

Kingdom of Bahrain



المجلس الأعلى للصحة
Supreme Council Of Health

National Health Plan

2016 - 2025



His Royal Highness
Prince Khalifa
bin Salman Al Khalifa

The Prime Minister
of the Kingdom of Bahrain



His Majesty
King Hamad
bin Isa Al Khalifa

The King
of the Kingdom of Bahrain



His Royal Highness
Prince Salman
bin Hamad Al Khalifa

The Crown Prince,
Deputy Supreme Commander
and First Deputy Prime Minister

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Keynote Message

The Kingdom of Bahrain takes pride in its achievements in the field of sustainable human development. This is evident through its attainments in health services and projects as is recognized throughout the regional and global arenas. These achievements are reflected through the positive impacts on the health indicators as is stipulated by global reports.

These remarkable achievements were based on the Leadership's vision and directives especially within the medical sector throughout the past decades.

The National Health Plan (2016-2025) is one of the fruits of that vision. It gives us great pride to present this plan to you, as it represents an important national initiative and a prominent achievement in HM King Hamad bin Isa Al Khalifa's reform project and development march.

On this occasion, it gives us great pride and pleasure, on behalf of all employees of the health and medical sectors in the Kingdom to raise our deepest appreciation and gratitude to the wise leadership led by His Majesty King Hamad bin Isa Al Khalifa, His Royal Highness the Prime Minister Prince Khalifa bin Salman Al Khalifa, and His Royal Highness the Crown Prince, Deputy Supreme Commander, Prince Salman bin Hamad Al Khalifa, for their continuous and relentless support to the health sector and the development of health services.

Coinciding with the dawn of the current millennium the Kingdom launched its comprehensive reform march followed by the economic vision 2030. The vision worked on the development of all sectors, with a primary focus on the human element. The vision has also put the development of the health sector on the forefront of its strategic objectives to achieve the highest international standards.

Today, with the social, scientific, and economic changes there has been a pressing call for the development of a detailed strategy to achieve the set goals, and thus the National Health Plan (2016-2025) was born, as an inclusive roadmap that carries many of the initiatives of strategic and operational plans along with key performance indicators.



This plan derives its objectives from the fundamental principles of sustainability, competitiveness, and justice. It is the fruit of concerted efforts between the legislative authority, the private sector, and civil society institutions, to develop a detailed strategic plan, capable of transforming these aspirations into reality to materialize the visions of the wise leadership and the people of Bahrain.

This national plan, is the realization of the vision of providing citizens and residents of Bahrain with access to high quality health care, and transforming Bahrain into a modern medical hub. Patients will enjoy the freedom to choose between healthcare providers, which will all meet global health standards in the provision of services. The government, represented by the Supreme Council of Health, will also play a key role in the development of the health care system, through the ease and speed of universal access to high-quality healthcare, independent monitoring of the healthcare system, attracting qualified specialists in healthcare, and encouraging performance ethics to ensure sustainable improvement in performance.

One of the main objective of the National Health Plan is to develop the existing health system to continue to provide integrated and sustainable high-quality optimal use of available resources and health services. This is so the system overcomes the challenges currently facing the health sector including the rapid population growth and the consequent

demographic situation that requires an increase in spending on these services. This, along with the change in the incidence of disease patterns, including the increasing incidence of chronic non-communicable diseases and others.

However, success in this endeavor requires the active participation and contribution of all segments of the society. Therefore, this document comes after a vigorous journey that lasted over a year, and involved collaborations both locally and with global partners; including the World Health Organization, the World Bank, and the private medical sector, which is a key partner in the implementation of this plan.

The Supreme Council of Health, with this plan, achieves a significant milestone and a prime task since its inception, namely drafting a clear strategy for the development of the health sector in the Kingdom.

On top of the Council's tasks is also the implementation of the National Health Insurance program "Sehati" which aims to build a distinctive health system based on quality and sustainability in the provision of health services.

In conclusion, we are pleased to take this opportunity to reiterate our thanks to the wise leadership and government bodies for facilitating this plan. We would like to also thank the Council's members and members of the General Secretariat for their exerted efforts.

It is now time for all bodies to unite in the implementation of this plan to realize the Kingdom's vision of excellence in healthcare and human development.

Lt. General Dr. Shaikh Mohammed bin Abdulla Al Khalifa
Chairman, Supreme Council of Health

Acknowledgement

We are pleased to present you with the national strategic plan for the health sector in the Kingdom of Bahrain for the years 2016 - 2025 in implementation of the directives of the wise leadership. The plan was realized as a result of the concerted efforts of the Supreme Council of Health under the leadership of His Excellency Lt. General Dr. Sheikh Mohammed bin Abdullah Al Khalifa, President of the Supreme Council of Health and the constructive cooperation with our partners from all relevant government bodies and the private health sector. This along with the support of the World Health Organization and the World Bank.

In this regard, we are delighted to extend our sincere gratitude to His Majesty King Hamad bin Isa Al Khalifa, His Royal Highness the Prime Minister Prince Khalifa bin Salman Al Khalifa, and to His Royal Highness the Crown Prince, Deputy Supreme Commander, First Deputy Premier Prince Salman bin Hamad Al Khalifa.

Our warmest gratitude also goes to Her Excellency the Minister of Health, Ms. Faeqa bint Saeed Al Saleh for her continuous support, and to Her Excellency the Undersecretary of the Ministry of Health Dr. Aisha Mubarak Buanq, along with Assistant Undersecretaries, Directors, and all Ministry affiliates who have contributed to the achievement of this plan.

We also would like to express thanks and gratitude to the Office of the First Deputy Prime Minister and especially His Excellency Sheikh Salman bin Khalifa Al Khalifa, the Director General. We would also like to thank His Excellency, Major General Professor Sheikh Khalid bin Ali Al Khalifa, Commander of the Royal Medical Services, His Excellency Major General Dr. Sheikh Salman bin Attiya Allah Al Khalifa, Commander of King Hamad University Hospital, Her Excellency Dr. Mariam Athbi Al-Jalahma CEO of the National Health Regulatory Authority, His Excellency Dr. Resan Hamoud Al-Badran Director of the Sheikh Mohammed bin Khalifa Cardiac Center, and all members of the Supreme Council of Health.

Special thanks also go to His Excellency Mr. Ibrahim Ali Al-Nawaktha, Secretary General of the Supreme Council of Health, and Ms. Zahra Habib Bader, Advisor for Strategic Planning, who oversaw the preparation and issuance of this plan under the guidance of His Excellency the President of the Supreme Council for Health and to all members of the Council's General Secretariat.

We would like to pay tribute to the efforts of WHO experts in the Regional Office for the Eastern Mediterranean and the World Bank experts for their technical support and review of this document, and all those who contributed to the completion of this national strategy.

Introduction

Bahrain is characterized by the high standard and full coverage of its health services to all the areas of the Kingdom according to the best international practices and within the available potentials and resources. This has positively reflected on almost all national health indicators such as the increase in average life expectancy and the decrease in mortality rates of infants and children under the age of five as well as in maternal mortality rates.

Despite the development of health services and the reforms carried out in the Kingdom over the past years, there are still several challenges such as the high cost of health services as a result of the rapid development of medical technology in fields such as equipment, tools and advanced and exorbitant medical technologies. Other challenges include the continuing discoveries of expensive medicines and the high cost and extreme difficulty of training and recruiting highly qualified staff. All these factors are met with limited resources and high demand for health services driven by many factors such as the rapid population growth and the increase in the number of the elderly. The number of elderly people in Bahrain, as statistics show, is expected to witness a continuous increase. The consequences include a higher demand for healthcare services due to age-related diseases such as cardiovascular diseases, neurological diseases, strokes and other chronic diseases, such as kidney failure, diabetes and other diseases that need long-term and continuing healthcare.

There are several more factors pushing the demand for healthcare services to rise such as the increasing burden of chronic diseases and the long-term and high-cost diagnostic and therapeutic services these diseases require. Another problem is that people have started to raise their expectations in terms of their increasing demand for accessible and high quality health services.

The major challenge facing this strategy is how to become comprehensive, not based on reactions and partial solutions, but centered on values that can mobilize those interested around one general goal under the motto "Keep healthy first; then provide a high-quality, integrated and sustainable health service".

The Supreme Council of Health took the initiative through launching the current National Health Strategy Plan by adopting modern methods in providing healthcare services based on enhancing the value of persons' health and emphasizing that the person is the center of the health system, not just a part of it. This means that the whole health service system revolves on meeting the health needs of people at the right time and in the right place, starting with primary healthcare and ending with specialized medical services. This should be done in a professional manner through which the patient will ensure he is getting all his rights. Patients' rights include their right to know their exact condition, to be informed about the different treatment options, to choose their attending physicians, to be treated in a way that would keep their dignity and fulfill their expectations in terms of gentle treatment and care. All these aspects should be better developed and given close attention. Therefore, as will be stated later, this is one of the major goals included in the strategy by adopting an integrated and comprehensive method for healthcare as a means for service delivery and putting this into actual practice via the Social Health Insurance program, and a unified and integrated health information system that would connect health providers and all stakeholders to further enhance quality and facilitate decision-making.

In 2008, the Economic Development Board (EDB) published its vision and goals for 2030, stating that "by 2030 each national and resident will get

good health services marked by sustainability, fairness and competitiveness. The health system should be re-designed to provide better services to the population, deal with challenges, and provide a good and sustainable service to the citizens. The government will adopt policies that could promote a healthy life model and provide health services marked by fairness and equality and will assign the organization and monitoring of health service quality to an independent body. It is clear that the system in its current form cannot fulfill EDB's vision or efficiently and fully address challenges. Therefore, we ought to think of a radical reform that could undertake the processes of providing, funding and governing the service. Since the current system ensures that the kingdom provides free services to nationals and heavily subsidized services to expatriates, there is a dire need to adopt a health insurance system that covers all nationals and expatriates, contributes to improving the health status and welfare of both nationals and residents, and addresses issues such as the rising cost of health services and cost recovery.

The Ministry of Health has previously submitted a document entitled "Health Improvement Strategy (2015-2018)"; within the government action plan, approved by Parliament. This document is not considered an alternative to the above document since they compliment each other. The present document deals with general trends towards post-2018 and identifies changes related to health system in the Kingdom and the details related to health insurance project referred to in the document of the Ministry of Health, without delving into details.

One of the most important future national programs in the health sector is the health insurance program presented to Executive Committee chaired by His Excellency the Crown Prince. Under resolution No. (1-90-2015), the

Supreme Council of Health was assigned to complete study, present plan on method of application of the project and to present the project to the committee. The road plan was prepared; in coordination with World Bank. Work programs and detailed execution mechanisms of the project were prepared. A contract was made with the World Bank in December 2015 to apply execution plan. Therefore, the Supreme Council of Health adopts programs of the Ministry of Health; approved within the governmental programs related to application of health insurance system, as presented to the honorable government in the form of programs for execution of health strategy in Bahrain and application of health insurance system. Therefore, this national strategy has been set to include all institutions in the health sector and any other related institutions. The strategy is to set all the foundations and goals through which we aspire to enforce the government's action plan and Bahrain Vision 2030 and to address all challenges facing the health system in its public, military and private sectors under the umbrella of the Supreme Council of Health. It is worthy to note that this strategy has been drawn up for the next ten years (2016-2025). However, it should be regularly revised in order to remain up to date with the expected changes and developments in the health system as a result of implementing the social health insurance program.

The Current Health System

Bahrain has witnessed a great and comprehensive progress in the field of health with many big achievements taking place in all health and medical fields despite the scant resources and weak potentials. One of the characteristic of the health system in Bahrain is that health services are delivered by several bodies. The Ministry of Health (MOH) was, and is still, bearing the greatest burden in providing subsidized health services to all society members including nationals and residents. The government believes that enjoying a good health is one of the basic rights of citizens and that health development is a comprehensive and sustainable pillar of society.

Since its establishment, MOH has been in charge of providing both therapeutic and preventive healthcare services for the people in the Kingdom of Bahrain. The Ministry's achievements are so many that they have had a positive impact on the overall health status in the Kingdom that has outperformed many world countries as regards to several health indicators. Among these indicators are the following:

Health Indicators

Focus has been set on the quality of the services delivered to patients by making it clear that the patient is the center of healthcare. Therefore, outcomes have been improved, which reflected on bio indicators. Data refer to a relative decrease in the number of live births in 2014 (99.3%) compared to that of 2010 (99.43%). Besides, the average life expectancy at birth increased over the same period from 76.4 to 77.2 years with a growth rate of 0.8%.

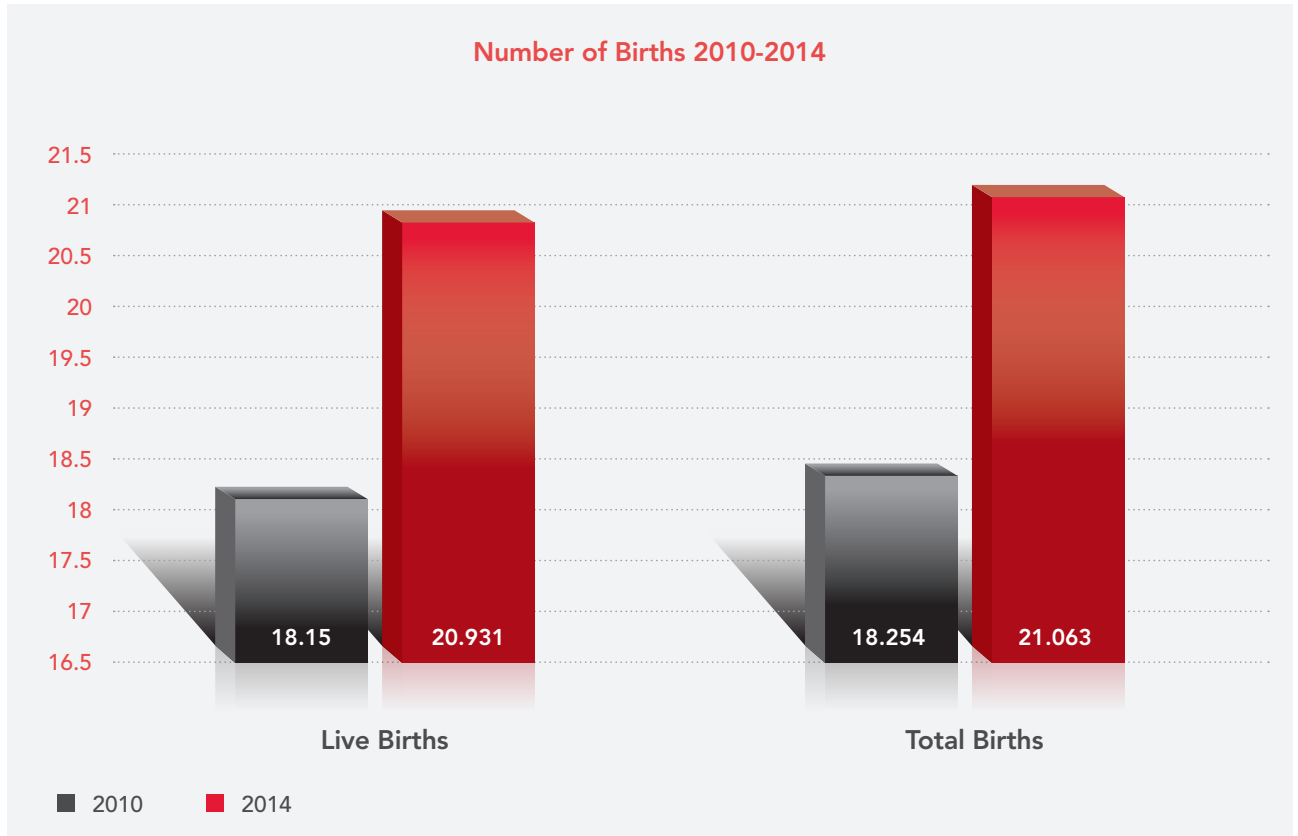
Data also indicate that over the period from 2000 to 2014, the infant mortality rate for Bahrainis increased at a rate of about 1.8%, while the Crude Death Rate for Bahrainis decreased at a rate of 2.95%.

As for the maternal mortality rate for women giving birth, the data show a decline in the number of deaths; the data reported 14 additional deaths per 100000 births in 2014.

Table 1: Reported Bioindicators 2010-2014

Indicator	2014	2013	2012	2011	2010	المؤشر
Number						العدد
Live births	20,931	19,995	19,119	17,573	18,150	المواليد الأحياء
Still births	132	106	125	140	104	المواليد الموتى
Total births (live & still births)	21,063	20,101	19,244	17,713	18,254	جملة المواليد (المواليد الأحياء والأموات)
Premature births	2,309	2,069	1,961	1,701	1,679	المواليد الخدج
Deaths among children < 5 Years						وفيات الأطفال دون الخامسة من العمر
< 7 days	106	57	49	39	51	أقل من أسبوع
7 days to < 4 wks	29	22	31	31	25	من أسبوع إلى أقل من 4 أسابيع
4 wks to < 1 yr	83	72	69	69	64	من 4 أسابيع إلى أقل من عام
< 1 yr	218	151	149	139	140	أقل من عام
1-4 yrs	34	30	24	33	30	من عام إلى 4 أعوام
< 5 yrs	252	181	173	172	170	أقل من 5 أعوام
Maternal deaths *	3	7	7	4	2	وفيات الأمهات ما حول الولادة *
Total deaths	2,839	2,569	2,613	2,528	2,401	جملة الوفيات
Crude birth rate/1000 population	15.9	16.0	15.8	14.7	14.8	معدل المواليد الخام لكل 1000 من السكان
Still birth rate/1000 births	6.3	5.3	6.5	7.9	5.7	معدل المواليد الموتى لكل 1000 مولود
Premature birth rate/1000 live births	110.3	103.5	102.6	96.8	92.5	معدل المواليد الخدج لكل 1000 مولود حي
Sex ratio at birth : Male / (per 100 Female)	106.3	105.1	104.2	103.9	102.6	نسبة النوع عند الولادة : ذكر/ (لكل 100 أنثى)
Mean of life expectancy at birth	76.5	76.5	76.5	76.5	76.5	متوسط توقع الحياة عند الميلاد
Prenatal mortality rate/1000 births	11.3	8.1	9.0	10.1	8.5	معدل وفيات الأجنة حول الولادة لكل 1000 مولود
Neonatal mortality rate/1000 live births	6.4	4.0	4.2	4.0	4.2	معدل وفيات الأجنة المبكرة لكل 1000 مولود حي
Postneonatal mortality rate/1000 live births	4.0	3.6	3.6	3.9	3.5	معدل وفيات الأجنة المتأخرة لكل 1000 مولود حي
Infant mortality rate/1000 live births	10.4	7.6	7.8	7.9	7.7	معدل وفيات الرضع لكل 1000 مولود حي
Under 5 yrs mortality/1000 live births	12.0	9.1	9.0	9.8	9.4	معدل وفيات الأطفال أقل من 5 سنوات لكل 1000 مولود حي
Under 5 yrs mortality/1000 child<5yrs old	2.5	2.0	1.9	1.9	1.9	معدل وفيات الأطفال أقل من 5 سنوات لكل ألف طفل أقل من 5 سنوات
Maternal mortality rate/100,000 live births*	14.3	35.0	35.0	22.8	11.0	معدل وفيات الأمومة لكل 100,000 مولود حي*
Crude death rate/1000 population	2.2	2.0	2.2	2.1	2.0	معدل الوفيات الخام لكل 1000 من السكان

Source: MOH Health Statistics 2014



Source: MOH Health Statistics 2014

Data indicate a gradual relative increase in average life expectancy at birth over the period from 2000 to 2025. It is expected that the average life expectancy for both sexes will increase at a rate of about 3.87% in 2025 as compared to 2000.

Table 2: Average life expectancy at birth according to Sex over the period 2000-2025

كلا النوعين Both Sexes	أنثى Female	ذكر Male	الفترة Indicator
75,0	75,9	74,2	2005-2000
75,8	76,7	75,2	2010-2005
76,5	77,4	75,8	2015-2010
77,2	78,1	76,5	2020-2015
77,9	78,8	77,2	2025-2020

Source: Central Informatics Organization 2014

Economic Indicators

MOH provides a free-of-charge health service to Bahrainis through governmental hospitals and health centers; it is directly funded by the government. There are also private hospitals and clinics providing paid health services to all people. The patient pays for these services either directly or by buying a health insurance policy. Out of pocket expenditures represent about 20% of the total health expenditures in Bahrain. This indicates that the system provides a relatively good financial protection to population against treatment costs. Regarding responsiveness, the system performance was relatively good during the last years according to different international ratings. Data indicate that the total expenditure on health in both the public and the private sectors in 2015 amounted to around 461.4 million Bahraini Dinar (BHD) and that the total expenditure of MOH over the period between 2005 and 2014 witnessed a relative increase of approximately 166.21%. The revenues for the same period also witnessed a relative increase of nearly 13.91%. However, the ratio of health expenditure to total government expenditure decreased to 7.7 % in 2014 in comparison to 8% in 2005. In 2015, the ratio of MOH budget to State budget amounted to 7.4% and expenditure on health to 3.3 % of the Gross Domestic Product (GDP).

Table 3: MOH Revenues and Expenditure (in thousand BHD) 2005-2014

نسبة الإيرادات إلى المصروفات % Revenue to Expenditure %	إيرادات الوزارة Revenue of the Ministry	Ministry of Health Expenditure مصروفات وزارة الصحة						جملة المصروفات العامة للدولة Government Expenditure	السنة المالية Financial Year
		نسبة مصروفات وزارة الصحة إلى مجموع مصروفات الدولة Ratio of Health Expenditure to Govt. Expenditure	جملة مصروفات الوزارة Total Health Expenditure		مصروفات المشاريع Project Expenditures	مصروفات متكررة Recurrent Expenditures			
			نسبة الزيادة السنوية % Annual Growth	المبلغ Amount		نسبة الزيادة السنوية % Annual Growth	المبلغ Amount		
7.2	7,420	8.0	16.6	103,073	2,997	17.1	100,076	1,289,177	2005
7.2	8,446	7.6	14.5	118,007	8,297	9.6	109,710	1,558,437	2006
7.5	10,881	7.9	22.5	144,515	17,720	15.6	126,795	1,818,064	2007
7.5	12,999	8.4	20.1	173,610	26,381	16.1	147,229	2,060,262	2008
6.8	13,062	9.3	11.4	193,408	12,611	22.8	180,797	2,082,212	2009
8.6	17,198	7.4	1.5	196,258	7,950	4.2	188,308	2,635,360	2010
6.6	13,901	7.4	8.0	211,895	10,871	6.8	201,024	2,852,982	2011
6.1	14,116	7.1	9.6	232,151	5,523	12.7	226,628	3,260,897	2012
5.4	13,815	7.6	10.3	256,047	6,272	10.2	249,775	3,353,745	2013
5.2	14,182	7.7	7.2	274,398	11,636	5.2	262,753	3,544,535	2014

Source: MOH Health Statistics 2014

Health Service Improvement Indicators

The government of Bahrain has spared no effort to improve health services delivered to nationals and residents with subsidies to both the public and the private health sectors. This led to high health indicators that put Bahrain in an advanced rank worldwide in terms of health conditions compared to other developed and developing world countries. Since 2005, the health system has been strengthened by providing a better high-quality service. The starting point in this respect has been to provide primary healthcare services and consequently to improve secondary health services, leading to better outcomes. Among these achievements are the following:

- The Supreme Council of Health was established pursuant to Royal Decree no. 5 of 2013. Since the establishment of this Council, it has become an important cornerstone in the development initiatives in the health sector. The Council has played a major role in preparing the suitable foundations and building the necessary strategies for developing the health sector in the Kingdom, especially with regard to enhancing the efficiency of health services and sustainability of health resources as well as coordinating with all concerned parties in both the public and the private sectors and building bridges with local and international health institutions.
- The National Health Regulatory Authority was established pursuant to Law no. 38 of 2009. The Authority is responsible for monitoring public and private health institutions and investigating complaints filed by patients. These duties have had a direct impact on improving the quality of health services at these institutions;
- Governmental hospitals and primary healthcare hospitals affiliated to MOH as well as the Military Hospital have obtained international accreditation certificates from international institutions well-reputed for evaluation of health service quality and are seeking to renew such certificates at a regular basis;
- The private sector has been encouraged to invest in all aspects of the health sector, which resulted in

increasing the number of hospitals, health centers, private clinics, medical laboratories and pharmacies over the past ten years;

- The Government has encouraged health sector professionals to set up independent societies and associations such as the Bahraini Society of Physicians, the Nursing Association, the pharmacists association etc.

Health Service Delivery Indicators

The Bahraini Constitution guarantees the right to healthcare to all citizens, and the government has put this into actual practice by opening public hospitals and health centers all over Bahrain since the beginning of the past century. In 2011, the comprehensive health coverage for Bahrainis amounted to 580,540 BHD. MOH provides the major part of the overall health services provided in the Kingdom. In 2015, MOH provided 56.1% and other governmental health institutions (Military Medical Services Hospital, King Hamad University Hospital) 15.6%, whereas the private sector provided the remaining 28.1%. Based on the data of previous years, it is expected that such numbers will continue to rise at a rate of 12-14% annually over the coming years.

Providing Primary Healthcare Services at Health Centers

The Kingdom provides primary healthcare services through a large number of health centers distributed around the governorates. The health centers are equipped with excellent medical cadres and health services. These centers have also been connected to the public hospitals with an integrated IT system. The achievements in the Primary healthcare sectors can be summarized through the following:

Increasing the number of health centers to 28, serving more than 1,314,562 of the population (based on the sources of the Central Informatics Organization 2014);

- Registering all citizens at the closest health center to their homes;
- Increasing the number of family physicians to 320, i.e., 0.2 doctor per 1000.

- Developing services at health centers to include:
 - Curative services: family medicine, emergencies, chronic diseases, minor surgeries and oral and dental services.
 - Preventive services: maternal and child care, periodic full check-up of children, immunization, pre- and post-natal examination;
 - Periodic examination of women, premarital examination;
 - Elderly care, home visits, health awareness and health promotion;
 - School health;
 - Referral to secondary and specialized health services
 - Diagnostic services such as radiology and laboratory services and rehabilitative services: physiotherapy.
 - Specialized clinics.
 - Pre-employment medical examination for non-Bahrainis and domestic workers examination.

Provision of Secondary and Tertiary Health Services

Secondary and tertiary healthcare services are provided by three main government hospitals: Salmaniya Medical Complex, Bahrain Defense Force Hospital, King Hamad University Hospital, along with a number of private hospitals, the data show:

- The number of public and private hospitals is 26.
- According to 2014 reports, the number of hospital beds amounted to 2107. 500 more beds will be added in the next three years after completing the construction projects of new governmental hospitals (King Abdullah University Hospital, Sheikh Mohammed Al Khalifa Cardiac Center, and the Oncology Center at King Hamad University Hospital).
- In 2014, the ratio of physicians to the population is 25.3 physicians per each 10000 people and 50.1 nurses per each 10000 people.
- 2013 data indicate that there was one physician per 38.1 patients at MOH hospitals; one physician per 54.45 patients at Bahrain Defense Force Hospital; and one physician per 51.277 patients at King Hamad University Hospital.

MOH made great achievements in the field of national healthcare. Yet, there are some shortcomings in the system of the health services provided by MOH. For example, there is a shortage of beds and long waiting lists as well as need for improving quality standards.

- **We are not as healthy as we should be.** Bahrain has witnessed a rise in chronic diseases. Diabetes rose by 13.5 and obesity among adults by 36.3% due to the type of food consumption and lack of physical activity. 9.2% of the number of deaths are caused by cancer since studies prove that 50% of this number has to do with smoking.
- **There is a lack of integration of services between the different components of the health system.** Patients are still unaware how to use the health services provided by the health system and what their treatment rights are. This is due to lack of coordination between the different levels of health service providers such as health centers, hospitals, rehabilitative and home care centers in providing suitable treatment to patients at the right time. Patients also visit the hospitals for follow-up instead of going to health centers. Statistics indicate that from January to May 2015, 81% of outpatient visits (more than one time) to consultant clinics at Salmaniya Medical Complex were only follow-ups and that most of these cases could have been referred to health centers. Studies also indicate that 92% of emergency attendances at Salmaniya Medical Complex were not acute cases and that they could have been more quickly treated at health centers.

Table No. 4: Health Resources by Health Sector (Government-Private) 2014

Institution	العيادات الخارجية Out patients	المرضى الدخيلون In-patients	الأسرة Beds	القوى العاملة الأخرى Other manpower	القوى الطبية العاملة والمساندة Medical & Para-Medical Manpower				المؤسسات
					مهن طبية مساندة Allied	ممرضات Nurses	أطباء أسنان Dentists	الأطباء Physicians	
					Government Sector				
Ministry of Health	4,809,980	50,087	1,325	3,910	1,210	3,230	131	1,279	وزارة الصحة
Bahrain Defense Force-Royal Medical Services	519,890	20,480	456	1,049	354	1,034	18	376	قوة دفاع البحرين - الخدمات الطبية الملكية
King Hamad Hospital	296,688	15,954	326	590	481	756	2	261	مستشفى الملك حمد الجامعي
Directorate of Health & Social Affairs	215,458	NA	NA	214	52	80	14	25	إدارة الشؤون الصحية والاجتماعية
Arabian Gulf University	NA	NA	NA	NA	NA	NA	NA	16	جامعة الخليج العربي
Total	5,842,016	86,521	2,107	5,763	2,097	5,100	165	1,197	المجموع

Source: MOH Health Statistics 2014

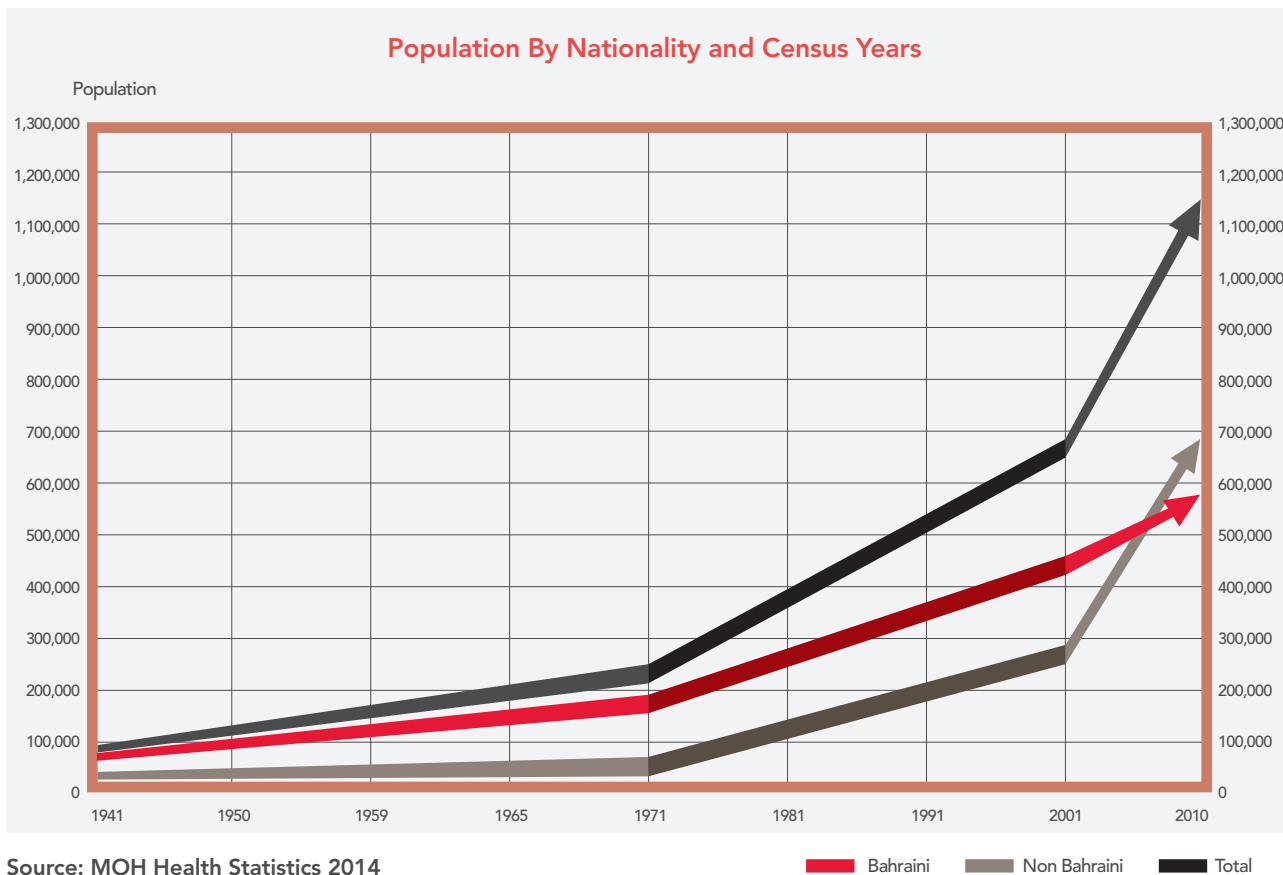
Health System Challenges

Despite the number of achievements referred to, there are still a few issues and challenges that need to be addressed. These major challenges include the following:

Rapid Population Growth and Change of Country Demographic Structure

The demographic structure of the Kingdom poses a number of major challenges. The Bahraini population and the continuous flow of expatriates are expected to rise. Moreover, the average life expectancy has increased as well. Therefore, Bahrain should be ready for a higher demand for health services. Following are some of the main characteristics that mark the demographic situation in the Kingdom:

- Bahrain has witnessed a rapid population growth: The annual population growth rate in the period 2001-2010 amounted to 7%; thus, the population number increased from 657,364 in 2001 to 1,234,571 in 2010, according to the final results of the census carried out in 2010. The population number increased in 2014 to 1,314,562, at an annual rate of 2% over the period 2010-2014.
- Change in the population pyramid diagram
- due to increase in the number of elderly people: With the gradual increase in age of the population whose percentage rose over the past decade, Bahrain will witness a sharp increase in the percentage of the elderly, given that this percentage will witness a noticeable increase after 2020. The age group of 65 or older is expected to grow among Bahrainis faster than that of the age group younger than 19 and the age group 20-64. The elderly category among Bahrainis is likely to increase three folds over the period 2010-2030; it will increase from 23,577 to 58,231. Thus, its overall percentage will increase from 4.1% in 2010 to 6.7% in 2030, which will bring about heavy burdens to the health system in terms of quantity and quality.
- Flow of Expatriates is the major reason for population growth: The annual growth rate of expatriates over the period 2001-2010 amounted to 11.4%. The percentage of foreign population in Bahrain increased from 38% in 2001 to 54% in 2010. Besides, the percentage of foreign population in the age group 20-64, the manpower category, amounts to 85% at least.



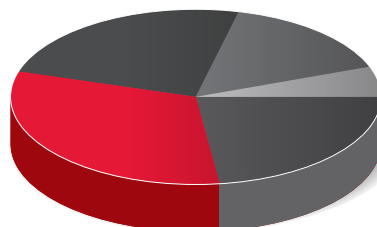
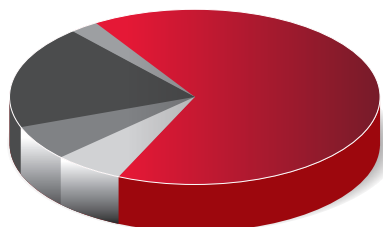
Noticeable Increase in Non-Communicable Diseases

According to 2014 health statistics, chronic diseases caused 67% of deaths in Bahrain. Besides, chronic patients are always in need of health services. The estimated cost of diabetes, which prevails in Bahrain at a rate of 13.5%, accounts for 30-36% of treatment expenditure. With the expected rise in the number of elderly people and the increase of average life expectancy and as a result of the prevailing lifestyle, the number of chronic patients will increase in 2025, which will constitute a major challenge for health services and bring about direct impacts on cost and accommodation.

Figure 04 Distribution of Death by Diseases Group 2014

Percentage of all Deaths

Deaths Among the Non-Communicable Diseases (NCD) Deaths



- Non Communicable (67%)
- Communicable, Maternal, Perinatal and Nutritional Conditions (6%)
- Injuries & External Causes (8%)
- Symptoms, Signs and Abnormal Clinical and Laboratory findings not elsewhere classified (17%)
- Others (2%)

- Diseases of the Circulatory System (33%)
- Diabetes (26%)
- Cancer (16%)
- Respiratory Diseases (3%)
- Other NCDs (22%)

Financial Sustainability

While the population challenges push us towards reforming the health system, the financial challenges urge us to start thinking seriously as how to sustain this system. Therefore, it is necessary to set an action plan for establishing a health system that provides outstanding, smart and high-quality services. This would require a radical reform of the system, including organization, financing, monitoring and working method.

The macroeconomic context is very crucial for realization of economic and financial limits of health system reforms. The health reforms envisaged by the Bahraini Government require medium-term public investments in building of institutions, but they may strengthen long term financial sustainability and efficiency of the Bahraini Health System.

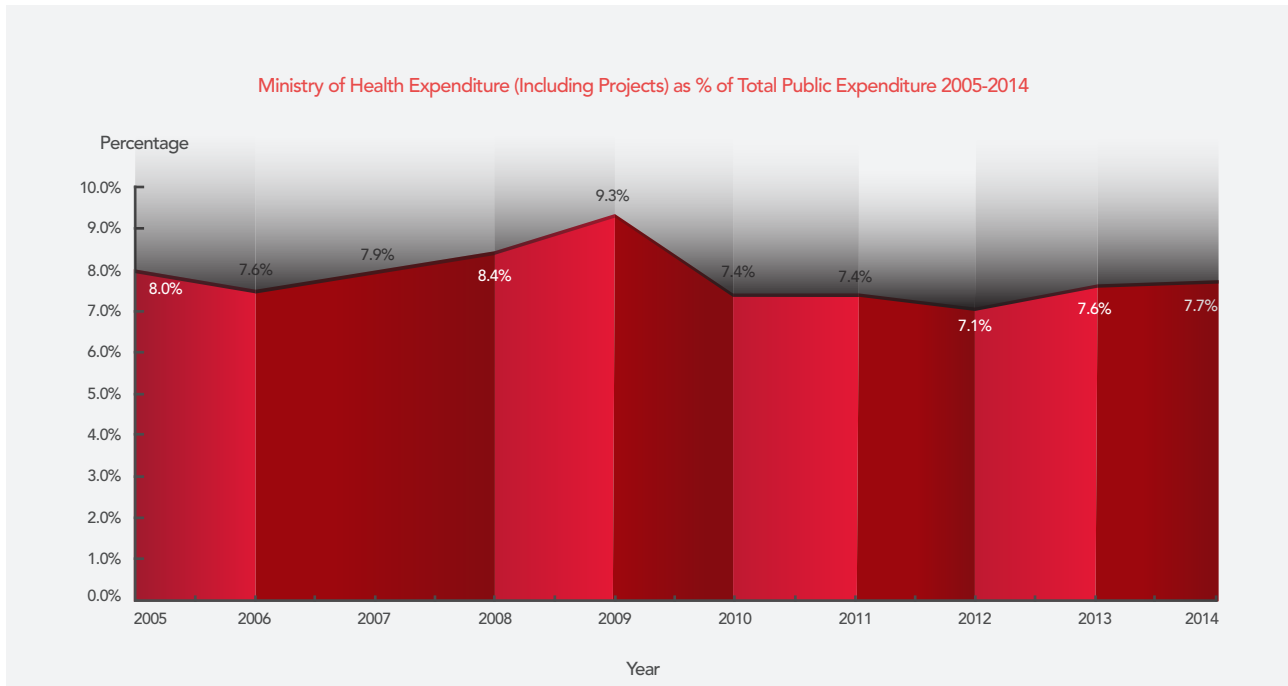
The Bahraini economy witnessed slowdown in growth, where the gross domestic product (GDP) reached 4.3% in 2014, against 5.3% in 2015. This is largely due to weakness of investment trend and delay in approval of the annual budget. The financial deficit continued to rise in 2014. One of the reasons which led to the financial deficit was the decline in oil prices since June 2014, where oil returns make up 85% of the total revenues. The price of break-even point (BEP) increased to achieve balance in the budget, to USD 125/barrel.

The future prospective of the Bahraini Economy is characterized by medium growth rate and higher public debt, given the expected decline of average annual inflation in 2015. On the other hand, the natural gas produced at the local level is about to run out and this may shortly lead to importing of gas at market prices. This may, in turn reduce profitability and competitiveness of intensive energy consumptive industries, like aluminum and manufacturing industries. The most pressing policy challenges are represented in correction of financial imbalances and stability of governmental debts, to achieve a balance with regard to growth and debt sustainability. The long term challenge is to reduce dependence on oil revenues and to strongly restore economic growth.

Despite the relatively good performance of the Bahraini healthcare system, it was deemed necessary to rethink the whole system to further enforce financial efficiency in the long-term. This is because the health services unlike other social services are largely funded by oil revenues, which are declining. This represents 78% of funds with very little contribution from expenses payable by the citizens and residents. Concurrently, there is increased pressure on increasing funding for healthcare.

The annual increase of health expenditure is estimated at 12%. Among the reasons for such increase are population growth, an increase in the number of elderly people, and increase of chronic diseases such as cardiovascular diseases, cancer, diabetes, hypertension, smoking for the age group of 20 years or older and Road Traffic Accidents. This on top of the rise in prices, especially of medicines and medical equipment.

In 2015, the overall expenditure on health was 461.4 million BHD. This amount is expected to rise in the coming years if no radical reforms are introduced to the health system, given that the annual increase in MOH budget in the past ten years was at a rate of 16 million BHD annually. This calls for the immediate implementation of the suggested reforms and the national health insurance system.



Source: MOH Health Statistics 2014

The decline in oil prices, the increase of the general debt, and the efforts exerted by the government to tackle the rising debts and maintain the growth rate-are all major challenges to the health system which made it mandatory to control expenditure, promote efficiency, use resources properly and avoid all kinds of wastage.

Organizational and Administrative Challenges

Challenges related to efficiency and quality of health services affect the current situation. In addition, the present governance system related to rules of central public service provision and procedures of Public Financial Department don't provide sufficient flexibility and incentives for health managers to manage their facilities and human resources effectively. Managers of hospitals and primary care centers don't have the power that makes them able to make independent decisions as for workers' appointment, dismissal or promotion or for the total flexibility to purchase and manage equipment and supplies as necessary. Mostly, those managers have limited power and incomplete information not enough to follow up quality of clinical practices at their health facilities; effectively. The above problems; related to governance prompt the Bahraini Health Authorities to take independence of public health facilities into consideration.

One of the major challenges of the next stage is the application of the self-operation system (automization) of service providers since the organizational and administrative requirements for this action require redefining the relation between the different service providers, namely, governmental hospitals and health centers, and between the Civil Service Bureau (CSB), the Ministry of Health and the Ministry of Finance. This process will include redesigning the human Among the main requirements to achieve this is to change the laws and regulations and to develop the staff to undertake the management of the insurance fund and management of the health service providers such as government hospitals and health centers. Moreover change requires, reorganizing MOH and strengthening its role to move from service delivery to provision of public health, health promotion, social care and environmental health services in coordination with the Supreme Council of Health and Environment Regulatory Authority.

Information Systems' Development

Among the major challenges in the next stage is that the information systems and programs used in the health sector are limited, unconnected and rarely employed in making decisions and drawing policies. Therefore, information systems should be developed in all different clinical and administrative areas of work since these systems are the cornerstone in managing any health system with its therapeutic, administrative and financial aspects. They are also very important in making decisions based on updated, integrated and accurate information, they also help to organize work and integrate the three major components of the health system, namely the service purchaser, the service providers, and the institutions in charge of evaluation, planning and monitoring.



Methodology for Preparation of National Strategic Plan

Vision

A healthy and safe society by providing integrated health services that are delivered with fairness, efficiency and high quality.

Mission

Establishing a health system marked by:

- (1.) Competitiveness and based on concern with the person in providing high-standard health and treatment services;
- (2.) Setting laws and making decisions supported with evidence and correct information to organize the public and the private health sectors;
- (3.) Monitoring its performance to obtain fair, high-quality and sustainable health services through the proper use of resources;
- (4.) Effective participation with relevant bodies within the framework of a comprehensive health policy.

Values

The following values represent some of the most important foundations and principles which have guided us in drawing this strategy. Through these principles, we will decide on work behaviors and the decision-making process to be used in organizing and delivering health services. Our aim is to provide high-standard services stemming from these values:

Quality and Safety

It is required to comply with the local and international health quality standards in delivering health services to the patient. Such services should be suitable to his condition and should be delivered at the right time, in the right place, and in an accessible manner. All employees at health sectors should adopt the culture of continuous improvement. The National Health Regulatory Authority should continually evaluate and examine work in its capacity as an independent institution to promote the safety and quality of health services in the Kingdom.

In addition to quality, patient safety is the first priority in service delivery. Those responsible for monitoring the health system ought to guarantee

patient safety in all situations. Besides, it is necessary to provide a safe work environment to health sector staff in a way that suits their needs and safeguards them from any work-related risks.

The Patient is at the Centre of the Service:

The health system that we aspire to is one that puts the patient at the center of interest and provides him with healthcare services in a transparent manner. This system should also respect the patient's rights and his privacy and observe his dignity and his right to know, and should make the decision that suits the patient's health condition.

Evidence-based Healthcare

Providing health services according to medical standards based on recognized evidence and proofs as well as using the best available scientific standards according to international health sources.

Fairness

Providing health services to all citizens and foreigners residing in the Kingdom fairly and equally without any discrimination in service quality or distribution due to geographical, social, economic, or religious differences or any other considerations.

Transparency

The patient has the right to obtain and have access to his health information and medical record at any time without exposing the health information to any risk or violating data confidentiality. The patient is entitled to know all the aspects of his health condition in a clear manner so that he would be able to make the right decision. All health institutions are periodically required to provide and publish approved health statements to the public opinion in general.

Team Spirit

Work could be more effectively performed if it is done in a team spirit through which the group's interest and that of the individual integrate rather than come into conflict. Getting the work done with that team spirit should not be limited

to a particular health institution but should prevail among all service providers; they should be keen on integrating their efforts at all levels of health service delivery.

Partnership

Enhancing partnership between all public and private health sectors and other relevant sectors and the local community in order to set up an outstanding health system based on integration and direction of spending.

Strategic Thrusts

The National Plan set for the health system will be based on seven main thrusts:

Strategic Thrust 1: Health Service Delivery Methods

Strategic Thrust 2: Health Service Quality and Safety

Strategic Thrust 3: National Health Insurance Program

Strategic Thrust 4: Health Service Funding

Strategic Thrust 5: Capacity Building

Strategic Thrust 6: Health Information Technology

Strategic Thrust 7: Leadership and Governance

Among the most important elements of a future health strategy is setting priorities and strategic objectives that represent the national public goals in the coming ten years. The Supreme Council of Health will seek to accomplish these objectives with a number of policies. Such policies will be accomplished through a wide range of initiatives including programs, projects and activities that will be undertaken by the different health sector institutions in the Kingdom. All this work will be done according to executive plans and specific schedules under the supervision of the Supreme Council of Health for the purpose of fulfilling our national health vision and the Kingdom of Bahrain's Vision 2030.

According to the above-mentioned strategic thrusts, seven key strategic priorities have been set as follows:

Strategic Thrust 1: Health Service Delivery Method

Strategic Priority: Integrated and Sustainable Healthcare Methods, Focused on Health Promotion

Through this strategy, the Supreme Council of Health seeks to establish an integrated and comprehensive health system in which public and private health institutions all over the Kingdom are working as one unit, not as detached or disconnected units. Therefore, it seeks moving from the current health system with its focus on providing health services at governmental hospitals to a social health insurance system that fulfills people's health needs in the form of basic health services at health centers near their homes. Such health centers will be the primary destination for the patient where he can receive preventive, treatment and urgent care services that do not require visiting a hospital. All this will be carried out in light of an effective referral system, including uniform written protocols indicating what should be done when it is required to refer and transfer a patient from one care level to another, more specialized, one. The other more specialized services could be provided by public or private hospitals on condition that all the components of the health system are interconnected through an effective and powerful information and communication system. Such system will set up an interconnected and integrated health network where health workers can communicate together and exchange patient data easily, quickly and efficiently, using the national medical electronic record.

The health services delivered within the health insurance system will be comprehensive and will cover the preventive, curative and rehabilitative aspects as well as mental and psychological health services. They will also include long-term care services for the elderly and those in need of long-term nursing care. They will address other aspects related to health promotion for healthy people through raising health awareness and education

among all society members in general.

Policy 1: Investment in prevention and promotion of healthy lifestyles

Strategic Objectives

1. A national preventive health strategy.
2. An effective partnership between all relevant sectors for disease prevention.
3. National strategies and action plans for improving diets and encouraging physical activity.
4. Promotion of healthy lifestyles at schools.

Policy 2: A comprehensive and sustainable care through an integrated health network in the Kingdom

Strategic Objectives

1. Basic health services at health centers as primary destinations.
2. An effective system for patient referral among health facilities.
3. Strengthening Public health services, to improve prevention and limit the spread of communicable and noncommunicable disease.
4. A powerful and sustainable partnership with health service providers (hospitals, primary healthcare, public health, first-aid) and all institutions concerned with the health system in order to provide an integrated healthcare.

Policy 3: Developed mental health services to enable people to lead and maintain a healthy life

Strategic Objectives

1. Maintaining people's health through promoting mental health and prevention.
2. Integrating psychological services into the health system with governmental and non-governmental and private institutions.
3. Ensuring that everybody gets mental health services.
4. Sustainability of mental health services.
5. An advanced information system for data collection and research.

Strategic Thrust 2: Health Service Quality and Safety

Strategic Priority: Raising Quality and Safety Standards of Healthcare Services and Ensuring their Continuity

Our future vision will centre on kind and humanitarian treatment, quality improvement, and expansion of patient choices among health service providers. The Supreme Council of Health intends through this strategy to consider the health process from now onwards as a competitive process that offers the best services and puts into consideration the patient's experience and his satisfaction with the healthcare he has received. This means that the patient should get the health services that suit his condition at the right time, in the right place and in an accessible manner. All health service providers are required to deliver healthcare services according to quality standards that all developed countries worldwide comply with. Such services will be provided according to uniform medical standards based on recognized evidence and proof. All employees at the public and the private health sectors should adopt, in word and deed, a culture of continuous quality improvement that would respond to the needs and wishes of patients in a creative and innovative manner to ensure high quality standards. The Council seeks through this strategic objective to comply with performance assessment as a working method and as a strategic goal that it aspires to accomplish in all its affiliated health facilities.

Policy 1: An effective and permanent system for raising quality and patient safety standards

Strategic Objectives

1. Institutionalizing the quality and patient safety system in the Kingdom.
2. Setting comprehensive plans and programs for improving the performance of service providers.
3. Providing safe and available medicines at reasonable prices.
4. Promoting the culture of disseminating, measuring and monitoring performance.
5. Setting evidence-based decisions and policies.

Policy 2: Round-the-clock, high-quality healthcare in all hospitals and health centers

Strategic Objectives

1. High-quality and accredited health services
2. An effective program for liaison with service beneficiaries.
3. Ensuring that hospitals are always equipped and prepared for managing disasters and emergencies.

Strategic Thrust 3: National Health Insurance Program

Strategic Priority: Sustainable Financial System that Guarantees Freedom of choosing health provider

The Supreme Council of Health looks at the element of funding as the most important drive to reform the health system and to ensure its sustainability. Reform here is the reform which requires adoption of a health insurance system, reorganization of the health system and rehabilitation of service providers. The implementation of health insurance system not only achieves justice, but also provides a high-value health system.

Within this system, the patient is the center of attention with full rights; including the right to choose the entity at which he receives treatment. Moreover, the patient can choose the insurer. By that a competitive market can be created among service providers to attract customers by provision of good services and humane treatment to gain patient satisfaction. This will also lead to competition between insurance companies to provide consistent services from an approved services basket at competitive prices, especially for expatriates.

Implementation of the health insurance system entails a radical change of health services in Bahrain concerning method of finance by conversion into security fund and insurance companies which hold responsibility of payment to service providers under contracts based on the value, volume and type of service. This is in addition to radical change of monitoring, evaluation and governance, where the Ministry of Health will detach itself from the role of service provider to a new role of regulatory and supervisory body of public health, health promotion, social care and environmental health services, in coordination with the Supreme Council of Health. The Health Insurance System will be based on accurate calculations of costs

according to detailed treatment information which represent the basis of contracts between service purchasers and providers, under the supervision of Supreme Council of Health. The application of Health Insurance System requires construction of new institutions including: (1) Health Insurance Fund, to register subscribers, collect subscription fees and enter into contracts with service providers to purchase new services and pay their entitlements, (2) Health Information and Acknowledgment Center which will be responsible for measuring and reviewing health standards and outcomes, providing periodical reports on health quality and economies, besides development of health strategy and policies.

Currently, the government of Bahrain is examining available options to proceed with a series of wide- ranging procedures in the field of health finance, health information systems, provision of health services and prevention over the coming five years. These options include the introduction of a new mandatory health insurance system for citizens and residents, redesigning of health insurance integrated system, phased plan for implementation of independence at public (governmental) health services facilities and development of a sophisticated strategy to deal with the increasing burden on non-communicable diseases and injuries resulting from road accidents. The aim of these reforms, as stated by the Supreme council of Health in Bahrain, is to improve financial sustainability, efficiency, quality of service, transparency and accountability of Bahraini Health System.

Policy 1: Organizing and Managing the National Health Insurance System

Strategic Objectives

1. The Supreme Council of Health is responsible for supervising, organizing and monitoring the social health insurance program.
2. An independent body responsible for implementation and management of social health insurance.

Policy 2: Developing the institutional structure of the health system to implement the health insurance program**Strategic Objectives**

1. Self-operation (autonomization) of health service providers at the public sector (primary healthcare and hospitals).
2. Independent body for Health information, quality, planning, and Health economics.

Strategic Thrust 4: Health Service Funding

Strategic Priority: Controlling and Directing Health Service Expenditure and Funding

With the rapid population increase and other challenges, including an increase of the percentage of the elderly, chronic diseases and the high rates of road accidents, there is a dire need for long-term specialized medical care. This leads to a continuing escalation of costs in addition to health service cost inflation. There were increases in the budget allocations for health services in the past years, but they used to be annually spent on projects intended to expand health facilities and improve their performance. However, these allocations were not enough to operate such facilities in a way that could improve performance quality and efficiency.

In line with the governmental directions with regards to pursuing certain policies for rationalization of public expenditure, the government may depend on a range of policies to control financial expenditure. It can encourage large investment projects, restructure ministries, and interconnect governmental authorities and institutions under the relevant ministries.

Through this strategy, the Supreme Council of Health studies the possibility of turning to other alternatives to finance health services such as studying the social health insurance program and its application in the coming years. This system aims to provide an integrated and sustainable healthcare, raise the standard of quality of the health services delivered, and cut down on costs through making optimum use of resources. The system also aims to urge all the components of the health system to work as one team. Each patient will be assigned a unified electronic record, and physicians and other persons having the right to access these records anywhere can communicate and coordinate together. Thus, we can avoid duplication in providing services or conducting medical examinations; this would contribute to achieving the desired clinical integration.

Policy 1: Optimum use of health resources

Strategic Objectives

1. Controlling the cost and rationalization of expenditure.
2. Controlling the dispensing of medicines and health supplies.
3. Organizing the process of overseas treatment.

Policy 2: Comprehensive studies and strategic plans for financing health services

Strategic Objectives

1. Conducting periodic studies to determine the cost of the services provided by all health institutions.
2. Preparing and monitoring national health accounts.
3. Directing expenditure towards development projects.

Policy 3: Encouraging the private sector to invest in the health sector

Strategic Objectives

1. Private sector participation in providing health services
2. Encouraging the idea of investing in the private health sector.

Strategic Thrust 5: Capacity Building

Strategic Priority: Recruiting Qualified Staff and Developing Human Resources

The health sector has a fundamental role in socio-economic development at the individual, familial and societal levels. This requires the competent health sector bodies to pay great attention to the process of planning and managing human resources. We are in need of capacities that are able to control the health system, spare it any risks, evaluate its needs, and monitor its performance. We always experience difficulties in decision making and in making the right choice in the field of health, and this requires a new system for data collection and qualified staff for data analysis at the curative, financial and administrative levels so as to decide on priorities and plan for the future.

Policy 1: Developing the capacities of health institutions to recruit qualified staff

Strategic Objectives

1. Improving the process of recruiting qualified and trained technical and administrative staff.
2. An advanced data base of health and medical staff at all health institutions.

Policy 2: Setting a national plan for developing human resources in the health sector

Strategic Objectives

1. Identifying the health sector needs of qualified staff
2. Setting national strategic plans for management and development of human resources in health fields.
3. Qualified medical and health staff, both technical and administrative, at hospitals and health education institutions.

Strategic Thrust 6: Health Information Systems

Strategic Priority: A strong and effective infrastructure for operating different health information systems and E-Health

We are in need of an integrated health information system that can contribute to collecting, analyzing and storing health information and statistics related to the health situation all over the Kingdom, in collaboration with other related institutions. This would enable decision makers to identify health problems and needs and consequently to set programs, policies and plans required for health promotion and resource allocation in the best possible manner.

An effective information system and a uniform national medical electronic record should help provide the best potentials for the accurate diagnosis and treatment of diseases and prevent any duplication in service provision, especially in prescribing medicines, laboratory tests and diagnostic imaging. This will also help raise the quality standard of health services delivered to patients. Moreover, the health information systems provide effective mechanisms for assessment and monitoring of performance and for a quick and easy knowledge of the productivity indicators of health facilities.

Policy 1: Developing Health Information Systems in all Public Health Providers

Strategic Objectives

1. The Health Information System (I-SEHA) is effective in all MOH health institutions, including hospitals and all health centers.
2. An advanced medical information system (AL-CARE) at the Defense Force Hospital.
3. Applying Health Information system (HOPE) at King Hamad University Hospital.

Policy 2: Developing and standardizing health information systems for implementing Health Insurance

Strategic Objectives

1. Set national strategy for E-Health.
2. Health information systems interconnected through the National Health Data Dictionary (NHDD).
3. Apply health information system HIIS.
4. Unified National Medical Electronic Record (NMER) provided for each person in the Kingdom.
5. Drug utilization and monitoring system (DUR) applied among all health providers.

Policy 3: Developing and standardizing administrative and financial information systems

Strategic Objectives

1. A uniform electronic system for health accounts at all hospitals and governmental health centers.
2. An integrated information system for public health service providers.

Strategic Thrust 7: Leadership and Governance

Strategic Priority: Setting Leadership Roles for Governmental Health Institutions in the Kingdom

The Supreme Council of Health has endeavored to set a clear vision, mission, strategic goals and policies for the health system over the coming ten years, based on governmental direction and according to local and international health standards and indicators. The Council has involved all health sector institutions and other relevant national sectors by setting executive plans derived from the strategic goals. The implementation of these plans will be monitored through assessment of the progress of the performance indicators of each goal.

The Supreme Council of Health, out of its sense of shared responsibility and the necessity of cooperation and coordination to accomplish strategic objectives, seeks to build strong partnerships with a number of governmental and private health sectors and institutions along with other related bodies. It aims to ensure organizing, integrating and harmonizing work among these sectors, guarantee efficiency and avoid wasting resources. In addition, some international organizations such as the World Health Organization (WHO) and the World Bank (WB) are participating in studying and implementing a number of national projects and programs in the health sector. The most important of these programs is the national social health insurance program that will be implemented, supervised and monitored by the Supreme Council of Health.

The Supreme Council of Health, in coordination with MOH, adopts major leading goals through which it attempts to push strategic plans forward towards the right track to accomplish the policies stemming from national directions. Among these policies are:

Policy 1: The Supreme Council of Health will supervise all health-related aspects at the national level

Strategic Objectives

1. Governance of the health system at the national level.
2. Setting national health plan and follow up the implementation of the plan with Ministries, and all concerned entities in public and private sectors.
3. Drafting policies and strategies as per performance of health system.

Policy 2: Restructuring Ministry of Health

Strategic Objectives

1. Changing MOH role from a service provider to a regulatory and supervisory body of public health, health promotion, social care and environmental health services.

Policy 3: Organizing the work of medical professions and health institutions in the Kingdom

Strategic Objectives

1. Excellent performance of the National Health Regulatory Authority.
2. Safe and reliable health services that ensure respecting the rights and safety of beneficiaries.



National Health Plan

Strategic Thrust 1: Health Service Delivery

Strategic Priority: Integrated and Sustainable Healthcare Method, Focused on Health Promotion

Policy 1: Investment in prevention and promotion of healthy lifestyles

Strategic Objectives	Outcomes	Initiatives
1. A national preventive health strategy	<ul style="list-style-type: none"> An accredited preventive health strategy implemented at national level 	1.1 Preparing and implementing the strategic plan for control of communicable diseases 1.2 Implementing the national plan for control of chronic diseases 1.3 Updating the national strategy for health promotion 1.4 Preparing the national health survey of chronic diseases
2. An effective partnership between all relevant sectors for disease prevention	<ul style="list-style-type: none"> Number of laws and policies ensuring activation of related sectors role in disease prevention 	2.1 Setting laws and policies to guarantee partnership of the public and the private sectors in disease prevention
3. National strategies and action plans for improving diets and encouraging physical activity	<ul style="list-style-type: none"> Setting an approved strategic plan for improving diets and physical activity 	3.1 Monitoring the implementation of the food and physical activity strategy 3.2 Educating and encouraging individuals to be responsible for keeping their health through enforcing the following programs: <ul style="list-style-type: none"> Healthy food program Physical activity program A media campaign to promote healthy lifestyles Edutainment of school children Health promoting shopping malls "Learn and earn" project to be presented to patients at early detection clinics "Live with my disease" project to be presented to patients at chronic diseases clinics "My prevention" program

National Health Plan

Strategic Thrust 1: Health Service Delivery		
Strategic Priority: Integrated and Sustainable Healthcare Method, Focused on Health Promotion		
Policy 1: Investment in prevention and promotion of healthy lifestyles		
Strategic Objectives	Outcomes	Initiatives
		<ul style="list-style-type: none"> • “My Health, my Responsibility” program • Early detection and chronic disease prevention program • Anti-smoking program • Cancer control program • Breast cancer early detection program • Accident and injury prevention program
4. Promotion of healthy lifestyles at schools	<ul style="list-style-type: none"> • Reducing the rate of risk factors leading to schoolchildren’s diseases 	<p>4.1 School health nursing services expansion program</p> <p>4.2 Improving school canteens project in collaboration with relevant bodies</p> <p>4.3 A comprehensive medical screening program for newcomers to primary, preparatory or secondary schools and its integration in the electronic program (I-SEHA)</p> <p>4.4 Education and awareness-raising annual program for school service providers on how to deal with communicable and non-communicable diseases and other health problems.</p> <p>4.5 Health promoting schools project in collaboration with the Ministry of Education</p> <p>4.6 Reproductive health improvement and puberty program (We have grown up!) for school children.</p> <p>4.7 Periodic screening program for eyesight, spine, body mass</p> <p>4.8 Secondary school students’ screening program for genetic hematology</p>

Strategic Thrust 1: Health Service Delivery

Strategic Priority: Integrated and Sustainable Healthcare Method, Focused on Health Promotion

Policy 1: Investment in prevention and promotion of healthy lifestyles

Strategic Objectives	Outcomes	Initiatives
		4.9 Peer-education program 4.10 An Awareness-raising program on tobacco use control 4.11 Oral and dental health promotion programs for governmental schoolchildren in collaboration with oral and dental health services 4.12 Mental health services program at schools 4.13 Approved supplementary immunizations program for preparatory school students 4.14 Implementing the international health survey of schools every five years in collaboration with WHO 4.15 Early detection of schoolchildren's hearing impairment

Policy 2: A comprehensive and sustainable care through an integrated health network in the Kingdom

Strategic Objectives	Outcomes	Initiatives
1. Basic health services at health centers as primary destinations	<ul style="list-style-type: none"> Adopting Family Physicians as gatekeepers to the health system 	1.1 Strengthening Primary Healthcare 1.2 Re-organizing Primary Healthcare structure. 1.3 Each individual will be assigned a family physician 1.4 Setting a referral system 1.5 Setting a plan for the return of patient to Health Center after hospital referral
2. An effective system for patient referral among health facilities	<ul style="list-style-type: none"> Sustainable and comprehensive Primary, secondary, and tertiary health services 	2.1 Improving the referral system 2.2 Setting protocols for referrals

National Health Plan

Strategic Thrust 1: Health Service Delivery

Strategic Priority: Integrated and Sustainable Healthcare Method, Focused on Health Promotion

Policy 2: A comprehensive and sustainable care through an integrated health network in the Kingdom

Strategic Objectives	Outcomes	Initiatives
3. Strengthening Public health services, to improve prevention and limit the spread of communicable and noncommunicable disease	<ul style="list-style-type: none"> • Sustainable preventative services that are sustainable and of high quality 	3.1 Monitoring and limiting the spread of communicable and noncommunicable diseases 3.2 Protection from occupational and environmental hazards 3.3 Strengthening relations between public health departments and different sectors of society. 3.4 Following up on implementation of global health decisions 3.5 Coordinating with different national and global bodies 3.6 Strengthening communication channels between Public Health and the society 3.7 Strengthening environmental health services and health monitoring
4. A powerful and sustainable partnership with health service providers (hospitals, primary healthcare, public health, first-aid) and all institutions concerned with the health system in order to provide an integrated healthcare	<ul style="list-style-type: none"> • Active collaboration between all concerned bodies in the health system in setting policies and providing services 	4.1 Unifying plans and health programs 4.2 Collaboration between concerned bodies in setting policies 4.3 Unifying the provision of specialist services: <ul style="list-style-type: none"> • The Cardiac Center to become comprehensively specialized in cardiac cases • Coordinating between Cancer Center at KHUH with Oncology department at SMC • Implementing the Central Ambulance project 4.4 Encouraging civil societies to promote health

Strategic Thrust 1: Health Service Delivery

Strategic Priority: Integrated and Sustainable Healthcare Method, Focused on Health Promotion

Policy 3: Developed mental health services to enable people to lead and maintain a healthy life.

Strategic Objectives	Outcomes	Initiatives
1. Maintaining people's health through promoting mental health and prevention	<ul style="list-style-type: none"> • Effective preventive plans for mental health 	1.1 Developing health education for first-episode psychosis 1.2 Training male and female social supervisors in the school mental health guide 1.3 Youth-oriented preventive program on drugs
2. Integrating psychological services into the health system with governmental and non-governmental and private institutions	<ul style="list-style-type: none"> • Coordination and partnership with institutions concerned with mental health 	1.1 Strengthening Primary Healthcare 1.2 Re-organizing Primary Healthcare structure 1.3 Each individual will be assigned a family physician 1.4 Setting a referral system 1.5 Setting a plan for the return of patient to Health Center after hospital referral
3. An effective system for patient referral among health facilities	<ul style="list-style-type: none"> • Sustainable and comprehensive Primary, secondary, and tertiary health services 	2.1 Forming a national mental health committee in the Kingdom of Bahrain 2.2 Improving the transfer mechanism between health centers and the mental health hospital 2.3 Providing regular consultation for the family counselling center/Non-governmental organization (model) 2.4 Professional training of patients to merge them into the society/Ministry of Social Development 2.5 Consultation and coordination with the Bahraini Migrant Workers protection society / Non-governmental organization (model)

National Health Plan

Strategic Thrust 1: Health Service Delivery		
Strategic Priority: Integrated and Sustainable Healthcare Method, Focused on Health Promotion		
Policy 3: Developed mental health services to enable people to lead and maintain a healthy life.		
Strategic Objectives	Outcomes	Initiatives
4. Ensure that everybody gets mental health services	<ul style="list-style-type: none"> Mental health services are available in almost all health institutions 	3.1 Expansion of school health services and extending them to other governorates 3.2 Opening the young inpatient unit at the Psychiatric Hospital 3.3 Supplying health centers with psychiatrists 3.4 Enhancing community service programs
5. Sustainability of mental health services	<ul style="list-style-type: none"> Mental health services are sustainable and integrated 	4.1 Enhancing of manpower-training (credit hour system) 4.2 Training family doctors at health centers in the most common psychological disorders 4.3 Revising pharmaceutical lists
6. An advanced information system for data collection and research	<ul style="list-style-type: none"> An effective and integrated I-SEHA system at the Psychiatric Hospital 	5-1 Applying the electronic record system (I-SEHA) at the Psychiatric Hospital 5-2 Data collection and measurement of bioindicators in collaboration with (I-SEHA)

Strategic Thrust 2: Health Service Quality and Safety

Strategic Priority: Raising Quality and Safety Standards of Healthcare Services and Ensuring their Continuity

Policy 1: An effective and permanent system for raising quality and patient safety standards

Strategic Objectives	Outcomes	Initiatives
1. Institutionalizing the quality and patient safety system in the Kingdom	<ul style="list-style-type: none"> An effective and integrated system for monitoring health service quality 	1.1 Establishing quality directorate at HIKMA Center 1.2 Enhancing the tasks of the national quality committee 1.3 Enhancing the tasks of quality committees in all hospitals and health centers 1.4 Strengthening the capacities of the National Health Regulatory Authority to enforce accreditation and ranking of hospitals according to performance and quality
2. Setting comprehensive plans and programs for improving the performance of service providers	<ul style="list-style-type: none"> Health service quality and safety document for all service providers including hospitals and health centers; Number of hospitals and health centers that have obtained the national accreditation certificate 	2.1 Preparing a guide for health service quality standards and indicators 2.2 Setting a program for monitoring performance improvement of all health institutions 2.3 Setting a system for rewarding outstanding health institutions 2.4 Establishing a national system for accrediting health institutions and incorporating all health institutions within the national accreditation system 2.5 Supporting and qualifying King Hamad University Hospital to obtain the international accreditation certificate
3. Providing safe and available medicines at reasonable prices	<ul style="list-style-type: none"> Percentage of medicines already registered to the overall medicines supplied to the Authority 	3.1 Developing procedures of registering medicines and pharmaceutical products with the Authority 3.2 Setting conditions for pharmaceutical facilities 3.3 Setting conditions for pharmaceutical stores

National Health Plan

Strategic Thrust 2: Health Service Quality and Safety		
Strategic Priority: Raising Quality and Safety Standards of Healthcare Services and Ensuring their Continuity		
Policy 1: An effective and permanent system for raising quality and patient safety standards		
Strategic Objectives	Outcomes	Initiatives
		3.4 Setting conditions for pharmaceutical factories 3.5 Approving the guide for classification of pharmaceuticals and healthy foods 3.6 Issuing the pharmaceutical registration regulations 3.7 Setting up an electronic system for pharmaceutical registration 3.8 Setting up a pharmaceutical monitoring system
4. Promoting the culture of disseminating, measuring and monitoring performance	<ul style="list-style-type: none"> Level of patient satisfaction with health services delivered by hospitals and health centers 	4.1 Setting a balanced scorecard for private and governmental hospitals 4.2 setting up a clinical follow-up program
5. Setting evidence-based decisions and policies	<ul style="list-style-type: none"> Applying the National Medical Electronic Record (NMER) system at all hospitals and health centers Number of medical and health research conducted every year 	5.1 Establishing a comprehensive quality information system (NMER) for monitoring health indicators 5.2 Conducting scientific research in health and medical fields
Policy 2: Round-the-clock, high-quality healthcare in all hospitals and health centers		
Strategic Objectives	Outcomes	Initiatives
1. High-quality and accredited health services	<ul style="list-style-type: none"> Performance indicators at all service provision levels 	1.1 Quality control of health services and monitoring application of standards, policies and procedures through performance indicators 1.2 Entering into performance contracts with healthcare providers that should relate results to accountability

Strategic Thrust 2: Health Service Quality and Safety

Strategic Priority: Raising Quality and Safety Standards of Healthcare Services and Ensuring their Continuity

Policy 2: Round-the-clock, high-quality healthcare in all hospitals and health centers

Strategic Objectives	Outcomes	Initiatives
2. An effective program for liaison with service beneficiaries	<ul style="list-style-type: none"> A customer service office at all hospitals and health centers 	2.1 Developing the patient relations department 2.2 Setting a central hotline for receiving service users' complaints 2.3 Evaluating patient satisfaction on a regular basis
3. Ensuring that hospitals are always equipped and prepared for managing disasters and emergencies	<ul style="list-style-type: none"> Well-prepared health services in emergency situations 	3.1 Improving hospital emergency and disaster response around the clock. 3.2 Setting and reviewing a written and approved emergency plan for all hospitals 3.3 Conducting simulation exercises for emergency plans

Strategic Thrust 3: National Health Insurance Program

Strategic Priority: Sustainable Financial System that Guarantees Freedom of Choosing health provider

Policy 1: Organization and Management of National Health Insurance System

Strategic Objectives	Outcomes	Initiatives
1. The Supreme Council of Health is responsible for supervising, organizing and monitoring the social health insurance program	<ul style="list-style-type: none"> Ensure health insurance coverage to all citizens and residents 	1.1 Developing the structure of the current health system 1.2 Specifying policies and monitoring the implementation of the health insurance project 1.3 Setting the Health Insurance Law 1.4 Setting rules and regulations required for the application of the insurance law 1.5 Approving the price list of the health services delivered by service providers 1.6 Approving health insurance service packages prices

National Health Plan

Strategic Thrust 3: National Health Insurance Program		
Strategic Priority: Sustainable Financial System that Guarantees Freedom of Choosing health provider		
Policy 1: Organization and Management of National Health Insurance System		
Strategic Objectives	Outcomes	Initiatives
		<p>1.7 Approving the insurance document templates between the beneficiary and the insurance fund or insurance company</p> <p>1.8 Contribution of different governmental and private institutions to the accomplishment of a comprehensive health insurance for all citizens</p>
<p>2. An independent body responsible for implementation and management of social health insurance</p>	<ul style="list-style-type: none"> • Setting up the Insurance Fund (SHIFA) 	<p>2.1 Establishing the health insurance fund for collecting the insurance subscriptions and contracting with service providers</p> <p>2.2 Appointing administrative and executive councils for the insurance fund</p> <p>2.3 Preparing the executive plan, regulations and decrees required for establishing the insurance fund</p> <p>2.4 Setting the packages of services for service providers</p> <p>2.5 Determining per-capita cost for the specified packages</p>

Strategic Thrust 3: National Health Insurance Program

Strategic Priority: Sustainable Financial System that Guarantees Freedom of Choosing health provider

Policy 2: Developing the institutional structure of the health system to implement health insurance program

Strategic Objectives	Outcomes	Initiatives
1. Self-operation (autonomy) of health service providers at the public sector (primary healthcare and hospitals)	<ul style="list-style-type: none"> Independent governmental hospitals and health centers 	1.1 Applying autonomy at governmental hospitals and health centers 1.2 Restructuring hospitals and health centers 1.3 changing administrative and financial systems at MOH hospitals and health centers 1.4 Appointing executive boards for primary healthcare and hospitals 1.5 Appointing boards of directors for primary healthcare and hospitals 1.6 Drafting the executive plan and legal tools required for self-operation of primary healthcare and hospitals 1.7 Preparing organizational structures and employment plan for primary healthcare and public hospitals
2. Independent body for Health information, quality, planning, and Health economics	<ul style="list-style-type: none"> Health Information and Knowledge Management Center (HIKMA) 	2.1 Establishing a national Health Information and Knowledge Management Center under the supervision of the Supreme Health Council, including the following administrations: <ul style="list-style-type: none"> National health information administration, which undertakes the following programs: <ul style="list-style-type: none"> Designing and implementing national health systems in coordination with relevant governmental bodies Studying and analyzing the demographic structure Analyzing the prevalence of chronic and genetic diseases Collecting all health statistics Issuing periodic health reports

National Health Plan

Strategic Thrust 3: National Health Insurance Program		
Strategic Priority: Sustainable Financial System that Guarantees Freedom of Choosing health provider		
Policy 2: Developing the institutional structure of the health system to implement health insurance program		
Strategic Objectives	Outcomes	Initiatives
		<ul style="list-style-type: none"> • Issuing required reports for research and studies • Is the competent body in the Kingdom in charge of collecting and analyzing health data and then reporting them to local and foreign bodies. <ul style="list-style-type: none"> o National Planning and Health Economics Administration, which supervises the following programs: <ul style="list-style-type: none"> • Setting and monitoring the implementation of the national health strategy • Studying the Kingdom’s needs of beds • Studying the Kingdom’s needs of health staff • Analyzing the cost of health services and its relation to the demographic structure in terms of income and age • Studying the feasibility of programs such as the chronic diseases program, the anti-smoking program, the road accident control program, etc. • Evaluating the annual performance of governmental and private institutions and their level of contribution to achieving the strategy <ul style="list-style-type: none"> o National Health Quality Administration, which supervises the following programs: <ul style="list-style-type: none"> • Monitoring infection at hospitals, patient re-admissions, long-term hospitalization, wait times, etc. • Verification of compliance with medical policies

Strategic Thrust 3: National Health Insurance Program

Strategic Priority: Sustainable Financial System that Guarantees Freedom of Choosing health provider

Policy 2: Developing the institutional structure of the health system to implement health insurance program

Strategic Objectives	Outcomes	Initiatives
		<ul style="list-style-type: none"> Monitoring performance indicators assessment Evaluating annual performance of service providers Evaluating chronic diseases control programs Evaluating road accident control programs <p>2.2 Building and enhancing individual and institutional capacities for the management of Hekma Center in the fields of health information, health planning, health economics, and quality</p> <p>2.3 Establishing strong ties between Hekma affiliated administrations (health information, planning and quality) and related administrations at other health institutions</p>

Strategic Thrust 4: Health Service Funding

Strategic Priority: Controlling and Directing Health Service Expenditure and Funding Methods

Policy 1: Optimum use of health resources

Strategic Objectives	Outcomes	Initiatives
1. Controlling the cost and rationalization of expenditure	<ul style="list-style-type: none"> Percentage of actual healthcare expenditure from the state budget 	<p>1.1 Preparing a plan for cost reduction and rationalization of expenditure</p> <ul style="list-style-type: none"> Cost control in labs Core lab project in SMC Cost control in Radiology Appointment system in Health Centers Stop BD 3 dispensing of medications in health centers for expats <p>1.2 Result-oriented budget expenditure</p> <p>1.3 Improve Storage Unit system</p>

National Health Plan

Strategic Thrust 4: Health Service Funding

Strategic Priority: Controlling and Directing Health Service Expenditure and Funding Methods

Policy 1: Optimum use of health resources

Strategic Objectives	Outcomes	Initiatives
2. Controlling the dispensing of medicines and health supplies	<ul style="list-style-type: none"> Reducing expenditure on medicines and health supplies 	2.1 Forming a national coordination committee of all joint procurement institutions to set clear coordination mechanisms 2.2 National plan for controlling costs on medication 2.3 Update Drug policies 2.4 Increase percentage of Gulf unified buying of drugs and medical supplies 2.5 Increase percentage of local buying of drugs and medical supplies 2.6 Promoting efficient use of drugs and supplies 2.7 Gradual switch of drug brands to generic ones 2.8 Finish drug pricing project 2.9 E-prescription project
3. Organizing the process of overseas treatment.	<ul style="list-style-type: none"> Setting standards and mechanisms to cut down on the percentage of overseas treatment 	3.1 Setting up an overseas treatment committee under the supervision of the Supreme Council of Health

Policy 2: Comprehensive studies and strategic plans for financing health services

Strategic Objectives	Outcomes	Initiatives
1. Conducting periodic studies to determine the cost of the services provided by all health institutions	<ul style="list-style-type: none"> Evidence-based health service cost accounting 	1.1 Preparing an integrated study of the sustainability of health service financing and relating it to the social health insurance program 1.2 Periodic studies of health service cost at primary healthcare and hospitals 1.3 Conducting periodic economic and actuarial studies of the health sector

Strategic Thrust 4: Health Service Funding

Strategic Priority: Controlling and Directing Health Service Expenditure and Funding Methods

Policy 2: Comprehensive studies and strategic plans for financing health services

Strategic Objectives	Outcomes	Initiatives
2. Preparing and monitoring national health accounts	<ul style="list-style-type: none"> Approved and published health accounts report 	2.1 Issuing the national health accounts report in addition to WHO requirements
3. Directing expenditure towards development projects	<ul style="list-style-type: none"> Percentage of development projects implemented or being implemented 	3.1 Drawing a plan for developing health financial resources

Policy 3: Encouraging the private sector to invest in the health sector

Strategic Objectives	Outcomes	Initiatives
1. Private sector participation in providing health services	<ul style="list-style-type: none"> Number of licenses annually granted to health institutions Number of projects and services shared with the private sector 	1.1 Marketing the concept of therapeutic tourism 1.2 Making use of private sector sources to provide services in fields where private sector experience can contribute high value-added services 1.3 Finding means to enhance private sector participation in construction investments 1.4 Providing ancillary services for hospitals and health centers
2. Encouraging the idea of investing in the private health sector	<ul style="list-style-type: none"> Number of new health institutions annually licensed by NHRA according to the type and category Average time for issuing a license 	2.1 Setting and amending laws and systems related to professional licensing of existing and new institutions 2.2 Applying an electronic licensing system for health institutions and health workers 2.3 Facilitating licensing procedures for new health institutions and health professionals 2.4 Submitting a proposal for a quality plan for investment in the health sector

National Health Plan

Strategic Thrust 5: Capacity Building

Strategic Priority: Recruiting Qualified Staff and Developing Human Resources

Policy 1: Developing the capacities of health institutions to recruit qualified staff

Strategic Objectives	Outcomes	Initiatives
1. Improving the process of recruiting qualified and trained technical and administrative staff	<ul style="list-style-type: none"> • Activating performance assessment criteria • A detailed and effective job description of all positions 	1.1 Setting a program for recruiting qualified and efficient staff 1.2 Developing the policy of incentives and rewards and relating it to performance indicators 1.3 Issuing the licensing regulations for practicing health professionals 1.4 Publishing the list of health associate professionals 1.5 Setting regulations and codes of ethics for health professionals 1.6 Applying an electronic system for professional practice licensing exams 1-7 Coordinating with the Civil Service Council to recruit qualified staff for revising laws and executive regulations of employment and ranking
2. An advanced data base of health and medical staff at all health institutions	<ul style="list-style-type: none"> • An updated electronic system 	2.1 Establishing a national observatory for health sector labor force

Policy 2: Setting a national plan for developing human resources in the health sector

Strategic Objectives	Outcomes	Initiatives
1. Identifying the health sector needs of qualified staff	<ul style="list-style-type: none"> • Providing a report on needs for health staff 	1.1 Studying the current situation of labor force at hospitals and health centers 1.2 Using the WHO tool (Health Manpower Projection Tool) to identify future needs for technical and professional staff in the different health fields

Strategic Thrust 5: Capacity Building

Strategic Priority: Recruiting Qualified Staff and Developing Human Resources

Policy 2: Setting a national plan for developing human resources in the health sector

Strategic Objectives	Outcomes	Initiatives
2. Setting national strategic plans for management and development of human resources in health fields	<ul style="list-style-type: none"> Setting an integrated national plan for management and development of health human resources 	2.1 Providing a comprehensive training plan for technical and administrative staff 2.2 Setting a national five-year plan for supporting the needs for technical and professional staff in the different health fields 2.3 Adopting training controls and policies at hospitals and educational health institutions 2.4 Forming the "Supreme Committee of Health Training" at the national level 2.5 Setting training plans for future leading positions in the health sector 2.6 Approving the continuing health education system in governmental and private hospitals
3. Qualified medical and health staff, both technical and administrative, at hospitals and health education institutions	<ul style="list-style-type: none"> Number of medical and technical staff hired/trained per year 	3.1 Recruiting and raising the standard of quality staff 3.2 Recruiting and developing human resources in health economics 3.3 Recruiting specialized consultants in minor specializations 3.4 Encouraging scientific research 3.5 Establishing a training and medical research center at the Royal Medical Services Hospital 3.6 Collaborating with the Higher Education Council and with medical and nursing colleges in the kingdom 3.7 Establishing bilateral cooperation relationships with regional and world countries in the field of health training 3.8 Adopting the policy of separating training from recruitment for newly graduated physicians

National Health Plan

Strategic Thrust 6: Health Information Systems

Strategic Priority: A strong and effective infrastructure for operating different health information systems and E-Health

Policy 1: Developing Health Information Systems in all Public Health Providers

Strategic Objectives	Outcomes	Initiatives
1. The National Health Information System (I-SEHA) is effective in all MOH health institutions, including hospitals and all health centers	<ul style="list-style-type: none"> An effective (I-SEHA) system in all MOH institutions and works according to the needs of the Insurance program and based on the National Health Dictionary 	<p>Health information system includes application of the following projects at all hospitals and health centers:</p> <ol style="list-style-type: none"> 1.1 A medical electronic record for primary and secondary healthcare 1.2 Radiology system 1.3 Radiology imaging archiving and storing system 1.4 Laboratory system 1.5 Blood bank system 1.6 Appointment schedule system 1.7 Pharmacy system 1.8 Referral and transfer system 1.9 Electronic application system 1.10 Intensive care system 1.11 Surgery and anesthetization system 1.12 Billing system 1.13 Electronic health services 1.14 Reporting system 1.15 Improving I-Seha 1.16 Implementing NHDD
2. An advanced medical information system (AL-CARE) at the Defense Force affiliated hospital	<ul style="list-style-type: none"> An advanced and effective (AL-Care) system at the Military Hospital, the Cardiac Center and King Hamad University Hospital 	<ol style="list-style-type: none"> 2.1 Developing (AL-Care) system at the Defense Force Hospital 2.2 Developing Al-care on the needs of the insurance program 2.3 Implementing NHDD
3. Applying (HOPE) system at King Hamad University Hospital	<ul style="list-style-type: none"> Effective Hope program as per NHDD 	<ol style="list-style-type: none"> 3.1 Implementing HOPE projects 3.2 Integrating HOPE with unified e-system 3.3 Applying NHDD requirements with Hope

Strategic Thrust 6: Health Information Systems

Strategic Priority: A strong and effective infrastructure for operating different health information systems and E-Health

Policy 2: Developing and standardizing health information systems for Implementing Health Insurance

Strategic Objectives	Outcomes	Initiatives
1. Set national strategy for E-Health	<ul style="list-style-type: none"> An approved national strategy for E-Health is available 	1.1 Preparing a strategic plan under the supervision of HIKMA center 1.2 Forming a national health information committee. 1.3 Work with IGA to form electronic infrastructure
2. Health information systems interconnected through the National Health Data Dictionary (NHDD)	<ul style="list-style-type: none"> An advanced and effective National Health Data Dictionary (NHDD) 	2.1 Form NHDD committee 2.2 Selecting and applying the International Classification and Coding of Causes of Diseases and Death 2.3 Work on DRG coding 2.4 Workshop for users 2.5 Annual updates to NHDD 2.6 Identify pay system
3. Apply health information system HIIS		3.1 Implementing Health Insurance and Information System, to include the following: <ul style="list-style-type: none"> • Policies • Payables • Serviec Fee • Billing • Claims • Monitoring • Quality • Health Expenses • Use of services • Satisfics 3.2 Connecting HIID with all providers and buyers 3.3 HIKMA overlooks implementation and operations of HIID 3.4 Working on infrastructure with IGA

National Health Plan

Strategic Thrust 6: Health Information Systems

Strategic Priority: A strong and effective infrastructure for operating different health information systems and E-Health

Policy 2: Developing and standardizing health information systems for Implementing Health Insurance

Strategic Objectives	Outcomes	Initiatives
4. Creating a unified National Medical Electronic Record (NMER) for each person in the Kingdom	<ul style="list-style-type: none"> An electronic record for each person in the kingdom 	4.1 Applying health information storage, to include: <ul style="list-style-type: none"> Patient’s records Treatment plan Quality control Expense 4.2 Connecting NEMR with buyers and providers 4.3 HIKMA overlooks operations of NEMR 4.4 IGA to work on infrastructure
5. Drug utilization and monitoring system (DUR) applied among all health providers		5.1 Implement DUR <ul style="list-style-type: none"> Drug distribution Storage of drugs Policies Drug safety Electronic prescription 5.2 Connect DUR to buyers and providers 5.3 HIKMA overlooks operations through self funding

Policy 3: Developing and standardizing administrative and financial information systems

Strategic Objectives	Outcomes	Initiatives
1. A uniform electronic system for health accounts at all hospitals and governmental health centers	<ul style="list-style-type: none"> An effective uniform system for cost accounting in all governmental hospitals and health centers 	1.1 Applying a uniform electronic health accounts system 1.2 Supplying the national health economics administration with periodic reports 1.3 Developing the inventory and costing systems at hospitals and health centers

Strategic Thrust 6: Health Information Systems

Strategic Priority: A strong and effective infrastructure for operating different health information systems and E-Health

Policy 3: Developing and standardizing administrative and financial information systems

Strategic Objectives	Outcomes	Initiatives
1. An integrated information system for health insurance	<ul style="list-style-type: none"> An effective financial and administrative system 	1.1 Link to needs of autonomy of service providers 1.2 Implementing the administrative and financial systems as per the Insurance program needs 1.3 Connection the system with the Insurance system

Strategic Thrust 7: Leadership and Governance

Strategic Priority: Setting Leadership Roles for Governmental Health Institutions in the Kingdom

Policy 1: The Supreme Council of Health will supervise all health-related aspects at the national level.

Strategic Objectives	Outcomes	Initiatives
1. Governance of the health system at the national level	<ul style="list-style-type: none"> The role of the Supreme Health Council and all related parties in the health system is set is the Regulations 	1.1 Setting the roles of all health system parties 1.2 Coordinating between service providers in the Kingdom as regards medical services 1.3 Direct supervision of the Supreme Council of Health and the National Health Regulatory Authority 1.4 Setting proposed controls for appointing health institutions boards of directors 1.5 Setting general controls for procedures of joint procurement of medicines, equipment and medical substances 1.6 Recommending suggested amendments of health-related legislations and submitting them to the Council of Ministers 1.7 Evaluating the health status in the kingdom and the means of development

National Health Plan

Strategic Thrust 7: Leadership and Governance

Strategic Priority: Setting Leadership Roles for Governmental Health Institutions in the Kingdom

Policy 1: The Supreme Council of Health will supervise all health-related aspects at the national level.

Strategic Objectives	Outcomes	Initiatives
2. Setting national health plan and follow up the implementation of the plan with Ministries, and all concerned entities in public and private sectors	<ul style="list-style-type: none"> Plans for national health system 	2.1 Reviewing current health policies and strategies 2.2 Coordinating with Ministries and institutes for implementation 2.3 Supervising implementation of policies 2.4 Rules for provision of future needs 2.5 Setting financing policies for services
3. Drafting policies and strategies as per performance of health system	<ul style="list-style-type: none"> Achieving National Health Plan objectives 	3.1 Review strategies and policies periodically 3.2 Conduct workshops to review strategies 3.3 Improve information system 3.4 Evaluate workflow

Policy 2: Restructuring Ministry of Health

Strategic Objectives	Outcomes	Initiatives
1. Changing MOH role from a service provider to a regulatory and supervisory body of public health, health promotion, social care and environmental health services	<ul style="list-style-type: none"> MOH is the responsible body for public health, health promotion, social care and environmental health services 	1.1 Developing the organizational structure of MOH and its affiliated health facilities 1.2 Enhancing MOH role in providing public health and health promotion services 1.3 Studying the transfer of all social health services to MOH 1.4 Study the transfer of environment health responsibilities to MOH 1.5 Amending laws, regulations and rules related to MOH role to comply with its future task

Strategic Thrust 7: Leadership and Governance

Strategic Priority: Setting Leadership Roles for Governmental Health Institutions in the Kingdom

Policy 3: Organizing the work of medical professions and health institutions in the Kingdom

Strategic Objectives	Outcomes	Initiatives
1. Excellent performance of the National Health Regulatory Authority	<ul style="list-style-type: none"> Percentage of health institutions complying with laws and regulations Percentage of licensed health professionals whose licenses have been renewed 	<p>1.1 The Supreme Council of Health will supervise the Authority's enforcement of laws and regulations</p> <p>1.2 Developing the organizational structure of the Authority</p> <p>1.3 Introducing a unit or department for safety and medical equipment</p> <p>1.4 Setting internal regulations to organize workflow at the Authority.</p> <p>1.5 Drawing up the Authority's financial regulations project</p> <p>1.6 Developing the Authority's financial resources</p> <p>1.7 Setting up a special unit for inspecting health institutions</p> <p>1.8 Establishing a safety and medical equipment unit</p> <p>1.9 Setting regulations for organizing and registering medical equipment</p> <p>1.10 Setting up an advanced electronic system and data base for the Authority</p> <p>1.11 Developing the skills of Authority staff</p> <p>1.12 Launching an educational media plan to raise awareness among health professionals, citizens, investment companies and the private sector about the Authority, its health role, and its duties and responsibilities</p>

National Health Plan

Strategic Thrust 7: Leadership and Governance		
Strategic Priority: Setting Leadership Roles for Governmental Health Institutions in the Kingdom		
Policy 3: Organizing the work of medical professions and health institutions in the Kingdom		
Strategic Objectives	Outcomes	Initiatives
2. Safe and reliable health services that ensure respecting the rights and safety of beneficiaries	<ul style="list-style-type: none"> Updated laws and rules for the licensing of professions, health institutions and insurance controls for medical errors 	2.1 Revising and amending the laws and regulations for the licensing of professions, and existing and new health institutions and setting insurance conditions and controls for professional malpractice. 2.2 Setting up a program for detecting and reporting complaints and medical errors 2.3 Setting up an accountability committee for private health institutions

Monitoring and Evaluation

The Strategy, once adopted and published, is translated into reality and its objectives fulfilled through practical plans jointly prepared by different bodies in the public and private health sectors based on that National Health Strategy. The implementation progress of the plan is tracked by measuring performance indicators of each initiative, as shown in the following format:

Action Plan Format

Strategic Thrust					
Strategic Priority					
Policy					
Strategic Objective					
Initiatives (programs/projects/ activities)	Performance indicators	Expected annual cost	Time schedule	Implementing body	Partners
1					
2					
3					
4					

In order to achieve the above strategic goals, the Supreme Council of Health will coordinate and cooperate with all stakeholders to build strong partnerships with all sectors and bodies to ensure coordinated and regulated work to provide integrated health care. This will be reflected by a number of joint programs and projects with international organizations such as World Health Organization and World Bank, along with mutual programs and projects with local bodies like the Ministry of Health, hospitals, and health centers affiliated to the Ministry of Health, Military Hospital, Heart Center, King Hamad University Hospital and private hospitals. This is in addition to involvement of abovementioned bodies in preparation and evaluation of national strategies and plans related to health in order to harmonize and complement each other to ensure efficiency and effectiveness and to prevent wasting of resources.



Desired Outcomes

Application of health strategy in Bahrain aims to achieve strategic outcomes that will enable the patient and those dealing with health system to feel concrete better change in the following aspects.

1. Greater improvement and development of health services

Maintenance of health of individuals, families, community and all residents of Bahrain; of all ages. The Public Health Department shoulders spreading of health awareness and organization of programs to combat obesity, smoking and to control chronic deceases. The primary health services are good and comprehensive and are undertaken by family doctors and assistant medical staff at health centers; to provide prevention, education treatment and care services, with referral to hospitals when necessary. By self-management, hospitals will be able to compete to provide good treatment services under perfect care and humane treatment of patients. By that, the patient will be the focus of attention of hospitals. By application of medical electronic file project, the doctor will be able to take appropriate decision for the patient to receive distinguished services at the right time and place.

2. Quality and safety improvement and quality sustainment assurance

Quality and safety of health service represent the key to success of any health strategy. It is important for us to feel such quality and safety in dealing with health institutions and to ensure that patient's complaint and independent surveys will be the basis of measurement of customers' satisfaction. Therefore, the Supreme Council of Health will, in coordination with the Ministry of Health and other related governmental bodies, measure and monitor the quality of health services at all levels; including therapeutic and administrative services, cost, medical equipment and devices and medicines, in addition to strengthening the role of the National Health Regulatory Authority to regulate professions and health services in follow up of health institutions to comply with and apply quality systems and to follow up measurement of applicable standards for formation of incentives system.

3. Prioritizing and promotion of research

Studying and analyzing of various health data and their conversion into information will be the basis for setting priorities, making decisions and planning. This is in addition to promotion of research in all therapeutic health and health economies fields which will help in spreading of knowledge and identification of trends.

4. Greater role for private sector in the fields of insurance and treatment

Development of laws and regulations to license health professions and institutions will enable the private sector to play an active role in provision of health services in the kingdom. On the other hand, such system will give opportunity to private insurance companies to provide their services to interested citizens and foreigners (such as companies' workers), by provision of services package set in agreement with hospitals and security fund; allowing all bodies to compete with each other.

5. From intermittent to continuous care

The repair program will move us from the current system which relies upon hospital services to comprehensive and integrated care through health centers and family doctors; for the patient to receive treatment quickly and efficiently from near his residence. This will be the first entity to provide distinctive and high quality and safety service. In case of need of specialized services, family doctors will transfer the patient to hospitals. This system will reduce cost and improve service to move from intermittent care of any syndrome to planned and coordinated care based upon prevention and health maintenance.

6. Active programs to promote health and health education

Those programs aim at educating people, influencing and helping them to held more responsibility and be more active regarding the issues affecting their mental and psychical health and to change their lifestyle to move towards a healthy ideal case, by focusing upon changing of behavioral factors which expose health to risk.

