Bahrain

The structure of the Bahraini Government is a constitutional monarchy with an elected legislative assembly; all political authority is vested in the Government in Manama. The per-capita income is US$ 23,644.80, and Bahrain ranked 48 out of 186 countries in the Human Development Index. The Gender Inequality Index for Bahrainis was ranked 45 with an inequality index of 0.258 in 2012, and 95.6% of females above 15 are literate.

HEALTH & DEVELOPMENT

Health System: comprehensive health services are provided to the citizens in Bahrain free of charge. The Ministry of Health offers most services through primary health care which is the cornerstone of the health system. The accessibility and coverage are almost 100%. Bahrain’s national health strategy for the period 2002–2010 is the action framework for long term development of the health system. The government provides the major source of health service funding in Bahrain, and non-Bahrainis are also heavily subsidized by the government. A health insurance scheme with extensive deliberations by all stakeholders was introduced in 2006.

Bahrain has achieved success in human resources development: the College of Health Sciences has graduated nurses and allied health professionals and has helped in training of personnel from other countries. Also the Medical Equipment Directorate is considered as a WHO regional training center for medical equipment repair and maintenance. Lastly, the government has encouraged privatization which needs to be done carefully.

Life courses: health status indicators show an advanced level of health.

Communicable Diseases: are largely under control in Bahrain. The country has a very efficient immunization programme. Infectious diseases of childhood have been almost eradicated in Bahrain; however, viral infections are slightly on the rise. These include: gonococcal infection, syphilis; and viral hepatitis. Available data indicate a low prevalence of HIV.

Noncommunicable Diseases: such as cardiovascular diseases, diabetes, chronic respiratory diseases, cancer and injuries, are rising dramatically in Bahrain, and represent the leading causes of death in the country. Tobacco smoking among both men and women is a cause for concern. Obesity is an emerging major health problem, with prevalence of obesity as measured by Body Mass Index of 21.2% in men and 48.6% in women. (According to NCD survey the prevalence of obesity was 36.3% and was higher in females than males (40.3% and 32.3% respectively).

Emergency and Humanitarian Crises: Bahrain has been facing political unrest since 14 February 2011, as protesters demand a move toward a power-sharing government. Ministry of Health conducted a full Assessment of Emergency Preparedness and Response in September 2012. In addition in May 2012, the “Course on Hospital Emergency Preparedness and Response” in collaboration with the Asian Disaster Preparedness Centre was conducted in Bahrain.

Sources
PARTNERS

Development assistance has been received from GCC countries, mainly Kuwait, Saudi Arabia and United Arab Emirates in amounts of US$ 50 million and US$ 58 million in 2003 and 2004, respectively. They were used as part of government revenue and for development projects. Good collaboration have been achieved with other ministries, such as the Ministry of Interior, to reduce road traffic accidents, and collaboration with the Ministry of Education for the school health programme, including eye screening and oral health.

In addition, 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).

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>CHALLENGES</th>
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<tr>
<td>• Existence of almost 100% health service coverage and accessibility.</td>
<td>• A dramatic rise in NCDs;</td>
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<tr>
<td>• Implementation of an extensive health insurance scheme, with support from all stakeholders;</td>
<td>• Increase in tobacco smoking among both men and women;</td>
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<tr>
<td>• Eradication of childhood infectious diseases;</td>
<td>• Obesity as a major emerging problem;</td>
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<tr>
<td>• Existence of a high performance health system symbolized by low under-5 and maternal mortality rates; strong collaboration between stakeholders.</td>
<td>• Demographic and epidemiological transition, from mainly communicable diseases control to facing the growing burden of non-communicable diseases and injuries, and the consequences of an ageing population.</td>
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WHO STRATEGIC AGENDA 2012-2016

• Health System Strengthening: Sustain and build on the achievements of Bahrain’s health system through strengthening the role of the public sector and better public–private partnership, focusing on improving accountability and transparency, leadership and governance, resource development, health service delivery, financing, and mechanism to address strengthening of the health system functions; address new evolving scenarios including the changing role of the Ministry of Health, dealing with the impact of globalization and managing partnership for health development.

• Noncommunicable Diseases: Address new epidemiological realities and promote behavior conducive to better health focusing on; healthy lifestyle promotion, noncommunicable diseases, risky behavior, and substance abuse, strengthening mental health, environmental health, and health of special groups.

• Communicable Diseases: Sustain the national programmes of communicable diseases control with specific focus on the surveillance system for emerging and remerging diseases, HIV/AIDS and food borne safety

ADDITIONAL INFORMATION

WHO country page: http://www.who.int/countries/bhr/en/
Country office web site: http://www.emro.who.int/countries/bah/

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This brief is available online at http://www.who.int/countryfocus
WHO/CCO/13.01/Bahrain

Updated May 2013