Brunei Darussalam

Country overview

Malnutrition burden

Brunei Darussalam is on course to meet the global target for female diabetes, but is off course to meet the targets for anaemia in women of reproductive age, low birth weight, male diabetes, male obesity, and female obesity. There is insufficient target data to assess Brunei Darussalam's progress for under-five overweight, under-five stunting, under-five wasting, and infant exclusive breastfeeding.

Although it performs relatively well against other countries, Brunei Darussalam still experiences a malnutrition burden among its under-five population. As of 2009, the national prevalence of under-five overweight is 8.3%. The national prevalence of under-five stunting is 19.7%, which is less than the global average of 21.9%. Brunei Darussalam's under-five wasting prevalence of 2.9% is also less than the global average of 7.3%.

There is insufficient data on exclusive breastfeeding among infants. Brunei Darussalam's 2015 low birth weight prevalence of 10.8% has increased slightly from 10.3% in 2000.

Brunei Darussalam's adult population also face a malnutrition burden. 16.9% of women of reproductive age have anaemia, and 9.7% of adult women have diabetes, compared to 9.2% of men. Meanwhile, 15.7% of women and 12.5% of men have obesity.

Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2019



Under-five stunting



No data



Under-five wasting



No data



Under-five







Low birthweight



No progress or worsening



Exclusive breastfeeding



No data



Adult female obesity

No progress or worsening

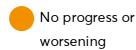








WRA anaemia

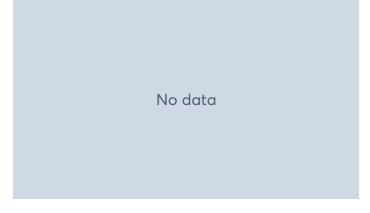


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight



Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases:
Overlapping Stunting, Wasting and Overweight,
January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

Low birth weight

No data

Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Prevalence of under-five stunting

Stunting at subnational Stunting at 5km level level



Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231-234 (2020) doi:10.1038/s41586-019-1878-8.

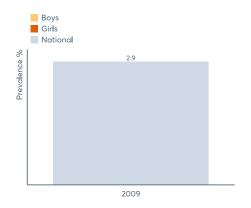
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

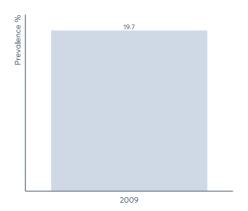
Child (under-five) nutrition status over time

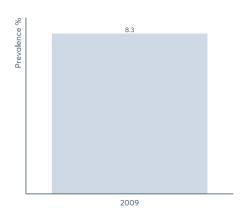
Wasting by gender

Stunting by gender

Overweight by gender



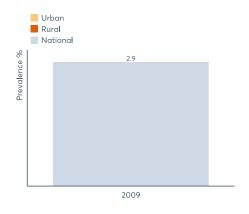


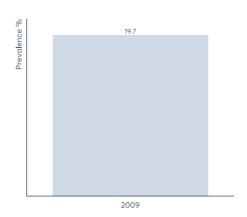


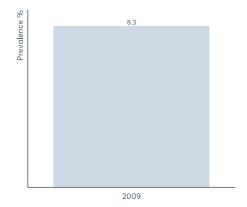
Wasting by location

Stunting by location

Overweight by location







Wasting by income Stunting by income Overweight by income Prevalence % Second highest Lowest Second lowest Highest Middle National Wasting by mother's Stunting by mother's Overweight by education education mother's education Prevalence % None or primary 19.7 8.3 Secondary or higher National Prevalence % 2009 2009 2009 Wasting by age Stunting by age Overweight by age Prevalence % 0-23 months 48-59 months 24-35 months National

2009

2009

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

36-47 months

2009

Prevalence %

Infant and young child feeding over time

Exclusive breastfeeding by gender No data **Exclusive**

Continued breastfeeding at 1 year by gender

Minimum acceptable diet by gender

Intro. to solid, semi-solid, soft foods by gender

No data

No data

No data

breastfeeding by location

Continued breastfeeding at 1 year by location

Minimum acceptable diet by location

Intro. to solid, semi-solid, soft foods by location

No data

No data

No data

No data

Exclusive breastfeeding by income

Continued breastfeeding at 1 year by income

Minimum acceptable diet by income

Intro. to solid, semi-solid, soft foods by income

No data

No data

No data

No data

Exclusive breastfeeding by mother's education	Continued breastfeeding at 1 year by mother's education	Minimum acceptable diet by mother's education	Intro. to solid, semi-solid, soft foods by mother's education
No data	No data	No data	No data
Exclusive breastfeeding by age	Continued breastfeeding at 1 year by age	Minimum acceptable diet by age	Intro. to solid, semi-solid, soft foods by age
No data	No data	No data	No data

Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.

Infant and young child feeding



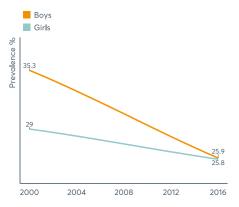
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

Child and adolescent (aged 5-19) nutrition status

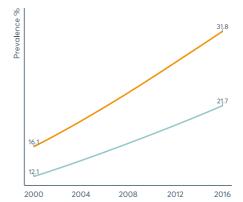
Underweight by gender

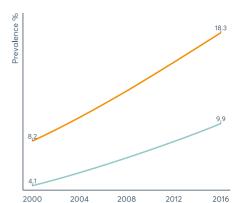
Overweight by gender

Obesity by gender



Sources: NCD Risk Factor Collaboration.



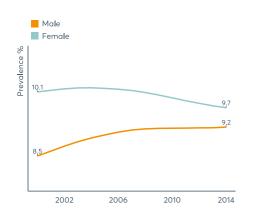


Adult nutrition status

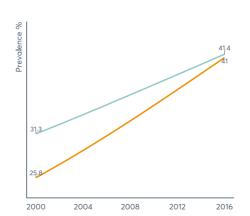
Diabetes by gender

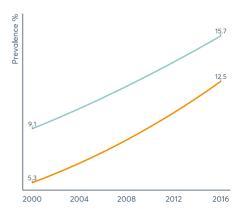
Overweight by gender

Obesity by gender

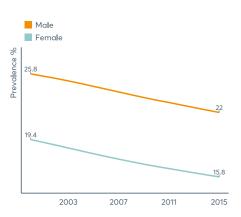


Sources: NCD Risk Factor Collaboration.



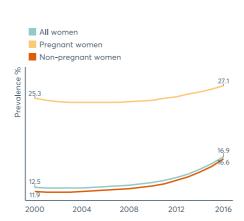


Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

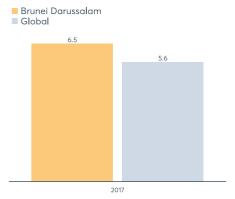
Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

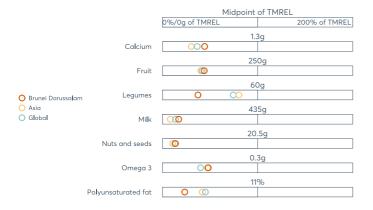
Salt intake (grams per day)

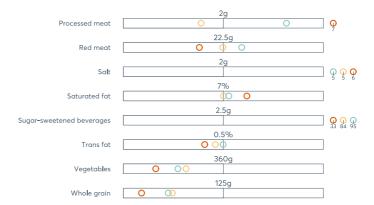


Source: Global Burden of
Disease, the Institute for Health
Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016





Sources: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	No	No	No	No
	data	data	data	data
Children 6-59 months who received vitamin A supplements in last 6 months	No	No	No	No
	data	data	data	data
Children 6-59 months given iron supplements in past 7 days	No	No	No	No
	data	data	data	data
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	No data	NA	NA	No data
Household consumption of any iodised salt	No data	NA	NA	No data

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report.

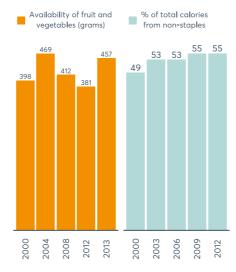
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

Determinants

Undernourishment

Source: FAOSTAT 2018.

Food supply



Source: FAOSTAT 2018.

Gender-related determinants

Early childbearing births by age 18 (%) ¹	No data	No data
Gender Inequality Index (score*) ²	0.24	2017
Gender Inequality Index (country rank) ²	51	2017

Sources: ¹ UNICEF 2018; ² UNDP 2018.

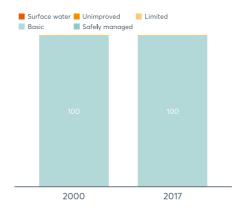
Notes: *0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)

2014 2015 2016 2017

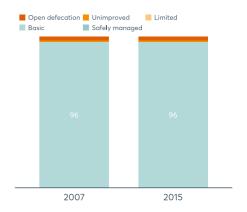
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.





Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

National policies

Mandatory legislation for salt iodisation	No
Sugar-sweetened beverage tax	Yes
Food-based dietary guidelines	No data
Policy to reduce salt consumption	Yes
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	Yes
Operational policy, strategy or action plan for diabetes	Yes
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	No
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	No

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: NA = not applicable; NCD = non-communicable disease.

Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	Yes
Low birth weight	Child overweight
Yes	Yes
Exclusive breastfeeding	Wasting
Yes	No
Salt intake	Overweight adults and adolescents
Yes	Yes
Multisectoral comprehensive nutrition plan	
No	

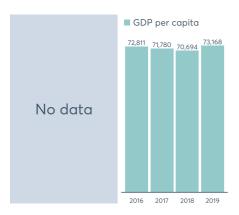
Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Economics and demography

Poverty rates (%) and Under-five mortality GDP (PPP\$)

(per 1,000 live births)

Government revenues (\$m)

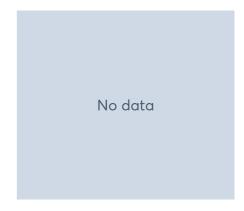


Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.



Source: UN Inter-agency Group for Child Mortality Estimation 2018.



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

Gini index score ¹	Gini index rank ²	Year
No data	No data	No data

Sources: World Bank 2019.

Notes: ¹ 0 = perfect equality, 100 = perfect inequality. Countries are ranked from most equal (1) to most unequal (159).

Population

Population density of health workers per 1,000 people

Population (thousands)	429	2018
Under-five population (thousands)	33	2019
Rural (%)	22	2018
>65 years (thousands)	23	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

.51	2015
lo ata	No data
	ata

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.