Development of National Strategy for Maternal, Infant, Young Child Nutrition (MIYCN) Brunei Darussalam 2014-2020 by the MIYCN Taskforce

Presenter: Dr Ong Sok King as a Member of MIYCN Taskforce
Ministry of Health Brunei Darussalam
10th One Asia Breastfeeding Partners Forum 27-29 Oct 2014
OUTLINE

- MIYCN related statistics in Brunei Darussalam
- Evolution of MIYCN related services & policies
- Formation of MIYCN Task Force in 2013
- MIYCN consultation workshop & Finalisation of National Strategy in 2014
- Implementation and Partners
INFANT MORTALITY RATE PER 1,000 LIVEBIRTHS (1946-2013)

Source: Department of Policy & Planning, Ministry of Health
UNDER-5 MORTALITY RATE PER 1,000 LIVEBIRTHS (1976-2013)

Source: Department of Policy & Planning, Ministry of Health
MATERNAL MORTALITY RATE PER 100,000 LIVEBIRTHS & NUMBER OF MATERNAL DEATHS (1960-2013)

Source: Department of Policy & Planning, Ministry of Health
MATERNAL & INFANT HEALTH

Since 1950s, significantly improved due to
- Economic development
- Improvement in the quality of life
- Advancement of healthcare services
- Universal health coverage providing immunisation, antenatal and skilled care during childbirth

What can we do to further improve maternal and infant health?
<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy at Birth (MALE)</th>
<th>Life Expectancy at Birth (FEMALE)</th>
<th>Infant Mortality Rate (per 1000 livebirths)</th>
<th>Under-five Mortality Rate (per 1000 livebirths)</th>
<th>Maternal Mortality Ratio (per 100,000 livebirths)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRUNEI DARUSSALAM</td>
<td>76</td>
<td>78</td>
<td>7</td>
<td>8</td>
<td>27</td>
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<tr>
<td>MALAYSIA</td>
<td>72</td>
<td>76</td>
<td>7</td>
<td>9</td>
<td>29</td>
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<td>SINGAPORE</td>
<td>80</td>
<td>85</td>
<td>2</td>
<td>3</td>
<td>6</td>
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<tr>
<td>AUSTRALIA</td>
<td>81</td>
<td>85</td>
<td>4</td>
<td>5</td>
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<tr>
<td>AUSTRIA</td>
<td>78</td>
<td>83</td>
<td>3</td>
<td>4</td>
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<td>BELGIUM</td>
<td>78</td>
<td>83</td>
<td>3</td>
<td>4</td>
<td>6</td>
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<tr>
<td>CZECH REPUBLIC</td>
<td>75</td>
<td>81</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>DENMARK</td>
<td>78</td>
<td>82</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>FINLAND</td>
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<td>84</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>FRANCE</td>
<td>79</td>
<td>85</td>
<td>3</td>
<td>4</td>
<td>9</td>
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<td>GERMANY</td>
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<td>83</td>
<td>3</td>
<td>4</td>
<td>7</td>
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<tr>
<td>GREECE</td>
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<td>83</td>
<td>4</td>
<td>5</td>
<td>5</td>
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<tr>
<td>ICELAND</td>
<td>81</td>
<td>84</td>
<td>2</td>
<td>2</td>
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<tr>
<td>IRELAND</td>
<td>79</td>
<td>83</td>
<td>3</td>
<td>4</td>
<td>9</td>
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<tr>
<td>ITALY</td>
<td>80</td>
<td>85</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>JAPAN</td>
<td>80</td>
<td>87</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

* Source: World Health Statistics, WHO*
IMPROVING MIYCN

Nutritional deficiencies such as
- Iron deficiency anaemia
- Folic acid deficiency
- Other micronutrient deficiency

affect Maternal & Child Health
- Birth defects
- Low birth weight
- Immune system
- Maternal underweight & obesity
## MIYCN INDICATORS

<table>
<thead>
<tr>
<th></th>
<th>1997</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Birth Wt (&lt;2.5kg)</strong></td>
<td>9.2% (M) 11.6% (F)</td>
<td>11.1% (M) 10.3% (F)</td>
</tr>
<tr>
<td><strong>Underweight (Wt for age)</strong></td>
<td>9% (M) 9.5% (F)</td>
<td>10.8% (M) 8.5% (F)</td>
</tr>
<tr>
<td><strong>Stunting (Ht for age)</strong></td>
<td>13.5% (M) 9.7% (F)</td>
<td>22.8% (M) 16.7% (F)</td>
</tr>
<tr>
<td><strong>Overweight (Wt for Ht)</strong></td>
<td>2% (M) 4.2% (F)</td>
<td>8.8% (M) 8.7% (F)</td>
</tr>
<tr>
<td><strong>Exclusive breastfeed</strong></td>
<td>12.4% (6/52 postnatal clinic)</td>
<td>26.7% (6/12)</td>
</tr>
</tbody>
</table>

*Source: NHANSS 0-5 years old report 2012, MOH Brunei Darussalam*
% children (0-2 year olds) by food and drinks regularly consumed

- Other milk: 5.8
- Cow's milk: 6.8
- Teas/herbal infusions: 7.1
- Sweetened water/soft drinks: 23
- Infant Formulae: 80.6
- Regularly give solid/semi-solid: 86.1
- Ever given solid/semi-solid food: 86.4
- Plain water: 90.9

Source: NHANSS 0-5 years old report 2012, MOH Brunei Darussalam
% children (0-2 year olds) by types of solid food first introduced

- Others: 1.7%
- Protein food: 2.3%
- Vegetables: 2.6%
- Fruits: 2.6%
- Commercial baby food: 51.3%
- Home-made porridge: 53%

Source: NHANSS 0-5 years old report 2012, MOH Brunei Darussalam
# MATERNAL ANAEMIA (2012)

<table>
<thead>
<tr>
<th>HB LEVEL</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal (11 g/dl &amp; above)</td>
<td>2355</td>
<td>1845</td>
<td>273</td>
<td>4473</td>
<td>78.4%</td>
</tr>
<tr>
<td>Mild anaemia (10 - 10.9 g/dl)</td>
<td>277</td>
<td>401*</td>
<td>115</td>
<td>793</td>
<td>13.9%</td>
</tr>
<tr>
<td>Moderate anaemia (7 - 9.9 g/dl)</td>
<td>102</td>
<td>209</td>
<td>116</td>
<td>427</td>
<td>7.5%</td>
</tr>
<tr>
<td>Severe anaemia (≤ 6.9 g/dl)</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>13</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

*Source: Maternal Health Services, MOH Brunei Darussalam*
Strategic Objective 2: Develop Effective, Quality & Innovative Health Promotion Programmes

ii) To Promote Healthy Diet

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Time-Frame</th>
<th>Leading Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review &amp; revise National Dietary Guidelines (NDG) and develop Brunei Darussalam’s Recommended Dietary Allowances (RDA)</td>
<td>2011-2012</td>
<td>HPC, Community Nutrition Department (CND) &amp; Diabetics Services (DS)</td>
</tr>
<tr>
<td>Revise and review National Infant &amp; Young Child Feeding Programme</td>
<td>2011</td>
<td>HPC, Obstetrics &amp; Gynaecology Services (O&amp;G), Paediatric Services (P&amp;H), Maternal &amp; Child Health Services (IMCH), Department of Dental Services (DDS)</td>
</tr>
<tr>
<td>Advocate and facilitate reduction of consumption of salt, sugar and fat in the population</td>
<td>2011-2012</td>
<td>HPC, CND &amp; DS</td>
</tr>
<tr>
<td>Develop Food Standards</td>
<td>2011-2013</td>
<td>CND, DS &amp; Food Quality &amp; Safety Division (FQSD)</td>
</tr>
<tr>
<td>Enforce nutrition labelling, including legislation</td>
<td>2011-2013</td>
<td>CND, DS &amp; FQSD</td>
</tr>
</tbody>
</table>

Local healthy food, the kind that those in health promotion want to encourage the general population to choose more regularly over unhealthy options.
Objective 2: To Promote Balanced and Healthy Diet

MINISTRY OF HEALTH

1) To ensure the compliance of National Dietary Guidelines.
   • To review and revise National Dietary Guidelines.
   • To incorporate mandatory serving of fruit and vegetables as part of refreshments at all events.
   • To inculcate the use of National Dietary Guidelines in all Ministry of Health’s environment and activities/events.
   • To promote the benefit of drinking water and promote messages on safety and cleanliness of water.
   • To develop healthy cook books in line with National Dietary Guidelines.
   • To promote National Dietary Guidelines in relevant programmes of Ministry of Health e.g. Maternal and Child Health Services.

2) To develop and implement policies that limit salt, sugar and saturated fat and eliminate partially hydrogenated vegetable oil (PHVO) in the food supply
   • To regulate frameworks on putting limits and labelling on trans-fat
   • To educate the public, food industry including local food importers and local food manufacturers on transfat
   • To offer analytical services on trans-fat to local food industry/importers
   • To offer consultation services on transfat
   • To develop inventory of foods with transfat content

3) To develop and implement policies to reduce the impact of marketing of food and non-alcoholic beverages high in sugar, salt and fat to children.
   • To develop National Guidelines by adapting WHO’s Set of Recommendations on the Marketing of Foods & Non-Alcoholic Beverages to Children (WHO 2012)
   • To prepare supporting policy recommendation paper on the impact of marketing of food and non-alcoholic beverages high in sugar, salt and fat to children

4) To develop and implement mandatory food labelling for all domestic and imported food products
   • To develop a uniform consumer-friendly labelling to identify healthier food products
   • To review and expand the scope of current food labelling legislation to emphasise nutrition labelling (for both imported and local food products)
   • To review and strengthen registration of imported food products
   • To explore mechanism of mandatory implementation (legislation) of branding of healthier choice food products
   • Capacity building towards development of criteria for branding healthier food
## MIYCN POLICIES & SERVICES

<table>
<thead>
<tr>
<th>Year</th>
<th>Development of MIYCN Services and Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-1980s</td>
<td>• Maternal and Child Health Clinics and provision of antenatal care and folic acid to all pregnant women; therapeutic iron to anaemic pregnant women</td>
</tr>
<tr>
<td>1980</td>
<td>• Memorandum to exclude Breast milk Substitutes (BMS) advertisement on Radio Television Brunei</td>
</tr>
<tr>
<td>1990s</td>
<td>• No BMS advertisements in government health facilities</td>
</tr>
<tr>
<td>1992</td>
<td>• Establishment of <strong>Community Nutrition Division</strong> to provide dietary counselling for mothers and children aged 0-5 years in Maternal and Child Health Clinics</td>
</tr>
<tr>
<td>2000</td>
<td>• Baby-Friendly Hospital Initiative started in <strong>Government Hospitals</strong> and breastfeeding training course for trainers and healthcare workers formally commenced</td>
</tr>
</tbody>
</table>
| 2001 | • National Breastfeeding Policy adopted:  
  ✓ All mothers are recommended to exclusively breastfeed for the first six months and continue breastfeeding until two years of age  
  ✓ Complementary feeding should start at six months |
| 2011 | • Maternity Leave Regulation that extended maternity leave from 56 days to 105 days  
• National Health Promotion Blueprint 2011-2015 identified Infant and Young Child Feeding as one of the key initiatives |
| 2012 | • MIYCN Strategic Workshop involving health and non-health sectors  
• Breastfeeding **Mother-to-Mother Support Groups** (MTMSG) were piloted in three Maternal and Child Health Clinics and at Suri Seri Begawan Hospital, Kuala Belait |
| 2013 | • Establishment of **MIYCN Taskforce** to develop and implement National MIYCN Strategy  
• Road to BFHI Workshop and Preliminary BFHI Assessment in RIPAS and Suri Seri Begawan Hospitals |
| 2014 | • Lactation Educator Course for Mother-to-Mother Support Groups rolled out  
• National Strategy for MIYCN 2014-2020 launched |

※ Source: Community Nutrition Division, Ministry of Health
National Committee for the Prevention & Control NCD

MIYCN Taskforce

Technical Working Groups

- Education, Training, Monitoring, Research & Evaluation
- Intl Code of Marketing of BMS and subsequent relevant WHA Resolutions
- Supportive Environment
- Mother and Child Friendly Initiative
MIYCN Strategic Workshop held in Kiulap Hotel, May 2012
EFFECTIVE MIYCN PLAN

For the MIYCN plan to be implemented effectively at the population level:

- Clear goals and targets
- Operational plans of work or guidelines
- Specify roles and responsibilities
- Timelines for deliverables
- Identify workforce and capacity needs
- Process monitoring & outcome evaluation

Source: WHO Comprehensive implementation plan on MIYCN 2012 - 2025
MIYCN National Strategy Retreats 2013 and 2014
BRUNEI MIYCN GOALS

- 50% reduction of anaemia in women of reproductive age (15-49 years)
- 40% reduction of childhood stunting (under 5 years)
- 50% reduction of low birth weight
- 0% increase in childhood overweight (under 5 years)
- Increase exclusive breastfeeding rate in the first 6 months up to at least 50%
Plans for Supportive Environment

1. **Maternity Protection in the Work Place** - To increase in availability of breastfeeding-friendly facilities in all government and non-government buildings, public premises and commercial centres

2. **Paternity Protection** - To introduce paid paternity leave of at least one week’s duration, in addition to the eligible annual leave, for all fathers

3. **Promotion and Awareness in Community** - To increase awareness on breastfeeding and its related issues in the community through various media channels
Healthcare Facilities Roles

Implementation of the 'Ten Steps to Successful Breastfeeding' (WHO / UNICEF, 1991) in hospitals and community health facilities:

- assess, audit and update the current status of Baby-Friendly Initiative
- develop Lactation Management or Breastfeeding Counselling Clinic in health centres
- support and sustain mother-to mother support group in hospitals and community health facilities
- build BFHI assessment capacity through accredited BFHI assessor training course
- set up an internal accreditation body
Timelines and Deliverables on Code of Marketing

- By 2016, develop, endorse and implement the Health Workers’ Code for Brunei Darussalam

- By 2017, awareness programme and consultancies among stakeholders to adopt the code

- By 2019, to develop regulatory mechanisms and policies on the marketing of breastmilk substitutes

- By 2020, to develop, endorse and implement the Code of Marketing of Breastmilk Substitutes for Brunei Darussalam
Human Capacity & Resources

- MIYCN programme and targets to be included under the Annual Performance Based Budgeting

- Manpower projection with HR Dept

- Regular in-house training on lactation management for all relevant healthcare workers
Monitoring & Evaluation

- Develop database for MIYCN training courses, trainers, attendees and facilitators
- Incorporate MIYCN programme surveillance through the national health surveys such as NCD STEPS in 2015
- Monitor MIYCN initiatives using the World Breastfeeding Trends Initiative (WBTi)
Fresh Food Produce can be Abundance & Affordable
But replaced by BMS and Processed Food everywhere...

U.S. FOOD CONSUMPTION AS A % OF CALORIES

**PLANT FOOD:**
Vegetables, Fruits, Legumes, Nuts & Seeds, Whole Grains
Fiber is only found in plant foods.

**ANIMAL FOOD:**
Meat, Dairy, Eggs, Fish, Seafood
Cholesterol is only found in animal foods. Animal foods are the PRIMARY source of saturated fat.

**GUIDE TO HEALTHY EATING:**
Much easier to understand from the USDA Food Pyramid, with no food industry influence.

Eat LESS from the animal and processed food groups and MORE whole foods from the plant food group.

In general, food from the animal and processed food groups contribute to disease, while WHOLE foods from the plant groups contribute to good health.

**PROCESSED FOOD:**
Added Fats & Oils, Sugars, Refined Grains

www.ars.usda.gov/Data/FoodConsumption/FoodGuidelines/Introductions
New York Coalition for Healthy School Food. www.healthyschoolfood.org
Special thanks to Jill Furman, MD author of "Diet Free for Life: Feeding Kids Right." Graphics by Yodelled.com
EMPOWERING INDIVIDUALS
ENABLING THE ENVIRONMENT

**Individuals:**
- Knowledge & skills
- Motivation & belief
- Support & resources

**Environment:**
- Healthcare facilities
- Skilled professionals
- Marketing influences
- Legislation
- Workplaces
- Community attitude & culture

Improving MIYCN
PARTNERS

- **Government sectors**: PMO, RTB, Civil Service Institute; Public Service Department; MOE, UBD, MCYS; MoRA; MoFAT; MIPR; MOF; AGC, Department of Labour; Ministry of Development; BEDB; CSPS

- **Community, Non-government, private sectors**: Community Grassroots Leaders or Village Heads, Private Healthcare facilities, Business enterprises, Women & family associations, Breastfeeding support groups and associations

- **International Partners**: IBFAN, WABA, WHO, APEC, ASEAN bodies
Acknowledgement

- MIYCN Taskforce Co-Chairs, Members & Secretariat

- National Strategy for Maternal, Infant & Young Child Nutrition (MIYCN) Editorial members and secretariat

- Contributing partners from the Ministry of Health and all other agencies who provided guidance and support during the drafting of the National Strategy for MIYCN
References

- Health Information Booklets, Ministry of Health, Brunei Darussalam
- Health Promotion Blueprint 2011-2015, Ministry of Health, Brunei Darussalam.
- World Health Organization 65th World Health Assembly. ANNEX 2 Comprehensive implementation plan on maternal, infant and young child nutrition
- National Strategy for Maternal, Infant & Young Child Nutrition (MIYCN) in Brunei Darussalam 2014-2020