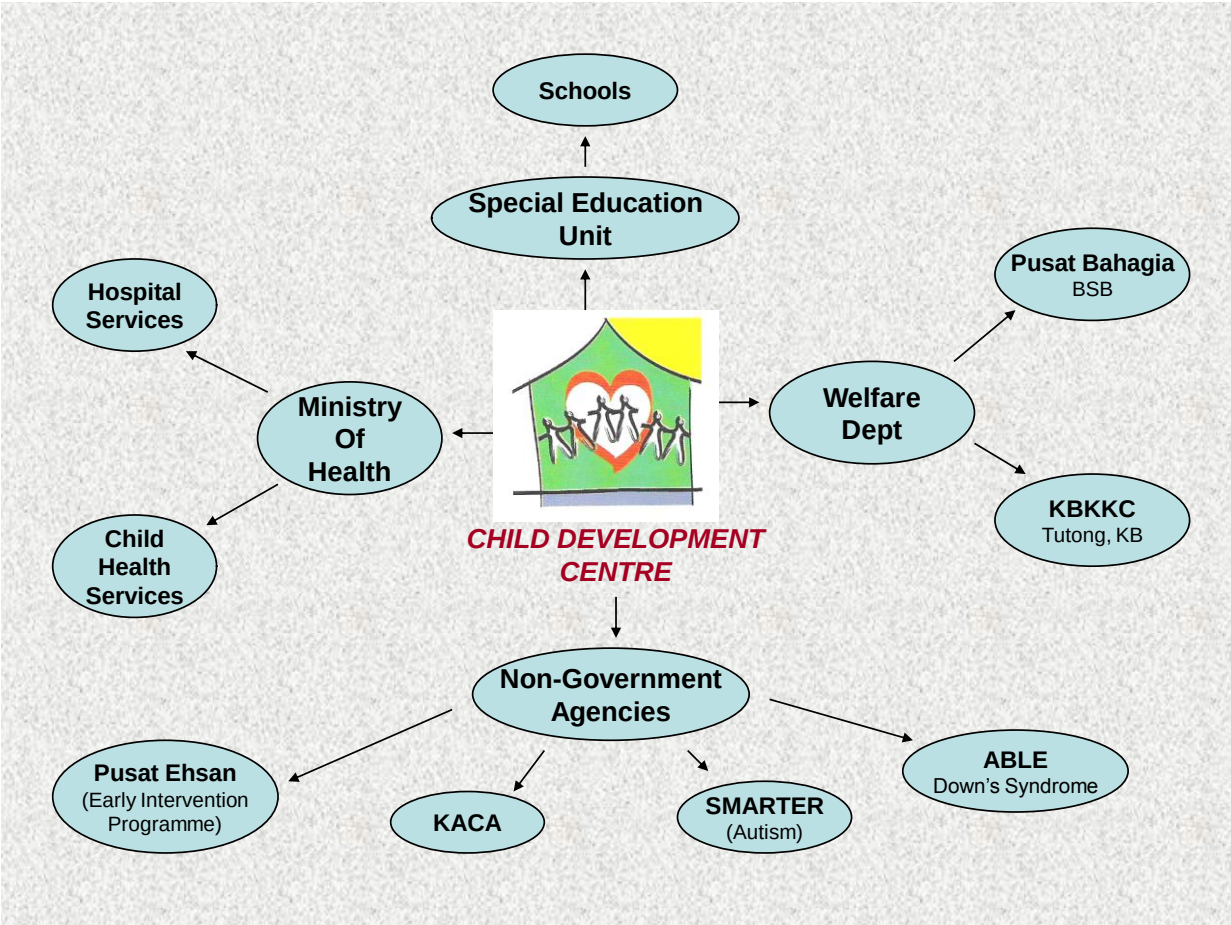
- Child Development Clinics
- Joint CDC / Orthopaedic Clinic
- Joint CDC / Child Psychiatry Clinic
- Early Intervention And Development Programme
- Classes For The Hearing Impaired
- Occupational Therapy
- Physiotherapy
- Speech & Language Therapy
- Clinical Psychology Services- (Assessment)
- Medical Social Work Services
- Feeding Clinic

The Child Development Team comprises of multidisciplinary professionals including:

- Community Paediatricians
- Occupational Therapists
- Speech And Language Therapists
- Physiotherapists
- Clinical Psychologist
- Medical Social Worker
- Teacher For The Hearing Impaired

Referrals to the CDC are received from various sources including from specialist paediatrics and neonatology clinics, primary care sources, other clinical specialties, schools and by self-referrals. Following detailed assessment and confirmation of diagnosis, these children will be referred for specific therapy programmes as well as to other relevant agencies such as to appropriate schools and non-governmental organizations (NGOs).

Diagram 1: CDC's network of services.



The CDC plays a role in referring these children in need to other relevant agencies. The medical social work service acts as the bridge between health and welfare department. NGOs also play a role in supporting these children. Two main NGOs providing services to children with special needs in Brunei Darussalam are SMARTER and Pusat Ehsan.

8.1.1 SMARTER

The abbreviation S.M.A.R.T.E.R. stands for the "Society for the Management of Autism Related issues - Training, Education and Resources". SMARTER was established in 2001 and it aims to provide service to members and professionals who are involved in the area related to the development of children with autism. Its motto is optimum stimulation for maximum development. It offers training workshops, visual

strategy seminars, conferences and forum to augment to the growing needs of children with autism and to promote the knowledge in dealing with Individuals with Autism. The society also provides counseling and stress management training to our members.

The Austistic Spectrum Disorder (ASD) Centre was started in 2003 and the centre uses a holistic approach, to develop in children their **S**ocial, **T**raining, **E**ducational and **P**sychological Milestones (STEP). The programme aims to provide children with autism the needed competence and mastery of skills to be self-actualized and independent of members of the society and eventually cope and adapt to the changing world that we are in. Social Milestones include development of social skills, self-confidence, self-esteem and interpersonal skills. Training Milestones include Pre-vocational, Vocational and Community Adaptation programme that aims to prepare the child for future employment and to be integrated in the society. Educational Milestones geared towards the improvement and preparation of the child in pre-academic and academic skills in preparation for inclusion and main streaming. Functional skill is also taught which is incorporated to actual life tasks for future and independent life. Psychological Milestones aim to develop and improve their emotional quotient to be able for them to empathise, sympathise, and to show appropriate emotion on different situations and conditions. The curriculum focuses on the individual needs of each child with autism and the services are divided into early intervention, intermediary, and high functioning.

Facilities Offered at the ASD Centre:

8.1.2 Pusat Ehsan

Pusat Ehsan or Ehsan Centre is a non-profit organization committed to provide quality education and rehabilitation services for physically and intellectually challenged individuals with a vision to enable people with special needs to have meaningful life in society. Its mission is to train, assist and care for people with special needs to achieve their full potential in society. The centre was established in 1999 and its source of funding is a mixture of support from the Patron and money from fund raising activities. In 2003 the Early Intervention Programme and the Physical Rehabilitation Programme were introduced. The main programmes run at the centre are as follows:

a. Programme for physically and intellectually challenged individuals.

This programme focuses on students' academic, gross motor, fine motor and activities of daily living skills which are designed according to their age and level of ability.

Early Intervention Programme (for 3-5 years old). This programme aims to develop the students' potentials in their early years of life in regards to their cognitive abilities, communication, self care and social skills.

Special Needs Unit (for younger age group confined in wheelchair). Special needs programme is intended for the younger students that require intensive rehabilitation interventions and well structured educational programme.

Life Skill Programme (for older age group confined in wheelchair). 50% of this group can cope with their education using assistive devices and using information technology.

School Programme (for 7-12 years olds). Provides 2:1 Students-Teacher ratio that designs to allow children to cope with their academic works.

b. STEP Programme

The programme started in January 2007 and it caters for 6-15 year-old children with Autism using PECS (Pictures Exchange Communication System) to communicate. Six months upon the introduction, students under this method achieved significant improvement in speech and behaviour.

8.2 Children Living In Deprived Conditions.

To date, there is still no official figure on the level of poverty in Brunei Darussalam. The Department of Economic Planning and Development (DEPD) is currently carrying out a research survey to determine the poverty level in the country.

From MCH data between 2000 and 2006, underweight babies make up between 5% to 7% of the total live births. Over the same period, less than 10% of newly registered children in MCH clinics were found to have weights below the 10th percentile.

Table 1: Underweight Births between 2000-2006

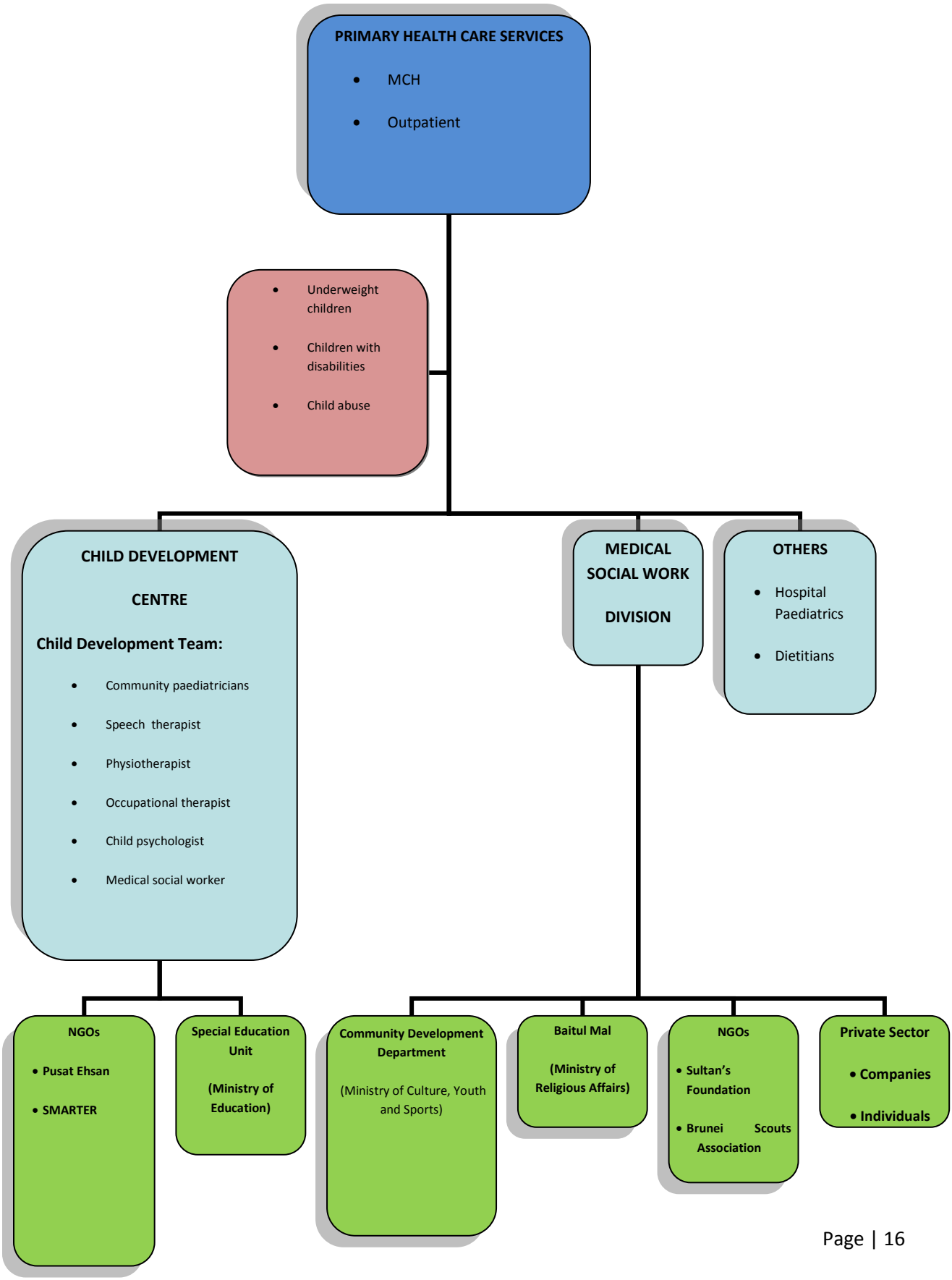
	2000	2001	2002	2003	2004	2005	2006
Underweight births (<2.5kg)	530	465	434	458	335	462	483
Total Live Births	7481	7363	7464	7047	7163	6933	6543
% Underweight	**7%**	**6%**	**6%**	**7%**	**5%**	**7%**	**7%**

Table 2: Underweight Children between 2000-2006

	2000	2001	2002	2003	2004	2005	2006
No of new cases of Underweight Children (<10th percentile)	497	587	663	600	521	379	612
No of Newly-Registered Children	7075	6982	7068	6672	6641	7932	7509
% Underweight	**7%**	**8%**	**9%**	**9%**	**8%**	**5%**	**8%**

Underweight children are identified during routine child health screening. Those, in whom organic causes have been ruled out, are routinely referred to the dietitians to assess their dietary intake. If social factors are also identified, these children will be referred to the Medical Social Work Services for further social assessment and intervention.

Diagram 2: The Network Of Services Indicating Close Collaboration Between Health And Welfare.



9. LAWS AND PROTECTION

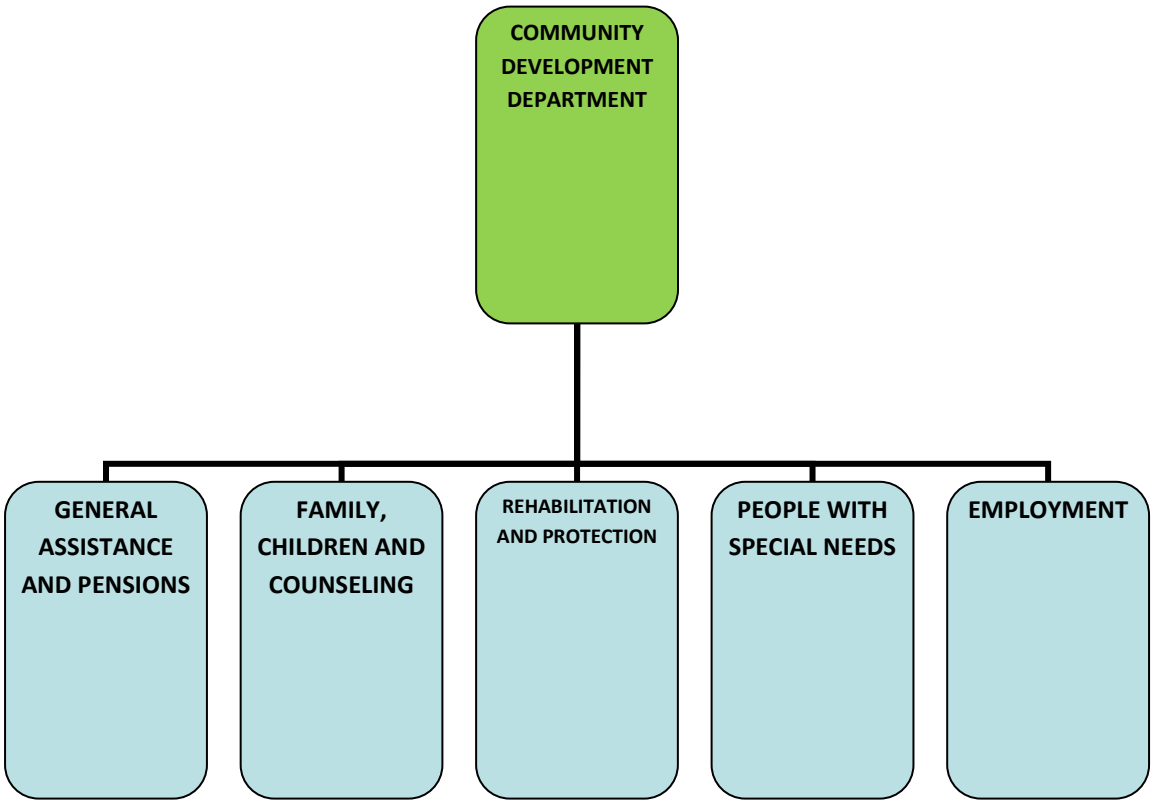
In Brunei Darussalam, currently there are no reports of child prostitution and child trafficking. The Children and Young Persons Order provides for the protection as well as the rehabilitation of children and young persons. Rehabilitation program aims at rehabilitating youth and juvenile offenders. It also provides rehabilitation programs to problematic children and youths voluntarily referred by their immediate family. It also provides shelter for women and young girls who are morally endangered under the Women and Girls protection act 1972.

The problem of child abuse and domestic violence are being given attention lately. Even though reported cases have been minimal, it however prompted action on the part of the government with the setting up a national committee known as Action Team on Child Protection [ATOCAP]. Public awareness campaigns on family harmony, counseling services, education and other are geared to combat and tackle this problem. It needs to educate and raise public awareness to the community especially children and young people on the role they play in preventing the children from child related issues such as child abuse and illegal activities. It can prevent child abuse by education the people through special events such as informational exhibits and workshops, mass media, road shows and publication of leaflets.

In managing cases of abandoned babies, a committee at a national level has been set up to identify suitable adoptive parents for these babies. While waiting for the final adoption to take place, the babies are looked after either in the hospital or in temporary foster families.

There is no single piece of legislation which specifically addresses issues around the protection of children and their rights in Brunei Darussalam. Instead, there are several legislations (under various acts) which concerns children and the need for their protection. These legislations include Children's Order 2000, Protection of Young Girls act, Syariah Laws, Islamic Family Law 1999 and the Islamic Adoption of Children's Order 2001.

DIAGRAM 3: SERVICE STRUCTURE UNDER THE COMMUNITY DEVELOPMENT DEPARTMENT



10. CHALLENGES FACED IN THE MIDST OF TIGHT COLLABORATION BETWEEN HEALTH AND SOCIAL WELFARE

Brunei Darussalam is trying its very best in ensuring the children can grow up and develop healthily so that to achieve a healthy next generation and contribute effectively towards the country's development. The Health Department under the Ministry of Health is providing children services to the whole population with the support from the Community Development Department (CDD) under the Ministry of Culture, Youth and Sport (MCYS) which is the main social welfare service provider in Brunei Darussalam and the community. Nevertheless, like many other countries, Brunei Darussalam is not in exception of experiencing problems in the process of ensuring every child is given the same opportunity to develop healthily. Based on practice experience in the area of protecting children from harm or potential harm and working with children with disabilities, imperfections in the system have been identified. In the context of the terminology of health, physical health is the most obvious, however one should not omit mental health. For those disadvantaged families, living in deprived environments are found to be one of the causes of affecting mental health due to being more like exposing these families to incidences of domestic violence, child abuse and neglect and unhygienic environment. Therefore in the effort to optimize the next generation's level of health, proactive measures to introduce new programmes in the community need to be made.

Areas In Need Of Attention

- Monitoring those children who are found to be at high risk and those who have been identified to be potentially at risk.

At present, cases of suspected abused children or cases of children who have been abused which have gone through the child protection system are not being monitored systematically. The CDD being the main social welfare service provider does the monitoring and in other situations the Community Nursing side and the Medical Social side also undertake monitoring initiatives. To promote and ensure the mental health level of these children are at optimal level, programmes in

the community such the development of family centres which offer services to support families in terms of coping skills and parenting skills need to be considered.

- Empowering families from disadvantaged backgrounds to improve their quality of life.

The CDD offers good services which are not only financial related, there are also services which adapt empowerment strategies to assist families to break the deprivation cycle. However, adequate financial and practical support to the children and their families need reconsidering. This is to help them achieve the full level of health and social functioning and to be productive to the nation.

- Support for families or carers of children with disabilities.

The need to provide support to families of children with special needs is given close attention by the main social welfare service provider in Brunei Darussalam. However, new services or programmes in connection to practical support for the carers need to be looked into. Such new service is a respite care programme. In this matter, the carers are provided with the opportunity to be temporarily relieved from the burden of caring so that to ensure the quality and effectiveness of care for the children.

Effective Social Welfare Service Work Force

Social welfare services are available from both the CDD and the Health Ministry in which the CDD is the main role player. In order to ensure children's health needs are well looked after, the social services from both sides need to provide effective services which are directly linked to the need to have an adequate and competent workforce. Both the CDD and Health Ministry provide their personnels with the opportunity to go for training. Nevertheless, like many other countries, one of the crucial foundations of social service systems is services being directed from the social work discipline. Hence, the acquisition of a basic social work qualification needs to be introduced within the current training system.

The current tertiary education system in Brunei Darussalam does not include Social Work Education except for a Professional Youth Work Diploma course targeted for those working under the Youth Department, MCYS. Developing a similar kind of course with the assistance from an internationally recognized social

work education body would greatly help Brunei Darussalam in overcoming this big challenge in ensuring and promoting a healthy next generation.

APPENDICES

APPENDIX 1: VITAL STATISTICS FOR NEGARA BRUNEI DARUSSALAM							
YEAR	2000	2001	2002	2003	2004	2005	2006
Population	324,800	332,844	344,200	349,600	359,700	370,100	383,000
Population (Women, 15-49 Years Old)	97,100	99,945	97,700	98,100	100,000	101,800	104,600
Population (1-4 Years Old)	26,976	27,519	32,993	37,569	38,211	38,933	39,335
Population (Below 15 Years Old)	98,600	100,912	108,000	113,700	116,200	118,700	121,000
Population (15-64 Years Old)	217,200	222,615	227,400	227,500	235,100	241,700	251,700
Population (Over 65 Years Old)	9,000	9,317	8,800	8,400	8,400	9,700	10,300
No. Of Live-Births	7,481	7,363	7,464	7,047	7,163	6,933	6,543
Total Births	7,530	7,414	7,514	7,095	7,206	6,975	6,573
Crude Birth Rate (CBR)	23.03	22.12	21.69	20.16	19.91	18.73	17.08
(Per 1000 Population)							
General Fertility Rate (GFR)	77.04	73.67	76.40	71.83	71.63	68.10	62.55
(Per 1000 Women, 15-49)							
Total Fertility Rate	2.4	2.2	2.2	2.1	2.1	2.1	2.2
(Per Woman, 15-49)							
No. Of Deaths	965	1014	1041	1010	1010	1072	1095
Crude Death Rate (CDR)	2.97	3.05	3.02	2.89	2.81	2.90	2.86
(Per 1000 Population)							
No. Of Infant Deaths	55	50	62	67	63	51	43
Infant Mortality Rate	7.35	6.79	8.31	9.51	8.80	7.36	6.57
(Per 1000 Live-Births)							
Late Fetal Deaths	49	51	50	48	43	42	30
Late Fetal Death Ratio	6.55	6.93	6.70	6.81	6.00	6.06	4.59
(Per 1000 Live-Births)							
Late Fetal Death Rate	6.51	6.88	6.65	6.77	5.97	6.02	4.56
(Per 1000 Total Births)							
Early Neo-Natal Deaths	29	21	27	37	25	18	19
Early Neo-Natal Mortality Rate	3.88	2.85	3.62	5.25	3.49	2.60	2.90
(Per 1000 Live-Births)							
Late Neo-Natal Deaths	7	13	12	14	18	13	12
Late Neo-Natal Mortality Rate	0.94	1.77	1.61	1.99	2.51	1.88	1.83
(Per 1000 Live-Births)							
Neo-Natal Deaths	36	34	39	51	43	31	31
Neo-Natal Mortality Rate	4.81	4.62	5.23	7.24	6.00	4.47	4.74
(Per 1000 Live-Births)							
Perinatal Deaths	78	72	77	85	68	60	49
Perinatal Mortality Ratio	10.4	9.8	10.3	12.1	9.5	8.7	7.5
(Per 1000 Live-Births)							
Perinatal Mortality Rate	10.36	9.71	10.25	11.98	9.44	8.60	7.45
(Per 1000 Total Births)							
Post Neo-Natal Deaths	19	16	23	16	20	20	12
Post Neo-Natal Mortality Rate	2.54	2.17	3.08	2.27	2.79	2.88	1.83

(Per 1000 Live-Births)							
Maternal Deaths	2	3	2	2	1	1	1
Maternal Mortality Ratio	0.27	0.41	0.27	0.28	0.14	0.144	0.153
(Per 1000 Live-Births)							
Maternal Mortality Rate	0.266	0.405	0.266	0.282	0.139	0.143	0.152
(Per 1000 Total Births)							
Childhood (1-4yrs) Deaths	22	15	13	16	7	15	17
Childhood Mort. Rate	0.80	0.44	0.40	0.40	0.20	0.40	0.40
(Per 1000 (1-4)Popn.							
Under Five (0-4) Deaths	77	65	75	83	70	66	60
Under Five Mortality Rate	10.29	8.83	10.05	11.78	9.77	9.52	9.17
(Per 1000 Live-Births)							
Dependency Ratio (%)	49.54	49.52	51.36	53.67	53.00	53.12	52.17
(Ratio Of Popn. Below Age 15 & 65							
And Over To Those Aged (15-64)							

APPENDIX 2: TOP 5 LEADING CAUSES OF INFANTS DEATHS IN BRUNEI DARUSSALAM SINCE 2000

	2000	2001	2002	2003	2004	2005	2006	2007
1	Certain Conditions Originating In The Perinatal Period	Congenital Malformations, Deformations and Chromosomal Abnormalities	Certain Conditions Originating In The Perinatal Period	Certain Conditions Originating In The Perinatal Period	Certain Conditions Originating In The Perinatal Period	Certain Conditions Originating In The Perinatal Period	Certain Conditions Originating In The Perinatal Period	Congenital Malformations, Deformations and Chromosomal Abnormalities
	24	24	25	36	38	26	21	19
2	Congenital Malformations , Deformations and Chromosomal Abnormalities	Certain Conditions Originating In The Perinatal Period	Congenital Malformations, Deformations and Chromosomal Abnormalities	Congenital Malformations, Deformations and Chromosomal Abnormalities	Congenital Malformations, Deformations and Chromosomal Abnormalities	Congenital Malformations, Deformations and Chromosomal Abnormalities	Congenital Malformations, Deformations and Chromosomal Abnormalities	Certain Conditions Originating In The Perinatal Period
	20	19	22	19	10	15	12	18
3	Septicaemia	Other Intestinal Infectious Diseases	Diarrhoea & Gastroenteritis of Presumed Infectious Origin	Influenza & Pneumonia	Septicaemia	Septicaemia	Influenza & Pneumonia	Anaemias
	3	1	1	3	3	3	3	1
4	Meningococcal Infection	Chronic Liver Diseases & Cirrhosis	Septicaemia	Tetanus	Diarrhoea & Gastroenteritis of Presumed Infectious Origin	Transport Accidents	Septicaemia	Acute Bronchitis & Bronchiolitis
	1	1	1	1	1	2	1	1

5	Transport Accidents		Anaemias	Septicaemia	Heart Diseases	Influenza & Pneumonia	Cancer	Diseases of Musculoskeletal System & Connective Tissue
	1		1	1	1	1	1	1
6	Intentional Self-Harm		Meningitis	Heart Diseases	Influenza & Pneumonia		Chronic Liver Diseases & Cirrhosis	Falls
	1		1	1	1		1	1
7			Bronchitis, Chronic & Unspecified Emphysema & Asthma	Cerebrovascular Diseases	Unspecified Acute Lower Respiratory Infection			
			1	1	1			
OTHERS	5	5	10	5	8	4	4	7
TOTAL	55	50	62	67	63	51	43	48