

## Bahrain



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Bahrain is a small Arab country that continues to develop with a configuration similar to those of industrialized countries. Recognizing that the country cannot depend on oil revenue alone, Bahrain has established itself as a commercial centre in the Middle East, and transferred its economy into a service economy. Today, the economic base of Bahrain includes oil and petrochemicals, manufacturing such as aluminum, dry dock for super tankers, banking, oil financial and commercial services. With its highly developed communication and transport facilities, Bahrain is home to numerous multinational firms with business in the region, and its central location have also made it a favorable transit spot for many airlines to numerous western and eastern. For several consecutive years Bahrain ranked number one on the Human Development Index among Arab countries. It has a number of well established, non-oil dependent industries, as well as the infrastructure needed to sustain these industries.

### HEALTH & DEVELOPMENT

**Bahrain enjoys an advanced level of health** as manifested by its health status indicators. "Health-for-all" objectives were achieved early in the 1990s. Comprehensive health services are provided to the citizens in Bahrain free of charge. The Ministry of Health (MOH) offers most services through the 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 is funding the provision of comprehensive health services** for all Bahrainis and is major source of health service funding. Non-Bahrainis are also heavily subsidized by the Government. The expenditure on health however is relatively low compared with other Gulf Cooperation Council (GCC) countries and countries with similar income levels. A health insurance scheme with extensive deliberation by all stakeholders was introduced in 2006.

**Noncommunicable diseases** such as cardiovascular diseases (CVD), diabetes, cancer and injuries, are rising dramatically in Bahrain, and represent the leading causes of death in the country. Accurate data on prevalence are needed. Tobacco smoking among both men and women is a concern. Obesity is an emerging major problem, with prevalence of obesity as measured by Body Mass Index of 21.2% in men and 48.6% in women.

**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 on the slight rise. These include: gonococcal infection, syphilis; and viral hepatitis. Available data indicate a low prevalence of HIV, but accurate data are not available.

**Performance of the health system has been impressive** with very low under 5 and maternal mortalities. Bahrain has achieved success in human resources development, where 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 centre for medical equipment repair and maintenance. Lastly the Government has encouraged privatization.

Total population (2005) <sup>1</sup>	<b>725 000</b>
% population under 15 (2005) <sup>1</sup>	<b>27.3</b>
Population distribution: % rural (2005) <sup>1</sup>	<b>0</b>
Life expectancy at birth in years (2005) <sup>1</sup>	<b>74.8</b>
Under 5 mortality rate per 1000 live births (2005) <sup>1</sup>	<b>10.9</b>
Maternal mortality ratio per 100 000 live births (2005) <sup>1</sup>	<b>0</b>
Total expenditure on health as % of GDP (2003) <sup>1</sup>	<b>4.1</b>
General government expenditure on health as % of general government expenditure (2004) <sup>1</sup>	<b>8.8</b>
Human Development Index Rank, out of 177 countries (2004) <sup>2</sup>	<b>39</b>
Adult male (15+) literacy rate (%) (2001) <sup>1</sup>	<b>93</b>
Adult female (15+) literacy rate (%) (2001) <sup>1</sup>	<b>83</b>

#### References:

<sup>1</sup> *The Work of WHO in the Eastern Mediterranean Region – Annual Report of the Regional Director*, Cairo, EMRO, 2006

<sup>2</sup> *Human Development Report*, New York, UNDP, 2006.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>Highly qualified staff</li> <li>Comprehensive range of services</li> <li>Support from top leaders</li> <li>Good infrastructure – advanced technology, good facilities</li> <li>Strong alliances – local, regional and international</li> <li>Open political environment</li> <li>Strategic alliances with other organizations</li> <li>Community participation</li> </ul>	<ul style="list-style-type: none"> <li>Reconciling the dual role of MOH as regulator and provider</li> <li>Strengthening integration, communication and coordination</li> <li>Enacting systematic human resources planning</li> <li>Upgrading organization and financial system</li> <li>Improving performance management</li> <li>Responding to demographic changes</li> <li>Rectifying unplanned service development</li> <li>Partnership with media.</li> <li>Making people aware not to have unrealistic expectations</li> </ul>

## 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.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• The existence of large number of health-related nongovernmental organizations and foundations.</li> <li>• Active interest and participation of Kuwait in health and development through the country's support to the least developed countries such as Kuwait Fund.</li> <li>• High level of interest on health by countries top decision makers.</li> <li>• Existence of innovative approaches for social marketing for health through public media</li> </ul>	<ul style="list-style-type: none"> <li>• Coordination of activities of health related agencies and channeling their efforts through setting approaches health programmes such as healthy cities.</li> <li>• Creation of collaborative mechanisms and forums for closer dialogue between healthy life styles initiatives such as no tobacco, physical exercise, health diet, etc.</li> <li>• Modification of ongoing dispersed occasion oriented actions into consolidated result based focused clusters</li> </ul>

## WHO STRATEGIC AGENDA (2005- 2009)

- 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.
- Address new epidemiological realities and promote behavior conducive to better health focusing on; healthy lifestyle promotion, noncommunicable diseases, risky behavior, HIV/AIDS and substance abuse, strengthening mental health, environmental health, food safety, and health of special groups.
- Sustain the national programmes of communicable diseases control with specific focus on the surveillance system for emerging and reemerging diseases.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/bhr/en/>

EMRO country profile page <http://www.emro.who.int/emrinfo/index.asp?Ctry=baa>

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