World Health Organization

Country Cooperation Strategy at a glance

Bahrain

http:// www.who.int/countries/en/

WHO region	Eastern Mediterranean
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	98
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	76.9 (Both sexes) 76.2 (Male) 77.9 (Female)
Population (in thousands) total (2015)	1377.2
% Population under 15 (2015)	21.5
% Population over 60 (2015)	3.9
Poverty headcount ratio at $1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	92
Gender Inequality Index rank (2014)	51
Human Development Index rank (2014)	45
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.98
Private expenditure on health as a percentage of total expenditure on health (2014)	36.75
General government expenditure on health as a percentage of total government expenditure (2014)	10.47
Physicians density (per 1000 population) (2012)	0.915
Nursing and midwifery personnel density (per 1000 population) (2012)	2.371
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	1.1 [0.7-1.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	6.2 [5.4-7.1]
Maternal mortality ratio (per 100 000 live births) (2015)	15 [12 - 19]
Births attended by skilled health personnel (%) (2013)	99.8
Public health and environment	
Population using improved drinking water sources (%) (2015)	100.0 (Urban) 100.0 (Rural) 100.0 (Total)
Population using improved sanitation facilities (%) (2015)	99.2 (Rural) 99.2 (Total) 99.2 (Urban)

HEALTH SITUATION

The population of the country has increased by 63.5% in the past 25 years, reaching 1.4 million in 2015, and is projected to increase by an additional 19.8% in the next 25 years. It is estimated that 11.4% of the population lives in rural settings (2012), 19.8% is between the ages of 15 and 24 years (2015) and life expectancy at birth is 77 years (2012). The literacy rate for youth (aged 15–24 years) is 98.2%; for adults it is 94.6%, and for adult females it is 91.6% (2010).

The burden of disease (2012) attributable to communicable diseases is 10.5%, to noncommunicable diseases 77.9% and to injuries 11.6%. The share of out-of-pocket expenditure was 14.6% in 2013; the health workforce density is 9.1 physicians and 24.1 nurses and midwives per 10 000 population (2011).

HEALTH POLICIES AND SYSTEMS

The National Health Strategy 2015–2018 will provide health insurance for nationals and expatriates in both the public and the private sectors, and an executive committee has been established for a national health insurance programme. In addition, ways of improving efficiency in using scarce health resources are being explored to guarantee value for money. The government is working to develop its health accounting system and plans to publish its first round of health accounts in 2015.

A full package of comprehensive health services is provided for the whole population. Accessibility for all is maintained by the availability of free services and an established network of 27 health centres and specialized clinics staffed with family physicians. All centres are accredited by Accreditation Canada and a second accreditation is under way. The referral process is well structured, however, the feedback mechanism from secondary care is impaired. An ongoing concern has been the excessive length of stay, average 6 days, and poor efficiency in bed utilization plus the fact that a considerable number of patients visiting secondary health care facilities could easily be treated at primary health care level. There is an increasing tendency towards privatization with strong regulation.

In 2014, dependence on expatriate health workers was much lower than in neighbouring countries. “Bahrainization”, meaning that health services are provided by nationals, has been government policy over the years. Almost 100% of this objective has been achieved in areas such as dentistry, pharmacy and laboratory services, although there is still a substantial gap in the actual workforce needs: there is a noticeable shortage of nurses and doctors in certain specializations and sub-specializations. The ratio of female to male employment in the health sector is almost equal, with a noticeably higher proportion of females in many specializations. The health sector needs to optimize allocation of resources between primary care and hospital care for efficient delivery of services. There is also a need to establish home health care services in response to the needs of an ageing population. The capacity for long-term human resources planning needs to be strengthened. Demographic and epidemiological transitions, characterized by a dramatic rise in noncommunicable diseases and associated risk factors, obesity and tobacco consumption are evidence that proper integration of noncommunicable diseases and mental health in primary health care services is necessary.

The Directorate of Materials Management is the main agency for organizing the requirements for all drugs and medicines, hospital consumables and equipment for the Ministry of Health. The infrastructure is good and advanced technologies and facilities are available. The national medicine policy has been updated and there is collaboration between government sectors through the national purchasing committee as well as a strong cooperation with all the GCC countries through the Central Gulf Purchasing Programme.

One of the key developments of the Ministry of Health is the National Health Information System (I-SEHA programme) aimed at developing technical health services systems by applying the latest techniques on health services to improve services for patients and increase the efficiency (quality and speed) of delivery. The I-SEHA programme also includes the provision of electronic services for the implementation of the e-Government project through the provision of all electronic health services such as patient appointments, results of X-rays and laboratory tests, request for registration of births and deaths.

COOPERATION FOR HEALTH

Collaboration exists with several civil society organizations and professional associations. UNDP’s programmes in health-related areas are limited to support for surveys on noncommunicable diseases and in projects such as HIV/AIDS prevention. Regional partnership continues to be strengthened through the Health Ministers’ Council for the Cooperation Council States, established 30 years ago.

The main key partners for WHO in Bahrain are: Ministry of Health, College of Health Sciences, WHO Collaborating Centre for Nursing Development at the College of health Sciences, Arabian Gulf University, WHO Collaborating Centre for Educational Development at the Arabian Gulf University, (both these two Collaborating Centers have been instrumental in building the capacity of health professionals from different Member States in the Region through the WHO fellowships programme).

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Country Cooperation Strategy at a glance

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2018) Under development

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Health Systems Strengthening	• Support moving towards Universal Health Coverage (UHC) with focus on service delivery and health care financing. • Support strengthening of the health information systems, including Civil Registration and Vital Statistics (CRVS), mortality and morbidity indicators. • Support the utilization of the ICD-10 and Diagnosis-Related Groups (DRGs) coding systems. • Support regulations and cost-effectiveness of medicines, vaccines and medical devices.
STRATEGIC PRIORITY 2: Non-Communicable Diseases and Mental Health	• Support capacity building Ensure that the national multi-sectoral NCD committee includes active engagement of other relevant ministries and NGOs and review the selected national targets to be endorsed by the national committee, in the MOH planned July meeting. • Organize a multisectoral national workshop to review the progress Bahrain is making in implementing the measures of the Regional Framework of action and discuss reporting on targets; develop a framework for the implementation of the national NCD strategy; implement the corresponding WHO regional guidelines and policy statements on risk factor reduction. • Institutionalize periodic assessment of NCD risk factor surveillance (either through STEPS or other health examination survey) to better monitor and evaluate in-country progress. • Conduct a comprehensive assessment of the national cancer control program and facilitate the WHO/IAEA mission. • Strengthen human resources for the national cancer registry that was established in 2011, through national training workshops. • Scale up action in the area of palliative care and pain management, through conducting a national assessment of capacities, needs and resources for the purpose of establishing a national palliative care program. • Support a mission to Bahrain to discuss a legislation change, regardless ministerial decree…etc.) to ban designated smoking areas in public places. • Review the draft mental health strategy for Bahrain (translate for wider circulation), and ensure it is aligned with the global strategy and regional framework for action, with emphasis on primary care and community oriented model of healthcare delivery. • Implement the Global Dementia Observatory in the second round. • Provide technical materials for targeted campaigns for reducing stigma utilizing the opportunity presented by 2017 for World Health Day theme being Depression. • Consider ensuring inclusion of a core set of mental health interventions in the basic package of services to be covered by the national health insurance scheme, as part of the Universal health coverage initiative.
STRATEGIC PRIORITY 3: Global Health Security and International Health Regulations (IHR)	• Conduct a Joint External Evaluation (JEE) for IHR core capacity requirements, in collaboration with WHO. Preference is to complete the evaluation before the 63rd session of the Regional Committee. Provisional date for the visit of the external team is the last week of August, subject to confirmation by H.E. Minister of Health. • H.E. Minister of Health will establish a national committee to prepare for the JEE. • Develop a road map for improving existing capacities for prevention, detection and response to health security threats, based on the findings of the Joint External Evaluation (JEE) mission. • Conduct an in-depth assessment of the current surveillance and response system in Bahrain, following the JEE, with a view to establishing an event-based surveillance system for real-time detection of health threats.
STRATEGIC PRIORITY 4: Health and the Environment	• Develop a national strategic framework for action on health and environment. • Improve intersectoral coordination between the health sector and the Supreme Council for Environment. WHO's technical support is needed in this area to facilitate a national workshop to bring the various stakeholders together in preparing a multisectoral strategy. In the area of climate change, a preliminary assessment mission is needed to enhance capacity pf the public health sector to manage the health effects of climate change. • In the area of food-safety, consider action based on the findings of the JEE mission.
STRATEGIC PRIORITY 5: Sustainable Development Goals (SDGs)	• Share a model and terms of reference for a SDG working group within health. • Review the national strategy (under development) and ensure alignment with the SDGs.
STRATEGIC PRIORITY 6: Road Traffic Accidents and Emergency Health Care	• Conduct an in-depth assessment of the emergency-care-system (ECS) to generate an action plan to strengthen post-crash care.

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