Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases

Bahrain
15-17 May 2017
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Executive Summary

A Joint Programming Mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Bahrain was held between 15-17 May 2017. The Joint Mission included representatives from the following agencies: United Nations Development Programme (UNDP), UN Environment and the World Health Organization (WHO), which led the mission.

The Joint Mission found that NCDs - principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases – cause 75% of all deaths in Bahrain, and the probability of dying prematurely from one of these diseases is 11.8%. This means that nearly one in every five adults dies from NCDs before the age of 70.

The Joint Mission learned that despite recent progress in addressing NCDs and their risk factors the large majority of Bahraini are physically inactive, have insufficient intake of fruits and vegetables, one third of Bahraini are hypertensive and almost 15% of the population are diabetic. In addition, a third of Bahraini men use tobacco, with worrying increase in tobacco and shisha smoking amongst the youth.

The Task Force reviewed the National NCD Action Plan and the National Health Improvement Strategy 2015-2018 in the context of Bahrain’s broader development plans. During the visit, the Task Force met with a number of high-level officials from a number of ministries across government in order to explain how NCDs present a challenge to their sector and the national development agenda, and to identify concrete steps that can be taken in their sector to tackle NCDs, including Finance, Media and Information, Youth and Sports, and Education. The Joint Mission members also met with the Health Committee of the National Assembly (both Chambers) and visited the Capital Governorate of Manama. The Joint Mission presented a set of evidence-based interventions and fast-track actions to turn the tide of NCDs in Bahrain.

The Joint Mission recommended a small number of actions in line with the Framework for Action to implement the United Nations Political Declaration on NCDs of the WHO Regional Committee for the Eastern-Mediterranean. These recommendations are under the following four areas: (i) governance; (ii) prevention and reduction of NCD risk factors; (iii) surveillance, monitoring and evaluation of a more effective health system response and; (iv) healthcare.

The Joint Mission highlighted a set of highly cost-effective and feasible interventions for tackling NCDs, for example raising taxes on tobacco products and foods that are high in salt, sugar and some fats. If implemented, they will result in dramatic reductions in NCDs over a fairly short period of time and will reduce the cost of health care for NCDs. Implementing these will require even greater commitment and action across government.

This report provides a clear road map for Bahrain to focus on the prevention of NCDs to significantly reduce premature morbidity and mortality from NCDs and to ensure that Bahrain is well placed to report at the Third High-level Meeting on NCDs in 2018, as well as at the High level Political Forum where Bahrain will be presenting a voluntary review on the country’s progress on Sustainable Development Goals implementation.

1. A Joint Programming Mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Bahrain was held between 15-17 May 2017. In alphabetical order, the following agencies participated in the Joint Mission: UNDP, UN Environment and WHO. Terms of Reference, members of the Joint Mission and the programme are provided in Annexes 1-3. The Joint Mission is grateful to H.E. the President of the Supreme Health Council Dr. Shaikh Mohammed Bin Abdulla Al Khalifa, Minister of Health of Bahrain H.E. Faeqa Bint Saeed Al Saleh, Chief Executive of the Supreme Council for Environment Dr. Mohamed Mubarak Bin Daina, and Parliament of Bahrain (Representatives and Shura), that took time to meet the Mission. The Mission also expresses its gratitude to the ministries of education, youth and sports, and information and media, the national news agency, TV and Radio, and governorates, as well as representatives of civil society organizations, professional and academic associations and the National NCD Committee who took active part in the discussion during the week.

Key Findings

2. Bahrain is a high income country with 75% of all deaths being caused by NCDs. These diseases are on the increase in Bahrain, killing around 2138 people per year. A matter of great concern is that a person in Bahrain has a 11.8% chance of dying prematurely from a NCD. The leading cause of NCD deaths in Bahrain is cardiovascular disease, which accounts for 49% of all deaths in the country, followed by cancer and diabetes, which account for 18%, and 3% of deaths respectively. Around 400 people die of cancer each year – the most prevalent being lung, breast and colorectal cancers.

3. Bahrain is strongly placed to move forward on NCDs:
   - There is a high level of political and technical commitment by the Ministry of Health and an understanding of the need for action in other government ministries;
   - Existing frameworks and coordination mechanisms are in place, i.e. Economic Vision 2030 for Bahrain, Health improvement strategy 2015 – 2018, NCD National strategy 2016-2025, with targets as recommended by WHO, Manama document to control noncommunicable diseases (Gulf plan to control noncommunicable diseases (2011/2020) which was approved by the 70th Gulf Cooperation, as well as a national NCD coordinating mechanism;
   - There is a big interest in the NCD agenda among governorates (Capital Governorate in particular);
   - Non-State partners stand ready to support the efforts of the government;
   - There is a strong health system in Bahrain providing universal health coverage for Bahraini and non-Bahraini citizens with a well-developed primary health care component, which is well shaped for early detection of NCDs;
   - A UN system that is keen to provide coordinated technical assistance to catalyse NCD action across the Government of Bahrain.

4. Despite the above, bolder measures are needed if Bahrain is to:
   - Reduce NCD morbidity and avoidable premature mortality, and meet the NCD-related Sustainable Development Goals;
   - Reduce the economic, social and public health threat of NCDs in Bahrain;
   - Incorporate its progress on NCD prevention and control in the voluntary review on the implementation of the Sustainable Development Goals (SDGs) to be presented at the 2018 ECOSOC High Level Political Forum;
- Provide a comprehensive report on the progress in implementation of the NCD-related SDGs at the Third High-level Meeting on NCDs of the UN General Assembly in 2018;
- Ensure that the Framework Convention on Tobacco Control is implemented in full, in particular the need to increase levels of tax on tobacco products.

5. In terms of meeting the four time-bound commitments that Member States agreed at the 2014 High-level review in New York, the Joint Mission considers that Bahrain’s progress can be summarised as follows:

<table>
<thead>
<tr>
<th>Commitment</th>
<th>Joint Mission assessment</th>
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<tbody>
<tr>
<td>By 2015, develop national multisectoral policies and plans.</td>
<td>In place.</td>
</tr>
<tr>
<td>By 2015, set national targets.</td>
<td>In place.</td>
</tr>
<tr>
<td>By 2016, reduce risk factors for NCDs through the implementation of interventions building on the guidance set out in Appendix 3 of the WHO Global NCD Action Plan 2013-2020.</td>
<td>Progress in majority of areas, but significant attention required to meet this target by 2018.</td>
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6. In 2017, Member States will be invited to provide data for WHO to report in 2018 to the Third High-level Meeting on progress in the above four areas through 18 specific targets. Based on the WHO NCD Progress Monitor 2015 and observations during the mission, the Joint Mission considers progress in Bahrain is as follows:

<table>
<thead>
<tr>
<th>Incentive</th>
<th>Progress Monitor assessment</th>
<th>Joint Mission assessment</th>
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<tbody>
<tr>
<td>1 National NCD targets and indicators</td>
<td>Not achieved</td>
<td>Partially achieved^4</td>
</tr>
<tr>
<td>2 Mortality data</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>3 Risk factor surveys</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>4 National multisectoral action plan</td>
<td>Not achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>5 Tobacco demand-reduction measures</td>
<td>Not achieved</td>
<td>Not achieved</td>
</tr>
<tr>
<td>a. Taxation</td>
<td>Not achieved</td>
<td>Partially achieved</td>
</tr>
<tr>
<td>b. Smoke-free policies</td>
<td>Partially achieved</td>
<td>Fully achieved *</td>
</tr>
<tr>
<td>c. Health warnings</td>
<td>Not achieved</td>
<td>Fully achieved *</td>
</tr>
<tr>
<td>d. Advertising bans</td>
<td>Not achieved</td>
<td>Fully achieved *</td>
</tr>
<tr>
<td>6 Harmful use of alcohol reduction measures</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>a. Availability regulations</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>b. Advertising and promotion bans</td>
<td>Not achieved</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>c. Pricing policies</td>
<td>Not achieved</td>
<td>Not achieved^4</td>
</tr>
<tr>
<td>7 Unhealthy diet reduction measures</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>a. Salt/sodium policies</td>
<td>Not achieved</td>
<td>Fully achieved</td>
</tr>
<tr>
<td>b. Saturated fatty acids and trans fats policies</td>
<td>Not achieved</td>
<td>Not achieved</td>
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^2 Targets in place, but indicators not completed yet.
^4 However alcohol is not a priority for the Government as it is very restricted.
7. The Joint Mission’s assessment was more positive than that published in the 2015 Progress Monitor because there has been recent progress. There are considerable needs to move ahead with increasing tobacco taxation and on policies that encourage healthy diet and physical activity.

**Recommendations for Action**

8. The Joint Mission has prioritised a small number of recommendations in four areas, under the headings of the Framework for Action to implement the United Nations Political Declaration on NCDs of the WHO Regional Committee for the Eastern-Mediterranean.

9. In the area of **Governance** for NCDs the Joint Mission recommends that:

   - Multisectoral NCD coordination is further elevated to the highest possible level of the Government, including operationalising National NCD Committee;
   - Multisectoral costed action plan is developed to operationalise National NCD Strategy;
   - Fully align national health policies, strategies and plans with the National Economic vision 2030, and with Strategic plans of the sectors involved in the NCDs plan, including matching of the KPIs;
   - Ensure that NCDs are incorporated into the governorates and local action plans and programmes in place;
   - Integrate a proposed costing breakdown into the NCD plan, to ensure adequate resource allocation to all proposed initiatives;
   - Develop an NCD investment case to better understand the burden of NCDs on the national economy and further advocate for increased finance for NCD prevention and control;
   - Realign funding distribution to focus on NCD prevention as a cost-saving mechanism, thus resulting in long-term savings on primary, secondary and tertiary care in relation to NCDs;
   - Ensure NCD prevention and control and universal health coverage are embedded into the health service reform.

10. **Prevention and reduction of risk factors.** The Joint Mission recommends that the Government of Bahrain undertake the following cost-effective measures that address NCD risk factors, through joint approach through the national, multisectoral NCDs Committee:

    **Tobacco**

    - Fully implement WHO FCTC MPOWER package;
    - Consider appropriate responses to emerging challenges, in line with international guidance and policy recommendations e.g. e-cigarettes and shisha;
• Consider joining the WHO FCTC Protocol on Illicit Trade of Tobacco;
• Consider scaling up graphic health warnings and plain packaging;
• Scale up school and adolescent interventions for smoking prevention.

Nutrition

Finalize and operationalize the nutrition strategy of Bahrain with focus on the following potential areas:

• Salt: continue gradual reduction in the main food products;
• Sugar: introduce taxes on sugary sweetened beverages, remove subsidies;
• Trans fatty acids: finalise national strategy on trans fats, incl. guidance for food industry;
• Consider legislative action on TV and Radio advertisement of unhealthy food and drink products.

Physical activity

• Integration of physical activities and sport in the relevant various settings (schools, work places, social centers and other natural community gathering areas);
• Expand and multiply healthy settings projects (healthy cities, healthy malls, etc.);
• Accelerate physical activity and sports promotion, mainly through media;
• Share findings from School Health Programme with other GCC countries.

Environment

• Integrate environment as a pillar into planning to improve the quality of life and achieve healthy, resilient cities;
• Consider engaging the community, civil societies, media and other stakeholders with targeted campaigns and programmes to change consumers' consumption habits towards more sustainable options to ensure transition to sustainable lifestyle patterns.

11. **Surveillance, monitoring and evaluation.** The Joint Mission recommends that Bahrain:

• Conduct and finalize STEPS survey by the end of 2017 to ensure that Bahrain can report on all the NCD targets and indicators;
• Consider undertaking a nationally representative 24-hour urine study by the end of 2017;
• Strengthen civil registration and vital statistics in order to improve the quality of its mortality data;
• Align national NCD-related targets and indicators with emerging global and regional commitments in the area of sustainable development;
• Expand achievements of the integrated healthcare IT system iSEHA, through centralised analysis of all primary, secondary and tertiary care data, for quality assurance, monitoring and evaluation of NCD diagnosis and treatment;
• Scale up NCD related research by Bahraini academia through provision of grant funding and international recognition of academic achievements.

12. **Healthcare.** The Joint Mission **recommends** that the Government:

- Consolidate NCD and mental health integration in primary health care, ensuring that sufficient supply is available to meet population-level service demand;
- Align national efforts on cancer with new emerging regional WHO guidance on cancer prevention and control;
- Focus on cancer early diagnosis, which is a more effective and cost-effective method of early detection than population-level screening programmes;
- To carefully review Breast Screening programme by the Ministry of Health, to ensure it is in line with current WHO recommendations in terms of screening test and population age range, as outlined in the WHO Eastern Mediterranean Region’s Policy Statements on early detection of cancer\(^5\);
- Scale up community approaches for early CVD diagnosis, such as the Protect Your Heart Campaign, scaling up cardiovascular risk stratification and management at a primary health care level, using WHO tools such as those recently developed by WHO Global HEARTS initiative;
- Utilize systematic (call/recall) approach for early detection of NCDs, such as hypertension and diabetes through the primary healthcare centres, and consider systematic risk stratification for early detection of CVDs;
- Develop pathways and lifestyle interventions for pre-diabetic patients and scale up referral pathways for diabetic patients to ensure a high uptake rate at Diabetes Clinics and reduce admissions.

**Wider Observations of the Joint Mission**

**National NCD response**

13. Bahrain has a rapidly growing economy based on resurgent oil prices, a thriving financial sector, regional economic boom and increasing foreign direct investments. This has resulted in significantly improved living standards and life expectancy in Bahrain over the past 20 years.

14. Bahrain is very highly ranked in terms of human development, ranking first in the Arab world in the Human Development Index (HDI) that is not related to income, which mainly demonstrates effects of changes in sectors like health and education, and is linked with standard of living.

15. The population of Bahrain was 1.3 million people in 2014. With the average population growth rate of 7.4%, the population is expected to reach 1.6 million by 2020 and 2.1 million by 2030. There are 50% Bahrainis and 50% non-Bahrainis. 25.9% of the population is under 19 years of age, with the majority of the population (71.1%) aged between 20-64 years, and 2.1% over the age of 65.\(^6\)

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\(^5\) Available at [http://www.emro.who.int/noncommunicable-diseases/publications/policy-statements-ncds.html](http://www.emro.who.int/noncommunicable-diseases/publications/policy-statements-ncds.html)

16. There have been significant improvements in health over the past decades, including strong commitment from the Government to universal health coverage. Successes include considerable increase in life expectancy at birth, availability and access of clean water and sanitation services and free basic health services and medicine for the entire population. Bahrain was also successful in achieving all health-related Millennium Development Goals.

17. NCDs account for 75% of all deaths in Bahrain, and the probability of dying prematurely from one of these diseases is 11.8%. This means that nearly one in every five adults dies from NCDs before the age of 70. Despite recent progress in addressing NCDs and their risk factors the large majority of Bahraini are physically inactive, have insufficient intake of fruits and vegetables, one third of Bahraini are hypertensive and almost 15% of the population are diabetic. In addition, one third of Bahraini men use tobacco, with a worrying increase in tobacco and shisha smoking amongst youth.

**Governance**

18. The Government have demonstrated sustained leadership in developing and implementing national NCD strategies, plans and programmes. There is a well-established NCD infrastructure in the Ministry of Health with strong commitment to NCD prevention and control. NCD management is well integrated at the primary health care level in line with WHO recommendations. The Government is expanding its range of preventative health programmes, focusing on lifestyle behaviour change to reduce population risk of NCDs, including scaling up awareness campaigns and health promotion.

19. NCDs are highly prioritised on the agenda of the Government of Bahrain: the National Development Plan 2015-2018 includes priority 2.1 on “High quality comprehensive healthcare services”. This element focuses on increasing availability, affordability and quality of healthcare coverage. Within this initiative, the government is specifically focused on addressing NCDs and the needs of an ageing population. As such, the document sets out their intentions to develop a National Diabetes Centre, a Dialysis Centre, a cardiac Hospital and a National Oncology Centre.

20. Health Improvement Strategy 2015-2018 considers NCDs as one of the main challenges to the health of the population. In addition, the Government of Bahrain is concerned with the economic burden of NCDs and their complications, resulting from the high treatment expenditure implicated due to prolonged periods of sickness and its negative impact on the productivity of individuals, which negatively affects the progress of society.

21. Bahrain Supreme Council for Health moves forward the healthcare reform and develops IT foundations for Integrated National Health Information System IT system to control drugs. Council changes ways of health services provision. introduces family physician system. Plans to create department for health economy, health quality.

22. The WHO National Capacity Survey (2016) indicates that Bahrain has met the criteria to ban all forms of tobacco advertising, promotion and sponsorship. However, the country has not yet joined the WHO FCTC protocol and once Bahrain’s (GCC initiated) free trade agreement enters into force, all custom fees of tobacco products covered by the agreement will drop to zero.

23. Bahrain has developed its National NCD Strategy 2014-2025. The strategy sets out a number of objectives with the overall goal of 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases among adults (age 30-70 years) over the next 10 years. The Joint Mission considers that the next step is to update and fully
operationalize the NCD strategy by developing a fully costed action plan, with division of labour and an accountability framework for non-health ministries.

24. The Ministry of Health has established a national multisectoral NCD Committee which united different line ministries, civil society representatives and the private sector to focus jointly on NCD prevention and control. The Committee acts as a platform for different actors to share information about their NCD related activities. However, the Committee has not yet defined the division of labour and its members do not yet have a specific budget to cover NCD work.

25. The National Assembly of Bahrain (Council of Representatives (Shoura) and the Consultative Council) established in 2012 is currently considering the general public health law, which is expected to provide regulations for health-harming products like tobacco and unhealthy diets, better control of food in schools, pharmaceutics and the work of the private sector in healthcare. The Joint Mission was informed about the conflict of interest among parliamentarians, which was an obstacle for bolder legislative measures to protect the health of the population and delays the approval of the public health law.

26. Governorates, despite the small size of the country, play a significant role in materializing the NCD response at local level. In Bahrain, the Capital Governorate has agreed to join the Healthy city initiative, which will provide a foundation for implementing multisectoral action for NCDs.

27. The Ministry of Health and the relevant authorities in the GCC countries are urged to cooperate in, and integrate, the NCD curative and preventive programmes, to find the most successful ways to serve the citizens of the Gulf Cooperation Council for the Arab Gulf States.

**NCDs and their risk factors**

28. Tobacco is a major concern in Bahrain, and the Ministry of Health is committed to tackling this NCD risk factor. Bahrain ratified the FCTC in 2007, including the banning of smoking in public places. As a result, people who smoke must utilise specific designated smoking areas where available. Smoking has been completely banned in malls. Furthermore, smoking cessation support is now available to smokers through the health clinics, with Nicotine Replacement Therapy also freely available to Bahrainis.

29. However, further legislative actions such as plain packaging are required, and 100% taxation has not yet been implemented. The Joint Mission also noted that the tobacco legislation is not fully enforced, e.g. sales of tobacco to children and adolescents.

30. Bahrain is reducing salt consumption by decreasing the amount of sodium chloride in bread by 10%, with the aim of increasing this to 30% in the future. If the initiate on bread is effective, the Ministry of Health also plans to extend this to cheese producers.

31. The Mission was unable to identify any specific initiatives being undertaken in Bahrain to reduce trans fatty acids, however it was acknowledged that this is an area of focus for the future.

32. There are a number of initiatives focused on unhealthy diets being implemented by a number of sectors and ministries. The Ministry of Education has developed a programme on healthy schools, which includes nutritional education and a programme to implement healthy school meals. The Ministry of Information has been working in collaboration with the Ministry of Health to deliver health messages on TV, Radio and through social media (Twitter and Instagram) to encourage the population to lead healthier lifestyles. However, there are currently no regulations in place to limit food and drink advertising in Bahrain.
33. Bahrain is a particularly challenging setting for physical activity due to high summer temperatures for 6-7 months of the year, reaching 50 degrees. However, the Government has shown commitment to encouraging sports and activities through a number of initiatives within the country. The Ministry of Youth and Sports is running campaigns to educate youth on healthy behaviours through their broader engagement in sports, e.g. marathons, organising national sports days to increase physical activity among both youth and adults, Healthy schools programme - including 1km walks for the students, the development of indoor sports facilities in many schools, and teaching about the importance of being physically active.

34. There are also effective nationwide programmes on promoting physical activity being implemented in Bahrain:

- Healthy malls - promoting malls as suitable environments for walking, to utilise these spacious, air conditioned areas for exercise in the summer months.
- Parks and Paths - a number of park areas and walking paths have been developed throughout the country for use during milder weather.
- Endorsing competitive sports - there is political encouragement and national-level showcasing and acknowledgement of competitive sports and achievements, including ironman participation (long distance triathlon) and a national women’s football team.
- The Mission recommends that the above activities be included in the national NCDs plan, with clear strategic objectives and indicators. The accountability of implementation should be with the specific sectors.

35. Hypertension early detection programme is in place to identify those with undiagnosed hypertension, by referral at their local health centre. Health practitioners test blood pressure among patients of high risk for hypertension (tobacco use, obesity or physically inactive) and prescribe antihypertensive treatment and lifestyle advice to those diagnosed positively. The Ministry of Health may want to consider a systematic (call/recall) approach for early detection of NCDs such as hypertension.

36. A community approach to diagnosis has been initiated through the Protect Your Heart Campaign – a workplace-based early detection programme, aimed in the first stage at government employees, with further extension to the private sector. Scaling up the community approach to other workplaces, and targeting the population at the community-level, for example through organizations and places of worship, might also be beneficial.

37. Bahrain has one of the highest global prevalence rates of diabetes. To effectively address diabetes the Ministry of Health is considering developing a specific diabetes committee, and running a NCD Early Detection programme to identify high-risk patients at an early stage, picking up pre-diabetic as well as diabetic patients, and providing appropriate treatment including lifestyle advice.

38. The economic impact of diabetes on the Bahrain economy is huge, with direct costs of 87.6 million BD/year alone – equivalent to one fifth of overall health expenditure. However, a further breakdown of the data indicated that the biggest contributor of this cost is admissions, with <20% patients making up 61 million of the costs. This information is particularly important as it can help the ministry to better identify where to focus expenditure in the most effective way to reduce admissions. One of the main causes of admissions was hyperglycaemia. An example of this is the Diabetes Clinic programme developed as a key intervention within all health centres. These clinics
are aimed at supporting patients who have uncontrolled HbA1c levels and need additional support and nutritional advice from a clinician.

39. Bahrain has implemented a breast cancer screening programme. Whilst it is positive that the Ministry of Health is keen to tackle the issue of breast cancer mortality through early detection, a more cost effective option would be an early diagnosis programme. This focuses on detecting symptomatic patients at the earliest possible stage, as opposed to the asymptomatic patients targeted through population-level screening programmes. Experience shows early diagnoses are both more effective at reducing breast cancer mortality and more cost-effective than screening programmes.

40. The environment is no longer considered an added burden in everyday life – it is an integral element of planning for a sustainable future. The Kingdom of Bahrain has all the essential elements such as high level political commitment, engagement of high level decision makers both in the public and private sectors, informed consumers and a community which will pave the way for moving towards changing to healthy, sustainable and resilient lifestyle patterns, improving the quality of life, achieving healthy resilient cities and meeting its Sustainable Development Goals.

Data collection

41. A national, integrated, information system has been developed for use across all public medical centres, covering primary, secondary and tertiary care. The i-Seha system was rolled out gradually across the multiple health facilities and reached nationwide usage in 2011. The system enables clinicians in any facility to access and update patient medical records, and is expected to positively impact on referrals, patient recall and continuity of care.

42. The use of a centralised system also presents an excellent opportunity for robust monitoring of population-level NCD risk factors, diagnoses and treatments, as well as evaluation of patient care. A national-level system for medical data should enable the Ministry of Health to conduct such data analysis across the whole country. It is therefore strongly advised that the Ministry makes full use of this innovative opportunity to delve into the data at a national level on a regular basis (quarterly and annually), and report to the NCD committee (or similar sub-committee, as suitable).

43. Bahrain has also been able to gather data on NCD risk factors through the STEPS survey, which was conducted in 2007. However, the Joint Mission recommends that a STEPS survey is undertaken by the Ministry of Health as soon as possible.

44. Bahrain has a well-established cancer registry which was developed in 1998, and currently utilises the CanReg4 system. Through this data two reports have been published, including analysis of data on cancer incidence and mortality, for the period of 1998-2011. The Mission recommends that regular analysis of the data is undertaken, and Bahrain is well placed to undertake further analysis covering trends over the period 1998 – 2016.

UN response

45. The UN Country Team (UNCT) in Bahrain is composed of the following agencies: UNDP, UN Environment, UNIC, UNIDO, WMO, UNESCO, UNHabitat, UNHCR, UNFPA, UNICEF, UNODC and WHO. The Resident Coordinator assumes overall responsibility for the operational and development activities of the UN country team.

46. Notably, the Kingdom of Bahrain has also developed a Strategic Cooperation Framework (SCF), in collaboration with UN agencies. This cooperation matrix shows the contributions of UN system agencies to specific policy and programme priorities of the Government Programme of
Action. As such, the framework sets out the Policies, Programmes and UN service lines to meet internationally-agreed SDG Target 3.4, to “reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being”.

47. Strategic Cooperation Framework 2017-2020 is still under consideration. It is important to build on the positive relationships between Ministry of Health and other Ministries and the UN system to advocate for greater integration of the NCDs in the government priorities and actions. UNRC is keen to provide convening support for UNIATF report implementation, and pledged the support to advocate for, and share findings of, this mission at the highest government levels.

Civil society and private sector response

48. Cancer Society established in 1989. This NGO, volunteer-based organization initiates programmes for early detection, provides patient support (generating money for expats who cannot pay for chemotherapy) and palliative care. They also carry out awareness raising and fundraising campaigns.

49. Data from private hospitals is provided to the MoH on the monthly basis. Private hospitals support national programmes on early detection on diabetes and cancers, and share leaflets with the patients.

50. Anti-Smoking society established in 1975. An NGO, volunteer-based organization that carries out national anti-smoking campaigns, and produces reports and educational materials.
Annex 1. Members of the Joint Mission (agencies and individuals in alphabetical order)

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Alexey Kulikov
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Regional Resource Efficiency Officer, West Asia Office

Mission Goals and Objectives

The purpose of the Joint UNIATF Mission to Bahrain will be to support the UN agencies to:

- Understand the relevance of NCDs to their individual human development efforts in the country and support implementation.
- Scale-up national multisectoral actions on the prevention and control of NCDs across government, UN system and other partners.
- Support the establishment of sustainable mechanisms within resident UNCT and the Government to implement NCD action plans and NCD-related actions within national development goals.
- Ensure due priority to tobacco by combining the UNIATF mission with the FCTC needs assessment mission.
- Provide technical support and advocacy for the development and implement a comprehensive strategy for cancer control.
- Provide a clear road map for NCD action, with roles and responsibilities clearly defined.
- Advocate to non-health sectors about the burden of NCDs and the importance of this coordination.
- Draw lessons from ongoing efforts by WHO and other UN agencies working with the Government of Bahrain in the area of NCD prevention and control.

Specific objectives for the joint mission are to support the Government of Bahrain with the following:

- Map ongoing bilateral and multisectoral processes to support the government in efforts to address NCDs within the context of the Strategic Cooperation Framework (SCF) between the Kingdom of Bahrain and the United Nations Agencies.
- Advocate for effective multisectoral response and increased multisectoral investments for NCDs at the country level, including development of national multisectoral action plan on NCDs and the country cooperation strategies of respective UN agencies.
- Advocate for health policies across government line ministries, including strengthening of prevention and early detection of NCDs.
- Establish a roadmap over the next 12 months which will result in significant progress in ongoing national efforts contributing to the multisectoral response to NCDs.
Annex 3. Joint Mission Programme

| Monday, 15 May 2017 (Day 1) |  
| Time |  
| 07:30 – 07:45 | Meeting of the UNIATF team members to finalize the programme  
| 07:45 – 08:15 | Meeting with UN Resident Coordinator and UN Country Team  
| 08:30 – 09:00 | Meeting with Minister of Health  
| 09:00 – 10:00 | Meeting with MoH Directors and NCD public health team  
| 10:30 – 12:00 | High-Level Forum on NCDs with line ministers (National Committee of NCD)  
| 12:30 – 13:30 | Meeting/forum with Governorates and city mayors and local governments  
| 14:00 – 15:00 | Stakeholder forum with NGOs, Civil Society Organizations  
| 15:00 – 17:00 | Wrap up meeting  

| Tuesday, 16 May 2017 (Day 2) |  
| Time |  
| 07:30 – 8:30 | Meeting with Ministry of Education  
| 09:00 – 10:00 | Meeting with Ministry of Information  
| 10:30 – 11:30 | Meeting with Ministry of Labour and Social Development  
| 12:00 – 13:00 | Meeting with the Chairman of the Supreme Council of Health  
| 13:30 – 14:30 | Meeting with Ministry of Industry, Commerce and Tourism  
| 15:00 – 17:00 | Wrap up meeting  

| Wednesday, 17 May 2017 (Day 3) |  
| Time |  
| 07:30 – 8:30 | Supreme Council of Environment  
| 09:00 – 10:00 | Meeting with Ministry of Finance  
| 10:30 – 11:00 | Meeting with National Assembly (Representatives)  
| 11:00 – 11:30 | Meeting with National Assembly (shoura)  
| 12:00 – 13:00 | Debrief for UNRC/UNCT  
| 13:00 – 14:00 | Debrief for MoH senior Officials  
| 14:00 – 14:30 | Final Press Conference  

Annex 4. Evidence-based cost-effective interventions for the prevention and control of NCDs

Tobacco use

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

Unhealthy diet

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

Cardiovascular disease and Diabetes

- Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk (≥ 30%) of a fatal and nonfatal cardiovascular event in the next 10 years
- Acetylsalicylic acid for acute myocardial infarction

Cancer

- Prevention of liver cancer through hepatitis B immunization

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7 Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

8 These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfill the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.
• Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective), linked with timely treatment of pre-cancerous lesions

_Chronic respiratory disease_

• Access to improved stoves and cleaner fuels to reduce indoor air pollution

• Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos

• Treatment of asthma based on WHO guidelines

• Influenza vaccination for patients with chronic obstructive pulmonary disease