



KINGDOM OF BAHRAIN  
MINISTRY OF HEALTH

# Bahrain Health Strategy *Framework for Action*



2002 - 2010



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The Prime Minister



His Majesty the King  
Shaikh Hamad bin Isa  
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The King of Bahrain



H.H. Shaikh Salman bin  
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The Crown Prince and  
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## Minister's foreword

It is my pleasure to introduce Bahrain Health Strategy to accompany our government's celebration of the establishment of the Kingdom of Bahrain. The health care system in Bahrain has witnessed major achievements in the last century. With the continuous support of the government and the hard work and dedication of all concerned, we strive to build on these achievements and improve our services, so that we can all continue to enjoy the high standards of care and the achieved excellent health services.

There are major challenges facing the health care system in Bahrain. The increase in population and the demographic structure that is characterized by dominance of the young population, 49% of women, and a rise in the elderly population require programs to target these groups.

The increase in non-communicable chronic diseases places a growing importance on promoting a healthy life style, improving physical well being and reducing the burden of disease by supporting and promoting programs to reduce the impact and incidences of these diseases.

For the Ministry of Health, being the regulator of health services in the country, planning, implementing and evaluating health programs formulation and updating public policies, in addition to maintaining the equality and assuring equity and accessibility, remains a continuous challenge.

Further, moving health services forward is associated with various challenges, which include finding alternative ways of funding, ensuring appropriate human resources, supporting improved management practices, developing a proper structure and work process, as well as maintaining the availability of advanced equipment and high technology.

To meet these challenges, we have embarked on a comprehensive approach to strategic planning, formulated policies related to major challenges, identified strategic directions and, accordingly, set out strategic goals and strategies that will guide the developmental process and the growth of health services.

Perhaps the major strength of the Bahrain Health Strategy is the process of its development. The waves of reform in Bahrain has inspired us to adopt a new approach to strategic planning, where the focus is on the process of involvement, open communication and creating a sense of ownership where values such as professional ethics, equity and continuous quality improvement are emphasized; and where the aim is changing culture toward more people focused services, value for money, personal responsibility for health, and commitment to strategic directions.

We value the diverse expertise and experience of our staff, and strongly believe that in order to create a positive difference to health, we need to co-ordinate actions across different areas with various stakeholders and address a broad range of issues. Therefore, staff at all levels and from different categories, in addition to representatives of various stakeholders, were involved in creating a shared vision for the future and developing the strategy that came to

## Preface by the Assistant Undersecretary for Training and Planning

reflect what various stakeholders recognize as important issues in the process of health care delivery. The vision, mission, and strategic directions are the foundation for the framework of action that include strategic goals and objectives that translate the government's broad intentions into the focused actions required to make a difference in improving health.

Our ambition is that over time, this framework will influence all health sector processes toward more multi-disciplinary team working, decentralized decision-making, partnership working, and community involvement.

We also believe that planning is not static, but rather a dynamic process that never ends. Dwight D Eisenhower once said that "Plans are nothing, Planning is everything." We believe that these plans are subject to review and modification with continuous monitoring, evaluation and analysis of challenges and emerging issues.

We are strongly committed to change for the better, through the systematic implementation of the strategies to achieve the goals of excellent health for the population of Bahrain.

**Dr. Faisal Al-Mousawi**  
Minister of Health

**"If you don't know where you're going,  
it is difficult to select a suitable means for getting there."**

– Mager, 1975

This is the third planning cycle of the Ministry of Health in Bahrain. The first one was introduced in 1989 and emphasized facility requirements, specifically the number of hospital beds. The second one was the National Health Plan covering the period 1993-2000. The emphasis was on health gain issues. Critical review of previous planning activities has indicated the need for major changes in the planning process, as well as taking into account new developments in the field of health care.

What is strategic planning? Why do we need vision and future direction? The simple answer is that we cannot know where we are going without it. All organizations get bogged down in routine tasks and the natural comfort of sticking to the way that things have always been done. Strategy provides the Ministry of Health with a framework for understanding its position and moving forward with a sense of direction, purpose and urgency. It focuses on the key issues of customers. This strategy should make the Ministry of Health stand out, capture the imagination and the commitment of the workforce and have a significant impact on the health of the population of Bahrain.

Producing this strategy has taken months of hard work and thousands of hours of valuable staff time. But, what is next? The next tasks are even harder. Strategic planning is inextricably interwoven into the entire fabric of management. It is not something separate and distinct from the process of management. We need to move from strategy to action. Turning strategy into action means planning; and planning means creating objectives, which are achievable and challenging and that earn the commitment of those who carry them out.

To shape the future, we need effective planning to deliver the strategy. We need style of leadership to produce the changes to drive the strategy forward. We need framework for change that breaks down resistance and obstacles and creates receptivity of the direction that the Ministry has taken.

The approach that we have all agreed to take for action is based on teamwork. Effective teamwork is necessary to put changes into action. We intend to coordinate individuals' efforts in tackling complex tasks and making the most of their strengths. We will raise and maintain motivation. We will also encourage team members to spark ideas off each other and bring about commitment and ownership of the task involved.

We all recognize the need to look forward to a new perspective and better future. We want to be seen as movers, which continually change to meet the needs of the environment and constantly innovate to delight our customers.

**Ahmed A. Ahmed, MD., Mph., FRCS Ed.,**  
Assistant Undersecretary for Training and Planning

# Executive Summary

The Bahrain Health Strategy provides the framework within which various entities across the health sector will operate. It identifies priorities and highlights major issues affecting the quality and performance of health care delivery in Bahrain. It aims to ensure that all efforts are directed toward continuous improvement and development of health systems. It was developed following the scientific process of strategic planning involving Ministry of Health staffs at different levels, as well as various stakeholders, in defining the vision for the future.

*The document is divided into three parts:*

**Part I** illustrates the future of our health services. It begins with a guiding vision and includes an explicit mission and a set of important organizational values. Then it goes into highlighting twelve strategic goals. Goals were chosen to reflect key issues and were developed with the aim of integrating functionalities, moving across departmental boundaries and providing a comprehensive outlook on the growth and development of health services. In selecting these goals, emphasis was placed on the degree to which they contribute to the overall improvement of the efficiency and effectiveness of health services performance, the quality of services provided to the public, and ultimately the improvement of the health status of the population. Therefore, goals do not address issues pertaining to a division or department in isolation, but rather to provide a platform for focusing and integrating various efforts.

Goals are of equal importance and not listed in priority order. Nevertheless,

**Goal 1** is of prime importance as it relates to health gains; it will address priority health problems related to the ten leading causes of death. Further development of this work, during the implementation of this strategy, will identify specific health gain indicators along with specific health gain targets for the Ministry of Health to focus on for action in the short, medium, and long term. Examples include reducing the impact and incidence of cancer and better management of diabetes.

**Goal 2** relates to quality issues, clinical excellence and improved health system performance.

**Goal 3** focuses on the improvement and further development of primary health care services.

**Goal 4** delineates issues of importance to the development of secondary and tertiary services, and building an integrated model to services development.

**Goal 5** aims at a structured approach to investment in the major elements of the system, which include new services, workforce development, buildings, supplies, drugs and equipment.

**Goal 6 & 7** relate to partnership, working, and community involvement to coordinate actions across different areas and address a broad range of social, economic and lifestyle issues.

**Goal 8** focuses on management and organizational issues such as the need to have appropriate organizational structures and decentralization.

**Goal 9** deals with the most important asset in the organization, human resources, and focuses on actions related to human resources management.

**Goal 10** highlights the role of education and the importance of health system research for development.

**Goal 11** addresses finance and financial planning, cost effectiveness, and alternative ways of financing.

**Goal 12** focuses on Information and communication technology as the cornerstone for the advancement of the Bahrain Health Strategy.

**Part II** describes the current status of our health services, which represent the foundation of our future. It highlights major milestones, reflects on lessons learned from previous plans, as well as focusing on the results of a situational analysis process. It also illustrates current service configuration, vital statistics and demographic indicators, financial analysis, and organizational structure.

**Part III** focuses on providing a framework for moving the strategy forward, where each goal is broken down into broad aims, and a set of actions links each aim to the broad strategic goal, as well as some anticipated outputs.

Finally, the strategy presents an implementation plan of three phases, emphasizing that this is a living dynamic document that will be revised regularly and amended based on the outcome of its implementation and on constructive comments and feedback from stakeholders. A system of monitoring and control will be an integral part of the implementation process. The ongoing process of adding new components to the Bahrain Health Strategy will be created and strengthened to enable further guidance on key issues.

# Contents

## Bahrain Health Strategy 2000 and beyond

|  | Page No.   |
|--|------------|
| <b>Minister's Foreword</b>   | <b>I</b>   |
| <b>Preface by the Assistant Undersecretary<br/>for Training and Planning</b> | <b>III</b> |
| <b>Executive Summary</b>   | <b>IV</b>  |
| <b>1 Introduction</b>  | <b>1</b>   |
| 1.1 Purpose of Document  | 3          |
| 1.2 The Development of Bahrain Health Strategy                               | 4          |
| 1.3 Previous Plans   | 5          |
| 1.4 Why the New Approach   | 6          |
| <b>2 Bahrain Health Strategy</b>   | <b>9</b>   |
| 2.1 Vision   | 11         |
| 2.2 Mission  | 11         |
| 2.3 Organizational Values  | 12         |
| 2.4 Strategic Assumptions  | 13         |
| 2.5 Strategic Constraints  | 13         |
| 2.6 Strategic Goals  | 14         |
| <b>3 Situational Analysis</b>  | <b>17</b>  |
| Background/ Foundation for the Future  | 19         |
| 3.1 Current Service Configuration  | 20         |
| Primary Health Care  | 20         |
| Secondary and Tertiary Health Care   | 21         |
| Planned New Developments   | 22         |
| Bahrain Defence Force Hospital   | 22         |
| Private Health Care Provision  | 22         |

# Contents

|   |           |
|---|-----------|
| 3.2 Vital Statistics and Demographic Indicators | 23        |
| Population                                      | 24        |
| Vital Statistics                                | 24        |
| Mortality Rates                                 | 25        |
| Morbidity                                       | 25        |
| Immunization                                    | 26        |
| Communicable Diseases                           | 26        |
| 3.3 Financial Analysis                          | 26        |
| Funding Health Services                         | 26        |
| Budgeting Process                               | 26        |
| 3.4 Workforce                                   | 27        |
| 3.5 Organizational Structure                    | 28        |
| 3.6 Environmental Scanning                      | 30        |
| <b>4 Moving the Strategy Forward</b>            | <b>33</b> |
| 4.1 Aims, Actions, and Expected Output          | 34        |
| 4.2 Strategic Goals                             | 35        |
| <b>5 Implementation of the Strategy</b>         | <b>61</b> |
| 5.1 Critical Success Factors                    | 63        |
| 5.2 Implementation                              | 64        |
| 5.3 Official Launch                             | 66        |
| 5.4 Publicity                                   | 66        |
| 5.5 Who will do this Work                       | 66        |
| 5.6 Regular Review                              | 67        |

## Introduction



## Introduction

### 1.1 Purpose of Document

The purpose of this document is to describe the Bahrain Health Strategy and provide a framework for action for the period 2002-2010. It will guide the developmental processes and growth of health services and serve as the basis for all future decision making. The Bahrain Health Strategy helps to communicate the Ministry of Health's vision, mission, and long-term strategic goals to various stakeholders and other interested parties. In general, it satisfies a number of objectives:

- To support the strategic initiative of the Government of Bahrain to maintain its position as an international center for finance and commerce and strengthen the standards of social and health provision;
- To promote Bahrain as a center for the provision of certain tertiary health services for the population of other Gulf countries;
- To develop the confidence of the community in the services provided by the Ministry of Health by emphasizing the commitment to become patient and family centered through the strengthening and improvement of its services;
- To inform staff, the community, other health care providers and partners of the strategic goals that the Ministry of Health wishes to develop and achieve.

In particular, it

- Provides a framework for action in relation to key issues influencing the performance of the health system.
- Identifies key priority areas and develops aims, actions and activities to ensure the highest outputs in relation to those areas.
- Provides a context within which the Ministry of Health will operate emphasizing values such as more multidisciplinary working, value for money and decentralization
- Create more opportunities for community involvement and partnership working.



## 1.2 The Development of the Bahrain Health Strategy

The major strength of this strategy is the process of its development. The basic principles followed in developing the strategy are:

- Provision of clear direction;
- Commitment and support from top leadership;
- Involvement and participation of key staff in the Ministry of Health;
- Involvement of stakeholders;
- Consideration of existing plans and building on achievements and investments;
- Development of a system of monitoring, evaluation and control.

During 2001, the Office of Plans and Programs conducted a number of meetings with Ministry of Health key personnel to reflect on previous plans and solicit their ideas related to the new plan.

A proposal for developing a new strategic plan was submitted to the Ministry of Health authorities clarifying the need for a new plan as well as explaining the approach to be followed in developing such a plan.

In June 2001, H.E. Dr. Faisal Al-Mousawi issued a circular that invited all the staff at the Ministry of Health to participate in shaping a vision for the future of health services in Bahrain.

The scientific approach to strategic planning was adopted. This involved determination of where we want to go (establishing a vision for the future), assessing where we are (situational analysis of major and key issues), and determining how to go to where we want to go (actions and strategies).

More than 400 staffs were involved in different activities related to strategy development, and several approaches were used to collect data relevant to the above questions. These included:

- Over a four-month period, the Office of Plans and Programs coordinated more than 62 workshops, in order to identify major issues, as well as current and future challenges facing health services and affecting performance.
- Simultaneously, pertinent documents were collected and analyzed to assess the current situation.

A specialized consultant was invited as a short-term consultant to support the project.

Activities were:

- Interviews with key personnel at the Ministry of Health and other stakeholders, such as private sector and education partners, such as Arabian Gulf University.
- Major workshop, attended by various stakeholders, including key personnel from the Ministry of Health, representatives from clinical and non-clinical departments, Bahrain Defence Force Hospital, the private health care sector and educational institutions, the College of Health Sciences and Arabian Gulf University. Delegates were asked to identify the main strategic service issues they believed were facing the health services and also to agree on the main service objectives and to discuss vision, mission and strategic goals.
- Strategic goals were developed based on the background work, the individual discussions and refined based on the issues and recommendations from the workshop. These were then, translated into broad aims along with specific actions in order to produce outputs relevant to each strategic goal.
- Strategic goals, aims, actions and expected outputs were validated by multidisciplinary validation teams, composed of categories that will be directly involved in the implementation of the goal under validation.
- As a last step, the Bahrain Health Strategy document was reviewed by a team of key people at the Ministry of Health for approval.

Thus the strategy in its current format reflects what stakeholders identified as major issues and incorporated multiple views of Ministry of Health staff, representative from private sector and education partners.

## 1.3 Previous Plans

The first formal Ministry of Health plan was introduced in 1989 and emphasized facility requirements, specifically the number of hospital beds. The second one was the National Health Plan, "Better Health for All 2000" covering the period 1993-2000. The

emphasis was on health gain issues.

As part of the implementation, eleven health gain committees were established in 1996 in the following areas:

- cancer
- oral health
- diabetes
- hereditary diseases
- injury prevention
- maternal and child health
- mental and emotional health
- physical disability and learning difficulty
- respiratory disease
- health for all

The overall tasks of the committees were co-ordination of government and community efforts to achieve health gain, determination of specific objectives and monitoring program implementation to achieve the objectives.

The Office of Plans and Programs undertook a critical review of its implementation in November 2000. The review highlighted both achievements and lessons learned and provided recommendations for future directions.

It indicated the need for major changes in the approach to planning, as well as taking into account new developments in the field of health care.

Among the important lessons learned and carried forward in the new strategy are community partnership, having specific targets and indicators, and multidisciplinary involvement in project teams. Some things that could be done differently were also noted. For examples the need to focus on project management as a strategy to move work forward and to establish a built-in system for monitoring and control of the implementation.

#### 1.4 Why the New Approach

Modern organizations striving for excellence recognize that involvement of stakeholders and ownership of efforts are essential elements in the progress and development of their organization. Thus, a decision was made to adopt a bottom up approach where staff at all levels are involved, as well as representation of various stakeholders to participate in shaping the vision of the future.

In looking into the future, previous experience usually offers useful insights. The in-depth analysis of implementation of previous plans revealed several important lessons related to both strengths and weakness. The approach followed made it possible to reflect on strengths and weakness by all stakeholders and to identify opportunities for growth and development.

A very important challenge for a complex organization such as the Ministry of Health is to change its working culture toward more multidisciplinary team working, more integration of services, community involvement and commitment to strategic direction. Such values are reflected in the way the strategy was developed and the proposed implementation plan. Each value is interwoven in the framework and reflected in all goals, objectives and related actions. The ambition is that these will be developed as an integral part of the implementation of the strategy and, ultimately, as essential elements of the working culture at the Ministry of Health.



## **Bahrain Health Strategy** *Where are we going?*



## 2.1 Vision

The Ministry of Health works in partnership with stakeholders to improve the health of the population of Bahrain and ensure that everyone has access to a high quality, responsive health service throughout their lifetime.

## 2.2 Mission

The Ministry of Health aims to ensure the provision of accessible preventive, curative and palliative health services to the community of Bahrain. We will encourage personal responsibility for health and will use available resources as efficiently and effectively as possible to provide a high standard of care based on research, evidence and relevant international best practice.

## 2.3 Organizational Values

These organizational values set out the foundation on which the Ministry of Health's vision for the future and the strategic objectives are based. They describe the way the organization wishes to be seen and, thus, shapes the way staff behave in fulfilling their responsibilities for the Ministry of Health. They also provide a basis by which decisions are made by the Ministry of Health in determining priorities and allocating limited resources to meet people's health needs:

|                                       |  |
|---------------------------------------|--|
| Professional ethics                   | To expect staff to be professional and ethical in the way they behave and transact with patients and colleagues and to demonstrate respect for human life.                 |
| Equality                              | To strive to achieve equality of access to health services for all, including vulnerable and disadvantaged people.   |
| Continuous quality improvement        | To strive to continuously improve the quality of services provided, focusing on the individual and the family.   |
| Open communication                    | To be open in the decisions made about the priorities for health gain and the development of health services and communicate the reasons to staff and the wider community. |
| Community involvement                 | To involve the local community in decisions about health improvement and the provision of health care.   |
| Staff empowerment                     | To value, reward and train staff appropriately, offer equality of opportunity and enable staff to contribute fully in the organisation and delivery of health care.        |
| Multidisciplinary team working        | To work within multidisciplinary teams based on mutual trust and sharing knowledge and expertise.  |
| Decentralised decision making         | To decentralise responsibility to the clinical level and hold people accountable for their use of resources.   |
| Community and patient-focused service | To make the health service, community and patient-focused and to be responsive to the health and health care needs of each person.   |
| Value for money                       | To secure the best value for money in terms of effectiveness, quality and efficiency.  |
| Personal responsibility               | To develop individuals' personal sense of responsibility for their own health through raising awareness of risk factors in disease and health education.                   |
| Commitment to the strategic direction | To achieve the commitment of all staff in the Ministry of Health and the community for the implementation of the Bahrain Health Strategy.                                  |

## 2.4 Strategic Assumptions

As the Bahrain Health Strategy has been developed for the next eight years, it has been necessary to make a number of assumptions. These are listed below and will need to be reviewed at regular intervals throughout the life of the plan:

- The Ministry of Health will continue to be the main provider of health care in Bahrain;
- there will be fast and unorganised growth in the private health care sector;
- there will be co-operation between GCC countries in the provision of tertiary services, resulting in people travelling between countries for these services;
- the proportion of the population that is Bahraini will increase over the period;
- the proportion of people over 65 years will increase;
- the provision of health care will not be entirely funded by Government but alternative ways of funding will be introduced;
- as the population of Bahrain become more involved in sharing the responsibilities for health care, their expectations of the quality, service and expertise of health care providers, as well as accountability of government regulators will increase.

## 2.5 Strategic Constraints

There will be a number of factors that might inhibit the implementation of the Strategic Plan. These will need to be addressed as part of the implementation of the Plan. These constraints include:

- The need for a shift in culture within the health services to one which is more community and patient focused and responsive to people's needs;
- the expectation of the population that everything will be provided to meet their wants rather than their needs;
- the opportunity for Bahraini clinicians to establish or work in private practice in addition to a full time commitment to the Ministry of Health;
- difficulties in collecting information to measure performance;
- despite strenuous efforts of the Office of Medical Review, the absence of a culture of clinical audit, review and evidence based practice;
- the separate streams of activity in the Ministry of Health and absence of a knowledge sharing culture;
- the absence of organized health services research.

## 2.6 Strategic Goals

The strategic analysis undertaken has resulted in the development of twelve strategic goals for the Ministry of Health. These are detailed below and will form the basis of all future decision making. All future service development proposals will be tested against these objectives and they will drive the service development strategy:

### 1. Health gain

Reduce the burden of disease by addressing the priority health areas through the development of national protocols and standards for the prevention and treatment of these conditions.

### 2. Quality, Clinical Excellence and Performance Improvement

Improve quality and responsiveness of services and strengthen the role of the Ministry of Health as regulator in the promotion of clinical excellence and the performance management of service improvements.

### 3. Primary Care Development

Promote the role of family health care as being at the heart of health service provision in Bahrain and to deliver health promotion, preventative, curative, rehabilitation and palliative services.

### 4. Service Development

Develop an integrated model of health care provision that delivers high quality services as locally as possible.

### 5. New Investment

Develop a structured approach to investment in existing and new services, workforce development, buildings, equipment and drugs to ensure delivery of the Bahrain Health Strategy.

### 6. Partnership working

Develop local, regional and international partnership working with providers to achieve service rationalization, optimize scarce resources and skills, and minimize duplication.

### 7. Community involvement

Encourage individuals, families and communities to take more responsibility for their own health and to contribute to determining the shape and pattern of delivery of health services in the future.

### 8. Organization and Management

Ensure the appropriate organizational structure is in place to implement the Strategic Direction. Strengthen and decentralize responsibility for the management of health services, separating responsibility for policy, strategy and performance management from operational issues.

### 9. Human Resources

Strengthen human resources management, workforce planning and value staff in their provision of health services.

### 10. Education, Research and Development

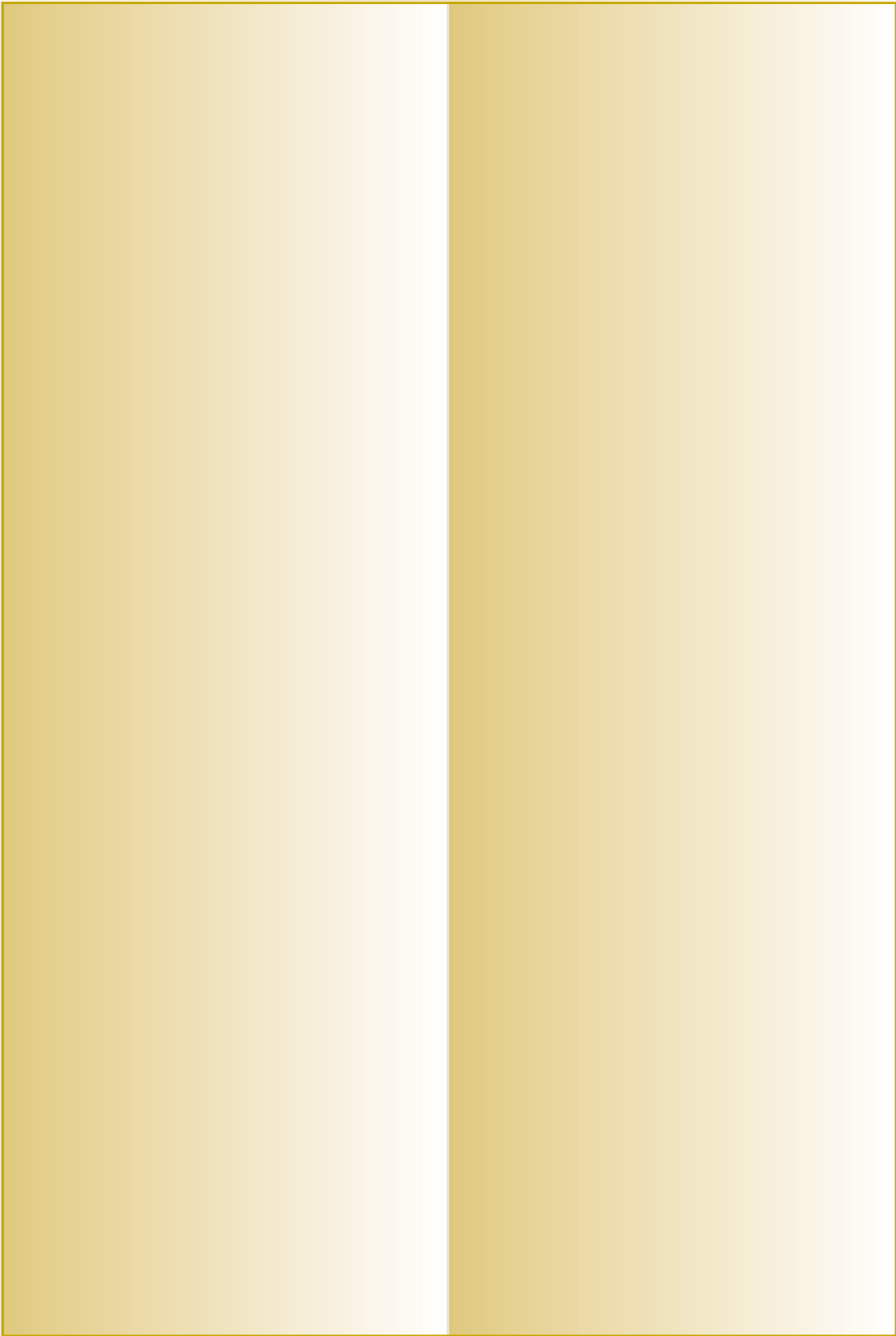
Develop the role of the health services in education, research and development in partnership with other agencies and focus on health services research.

### 11. Financial Management

Develop sound financial management skills and systems to support the delivery of the Strategic Direction and optimize the use of resources.

### 12. Information and Communications Technology (ICT)

Build upon the current strategy for the development of ICT systems, ensuring the implementation of new technology underpins the Strategic Direction and that necessary organizational change accompanies investment in technology.



**Situational Analysis**

*Where are we now?*

- 1 Muharraq**  
 Muharraq Maternity Hospital  
 Muharraq Health Centre  
 Sheikh Salman Health Centre  
 Al-Dair Health Center  
 National Bank of Bahrain Health Center  
 Geriatric Hospital
- 2 Manama**  
 Salmaniya Medical Complex  
 Ibn Sinna Health Centre  
 Al-Hoorra Health Centre  
 Al-Naim Health Centre  
 Al-Razi Health Centre  
 Psychiatric Hospital  
 American Mission Hospital  
 Bilad Al-Qadeem Health Centre  
 Sheikh Sabah Al Salem Health Centre
- 3** Bahrain International Hospital  
 Jidhafs Health Centre  
 Jidhafs Maternity Hospital
- 4** Budaiya Health Centre
- 5** Isa Town Health Centre
- 6** A'ali Town Health Centre
- 7** Sitra Health Centre
- 8** Sitra Maternity Centre
- 9** Bahrain Defence Force Hospital
- 10** East Riffa Health Centre  
 East Riffa Maternity Hospital  
 Hamad Kanoo Health Centre
- 11** Hamad Town Health Centre
- 12** Awali Hospital
- 13** Western Region Maternity Hospital  
 Kuwait Health Centre
- 14** Zallaq Clinic
- 15** Jaw & Askar Clinic



### 3. Background/Foundation for the Future

The Ministry of Health is one of the main Government organizations and is responsible for the provision of comprehensive health services for the individual and the community. It is also responsible for regulating health services in the country, including planning, implementation and evaluation of health programs in addition to formulation, updating and evaluation of public policies for their impact on health status.

The Ministry of Health is managed centrally through the Minister of Health who is appointed by the King. The Minister is a member of the Cabinet of Ministers headed by the Prime Minister. The Minister is supported by the Undersecretary and four Assistant Undersecretaries, each of whom manages a separate department:



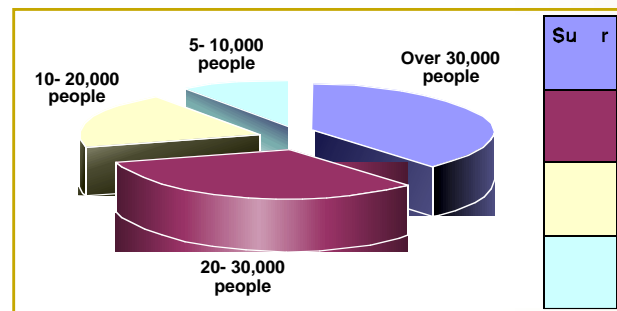
### 3.1 Current Service Configuration

The Kingdom of Bahrain currently provides comprehensive health services to the whole population in line with the World Health Organization global objectives of Health for All by the year 2000. Most health care services are provided by the Ministry of Health from 21 primary health care centres and clinics, Salmaniya Medical Complex, the Psychiatric Hospital, Geriatric Hospital and four Maternity hospitals. Health care is also provided by the Bahrain Defense Force Hospital to members of the Bahrain Defence Force and their families, as well as providing emergency care and cardiac care services to the whole population.

In addition, the private sector provides care through three hospitals and numerous clinics, polyclinics and specialized centres.

#### Primary Health Care

Primary health care has developed rapidly in Bahrain over the last thirty years with the establishment of 21 health centres by 2000 across Bahrain. Primary health care centres are classified into four categories:



Services provided at the primary health care centers differ according to the category of the centres. All provide family medicine, immunization programs, health education, and maternal and child health care. Larger health centres also offer dental services, laboratory investigations and diagnostic radiology.

In 2000, there were almost 2.2 million visits to general clinics in primary health care centres with an average of 3.2 visits per capita per year. The number of consultations per doctor averaged 9.8 per hour (around 5 minutes per visit).

*Primary Health Care has its own mission (2000):*

*"To provide comprehensive family health care to all age groups, for people registered in all health centres in Bahrain. The care must be accessible and acceptable and continuous throughout the life span. The health care providers are committed to update their knowledge and skills using available resources for continuous education activities, and evaluate the impact of their work using the quality improvement principles."*

Although the mission is to provide comprehensive family care, the relationship between primary, secondary, and tertiary care does not always support this mission. There are very few guidelines and agreed protocols for referral between primary, secondary and tertiary care. For example, reports on X-rays taken in primary care are often received so late as to be useless in the management of a patient's condition. Recommendations have been made to evaluate primary care services and how the services are organized and delivered.

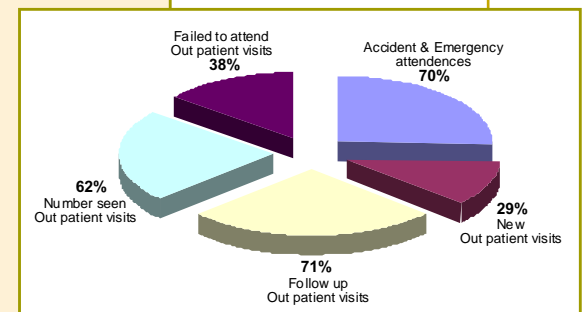
### Secondary and Tertiary Health Care

The Salmaniya Medical Complex is the main secondary and tertiary care facility in Bahrain. It has 900+ acute care beds (excluding Special Care Baby Unit), as well as extensive outpatient services. Specialties include medicine, surgery, orthopedics, plastic surgery/burns, pediatrics, obstetrics/gynaecology, ear, nose and throat surgery, ophthalmology, oral surgery and intensive care. Annual patient load is provided below:

#### Salmaniya Medical Complex – Patient load

| Accident and Emergency attendances |         | %   |
|------------------------------------|---------|-----|
| - total number triaged             | 234,306 |     |
| - total treated by A and E doctors | 163,522 | 70% |

| Outpatient Visits                |         |     |
|----------------------------------|---------|-----|
| - total                          | 185,785 |     |
| - new                            | 53,330  | 29% |
| - follow up                      | 132,455 | 71% |
| Ratio of new to follow up        | 2.5     |     |
| Scheduled appointments           | 289,003 |     |
| Number seen                      | 179,095 | 62% |
| Emergency outpatient attendances | 6,690   |     |
| Failed to attend                 | 109,908 | 38% |



| Day Cases   |       |  |
|-------------|-------|--|
| - total     | 6,322 |  |
| - scheduled | 5,794 |  |
| - treated   | 5,309 |  |

| Inpatient Stay                |        |  |
|-------------------------------|--------|--|
| Total admissions              | 39,215 |  |
| Average length of stay (days) | 6.69   |  |

Source: Health Statistics 2000 Health Information Directorate, Ministry of Health

In addition, there is a 201 bed psychiatric hospital accommodating 933 admissions with an average length of stay of 77.9 days in 2000. Four satellite maternity hospitals provide 241 beds and 61 neonatal beds. The geriatric hospitals provide 68 beds.

### Public health services are provided through eight major divisions:

- Communicable diseases
- Environmental health
- Food hygiene
- Occupational health
- Public health laboratory
- Health education
- Vital statistics
- Nutrition

### Planned New Developments

Plans to build a new hospital in Muharraq have been under discussion for some time. A site covering 226,942 square meters has been allocated for this project. A clear statement of service needs that will be met by the new hospital needs to be developed. The rationale for the new hospital is the pressure on services in Salmaniya Medical Complex and the lack of capacity to deal with a major incident with multiple casualties. In addition, the new hospital would replace the old maternity hospital in Muharraq and provide the opportunity to reconfigure and rationalise services.

### Bahrain Defence Force Hospital

Bahrain Defence Force Hospital is managed by the Ministry of Defence. The hospital provides services to a large variety of the population, including members of the Bahrain Defence Force and their families. A number of highly specialised services are offered and the Shaikh Mohammed Al-Khalifa Cardiac Centre provides advanced cardiac care services to all of the population in Bahrain. The hospital has 349 beds, with almost 24,000 admissions; 123,000 outpatient attendances at consultant clinics; and over 80,000 attendance at the Accident and Emergency Department.

### Private Health Care Provision

According to the Office of Licensure and Registration data, there are currently three private hospitals in Bahrain.

- Bahrain International Hospital –100 beds, including maternity facilities and in vitro fertilisation centre;
- American Mission Hospital – 40 beds as well as an extensive dental service;
- Awali Hospital – providing medical, surgical, obstetrics, gynaecology and dental services to employees of the Bahrain National Oil Company and their families. It has a total capacity of 37 beds.

In addition, other hospitals have been established recently such as Ibn Al-Nafees Medical Complex with 11 beds and several other hospitals are being planned.

According to the same source of data, there are 365 physicians and 115 dentists who are working in private clinics (2001 data). Since 1992, the Ministry of Health has allowed its Bahraini doctors to manage and operate private clinics under license after regular working hours. In 2001 there were over 147 clinics functioning through polyclinics, mostly in Manama and larger population centres.

## 3.2 Vital Statistics and Demographic Indicators

Population based on year 2001 census.

| Age group    | Bahraini       |                |                |              | Non-Bahraini   |               |                |              |
|--------------|----------------|----------------|----------------|--------------|----------------|---------------|----------------|--------------|
|              | Male           | Female         | Total          | %            | Male           | Female        | Total          | %            |
| 0 - 4        | 24,705         | 23,616         | 48,321         | 11.9         | 6,249          | 5,815         | 12,064         | 4.9          |
| 5 - 14       | 50,947         | 48,938         | 99,885         | 24.6         | 10,835         | 10,264        | 21,099         | 8.6          |
| 15 - 44      | 97,510         | 98,014         | 195,524        | 48.2         | 123,935        | 52,548        | 176,483        | 72.1         |
| 45 - 64      | 24,082         | 22,891         | 46,973         | 11.6         | 27,097         | 6,795         | 33,892         | 13.8         |
| 65 - 74      | 4,925          | 5,286          | 10,211         | 2.5          | 724            | 345           | 1,069          | 0.4          |
| 75+          | 2,454          | 2,299          | 4,753          | 1.2          | 186            | 144           | 330            | 0.1          |
| <b>Total</b> | <b>204,623</b> | <b>201,044</b> | <b>405,667</b> | <b>100.0</b> | <b>169,026</b> | <b>75,911</b> | <b>244,937</b> | <b>100.0</b> |

Based on national statistics, it is possible to identify several factors that might influence the Strategic Direction of the Ministry of Health. These are identified as follows:

- 62.4% of the population are Bahraini and 37.6% non-Bahraini. This is significant in the context of the potential introduction of payment for access to health services for non-Bahrainis.
- 25% of the population are aged 14 years and under. This provides opportunity for comprehensive maternal, child and school health care and education.
- The structure of the non-Bahraini population differs significantly from the Bahraini one. The proportion of the non-Bahraini population under the age of 14 years is 14% compared to the Bahraini population of 37%. The proportion of the non-Bahraini population aged between 15 years and 44 years is 72%, compared to the Bahraini population of 48%. In the non-Bahraini population, less than 0.6% are aged 65 years and over, whereas 3.7% of the Bahraini population falls in this age group, and there is a rise in the number of people of retirement age. These variations will affect demand for services for older people.

All Nationalities

| Age group    | Male           | Female         | Total          | %            |
|--------------|----------------|----------------|----------------|--------------|
| 0 - 4        | 30,954         | 29,431         | 60,385         | 9.3          |
| 5 - 14       | 61,782         | 59,202         | 120,984        | 18.6         |
| 15 - 44      | 221,445        | 150,562        | 372,007        | 57.2         |
| 45 - 64      | 51,179         | 29,686         | 80,865         | 12.4         |
| 65 - 74      | 5,649          | 5,631          | 11,280         | 1.7          |
| 75+          | 2,640          | 2,443          | 5,083          | 0.8          |
| <b>Total</b> | <b>373,649</b> | <b>276,955</b> | <b>650,604</b> | <b>100.0</b> |

Source: Central Statistics Organisation, Basic Results Population, Housing, Buildings & Establishments Census (Part One), August 2001

Estimates of population growth based on the latest census data (2001), and assuming no major changes to population dynamics, suggest a population of nearly 705,289 by the year 2004 and a population of 829,013 by the year 2010. The following table illustrates the estimated annual population for Bahraini and non-Bahraini sectors for the period 2001 to 2010, based on the following assumptions:

**Annual population growth for Bahrainis: 2.5%**

**Annual population growth for non-Bahrainis: 3.1%**

**Overall annual population growth for all Bahrain: 2.7%.**

#### Population Projection

| Year | Bahraini | Non-Bahraini | Total  |
|------|----------|--------------|--------|
| 2001 | 405667   | 244937       | 650604 |
| 2002 | 415809   | 252530       | 668339 |
| 2003 | 426204   | 260358       | 686562 |
| 2004 | 436859   | 268430       | 705289 |
| 2005 | 447780   | 276751       | 724531 |
| 2006 | 458975   | 285330       | 744305 |
| 2007 | 470449   | 294175       | 764624 |
| 2008 | 482211   | 303295       | 785506 |
| 2009 | 494266   | 312697       | 806963 |
| 2010 | 506622   | 322391       | 829013 |

Source : Based on Office of Medical Review projection

#### Vital Statistics

| Description                            | 2000   |
|--|--------|
| No. of registered live births          | 13,574 |
| Crude birth rate/1000 population       | 19.6   |
| Still birth rate /1000 births          | 10.0   |
| Natural increase rate/1000 population  | 18.55  |
| Infant mortality rate/1000 live births | 8.6    |
| Male life expectancy at birth          | 71.1   |
| Female life expectancy at birth        | 75.3   |
| Crude death rate/1000 population       | 3.0    |
| No of reported deaths                  | 2,045  |

Source : Health Statistics 2000 Health Information Directorate, Ministry of Health

Bahrain has made significant progress in the last few decades in improving the health of its people. This is demonstrated by the increase in life expectancy from 51 years in the late 1950's to 72.9 years in 1996-1999. Also, infant mortality has fallen from 20.2 deaths per 1,000 live births in 1990 to 8.6 deaths per 1,000 live births in 2000.

## Mortality Rates

The mortality patterns in Bahrain are approaching those seen in other developed countries but also experience the congenital disease patterns of developing countries. The leading causes of death in Bahrain are shown in the following table:

#### Leading Causes of Death in Bahrain

| Cause of death  | Mortality Rates/100,000 population |       |      |      |       |
|---|------------------------------------|-------|------|------|-------|
|   | 1996                               | 1997  | 1998 | 1999 | 2000  |
| Diseases of the circulatory system                          | 102.9                              | 100.3 | 85.8 | 85.0 | 77.6  |
| Other unidentified group                                    | 22.2                               | 21.3  | 48.8 | 42.5 | 45.0  |
| Neoplasms   | 36.8                               | 36.1  | 37.8 | 35.0 | 35.8  |
| Poisoning and injury  | 28.7                               | 27.1  | 28.3 | 23.9 | 44.9* |
| Endocrine, nutritional and metabolic and immunity disorders | 23.1                               | 22.4  | 22.7 | 22.2 | 20.3  |
| Diseases of the respiratory system                          | 22.4                               | 21.0  | 22.7 | 18.8 | 12.2  |
| Diseases of the digestive system                            | 11.0                               | 16.0  | 13.4 | 11.4 | 10.6  |
| Prenatal deaths   | 11.7                               | 7.6   | 8.1  | 8.7  | 8.4   |
| Diseases of the GU system                                   | 10.5                               | 11.9  | 12.0 | 8.4  | 7.8   |
| Infections and parasitic disease                            | 8.0                                | 6.1   | 6.8  | 8.0  | 12.3  |

Source: Health Statistics 2000 Health Information Directorate, Ministry of Health \*Gulf Air crash

## Morbidity

A review of discharge data from Salmaniya Medical Complex as a general proxy for morbidity in Bahrain shows that morbidity reflects the major causes of mortality in Bahrain. Nearly 11% of all days of care were provided to cardiovascular cases, 5.2% to cancer patients, 4.6% to hereditary anemia and 3.6% to diabetic patients. Other common causes of admission included, accidents and asthma. The table below illustrates discharges from Salmaniya Medical Complex (SMC) classified by principal diagnosis. However, it must be remembered that SMC does not have the main center in Bahrain for cardiac conditions.

#### Discharge Alive and Death by Diagnosis 2000

| Principal Diagnosis   | Number of Discharges (Alive and Death) |
|---|--|
| Complications of Pregnancy, Childbirth and puerperium       | 9,329                                  |
| Diseases of the respiratory system                          | 4,253                                  |
| Diseases of the digestive system                            | 3,571                                  |
| Diseases of the circulatory system                          | 2,979                                  |
| Injury and Poisoning  | 2,746                                  |
| Diseases of the genito-urinary system                       | 2,376                                  |
| Diseases of the nervous system                              | 2,190                                  |
| Diseases of the blood and blood forming organs              | 1,862                                  |
| Symptoms, signs and ill-defined conditions                  | 1,681                                  |
| Neoplasms   | 1,533                                  |
| Infections and parasitic diseases                           | 1,366                                  |
| Endocrine, nutritional and metabolic and immunity disorders | 1,036                                  |

Source: Health Statistics 2000 Health Information Directorate, Ministry of Health

## Immunization

Due to efficient immunization programs, infectious childhood diseases have been almost eradicated in Bahrain. Coverage for immunization against measles, mumps, rubella and poliomyelitis has been 98% for dose 1 and 92% for booster dose.

## Communicable Diseases

No cases of diphtheria, whooping cough, neonatal tetanus or poliomyelitis have been reported since 1990. Although there has been a marked fall in gonococcal infection (65.6/100,000 in 1990 to 34/100,000 in 2000), syphilis incidence has increased from 7.4/100,000 in 1990 to 31.8/100,000 by 2000. There was also a rise in the number of primary tuberculosis cases from 18.2/100,000 in 1990 to 23.2/100,000 in 2000.

## 3.3 Financial Analysis

### Funding Health Services

The total health expenditure in Bahrain is estimated to be BD 106 million including the Bahrain Defence Force, private sector and Ministry of Health. The Government is the major source of health service funding. The Ministry of Health budget for 2001 was BD 64 million, which constituted 7.8% of total Government expenditure. The Ministry of Health average expenditure per capita was BD 96.6 in 2001. About 21.9% of the Ministry's budget was devoted to primary and preventative health care and 60% to secondary care in 2001. To date, the government has funded the provision of comprehensive health services for all Bahrainis. However, non-Bahrainis pay nominal fees for some services, which are also heavily subsidized by the Government. Consideration is being given to the introduction of an insurance system for the provision of health care for non-Bahrainis and this could be extended to Bahrainis in the future.

Objectives of the proposed Health Insurance for non-Bahraini population are:

- To alleviate some of the increasing government expenditure on health services in Bahrain.
- To recover the actual cost of health services provided to non-Bahrainis.
- To maintain the standard of health services and sustain its development.
- To encourage the private sectors to increase investment in health services in Bahrain.

In December 2000 the Cabinet of Ministers approved in principle the introduction of Health Insurance for non-Bahraini population. The implementation and details of the system has to be worked out.

## Budgeting Process

A biannual budget is allocated to the Ministry of Health. All departments are invited to submit their requirements for new funds to the Directorate of Finance. These are later discussed with each department in order to justify the required fund and to avoid duplication

of funding. Decisions are taken centrally to determine how the money shall be used, and budgets are allocated accordingly to 300 cost centres. Non-recurrent funds for projects are allocated separately.

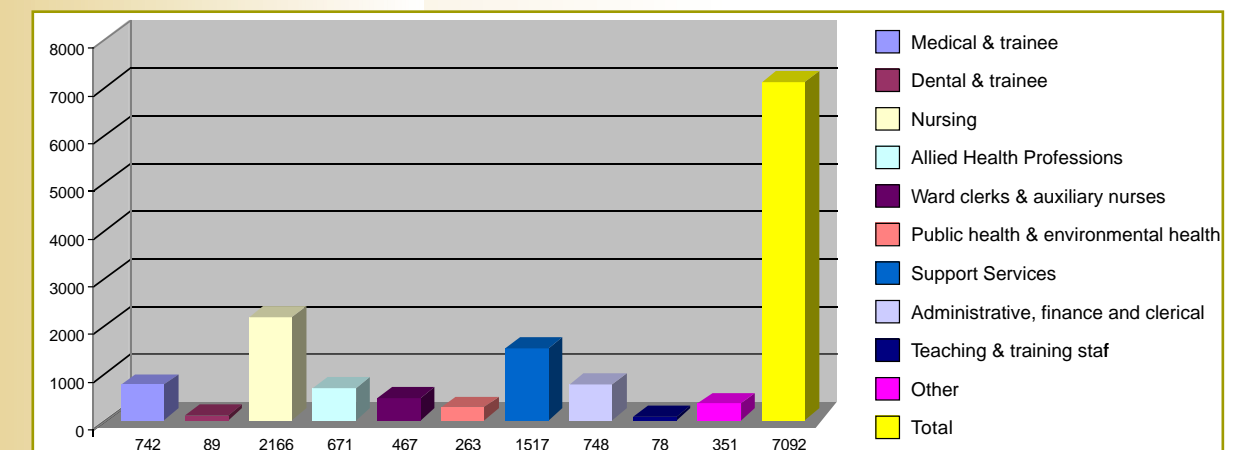
At present very limited control is exercised by clinical staff on expenditure; and they have neither the responsibility, the information nor the support to do so. It is difficult to ascertain whether cost bears any relationship to activity performed, and there is no attempt to evaluate the use of resources in terms of efficiency or effectiveness.

Based on interviews, discussion groups and workshop activities, there are many opportunities to make more efficient use of resources and huge potential to save or redirect resources within health services. These include:

- Decentralisation of responsibility for financial control to the clinicians who commit the expenditure (with appropriate financial, managerial and information support);
- increasing the awareness of staff and the wider population of the costs of providing health care and the opportunity cost of inappropriate use of health service resources;
- clinical practice based on evidence;
- agreed protocols and guidelines both within and between primary, secondary and tertiary care;
- existing facilities and capacity used as effectively as possible throughout the 24 hour day;
- enforce guidelines on expected length of stay;
- reviewing the balance of care provided in primary care and secondary care and explore options for intermediate care;
- considering opportunities for working with the private health care sector in areas where they have particular experience, capability or capacity;
- process of business cases to assist prioritisation of service developments within the context of the Strategic Direction;
- matching staffing levels to activity.

## 3.4 Workforce

As of 31st December 2001, more than 7,000 staffs were employed by the Ministry of Health, distributed as follows:

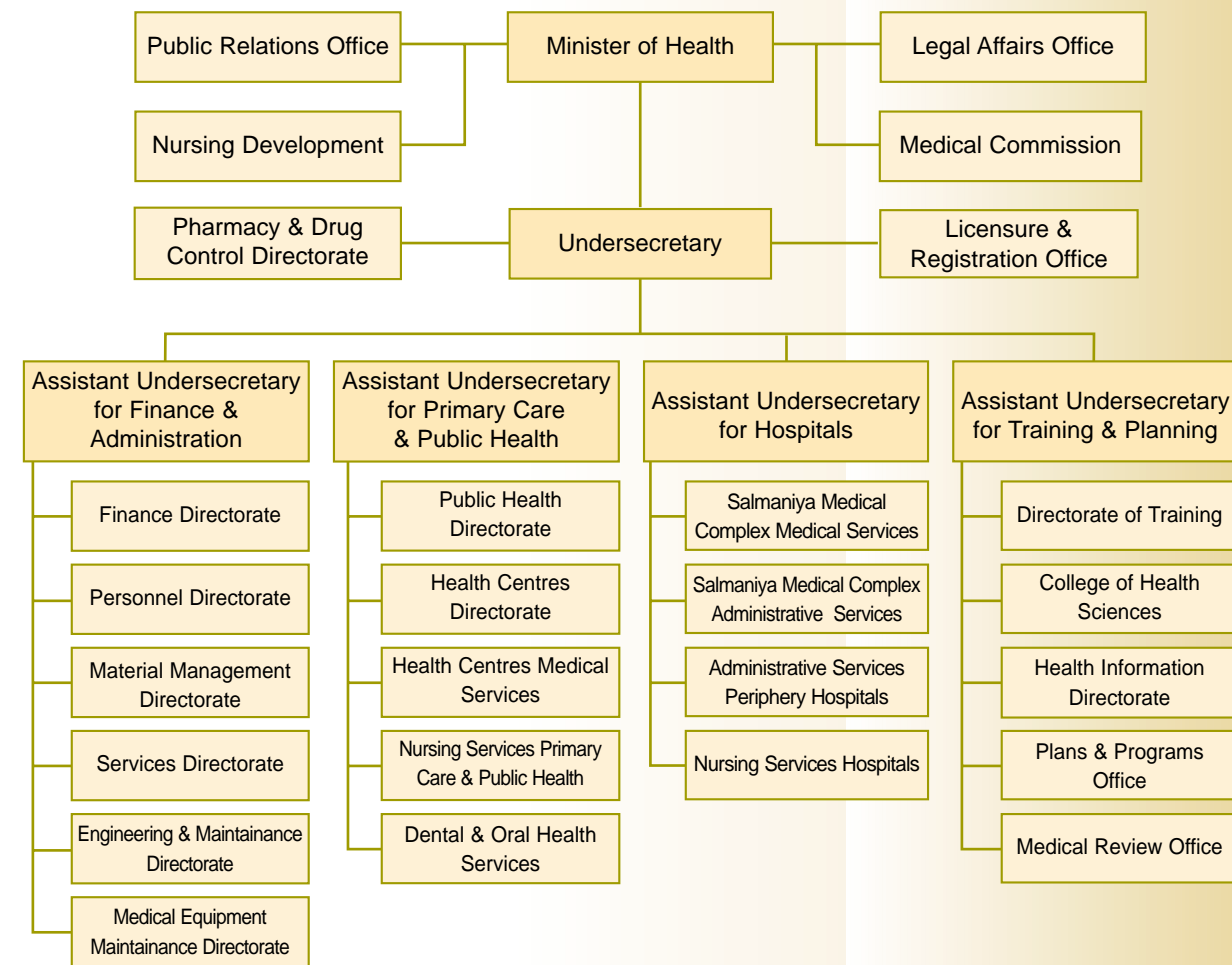


Source : Abstracted from internal document of Ministry of Health Personal Directorate (data as of 31st December 2001)

### 3.5 Organizational Structure

The Ministry of Health is managed centrally through the Minister of Health who is appointed by the King. The Minister is a member of the Cabinet of Ministers headed by the Prime Minister. The Minister is supported by the Undersecretary and four Assistant Undersecretaries for:

- hospitals;
- primary care and public health;
- training and planning;
- finance and administration.



The organizational structure within the Ministry of Health is to be revised and changes will take place in line with the vision and strategic goals. The organizational structure needs to differentiate between the regulatory and provider roles, as well as support a general management or business management style. Senior staff voice frustrations at the lack of autonomy and express the desire to improve services but believe the system prevents them from doing this. Senior clinicians are not comfortable with the amount of paperwork, meetings and perceived bureaucracy. They believe that work is done in detail on new proposals, but there is little support and follow through to implementation. Staffs are keen to work together to achieve health and health care targets and goals and wish to have constructive feedback on their performance. Personal accountability is seen as the key to improving commitment and taking responsibility for the management of services and resources.

Clinical staffs have administrative responsibility as heads of services or departments but are not released sufficiently (if at all) from clinical roles to take this on and receive limited training. Clinicians who chaired the health committees did not always feel they had a clear direction and adequate administrative support to implement plans and monitor outcomes.

The establishment of Councils within primary health care centers has been welcomed. However, their ability to operate efficiently has been hindered by the different lines of accountability of members, and the absence of a single person in charge who has the authority and responsibility to manage the services.

Clear lines of accountability and communication need to be developed and the services need to be managed through a flatter structure. The introduction of the Clinical Director and business manager model, or a similar model, with devolved budgetary and line management responsibility, would help address these concerns. It would require a management development program to equip people with the relevant skills and understanding of the role.

A multidisciplinary management team should be encouraged for each service and department. This has been introduced in the health centres but needs further development so people fully understand the roles they are fulfilling.

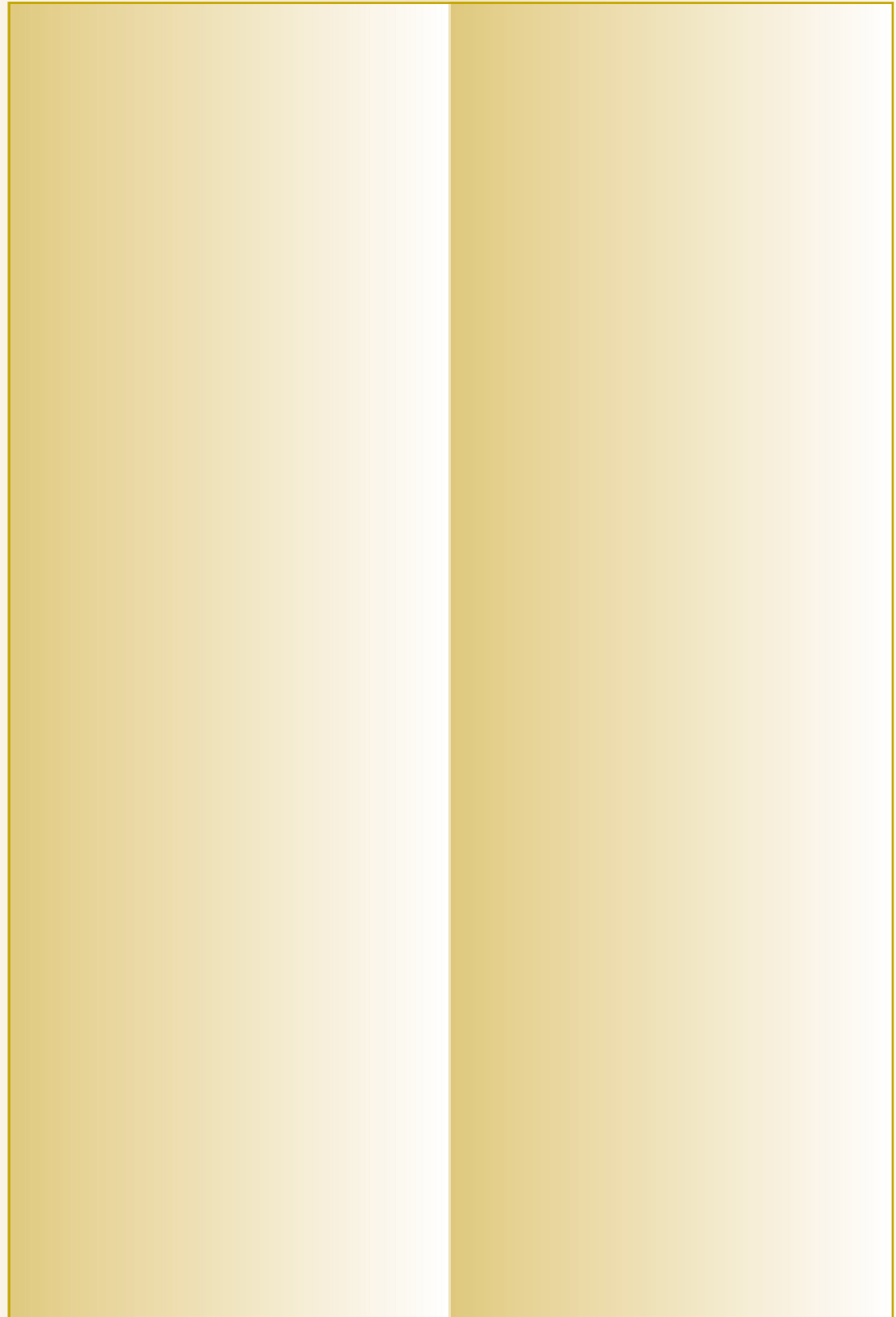
The organizational structure within the Ministry of Health itself will require fundamental revision if there is to be a decentralized management structure and associated accountabilities within the health services.

### 3.6 Environmental Scanning

As part of the situational analysis process, the Office of Plans and Programs undertook a SWOT (strengths, weaknesses, opportunities and threats) analysis with most of the departments of the Ministry of Health, including clinical and non-clinical. A high level analysis of the results of SWOT in these areas was produced as a basis for taking forward the process of strategy development.

Strategies for the future will focus on capitalizing on the strengths while trying to eliminate or reduce the impact of weakness. At the same time aim at utilizing the available opportunities for the advancement and growth of health services while taking possible threats into consideration in order to be responsive for their potential influence.





**Moving the Strategy Forward**  
*How to go where we want to go?*

## 4.1 Aims, Actions and Expected Output

This section presents the framework of action that will form the basis for an annual business plan.

A named leader will be identified to work with others to achieve each of the strategic goals.

The Office of Plans and Programs will closely monitor the progress being made on the achievement throughout the coming years.

To support the implementation and monitoring processes, each strategic goal, in consultation with individuals/groups concerned with implementation of that goal, is broken down into some aims, actions and their anticipated output.

The Ministry of Health will continue to review and revise achievements throughout the life of the strategy.

## 4.2 Strategic Goals

### Health Gain

Reduce the burden of disease by addressing the priority health areas through the development of national protocols and standards for the prevention and treatment of these conditions.

### Quality, Clinical Excellence and Performance Improvement

Improve quality and responsiveness of services and strengthen the role of the Ministry of Health as regulator in the promotion of clinical excellence and the performance management of service improvements.

### Primary Care Development

Promote the role of family health care as being at the heart of health service provision in Bahrain and to deliver health promotion, preventative, curative, rehabilitation and palliative services.

### Service Development

Develop an integrated model of health care provision that delivers high quality services as locally as possible.

### New Investment

Develop a structured approach to investment in existing and new services, workforce development, buildings, equipment and drugs to ensure delivery of the Bahrain Health Strategy.

### Partnership Working

Develop local, regional and international partnership working with providers to achieve service rationalization, optimize scarce resources and skills, and minimize duplication.

### Community Involvement

Encourage individuals, families and communities to take more responsibility for their own health and to contribute to determining the shape and pattern of delivery of health services in the future.

### Organization and Management

Ensure the appropriate organizational structure is in place to implement the Strategic Direction. Strengthen and decentralize responsibility for the management of health services, separating responsibility for policy, strategy and performance management from operational issues.

### Human Resources

Strengthen human resources management, workforce planning and value staff in their provision of health services.

### Education, Research and Development

Develop the role of the health services in education, research and development in partnership with other agencies and focus on health services research.

### Financial Management

Develop sound financial management skills and systems to support the delivery of the Strategic Direction and optimize the use of resources.

### Information and Communications Technology (ICT)

Build upon the current strategy for the development of ICT systems, ensuring the implementation of new technology underpins the Strategic Direction and that necessary organizational change accompanies investment in technology.



# Strategic Goals

## Goal 1 – Health Gain

**Reduce the burden of disease** by addressing the priority health areas through the development of national protocols and standards for the prevention and treatment of these conditions.

|     | AIM  | ACTION   | OUTPUT  |
|-----|--|--|---|
| 1.1 | Reduce the burden of disease through the reduction of mortality and morbidity from major diseases. | <ul style="list-style-type: none"> <li>Establish effective programmes to continue the reduction of mortality and morbidity from health related problems in Bahrain.</li> <li>Identify a national director for each priority health problem.</li> <li>Through search into historical data and trends and discussion with stakeholders, agree to specific interventions, consequent targets and costs for health gain and reductions in morbidity and mortality for each area.</li> <li>Work in partnership with other sectors to implement targeted programs of improvement.</li> <li>Monitor achievement against targets.</li> </ul> | Measurable gains in health status for each health problem and risk factor utilizing universal tools such as Hale, Dale and Qualy. |
| 1.2 | Promote a healthy life style to improve the quality of life.                                       | <ul style="list-style-type: none"> <li>Establish effective health awareness and self care programmes.</li> <li>Work in partnership with other sectors to implement targeted programmes of improvement.</li> <li>Monitor achievement against targets.</li> </ul>  | Effective health awareness and self care programs to be measured by health surveys.   |

# Strategic Goals

## Goal 2 – Quality, Clinical Excellence and Performance Management

Improve **quality** and responsiveness of services and strengthen the role of the Ministry of Health in the promotion of **clinical excellence** and the **performance management** of service improvements.

|     | AIM   | ACTION  | OUTPUT   |
|-----|---|---|--|
| 2.1 | Implement a programme of continuous quality improvement based on quality standards for individuals, departments and organisations against which performance will be measured. | <ul style="list-style-type: none"> <li>Establish a formal quality management body.</li> <li>Identify one department to concentrate on.</li> <li>Document and update policies and procedures.</li> <li>Establish baseline quality standards.</li> <li>Agree target standards with departments.</li> <li>Monitor achievement of targets.</li> </ul>   | Quality standardized across the health sector and individuals' and departments' performances measured against agreed standards.                                  |
| 2.2 | Monitor performance and establish targets to achieve improvements based on the WHO framework for health system performance assessment.  | <ul style="list-style-type: none"> <li>Establish understanding of WHO framework and mechanisms to measure performance.</li> <li>Identify targets for improvement using situational analysis.</li> <li>Identify costs of improvement.</li> <li>Monitor progress on performance.</li> </ul>   | Ministry of Health's performance measured against other similar organizations in the delivery of healthcare and international standards achieved and maintained. |
| 2.3 | Produce and implement clinical protocols to standardise clinical practice and to support clinical audit.  | <ul style="list-style-type: none"> <li>Orient all department to the concept of clinical protocols and quality management.</li> <li>In each year identify three diseases or health problems and agree clinical protocols or guidelines.</li> <li>Implement protocols across the service.</li> </ul>  | Clinical protocols agreed and used across the health sector to deliver standardized care.  |
| 2.4 | Strengthen the clinical audit process within the Ministry of Health to review and improve clinical practice.  | <ul style="list-style-type: none"> <li>Ensure clinical information systems support information requirements for clinical audit.</li> <li>Each clinical department to identify two audit topics in each year and publish the results.</li> </ul>   | Clinical practice and clinical outcomes audited against protocols.   |
| 2.5 | Establish the organisational performance management role within the Ministry of Health.   | <ul style="list-style-type: none"> <li>Identify the resources needed to undertake organisational performance management and consider where the responsibility should be located in the context of the organizational restructure of the Ministry of Health.</li> <li>Implement an explicit performance management system measuring progress against the targets starting with the identified department in objective 2.1.</li> </ul>  | A clear and structured approach to performance management within the Ministry of Health which informs management action.   |
| 2.6 | Tackle inequality in access to health care.   | <ul style="list-style-type: none"> <li>Develop a community atlas, mapping the incidence of major diseases linked to socio-economic status.</li> <li>Identify where differential access to health services exists and undertake research into the reasons for this.</li> <li>Work with disadvantaged individuals and community groups to identify how they perceive they could best access services.</li> <li>Implement new provision specifically to meet those needs.</li> </ul> | Publication of a community atlas and distribution to other Government departments. Improved access for vulnerable and disadvantaged groups.                      |
| 2.7 | Respond to the legitimate expectations of the public.   | <ul style="list-style-type: none"> <li>Conduct a survey of patients' views of the health services received. Devise an action plan to address any shortcomings.</li> <li>Review the organization of primary care to streamline appointments systems and give appropriate time for consultation.</li> <li>Reduce the waiting time for access to outpatient appointments and elective inpatient treatment to achieve agreed targets.</li> </ul>                                      | Public believe the service is responsive to their needs as a result of personal experience.  |

# Strategic Goals

## Goal 3 – Primary Care Development

Empower the **primary health care** as being at the heart of health service provision in Bahrain to deliver comprehensive family health care to all age groups.

|     | AIM   | ACTION   | OUTPUT   |
|-----|---|--|--|
| 3.1 | Redefine the Ministry of Health’s vision for primary care and publish a Primary Care Plan as a basis for future service improvement.                              | <ul style="list-style-type: none"> <li>Conduct a workshop with stakeholders to review progress of existing plans and develop a new primary care plan taking into account the need to provide comprehensive services throughout the 14 hour period (in two working shifts) in all health centres to be responsive to the needs of users and providers.</li> <li>Agree and produce an action plan for implementation taking into considerations the required resource allocation or reallocation.</li> </ul> | Shared vision and plan for the future role of primary care within the health sector in Bahrain.  |
| 3.2 | Identify opportunities for expanding the role of primary health care staff; physicians, general dentists, nurses, allied health workers and other related staffs. | <ul style="list-style-type: none"> <li>Conduct structured session/effort to identify opportunities for extending the role of staff.</li> <li>Put in place appropriate training programs to meet the need of the expanded role.</li> <li>Ensure adequate resources and appropriate incentives match the workload within primary care.</li> </ul>  | Extended range of services provided within the primary care sector and efficient use of resources.                                     |
| 3.3 | Develop special supportive services for vulnerable groups (i.e. elderly, disabled).   | <ul style="list-style-type: none"> <li>Review existing service and define the scope of the role required.</li> <li>Conduct a pilot project at a health centre and undertake evaluation.</li> </ul>   | Special supportive services identified. Integrated health system focused on the individual needs of vulnerable people.                 |
| 3.4 | Enforce the program of continuous education for staff within primary care.  | <ul style="list-style-type: none"> <li>Identify training needs of primary care staff in the context of the primary care service and plans.</li> <li>Develop a local continuous education program to all categories.</li> <li>Evaluate the benefits of the program.</li> </ul>  | Presence of continuing education programs. Staff in primary care confident and skilled to undertake both existing and developed roles. |

# Strategic Goals

## Goal 4 – Service Development

Develop an **integrated model** of health care provision that delivers high quality accessible services.

|     | AIM   | ACTION   | OUTPUT  |
|-----|---|--|---|
| 4.1 | Review the role and the organization secondary health care.   | <ul style="list-style-type: none"> <li>▪ Establish a project team including input from primary care to:                             <ul style="list-style-type: none"> <li>• Define the role of secondary care.</li> <li>• Review current activity and utilization of facilities.</li> <li>• Conduct workshops to explore possible scenarios for acute care provision taking into account likely developments in technology and practice and the potential for process reengineering.</li> <li>• Communicate the vision to stakeholders and the public.</li> </ul> </li> </ul> | Shared vision and plan for the future role of secondary care (the services and facilities) within the health sector in Bahrain.                   |
| 4.2 | Introduce referral protocols for transfers between primary, secondary, tertiary care, and other health care providers in Bahrain.   | <ul style="list-style-type: none"> <li>▪ Develop and implement proper system and guidelines for referral between parts of the health care system.</li> </ul>   | Clarity of responsibility for the delivery of care within the different sectors of the healthcare system.   |
| 4.3 | Identify models of care based on disease group or condition (care pathways) to be delivered through the network of service providers in primary, secondary and tertiary care. | <ul style="list-style-type: none"> <li>▪ Identify three conditions using high levels of resources.</li> <li>▪ Working with a multidisciplinary team to develop and implement agreed clinical care pathways.</li> <li>▪ Monitor compliance with care pathway.</li> </ul>  | Models of high quality clinical care planned by disease group or condition and delivered through integrated multidisciplinary health care system. |
| 4.4 | Identify three tertiary services which could be provided collaboratively across GCC countries and explore the potential for joint developments.                               | <ul style="list-style-type: none"> <li>▪ Identify from a clinical and educational perspective likely candidates for regional collaboration and undertake a political, economic, social and technical (PEST) analysis of the opportunity.</li> <li>▪ Open discussions with colleagues from other GCC countries on possible service collaborations.</li> <li>▪ Develop proposals for collaborative arrangements.</li> </ul>  | Collaborative development of tertiary services across GCC countries giving clinical and economic benefits.  |

# Strategic Goals

## Goal 5 – New Investment

Develop a **structured approach** to investment in existing and new services, workforce development, buildings, equipment, supplies and drugs to ensure delivery of the Bahrain Health Strategy.

|     | AIM   | ACTION   | OUTPUT  |
|-----|---|--|---|
| 5.1 | Develop a structured approach to service planning that involves health service providers to ensure appropriate investment in service and capital (buildings and equipment) developments based on service needs. | <ul style="list-style-type: none"> <li>Identify dedicated resources to support service planning.</li> <li>Develop business processes to underpin service planning and development.</li> <li>Provide training for planning and operational staff in service planning techniques and in the preparation of business plans.</li> </ul>                        | An agreed and enforced approach to planning services that is based on demographic analysis, epidemiology and activity trends.   |
| 5.2 | Introduce the production of business cases as a method to determine and prioritize investment in developments for buildings, equipment, staff, materials and utilities.   | <ul style="list-style-type: none"> <li>Identify dedicated resources to support capital planning .</li> <li>Develop a framework for the production of simple business cases.</li> <li>Provide training for managers in capital planning and business case preparation.</li> </ul>   | Haphazard investment avoided with investment decisions based on a case of need, demand and cost benefit analysis, capital developments designed to meet service needs and full identification of costs. |
| 5.3 | Develop two year planning cycles for capital and equipment, supporting service maintenance and development needs with appropriate investment.   | <ul style="list-style-type: none"> <li>Ensure an up to date asset register exists together with a planned replacement computerized programme.</li> <li>Develop a framework for 2-year planning cycle for replacement and new capital items.</li> <li>Produce a capital investment plan for 2003 and 2004.</li> <li>Review programme every year.</li> </ul> | Capital funding allocated in a structured way in line with the service planning and business planning processes.  |

# Strategic Goals

## Goal 6 – Partnership Working

Develop **local, regional** and **international partnership** working to achieve service rationalisation, optimise scarce resources and skills and minimise duplication.

|     | AIM   | ACTION  | OUTPUT  |
|-----|---|---|---|
| 6.1 | Change working practices to encourage partnership working across Directorates and Departments within the Ministry of Health.  | <ul style="list-style-type: none"> <li>Establish a mechanism for regular meetings between director level staff to assist communication, improve knowledge and enhance working relationships.</li> </ul>   | Improved working relationships, communications and strategic planning between Directorates and Departments within the Ministry of Health. |
| 6.2 | Establish partnerships in three service areas each year where collaboration within the Ministry of Health or between the Ministry of Health and another public sector or private organisation could bring benefits to patients and support improvement in health status, service rationalisation and optimal use of scarce resources. | <ul style="list-style-type: none"> <li>Identify opportunities within the Ministry of Health for multidisciplinary collaborative working and enter discussions with partners.</li> <li>Identify service and resource benefits.</li> <li>Implement new working arrangements.</li> <li>Evaluate achievement of benefits.</li> </ul>  | Improved services for patients, minimal duplication of service provision and best value for money.  |
| 6.3 | Enhance partnership working with education and training providers.  | <ul style="list-style-type: none"> <li>Involve education providers in discussions on service development and improvement to ensure that opportunities from existing and new training programs can be realized and sufficient staff trained to meet future demand for health care professionals.</li> <li>Ensure that education and training programmes reflect service need.</li> </ul> | Appropriately skilled workforce available in the future to meet the staffing needs of planned service developments.                       |
| 6.4 | Encourage exchange in expertise between Ministry of Health and other institutions at local, regional, and international levels.   | <ul style="list-style-type: none"> <li>Strengthen data base about staff expertise and identify potential expertise for exchange.</li> <li>Develop mechanism for expertise exchange and identify guidelines to regulate the process (consultations).</li> </ul>  | Comprehensive list of potential expertise for exchange is made available.   |
| 6.5 | Enhance partnership-working with other government and non-government organizations, i.e. Ministry of Education, Ministry of Finance and National Economy, Ministry of Social Affairs, Ministry of Information.  | <ul style="list-style-type: none"> <li>Establish a mechanism for multi-sectoral working focused on the achievement of improvements in health status.</li> <li>Agree joint priorities and develop action plans.</li> </ul>   | Commitment and co-operation of all government departments in achieving health gain targets.   |
| 6.6 | Enhance partnership working with international organisations.   | <ul style="list-style-type: none"> <li>Develop additional capacity for partnership working with international organisations.</li> <li>Identify opportunities for optimising resources in these areas.</li> <li>Agree priorities and develop action plans.</li> </ul>  | Productive working relationships and securing additional funding.   |

# Strategic Goals

## Goal 7 – Community Involvement

Encourage individuals, families and communities to take more responsibility for their own health and to contribute to determining the shape and patterns of delivery of health services in the future.

|     | AIM   | ACTION  | OUTPUT  |
|-----|---|---|---|
| 7.1 | Develop a programme of community involvement, at both national level and hospital / health care centre level, through the introduction of initiatives such as Patient Forums and health promotion groups. | <ul style="list-style-type: none"> <li>Identify a lead person for community involvement in each hospital/health care center.</li> <li>Identify and evaluate existing community involvement schemes.</li> <li>Develop programs and plans to implement and monitor community involvement programmes.</li> </ul>   | Health workers, individuals, families, governmental and non-governmental organizations and communities involved in the development of future patterns of service. |
| 7.2 | Develop a programme to raise awareness of risk factors in common diseases to encourage individuals, families and communities to take more responsibility for their own health.                            | <ul style="list-style-type: none"> <li>In collaboration with other government and non-governmental organizations, plan awareness raising, health promotion and health education campaigns amongst target groups.</li> <li>Provide information to patients attending health service facilities about their condition and the contribution they can make to their health through adopting a healthy lifestyle.</li> </ul> | <p>Progress made towards health gain targets through improved public awareness.</p> <p>Progress made towards health promotion and education tools.</p>            |
| 7.3 | Develop programs to raise awareness to promote proper utilization of health services at different levels.   | <ul style="list-style-type: none"> <li>In collaboration with other government and non-governmental organizations, plan awareness raising and skill development in managing common simple health problems.</li> </ul>  | Improved public awareness related to utilization of health services at different levels.  |

# Strategic Goals

## Goal 8 – Organization and Management

Ensure the appropriate **organisational structure** is in place to implement the Strategic Direction. Strengthen and **decentralize** responsibility for the management of health services, **separating responsibility** for policy, strategy and performance management from operational issues.

|     | AIM  | ACTION  | OUTPUT   |
|-----|--|---|--|
| 8.1 | Review the present organizational structure, in the light of the Strategic Direction, to decentralize responsibility for the management of health services and to separate responsibility for policy, strategy and performance management from the operational management of the services. | <ul style="list-style-type: none"> <li>Undertake an analysis of the functions and roles of each department and position within the Ministry of Health.</li> <li>Consider how the organization can best be structured to achieve the objectives of the Ministry.</li> <li>Implement revised organization and management structure making best use of staff's skills, knowledge and expertise.</li> </ul>   | An appropriate organization and management structure is implemented to the objectives contained within the Bahrain Health Strategy.                                  |
| 8.2 | Clarify lines of accountability within the revised management structure, linked to responsibility for decision-making.   | <ul style="list-style-type: none"> <li>Review all job descriptions in the light of the new organizational structure and agree with each person any changes to their role making clear responsibilities and accountabilities.</li> <li>Implement performance management emphasizing proper documentation of major incidents (good or bad).</li> </ul>  | Clarity of responsibility for decisions and associated management actions with individuals held accountable for achieving agreed service objectives.                 |
| 8.3 | Ensure that staff with enhanced management roles are equipped with the skills and knowledge to undertake their new roles effectively.  | <ul style="list-style-type: none"> <li>Undertake a training needs assessment based on the revised roles of staff.</li> <li>Provide relevant training and development support at an individual and group level.</li> </ul>   | Managerial staff with the skills and competencies to achieve effective and efficient management of services and to support the implementation of the Strategic Plan. |
| 8.4 | Streamline current committee structure and place upon individual's responsibility for progressing specific pieces of work supported by appropriate multi-disciplinary teams.   | <ul style="list-style-type: none"> <li>Review current committee structure and where appropriate replace with project team approach.</li> <li>Identify individuals to lead on specific pieces of work and provide them with the necessary authority and development support to achieve project objectives.</li> <li>Where individuals identified have clinical responsibilities allocate sessions in which to carry out management role and provide administrative support.</li> </ul> | Individuals responsible for the delivery of strategic objectives with dedicated time and support.  |
| 8.5 | Establish a pilot scheme to decentralize responsibility for all service provision and budgetary management to health centers team and other divisions, providing the necessary developmental support.  | <ul style="list-style-type: none"> <li>Identify health centre and team as pilot site.</li> <li>Establish project manager with appropriate support dedicated to manage the pilot project.</li> <li>Develop project plan with targets and milestones</li> <li>Evaluate pilot project.</li> <li>Make recommendations for extension to other areas.</li> </ul>  | Successful local management of services and an understanding of issues to be addressed in decentralization.  |
| 8.6 | Strengthen leadership development programme to support leaders in their new role.  | <ul style="list-style-type: none"> <li>Develop a competency framework for effective leadership .</li> <li>Identify core group of leaders to take part in a formal leadership programme.</li> <li>Assess existing competencies of identified group against the framework.</li> <li>Design and deliver the programme.</li> <li>Evaluate and extend coverage of programme.</li> </ul>  | Effective and competent leaders.   |



# Strategic Goals

## Goal 9 – Human Resources

Strengthen human resources management, **workforce planning** and **value staff** in their provision of health services.

|     | AIM  | ACTION   | OUTPUT  |
|-----|--|--|---|
| 9.1 | Improve human resources management, workforce planning, management and training as a core function within the Ministry of Health.  | <ul style="list-style-type: none"> <li>As part of the organizational structure review within the Ministry of Health, identify the human resources functions.</li> <li>Assess existing capacity and skills against requirements and implement necessary changes.</li> <li>Agree with users of the human resources department the standards of service that should apply.</li> <li>Produce and implement a human resources strategy to support the delivery of the Ministry of Health's Strategic Direction including; staff terms and conditions of service, policies and procedures, performance appraisal, training.</li> </ul> | Human Resources function developed within the Ministry of Health to ensure a quality service and appropriate support provided to all staff. |
| 9.2 | Develop a workforce plan that supports the delivery of service development plans and identifies future staffing requirements and the associated resources to deliver them. | <ul style="list-style-type: none"> <li>Work with service planners to identify workforce requirements of future service developments and changes.</li> <li>Assess likely availability of required staff and where necessary ensure additional staff are trained and available to deliver the new service.</li> </ul>  | Adequate numbers of high quality staff available to deliver planned services.   |
| 9.3 | Develop a training plan that supports the delivery of the Bahrain Health Strategy.   | <ul style="list-style-type: none"> <li>Update the skills audit and training needs assessment.</li> <li>Commission or access relevant training programmes.</li> </ul>   | A planned approach to education and training ensures the needs of the service and the individual are met.                                   |
| 9.4 | Enhance the implementation of Bahrainization Policy within the Ministry of Health without compromising quality of service.   | <ul style="list-style-type: none"> <li>Agree targets for recruitment.</li> <li>Monitor recruitment practice.</li> <li>Continue monitoring the implementation of Bahrainization policy by Directorate of Training.</li> </ul>   | Reliance on expatriate labour reduced by ensuring professional quality of Bahraini nationals.   |
| 9.5 | Provide integrated computerized workforce management system.   | <ul style="list-style-type: none"> <li>Work with Health Information Directorate to develop user requirement and business case for the procurement of a system which links to existing Ministry of Health systems.</li> <li>Review working practices in preparation for the implementation of the system.</li> <li>Train staff in use of the system.</li> <li>Train managers in the use of the information provided from the system.</li> </ul>   | Effective management of staff through provision of workforce information i.e. staff turnover, sickness and absence levels.                  |

# Strategic Goals

## Goal 10 – Education, Research and Development

Develop the role of the health system in education, research and development in **partnership** with other agencies, and focus on **health research for development**.

|      | AIM  | ACTION   | OUTPUT   |
|------|--|--|--|
| 10.1 | Develop a Center for Health Systems Research and Evidence Based Clinical Practice to ensure a structured approach to the assessment, organization and co-ordination of research. | <ul style="list-style-type: none"> <li>Identify possible partners and initiate discussions to define role and relationships of the proposed centre.</li> <li>Identify project manager to lead development.</li> <li>Develop project plan.</li> <li>Agree process for assessment, organisation and co-ordination of research that is linked to the needs of the service.</li> </ul> | Evidence based clinical practice throughout Bahrain; health system supported through structured and comprehensive research programs. |
| 10.2 | Development of health policy based on research outcomes and epidemiology.  | <ul style="list-style-type: none"> <li>Expand the capacity of the Office of Plans and Programs to provide further research and epidemiological capability in developing service plans.</li> <li>Strengthen the research function in all areas of the Ministry of Health.</li> </ul>  | Health policy and plans based on evidence of likely health gain or improved health service.  |
| 10.3 | Enhance the continuing professional development programmes for all staff through structured education and training programs.   | <ul style="list-style-type: none"> <li>Implement a program of continuing professional development based on service development needs and linked to licensing and appraisal.</li> </ul>   | Staff given equal opportunity to maintain and develop their abilities.   |
| 10.4 | Establish a research training program for Ministry of Health employees.  | <ul style="list-style-type: none"> <li>Identify possible resources and programs for research development skills.</li> <li>Set a system for regular implementation of the programs.</li> </ul>  | Staff equipped with the appropriate skills and knowledge to undertake research.  |

# Strategic Goals

## Goal 11 – Finance and Financial Planning

Develop sound financial management **skills** and **systems** to support the delivery of the Strategic Direction and optimize the use of resources.

|      | AIM   | ACTION  | OUTPUT   |
|------|---|---|--|
| 11.1 | Attract and retain competent and qualified finance professionals.   | <ul style="list-style-type: none"> <li>Obtain approval for the new Directorate of Finance structure.</li> <li>Identify finance staffing requirements to deliver the Ministry of Health Strategic Direction (numbers and skills).</li> <li>Assess existing capability and capacity.</li> <li>Train existing staff and recruit any additional to meet requirements.</li> </ul>  | Appropriate skill mix of trained and professionally qualified staff available within the Ministry of Health to meet the financial challenges of the future.                        |
| 11.2 | Develop a biannual financial programme that identifies in-year commitments and includes annual review to reflect service development plans.   | <ul style="list-style-type: none"> <li>Review current sources and applications of funds.</li> <li>Identify costs of planned service developments and changes.</li> <li>Work with service planners to prioritize investment in new and existing service.</li> <li>Produce financial program.</li> </ul>  | A clear financial plan that makes financial provision for the future and enables the Ministry of Health to plan future expenditure and respond to changes in service requirements. |
| 11.3 | Develop a Cost and Management Accounting and Information System to support move towards decentralized responsibility for budget management and alternative methods of health care financing.                                      | <ul style="list-style-type: none"> <li>Develop user requirement and business case for the procurement of a system which links to existing Ministry of Health, Ministry of Finance and Civil Service Bureau.</li> <li>Review working practices in preparation for the implementation of the system.</li> <li>Train staff in the use of the system.</li> <li>Train users department managers in the use of the information provided from the system..</li> </ul>                      | Existing patterns of expenditure identified and used as a basis for budget setting and cost recovery.  |
| 11.4 | Decentralize responsibility for budget management alongside operational management.   | <ul style="list-style-type: none"> <li>Establish a project management team to agree the principles and requirements for decentralization of budget management and train staff and department managers in issues related to decentralization.</li> <li>Work in support of the primary health centre pilot project.</li> <li>Train user department managers to manage decentralized budget.</li> <li>Evaluate the result of the pilot project and extend decentralization.</li> </ul> | Improved budget management, more effective use of financial resources and financial accountability.  |
| 11.5 | Develop the audit function to include responsibility for compliance with financial policies and procedures.   | <ul style="list-style-type: none"> <li>As part of the organizational structure review within the Ministry of Health, identify the role of an audit team .</li> <li>Assess existing capacity and skills against requirements and implement necessary changes.</li> <li>Train existing or recruit new staff to fulfill new responsibilities.</li> </ul>   | Financial probity and compliance.  |
| 11.6 | Achieve a 1.5% recurrent cost savings target annually in order to reinvest resources in new developments and service improvements (excluding manpower) and attain cost effectiveness and efficiency utilizing various approaches. | <ul style="list-style-type: none"> <li>Require managers with budget responsibility to identify and achieve efficiency savings.</li> <li>Agree a process whereby part of the saving are returned to department achieving the saving for investment in agreed priorities within the government roles and regulations.</li> <li>Identify various approaches to cost effectiveness and efficiency and implement the appropriate approach.</li> </ul>                                    | Efficiency savings achieved for reinvestment in service developments.<br>Progress made toward cost effectiveness and efficiency in utilization of financial resources.             |

# Strategic Goals

## Goal 12 – Information and Communication Technology

Building upon the new IT strategy for the development of ICT systems, ensure the implementation of the strategy with technology as enabler to underpin the Bahrain Health Strategy and that necessary **organizational change** accompanies investment in technology.

|      | AIM  | ACTION   | OUTPUT  |
|------|--|--|---|
| 12.1 | Continue to provide an information communication technology infrastructure that will link and support transactions and information sharing between government regulators (MoH, MoFNE, CSO, CSB, WHO, GCC), private and public healthcare providers and suppliers, the people of Bahrain, future alternative payers.  | <ul style="list-style-type: none"> <li>Develop, plan, implement and evaluate network infrastructure.</li> <li>Develop, plan, implement and evaluate the health information security system.</li> <li>Establish standards for IT system performance assessment.</li> <li>Develop, plan, implement and evaluate specification, testing and distribution of hardware in the most cost effective way.</li> </ul>   | Improved accessibility to the right information by the right people at the right time will result in shared responsibility for health care service provision and utilization. Technologies will maximize existing investment to include internet and web based technologies, health passports, enabled by smart card technologies, data, voice and image transmissions. |
| 12.2 | To provide a National Health Information Center that will provide real time online analytical decision support tools to assist in the improvement of daily operations and clinical practice, as well as data warehouse decision support tools for analyzing retrospective information that will assist in prospectively planning improvements for the quality of services provided, the effectiveness of the delivery of services, and the efficient utilization of resources. | <ul style="list-style-type: none"> <li>Ensure data definitions are explicit and understood by all those producing and working with the data.</li> <li>Develop a data set to be produced for each clinical event.</li> <li>Audit the comprehensiveness and accuracy of data.</li> <li>Define information requirements to support decentralized service management.</li> <li>Ensure availability of required information from systems.</li> <li>Agree format of management reports.</li> </ul>   | Improved cost effectiveness of health care delivery will result in shared accountability for the monitoring and evaluating of costs related to the health care service performance.   |
| 12.3 | Develop a programme of process reengineering to support the implementation of information and communication technology.  | <ul style="list-style-type: none"> <li>Identify changes in working practice required to realize the benefits of investment in new information technology.</li> <li>Develop local capability in process redesign techniques.</li> <li>Work with managers in implementing changes in parallel with the introduction of technical solutions.</li> </ul>   | Implementation of information technology supports the delivery of effective processes of care and, therefore, the investment achieves maximum cost benefit.   |
| 12.4 | To provide an integrated healthcare provider system that will support referrals and information sharing between the private and public clinical venues of tertiary, secondary, or primary care across Bahrain.   | <ul style="list-style-type: none"> <li>Design, plan, and implement the integration engine and required application to capture patient centred information into one medical record regardless of location or professional discipline.</li> <li>Establish multidisciplinary teams (professional discipline and specialty discipline) to build the electronic patient record in order to recommend the standards to integrate the healthcare delivery.</li> <li>Establish patient's health information confidentiality and accessibility policies.</li> </ul> | Improved integration of health care delivery will result in a reduction of duplicated services and resources, improved utilization of current services and funding resources availability for new programs and services.  |
| 12.5 | To provide an Insurance Based Funding Software that supports the Provider/Payer/Regulator requirements. This system must be flexible and scalable to accommodate salaries, capitated or fee-for-service Physician services mixed or elective basic government funded services and insured services.  | <ul style="list-style-type: none"> <li>Implement IT strategy. Procure clinical and financial systems integrate system for health insurance.</li> <li>Implement activity based management.</li> <li>Establish insurance providers.</li> <li>Establish monitoring agency. Establish enable legislation and government procedures. Revise immigration, labor, employment insurance, health and company laws.</li> </ul>   | An alternative funding system that will provide the best value BD by having built in incentives for providers based on performance. The Ministry of Health will be able to assume the basic and critical administrative functions of system implementation.   |



## Implementation of the Strategy

## The Way Forward

Bahrain Health Strategy, with the support of H.E. The Minister of Health, will drive all key decision making within the Ministry of Health. The following actions will need to be taken:

### 5.1 Critical Success Factors

The following factors will need to be addressed as they are critical to the success of this strategy:

- Ownership of the targets by all stakeholders.
- Willingness to work outside traditional professional boundaries.
- The implementation of business planning and performance monitoring systems and processes to support the development of health services.
- Clear accountability of those charged with delivering the changes.
- The introduction of a culture of general and project management.
- The involvement of clinicians in management, and responsibility for the effective use of resources.
- Decentralization of decision making within the Ministry of Health.
- Explicit evaluation of clinical work and outcomes.
- An organizational development strategy, which enables everyone to play his or her part in service development.
- Management development opportunities for everyone taking on management responsibilities.
- The development of a culture of teamwork and project management in which plans are described, milestones identified and progress monitored regularly.

## 5.2 Implementation

### Project Management Structure

The principles of project management will be applied to the implementation of the Bahrain Health Strategy. A Project Steering Board will be established to lead the delivery of the Plan chaired by the Assistant Undersecretary for Training and Planning. It will be essential to have the right people with the right skills and authority to implement this ambitious project, and the appropriate management development support will be provided. The Project Steering Board will be responsible for tracking progress against the objectives and reporting on this to the Minister of Health.

### Implementation Plan

The first priority for the Project Steering Board will be the development of an Implementation Plan. This will take the form of a master project plan with phases of implementation and key milestones. Responsibility for achieving each of the key milestones will be identified and it will include the following actions:

| KEY MILESTONES   | DEADLINE       | LEAD RESPONSIBILITY   |
|--|----------------|---|
| <b>Phase 1</b>   |                |   |
| First meeting of the Project Steering Board to agree on Terms of Reference and membership.   | July 2002      | Office of Plans and Programs  |
| Strengthen the Office of Plans and Programs with additional resources to have the capacity to deliver the Bahrain Health Strategy. | June 2002      | Assistant Undersecretary for Training and Planning                      |
| Initiate management structure changes within the Ministry of Health to support delivery of the strategy.                           | January 2002   | Undersecretary of the Ministry of Health                                |
| Official Launch Event  | July 2002      | H. E. the Minister of Health  |
| Revise Health Committee structure and establish National Directors for priority areas.   | August 2002    | Office of Plans and Programs  |
| <b>Phase 2</b>   |                |   |
| Agree publicity program for the promotion of the Bahrain Health Strategy.  | July 2002      | Project Steering Board  |
| Formulate a project team and manager for each strategic goal, teams are to Break down aims into specific SMART objectives.         | September 2002 | Project Steering Board  |
| Publish Annual Business Plan for 2003-2004 with specific objectives, outputs and target completion dates identified.               | October 2002   | Office of Plans and Programs  |
| Commence primary care center management structure pilot project.   | March 2002     | H. E. the Minister of Health  |
| Produce project plans for each aim.  | October 2002   | Project Managers  |
| Agree performance management arrangements for delivery of aim.   | October 2002   | Project Steering Board/Office of Plans and Programs                     |
| <b>Phase 3</b>   |                |   |
| Review progress and revise project management arrangements accordingly   | March 2003     | Office of Plans and Programs  |
| Review primary health center pilot   | March 2003     | Office of Plans and Programs in coordination with concerned departments |

### 5.3 Official Launch

The Ministry of Health will lead a high profile launch of the Bahrain Health Strategy to all staff working within the Ministry, to stakeholders, other Government departments and, very importantly, the general public. Opportunities will be taken to publicize Bahrain Health Strategy through the media and among community groups.

### 5.4 Publicity Campaign

It will be very important to follow the official launch event with a structured publicity program. This should include a targeted poster campaign linked to the strategic aims and expected outputs aimed at raising awareness of people's contribution to their own health.

### 5.5 Who will do this Work?

The Office of Plans and Programs will be strengthened to undertake strategic planning and monitoring of performance. It will support the implementation of the strategy. As many staff as possible must have involvement in the implementation of the objectives.

Teams headed by leaders are to be formed for each of the twelve strategic goals. As mentioned, project management approach will be adopted; each team will have an annual business plan.

The project steering board will oversee the process of implementation and monitoring.

As mentioned in Strategic Goal 1, in order to achieve the health gain targets, it will be necessary to replace the existing Health Committees with small-dedicated teams headed up by a team leader with national participation.

Priority health gain areas will be identified. These will include but are not limited to:

- National Cancer Strategy
- Coronary Heart Disease Strategy
- Maternal and Child Health Strategy (including dental health and vaccination and immunization)
- Diabetes Strategy
- Prevention and Healthy Lifestyles Strategy
- Others as need arise

Although the core teams will be small they will need to engage and work with multidisciplinary teams across the health and community sectors. It will also be important to work in partnership across government departments and with the private sector.

### 5.6 Regular Review

Bahrain Health Strategy is not static and should evolve and grow to meet the needs of the services and organizations over the strategic period. The longer-term targets will be more likely to need revision in the light of changes in the service and developments in clinical practice. The review process will, however, be structured and built into the planning processes of the Ministry of Health.

Each year an annual action plan will be produced setting out which of the strategic goals and objectives will be addressed in the coming year and identifying the resources to deliver this. The production of the annual action plan will require the Ministry of Health both to review the progress made over the previous year and agree priorities for the coming year. At this time it will also be necessary to assess whether the goals, aims and expected outputs are still moving the health service in the appropriate strategic direction. This will be the opportunity to revise and amend targets and reassess priorities.

This will not be the only time the strategy is reviewed. Through the Office of Plans and Programs, the aims and expected output will be monitored and progress will be assessed using standard project management techniques. The named leaders for each objective will be required to report against project plans – the frequency of this reporting will depend on the nature of the project.

In addition, through the introduction of organizational performance management, the Bahrain Health Strategy will be the basis of performance reviews for individuals, departments and organizations, as the successful delivery of the changes and improvements will be the responsibility of everyone working within the health service.



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Participants in the workshop for Strategic Health Direction of all health care providers in Bahrain who contributed to the Strategic Health Direction 2002 - 2010