

CONTENTS

	<i>Page</i>
Introduction	1
How To Use This Report	1
Demographic and Socioeconomic Indicators	2
<i>Population Distribution</i>	2
<i>Population Growth & Illiteracy Rates</i>	2
<i>Population Sex Ratio</i>	2
<i>Population by Age, Sex and Nationality</i>	2
<i>Age Dependency Ratio</i>	3
Health Facilities and Health Resources (1997-2001)	4
<i>Physical Resources</i>	4
<i>Financial Resources</i>	5
<i>Human Resources</i>	6
Health Status of The Community	5
<i>Vital Statistics</i>	5
<i>Nutritional Status of Children</i>	5
<i>Mortality</i>	5
<i>Morbidity</i>	6
<i>Immunization</i>	6
<i>Communicable Diseases</i>	7
References	7
Appendix 1: Selected Global Health Indicators	7
2001 KEY EVENTS	8

Introduction

Health statistics and Health Informatics play a major role in today's world, especially with the great changes that are currently occurring all over the world in telecommunications and information technology. The Ministry of Health in the Kingdom of Bahrain has continued to devote a special attention to National Health Statistics and Health Informatics, which are the basic foundation of sound planning and for setting realistic health policies and strategies.

The Publication of the 21st Edition of the Health Statistics report – 2001, illustrates the on-going changes in the services and programs in healthcare sector. The information in this report provides details on different goals of systems in the Kingdom, and the outcome of the services reflected by the trends in the health status of the population in Bahrain.

How To Use This Report

Some users of the report will notice a difference in the presentation of the contents in this edition. The layout of the presentation of the Health Indicators, are based on the recommendation of a visiting consultant from East Mediterranean Regional Office of the World Health Organization, are as follow:

- i) Socioeconomic and demographic (environment) indicators
- ii) Health Resources (inputs) indicators
- iii) Health activities (process) indicators
- iv) Health quality (outputs/ process) indicators
- v) Health status (outcomes/impact) indicators

The report consists of eleven chapters. Chapter one shows a summary statistics of all Health indicators for the Kingdom. The chapter covers all the above items such as the socioeconomic & demographic characteristics, health resources, utilization of Health Institutes, and health status. Chapter two presents selected tables that show basic results out of the 2001 census. Chapter 3-9 focus on resources, facilities services, vital, morbidity and mortality statistics of Ministry of Health. Finally chapters ten and eleven present some statistics of the Bahrain Defense Force Hospital and Private Hospitals.

With this new format of the report we hope that we managed to present the available statistics in a manner that can be beneficial to the decision makers and top management in their daily activities and strategic decision.

Demographic and Socioeconomic Indicators

The 2001 census determined the major demographic and socioeconomic characteristic of the population that highlight the following facts:

Population Distribution

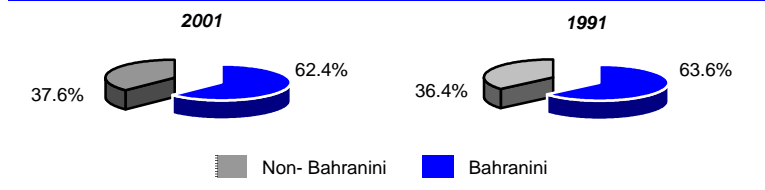
The 2001 and 1991 Census in Bahrain showed the total population was 650,604 in 2001 and 508,037 in 1991. The proportion of the Bahraini Nationals to Non-Bahrainis were relatively equals over the last 10 years. In the year 2001, 62.4 of the population were Bahraini and 37.6% were Non-Bahraini. Compared to 63.6% Bahraini and 36.4% Non-Bahraini in 1991. Given that the birth and death rates are fairly constant, the increase in the annual growth rate may be due to the increase in the Non-National labour force in Bahrain since 1991 census. See table 1 and the graphical presentation in figure 1.

Population by Census 2001 & 1991 **Table 1**

Population	2001	1991	Annual % Change
Total	650,604	508,037	2.5
Bahraini	405,667	323,305	2.3
Non-Bahraini	244,937	184732	2.9

Ref: Central Statistics Organization , 2001 & 1991 census

Population Percentage By Nationality **Figure 1**



Population Growth & Illiteracy Rates

Although there was a remarkable change in the size of the Kingdom’s population between the two census by 28% more in 2001 than it was in 1991, but there was a decrease in the population growth rates for both nationalities over the past ten years period of both Census (2.7% for the period 2001-1991 while the rate was 3.6% for the period 1991-1981). The same decrease can be noticed among the Bahraini population as it was 2.9% for the period (1991-1981) compared to 2.5% for the period (2001-1991). Similarly, it was true among the Non-

Bahraini population as it decreases from 4.8% for (1991-1981) to 3.1% for (2001-1991). (See table 2). This mainly due to the tremendous drop in the illiteracy prevalence during the last ten years and the provision of effective Family Planning Programs. Table 2 showed that in 2001 the illiteracy rate among Bahraini population was 12.3% almost shrank into half of its size than it was in 1991 (21.0%).

Population Growth and Illiteracy rates **Table 2**

Period	2001-1991		1991-1981	
	Growth	Illiteracy	Growth	Illiteracy
Total	2.7	...	3.6	15.9
Bah	2.5	12.3	2.9	21.0
Non- Bah	3.1	...	4.8	9.7

Population Sex Ratio

The sex ratios for the entire population were nearly stable in both census irrespective to the nationality (135 in 2001 and 138 in 1991). The sex ratio among Bahraini was constant in both census 102. In contrast to the Non-Bahraini population which was relatively high in both census (234 in 1991 and 223 in 2001). This was due to the male-dominant immigration, especially the middle age group (i.e the working age group). (see table 3)

Population Sex Ratio **Table 3**

Nationality	2001	1991
Total	135	138
Bah	102	102
Non- Bah	223	234

Sex Ratio (male per 100 female) = (No. Male/No. Female)*100

Population by Age, Sex and Nationality

As mentioned previously, although there has been an increase in total population in 2001 census from 1991 (as illustrated in table 4), but the percentage of people under 15 years of age has decreased since 1991 from 31.7% to 27.9. In fact, this decrease was also true for both nationalities. Nevertheless, the Bahraini population of this age group took the bulk of these percentages which was 40.8% in 1991 and 36.5% in 2001, comparing to 15.6 in 1991 and 13.5 for Non- Bahraini.

Population Distribution by Age Group & Nationality

Table 4

Population (%)	2001			1991		
	Male	Female	Total	Male	Female	Total
Total						
Pop<15	24.8	32.0	27.9	28.0	36.6	31.7
15 –64	73.0	65.1	69.6	69.9	60.9	66.1
65+	2.2	2.9	2.5	2.1	2.5	2.2
Bahraini						
Pop<15	37.0	36.1	36.5	41.4	40.3	40.8
15 –64	59.4	60.1	59.8	55.2	56.6	55.9
65+	3.6	3.8	3.7	3.4	3.1	3.3
Non-Bahraini						
Pop<15	10.1	21.2	13.5	11.4	25.8	15.6
15 –64	89.4	78.2	85.9	88.2	73.6	84.0
65+	0.5	0.6	0.6	0.4	0.6	0.4

The proportion of middle age group or working group aged (15-64) years out of the overall population was two third of the total population 69.6% in 2001 and 66.1% in 1991. Of these, 59.8% were Bahrainis and 85.9% were non Bahraini in 2001. However, in 1991 the proportion was 55.9% were Bahrainis and 84% were non-Bahrainis.

In year 2001, there was a noticeable increase in the percentage of Non-Bahraini From Bahraini population of the age group 15-64 years in both census. This demonstrates the magnitude of Bahrain’s labour force structure in depending on the non-Bahraini especially male as a supplement of the work force.

However, the percentage of persons aged 65 years and over has been maintained at a low proportion: 2.5% during 2001 and 2.2% in 1991. Out of these percentages, 3.7% among Bahrainis and 0.6 for non-Bahraini in 2001. Whereas, the percentage was 3.3 for Bahrainis and 0.4% for non-Bahraini population in 1991.

As shown in the table above that sex differential is in favour of female in the youngest (age < 15 years) and oldest 65+, but not in the middle age especially among Non-Bahraini.

Age Dependency Ratio

The dependency ratio in Bahrain (defined as the number of persons in a population who are not economically active for every 100 economically active persons in that population). It is usual to use as a rough guide the ratio of the population in the age groups 0-14 and 65 and above, to the population in the age group 15-64 years, since the retirement age in Bahrain is 65 years.

There is a significant drop in the dependency ratio for the past ten years. In year 2001 the dependency ratio was 67.3%, 16.4% and 43.7% for the Bahraini, non-Bahraini and the combined populations respectively. Comparing to 1991, the dependency ratios were 79%, 19.1% and 51.3%.

Overall, the rate of disability among Bahraini population represented only less than 1% of the total population.

Health Facilities and Health Resources (1997-2001)

Physical Resources

The Health system delivery is shared between both sectors government and private. The Health facilities have improved rapidly during the past five years which illustrated in table 5. This can be witnessed clearly through the remarkable evolution in regard to the size and quality of the services at Salminya Medical Complex (major hospital in Bahrain). The building has been expanded to enable the introduction of new services such as Oncology and Kidney Transplant. The installation of new sophisticated medical equipment contributed in the diagnosis, treatment and rehabilitation of the patients. In addition to that a great attention was given to improve the quality of the services provided at the Psychiatric hospital, Geriatric and the five Maternity Hospitals.

The private sector has witnessed the opening of two new hospitals namely Ibn Al Nafees Hospital, which opened by mid 2001, and Gulf Dental Specialty Hospital, opened in 1999. In addition to that, several private clinics in various medical specialties were opened.

The expansion of the services was not limited to the Secondary Health Care, but it included also the Primary Health Care. To maximize the capacities and accessibilities to the services in Primary Health Care, many steps were taken during the past five years such as:

- The opening of new health center at Hamad Town in Dec. 2001.
- Extending the working hours of the Muharraq Health Center round the clock, and Sitra Health Center until 12:00 midnight. Furthermore, the provision of Radiology and Laboratory services to meet this challenging time schedule.

- Two “A” class health centers were opened to replace type “C” health centers.
- New children dental clinic was added at A’Ali Health Center.
- Special attention was given to the Mother and Child programs provided by the Primary Health Care.

Health Facilities (1997- 2001)**Table 5**

Description		2001	2000	1999	1998	1997
Hospitals	Govern	9	9	9	9	9
	Private	5	3	3	3	3
Beds	Govern	1,696	1,678	1,689	1,694	1,305
	Private	150	134	134	138	138
Primary Health Care	Govern*	23	22	22	22	22
Inpatients	Govern	71,756	72,478	62,231	61,391	58,840
	Private	4,435	4,616	4,863	4,854	...
Outpatients	Govern	3,619,036	3,594,914	3,293,632	3,369,222	3,045,168
	Private	309,003	294,332	290,368	273,261	164,135

* Including Public Security H.C.

Private Primary Health Care is provided through the private companies clinics

Financial Resources

The major challenge that the Ministry faced is to maintain current health services and strive for health for all. With the continuous increase in the provision of health care services commencing 1973 and continued till today (see table 6), the Ministry requires a mechanism that brings additional financial resources in order to sustain the best quality of health services.

Financial Resources

Table 6

Financial data	2001	2000	1999	1998	1997
% of allocated budget to MOH from total Government expenditure	7.8	7.8	8.5	8.0	8.7
MoH Budget* (BD. in Million)	64.4	61.0	61.7	57.8	61.3
MoH average recurrent health expenditure/ capita	98.4	88.4	92.6	89.9	90.0
Cost per MOH Visits (BD.):					
Primary outpatients	2.9	2.6	2.7	2.6	2.6
Secondary outpatients	26.6	27.3	25.1	23.9	23.0
Secondary Inpatients (per day)	106.6	109.3	100.5	95.6	92.0
Deliveries (maternity Hosp.)	287	267	269.5	273	240.5
% MOH expenditure on:					
Primary outpatients	21.9	21.0	21.0	21.5	23.4
Secondary outpatients	60.0	59.5	58.8	59.1	57.0
Total Other	18.1	19.5	20.2	19.4	19.6

1US\$ = 0.377 BD

* Source: Ministry of Finance & National Economy - MOH budget include projects

The Ministry of Health is the major provider of health services and is considered as a major source of health financing. The budget of the Ministry of Health was 64.4 million in 2001, which was 7.8% of the total government expenditure. In that year, the Ministry’s recurrent budget was BD. 63.2 million with annual growth of 3.2%, whereas on 1997 the Ministry’s budget was BD. 61.3 million which represented 8.7% as percentage of the total government expenditure. The Ministry’s recurrent budget was BD. 55.8 million.

The Ministry of Health average expenditure per capita has increased from BD. 90.0 (equivalent to U.S \$238.7 per person) in 1997 to BD. 98.4 (equivalent to U.S.\$ 261) in 2001. More than half of the Ministry budget was devoted to Secondary Health Care (60% in 2001 and 57% in 1997). However, only 21.9% of the Ministry’s budget was devoted to Primary Health Care in 2001 and 23.4 % in 1997.

The average cost per visits for primary Health care clinics was 2.9 in 2001 relatively similar to the cost in 1997 (2.6). On the other hand, the cost of the services per person in the secondary health outpatient clinics has been increased since 1997 from BD. 23 to BD. 26.6 in 2001. Moreover, the cost of the inpatient per day has also increased from BD. 92 in 1997 to BD. 106.6 in 2001(see table 6).

Human Resources

Table 7 below shows the development of the medical resources over the past five years at the national level respectively. During the 1997, per 10,000 population, there were 14.2 doctors, 1.3 dentists and 28.2 nurses, while they were 16.9, 2.2, 43.7 respectively in 2001. The nurse-doctor ratio was 2.6 in 2001 which is relatively equal to the rate in 1997 (2.5).

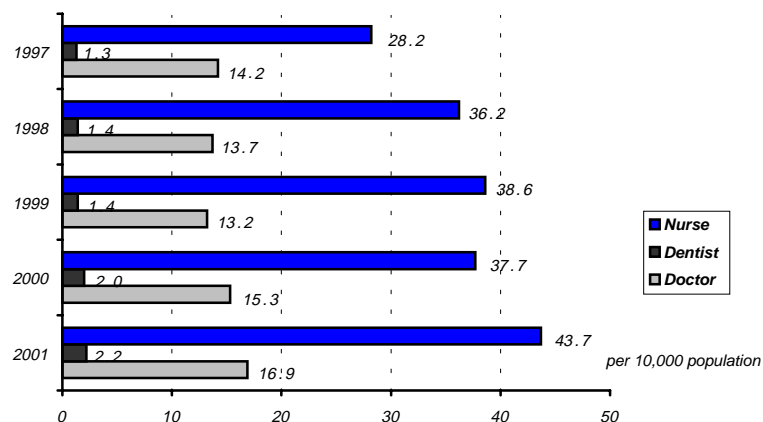
Human Resources

Table 7

Indicators (per 10,000 Population)	2001	2000	1999	1998	1997
Doctors	16.9	15.3	13.2	13.7	14.2
Dentists	2.2	2.0	1.4	1.4	1.3
Nurses	43.7	37.7	38.6	36.2	28.2
Nurse per doctors	2.6	2.5	2.9	2.7	2.5
Bed	28.2	26.2	27.4	28.5	23.3

Human Resources per 10,000 population

Figure 2



Health Status of The Community

The following are selected standard health indicators that reflect Bahrain's improving health status.

Vital Statistics

Table 8 below shows that most of the vital statistics indicators were relatively constant for the past five years. For example, crude birth rate per 1000 population was 20.5 in 2001 and 20.8 in 1997. Infant mortality rate/1000 population was 8.7 in 2001 and 8.4 in 1997. Total fertility rates (per woman) are consistent at an average fertility rate of 2.5 in 2001 (3.3 for Bahrainis and 1.5 for Non Bahrainis) and 2.6 in 1997 (3.5 for Bahrainis and 1.4 for non-Bahraini).

Life expectancy rate at birth for both males and females was 73.8 years in 2001, 72.1 for male and 76.3 for female. Comparing to 1997, it was 72.4 for both sex, 70.4 for male and 75.3 for female respectively. This is a substantial achievement as the Global indicator No.10 stated that the averaged life expectancy rate at birth should be 62 years.

Vital Statistics as reported by Public Health Directorate

Table 8

Health Indicators	2001	2000	1999	1998	1997
Crude birth/1000 population	20.5	19.6	19.8	20.3	20.8
Still birth rates/1000 births	8.7	10.0	8.6	10.8	8.7
Infant mortality rate/1000 live births	8.7	8.6	* 7.7	8.5	8.4
Maternal mortality rate/1000 live births	0.22	0.15	0.23	0.15	0.31
Under 5 yrs mortality/1000 live births	12.1	11.4	11.7	11.1	10.7
Under 5 yrs mortality/1000 child <5 yrs old	2.7	1.9	2.0	2.0	1.9
Total Fertility Rate per woman (Female 15-44)	2.5	2.5	2.5	2.6	2.6
Crude death rate/1000 population	3.0	3.0	2.9	3.1	2.9
Life expectancy rate at birth both sex	73.8	72.9	72.9	72.9	72.4

*Excluding 27 deaths under 25 weeks of gestation who perished shortly after birth

Nutritional Status of Children

Birth weight is an indicator of the health and nutritional status of mothers, as well as a prediction of infant health and development. In Bahrain, the percentage of newborns weighing at least 2.5 kg. has remained relatively stable for the past five years at 90.3%, 90.1%, 90.4%, 90.7%, and 91.3% for the years 2001, 2000, 1999, 1998, 1997 respectively. In addition to that, the percentage of children below five years with weight-for-age values corresponding to acceptable standard reference values has significantly increased since the early Nineties from 77% to remain relatively stable around (92± .5%) for the past five years

Mortality

In 2001, 1,979 deaths were reported to Public Health Directorate as compared to 1,822 in 1997, mostly from hospitals. The crude death rate continues to be very low (3.0 per 1000 population 2001 and 2.9 in 1997). The substantial increase in Injuries & poisoning Death rate in year 2000 was due to the Gulf Air crash in August of that year. Diseases of the circulatory system constitute the highest single cause of mortality in Bahrain, accounting for more than 30% of total hospital deaths. It should be noted that there has been a significant decrease in the number of deaths due to diseases of circulatory system, and respiratory systems.

Neoplasms may be considered as a second cause of death in Bahrain. Other major causes of death were injuries & poisoning, endocrine, nutritional & metabolic disorders, congenital anomalies, Genitourinary diseases and diseases of the digestive system. (see table 9).

Top Leading Causes of Death **Table 9**

Causes of Death (rates per 100,000 Population)	2001	2000	1999	1998	1997
Diseases of circulatory system	86.3	77.6	85.0	85.8	100.3
Undefined illness	49.6	45.0	42.5	48.8	21.3
Neoplasms	36.9	35.8	35.0	37.8	36.1
Injuries & poisoning	28.1	44.9	23.9	28.3	27.1
Endocrine, nutritional & metabolic disorders	24.9	20.3	22.2	22.7	22.4
Respiratory system	16.2	12.2	18.8	22.7	21.0
Congenital Anomalies	10.1	12.3	10.1	7.6	9.0
Digestive system	9.6	10.6	11.4	13.4	16.0
Genitourinary System	8.2	7.8	8.4	12.0	11.9
Certain conditions originating in the perinatal period	7.8	8.4	8.7	8.1	7.6

Morbidity

The health problems of Bahrain are those generally found in countries passing through the stage of transition from developing to developed nations. Communicable diseases are declining as the major causes of mortality and morbidity. They are being replaced by non-communicable ones such as cardiovascular diseases, cancer, metabolic diseases, congenital anomalies and accidents. The main causes of hospital admissions, based on the statistics of Salmaniya Medical Complex are displayed in table 10.

Top Ten Morbidity Based on Discharges from Salmaniya Medical Center **Table 10**

Morbidity (rates per 100,000 Population)	2001	2000	1999	1998	1997
Complication pregnancy, childbirth & puerperium (15-44)	6,132.1	6,248.5	6,301.2	6,698.1	5,103.5
Spontaneous abortion	1,012.1	1,012.1	1,053.4	1,090.6	1,078.9
Heredity anaemias	227.2	233.4	229.4	221.0	252.4
Neoplasms	241.5	221.9	146.3	287.6	185.8
Ischemic heart disease	148.6	128.4	152.2	151.9	153.4
Diabetes	88.6	94.8	75.5	81.3	77.0
Asthma	61.1	69.9	72.4	89.3	92.4
Acute respiratory infection	41.7	43.4	59.4	49.8	48.7

Immunization

Due to an efficient Expanded Program on Immunization (EPI) and high immunization coverage, childhood diseases have been almost eradicated in Bahrain. According to the World Health Organization (WHO) Immunization Schedule, Measles vaccine as single antigen dose1 and MMR as dose2 were replaced by MMR1 given to children at one year of age MMR2 at 5-6 years of age since 1999.(see table 11)

Immunization Coverage Percentage **Table 11**

Immunization Against	2001	2000	1999	1998	1997
DPT	99	97	97	98	98
Measles*	NA	NA	NA	93	95
Mumps, Measles, Rubella (dose 1)	97	98	93	100	NA
Mumps, Measles, Rubella (dose 2)	99	92	98	10A	NA
Poliomyelitis	99	97	97	98	98

*Measles Vaccine was replaced with MMR1 & MMR2 since 1999 as recommended by WHO.
NA= not applicable

Communicable Diseases

No cases reported of the Diphtheria, Whooping Cough, Neonatal Tetanus or Poliomyelitis was reported since 1990. Nevertheless, table 12 below shows that there were some variations in the trend of communicable diseases for the past five years. Although there was a marked drop in Gonococcal Infection (70/100,000 in 1997 to 36.4/100,000 in 2001), Syphilis incidence showed that there was a continuous rise to reach 149 cases (22.8/100,000) in 2001 from 133 cases (21.4/100,000) in 1997.

Furthermore, There was also a substantial decrease in the number of Malaria cases from 46 cases (7.0/100,000) in 2001 as compared to 140 cases (22.6/100,000) in 1997. The increase of the Viral Hepatitis to reach 35.1% in 2001 was due to the introduction of the type "E" virus as 41 cases were encountered to be infected with the virus.

Communicable Diseases Rates

Table 12

Disease (rates per 100,000 Population)	2001	2000	1999	1998	1997
Pulmonary TB	17.0	23.2	14.7	18.1	18.1
Gonococcal Infection	36.4	34.0	28.9	47.7	70.0
Syphilis	22.8	31.8	15.8	18.2	21.4
Viral Hepatitis (Total)	35.1	23.3	30.8	30.6	32.4
Malaria (P.vivax)	7.0	7.7	9.8	17.1	22.6

References:

- 1) "Basic Results Population, Housing, Building & Establishments Census-2001" part1. Central Statistics Organization.
- 2) "Health Statistics Report – 2000", Ministry of Health. Kingdom of Bahrain.
- 3) "National Accounts 2000", Ministry of Finance & National Economy.

Appendix 1: Selected Global Health Indicators

[G.I.7]	The percentage of the population covered by eight elements of primary health care
[G.I.7(c)]	The percentage of infants immunized against diphtheria, tetanus and whooping cough
[G.I.7(e)]	The percentage of infants immunized against polio
[G.I.8(a)]	The percentage of newborns weighing at least 2.5 kg. at birth
[G.I.8(b)]	The percentage of children whose weight-for-age and or weight-for height are acceptable
[G.I.9(a)]	The Infant mortality rate/1000 live births
[G.I. 9(b)]	Maternal mortality rate/1000 live births
[G.I.10(a)]	Life expectancy rate (male & Female) at birth in years
[G.I. 10(b)]	Male life expectancy rate at birth in years
[G.I. 10(c)]	Female life expectancy rate at birth in years
[G.I.12]	Per capita gross national product in US dollars \$

2001 KEY EVENTS

Conferences and Workshops

I) In the Kingdom of Bahrain

1. The Ministry has organized The “ XIth Pan-Arab European Neurosurgery Course” February 2001 at Gulf International Convention Center, Gulf Hotel.
2. The Ministry of Health organized a Conference about “ Facing Cancer in the Millennium: Prevention and Cure” for the period 20-22nd March 2001.
3. Under the patronage of H.E. Dr. Faisal Al Musawi, Minister of Health, the Ministry held a conference under “Diabetes in the Arab World, Diabetes- Epidemiology and Control” for three days 24-26th March 2001, at Diplomate Hotel, Bahrain. Fifty researches were discussed in the conference.
4. “The Fourth GCC Otorhinolaryngological, Head & Neck Surgery Conference” was organized by the Ministry of Health on 17-19th April 2001.
5. In coordination with The Royal College of Surgeons in Ireland, The Ministry of Health held “The First Conference of the Middle East Chapter” for the period 24-26th April 2001 in Gulf Hotel.
6. Under the patronage of Dr. Faisal Al Musawi, Minister of Health , The Ministry held “The 8th Arab Dermatology Conference” on 6-9th October 2001.
7. With the Coordination of Bahrain Defense Force Hospital, the Ministry participated in The “GCC Orthopedic Conference” which held in October 2001.
8. Under the patronage of H.E. Dr. Faisal Al Musawi, Minister of Health, the Ministry held the 1st Nutrition conference under “Nutrition in the Arab World in the third Millennium: Challenges and Visions”. The conference was organized by the Ministry with coordination of Bahrain Studies and Research Center and the Arab Association. The conference took place on 25-27th September 2001.
9. The Ministry of Health has hosted Quality Management Conference ” Quality Race – Where does it end?” at the Holiday Inn Hotel on 3-4 November 2001 with coordination with the Bahrain Defense Force Hospital.

II) International

1. Dr. Faisal Al Musawi, Minister of Health, participated in The 50th meeting of The Executive Board of the Health Ministers’ Council for GCC States in Kuwait on 9th–10th January, 2001. The members discussed a detailed report of the activities and achievements of the last cycles of the Executive Council. In addition to that, the members had discussed many health related topics such as: the Raft Valley fever, Diabetes Control, Cardiovascular Diseases, Family Health, Financing Health Services, Exported Labour Force, Drugs and Medical Equipments.. etc
2. Under the patronage of H.H. Shaikh Khalifa Bin Zaiad Al-Nihyan Abu Dhabia Crown Prince, H.E. Dr. Faisal Al Musawi, Minister of Health, participated in the “4th United Arab Emirates Cancer International Conference ” held on 28th-31st January, 2001. Over 500 persons attended the conference and 24 papers and researches were discussed.
3. Dr. Faisal Al Musawi, Minister of Health, Kingdom of Bahrain participated in the opening ceremony of The late Amir- H.H. Shaikh Isa Bin Salman Al-Khalifa Hospital in Sudan. H.E. participated in the “Ground Breaking Ceremony” for the H.H. Shaikh Khalifa Bin Salman Al Khalifa, The Prime Minister ENT and Ophthalmology Unit.
4. The Ministry of Health representatives participated in the “Fourteenth Child Health Conference” in Oman on 5th –7th February 2001. The main objectives of the conference were to discuss all the new aspects on the field of child health, share knowledge and information with the expertise. During the conference, ten workshops were conducted, and fifty researches were discussed.
5. Bahrain has participated in the 1st Cardiovascular diseases Committee meeting at Alduha - Qatar. The meeting was a part of the Executive Council Office of the G.C.C activities.
6. Ministry of Health participated in the “Financing Health Care Services Seminar” ” in Riyadh presented by H.E. Dr. Osamah Bin A.Majeed Shabshki, Minister – Saudi Arabia Kingdom. The Seminars took place in two days 14th -15th April 2001.
7. H.E. Dr. Faisal Al Musawi, Minister of Health, participated in the General Assembly meeting of the World Health Organization in May 2001 in Geneva. In addition to that meeting the Health Ministers’ Council for GCC States met to discussed the pending issues of the 54th meeting held in Riyadh during the period 22nd – 24th April 2001.
8. Bahrain has participated in the “ Inter-country meeting for Health and Social Insurance in the GCC Country ” held in United Arab Emirates. The recomm- endation meeting advised member state to conduct more studies on different types of Health Insurance Schemes to select most suitable one for them separately.

9. Bahrain participated in the “Inter-country workshop on developing Health Information Center for the GCC states” . The workshop was organized by the Executive office of the Health Ministers’ Council for the GCC states with coordination of the Regional office of the Eastern Mediterranean (EMRO) of the World Health Organization.

Year 2001 Achievements

1. During the 2001, the Ministry of Health have completed their New Strategic Directions for the period 2002 – 2010, with a 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 services throughout their lifetime”.
2. One of the top priority of the strategic plan the Primary Health Care was to continue working on improving services in the context of the two major dimensions, quality and quantity. Several steps were taken during 2001:
 - The Opening of Second Health Center in Hamad Town
 - Extension of the working hours in Sitra H.C. until midnight
 - Operation of Muharraq Health Center is now 24 hours.
 - Integration of computer services for Maternal-Child services in several Health Centers.
 - Special diabetic clinics were opened in some of the Health centers.
 - A School Health Committee was established as a part of Mother and Child Services in Primary Care. The Committee involved representatives from both Health and Education Ministries.
3. Secondary Health Care: The management at Salmaniya Medical Complex took several steps to improve its services and standards of its employees.
 - A new reception was opened to serve patients and workers of the complex.
 - Improve the radiology and ultrasound services.
 - Pathology services have also improved. Several laboratory test that used to be sent abroad, are now completed at SMC, especially in the areas of biochemistry.
 - Connecting Salmaniya laboratory to the Health centers and Public Health laboratories via computer network.

Graduation Ceremony

1. Under the patronage of H.H. the Prime Minister, Shaikh Khalifa Bin Salman AIKhalifa the College of Health Sciences celebrated its’ Silver Jubilee with grand opening, followed by the graduation ceremony. An Anthropography exhibition displayed the college’s past achievements, present challenges and future dreams. The event took place at the Convention Center of the Gulf Hotel on 26th December 2001.