Bahrain
NCD Joint programming mission, 15–17 May 2017

Key mission findings

1. The Ministry of Health leads a national multisectoral NCD Committee that brings together government ministries, civil society and the private sector.

2. A number of existing frameworks and coordination mechanisms exist: a) Economic Vision 2030 for Bahrain; b) Health improvement strategy 2015 – 2018; c) NCD National strategy 2016-2025, with targets as recommended by WHO; d) Manama document to control NCDs (Gulf plan to control NCDs (2011/2020) approved by the 70th Gulf Cooperation); and e) a national NCD coordinating mechanism.

3. There is universal health coverage for Bahraini and non-Bahraini citizens with strong primary health care.

"Levels of obesity, hypertension, and diabetes, along with the lack of physical activity require urgent attention in our country. The Supreme Council of Health and the Cabinet will review the recommendations of the Joint Mission in order to increase our efforts to prevent and control NCDs."

Lt. General Shaikh Mohammed bin Abdullah Al Khalifa, Chairman of Bahrain’s Supreme Health Council

"We simply cannot afford the costs of people becoming ill from NCDs at a young age. The support of the UN is crucial as we move ahead."

H.E. Faqla bint Saeed Al Saleh, Minister of Heath of Bahrain

Key adult NCD mortality and risk factors*

| Probability of premature mortality from NCDs: 11% (2016) | No data available for physical inactivity |
| 38% of men and 5% of women (aged >= 15 years) smoke tobacco (2016) | 9% of adult men and 8% of adult women have raised fasting blood glucose (2014) |
| 63% of adult men and 67% of adult women are overweight (2016) | 18% of adult men and 14% of adult women have raised blood pressure (2015) |
| Pure alcohol per capita consumption: 1.9 litres per year (population 15+, 2016) | No data available for amounts of fruit and vegetables consumed |
Key recommendations

1. Elevate multisectoral NCD coordination to the highest possible level of the Government, including operationalising the National NCD Committee.

2. Develop a multisectoral costed action plan to operationalise the National NCD Strategy.

3. 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.

4. 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.

5. 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.

6. Ensure NCD prevention and control and universal health coverage are embedded into the health service reform.

Adding value: actions taken following the mission

1. Prevention and control of NCDs is now considered one of the main priorities, across health and development.

2. Following the meeting of the Joint UN Task Force with the cabinet sub-committee on NCDs, recommendations for costing and implementation were developed. Actions to achieve the targets set out in the strategic plan are underway.

3. Two main committees have been approved: NCD legislation and policies, and NCD awareness and media coverage.

4. A national UN Task Force is being established to strengthen in-country coordination on NCDs, and the UNITAF mission recommendations are considered as strong guidance in the efforts to combat, prevent and control NCDs and associated risk factors.

5. The National NCD committee agenda is updating the Strategic Plan for the Prevention and Control of NCDs (2015-2019).

6. The pace and scope of NCD-related collaboration and action by local NGOs is increasing.

7. Bahrain regulates the packaging and labelling of all tobacco products in accordance with FCTC recommendations and GCC standardized specifications.

8. The Government has imposed a 50% tax increase on carbonated high-calorie drinks and 100% on energy drinks.

Next steps

1. Work is in progress to issue a ministerial act on assigning a working committee on the framework for action on cancer control in the WHO Eastern Mediterranean region.

2. Work on the budgeting of the NCD committee activities and projects.

3. Expand achievements of the integrated healthcare IT system iSEHA, through centralized analysis of all primary, secondary and tertiary care data, for quality assurance, monitoring and evaluation of NCD diagnosis and treatment.

4. 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.

5. Develop legislative action concerning TV and Radio advertisement of unhealthy food and drink products.

6. Salt: work on the ministerial act on the gradual reduction in the salt in processed meats and cheese and associated implementation strategies and specifications.

7. Work is in progress to finalize and operationalize the nutrition strategy of Bahrain with focus on the following potential areas:
   - Salt: work on the ministerial act on the gradual reduction in the salt in bread and associated implementation strategies and specifications and this act is awaiting approval of Public Health Law.
   - Sugar: Introduce taxes on sugary sweetened beverages, remove subsidies and work on the law to reduce sugar in locally made juices.

8. Work is in progress on the National health survey with electronic government including working committee approval, plan of the mass media campaign and training the surveyors.

*All data are rounded WHO crude country comparable estimates taken from the WHO Global Health Observatory, who.int/gho/ncd/en, accessed 18/6/2018.

Additional information on the status of NCDs in Bahrain can be found on the WHO NCD DataFinder app.

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