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## Overview

The State of Bahrain encompasses an area of 710.90 square Kilometers (Bahrain in figure 1999). It is comprised of a group of 36 islands which have been divided geographically into four main governorates. These are occupied by mainly an urban population. The majority of the population live in Manama (The Capital) and in Muharraq which is linked to Manama by causeways.

The discovery of oil in the early 1930s enabled Bahrain to develop a sophisticated education system and to produce a well-trained labor force. Bahrain's oil reserves are strictly limited in comparison with the other Gulf States. In 1999, the oil and gas sector contributed to approximately half of the government revenue but it was only an 18.0% share of the Gross Domestic Product GDP (Central statistics Organization, 1999). Policy makers have recognized that future prosperity should not depend on oil and gas alone. As an alternative for the national income, Bahrain has diversified its economy to include financial and commercial disciplines. Aluminum smelting, dry dock repair, offshore banking, tourism and foreign & private investment are all good examples of successful enterprises.

## INTRODUCTION

Bahrain is one of the healthiest countries in the region. There has been a considerable decrease in infant mortality rate which reached 8.6 in 2000. Children born today will live on average to 72.9 years – more than 40% longer, when compared with 1950s. Nutrition and housing conditions have improved and supply of drinking water and safe disposal of sewage has been guaranteed. The government has made all of these improvements and overcome the problems posed by communicable diseases such as malaria, tuberculosis and typhoid which were widely spread during the 50's.

The population in Bahrain was estimated to be 690,819 in 2000 (projection based on the 1991 census). The size of the Bahraini population aged over 65 has started to rise. It is likely to double in the coming ten years. Of course, this will mean a rise in the number of people in the retirement age, and the number of old people who requires a lot of medical attention. All of these will mean a corresponding increase in the demand for the health services.

Bahrain has already achieved most of the major objectives of the World Health Organization's *Health for All in the 21<sup>st</sup> century*. This required developing a national health policy to achieve an equitable distribution of care to all levels of population with special emphasis given to preventive primary health care services. This inclination suggested that it will be wise to devote the resources on these services at a rate greater than the investment rate in the secondary sector.

## Population Trends

The population annual growth rate is 3.2%. The proportion of Bahraini Nationals to Non-Bahrainis has decreased over the last 10 years. In the year 2000, 60% of the population is Bahraini and 40% Non-Bahraini, compared to 67% Bahraini and 33% Non-Bahraini in 1990. Given that the birth and death rates are fairly constant, the increase in annual growth rate may be due to the increase in non-national labor force in Bahrain since 1990.

**Population Distribution by Nationality 1990-2000**

**Table 1**

Population	2000	%	1990	%	Annual %Change*
Total	690,819		503,022		3.2
Bahraini	414,124	<b>(60%)</b>	336,165	<b>(67%)</b>	2.1
Non-Bahraini	276,695	<b>(40%)</b>	166,857	<b>(33%)</b>	5.2

Ref: Central Statistics Organization , 1998. estimate based on the national survey 1981 & 1991 census  
 \*Annual % Change= [(Pop.2000/Pop.1990)<sup>1/n</sup> - 1] X 100

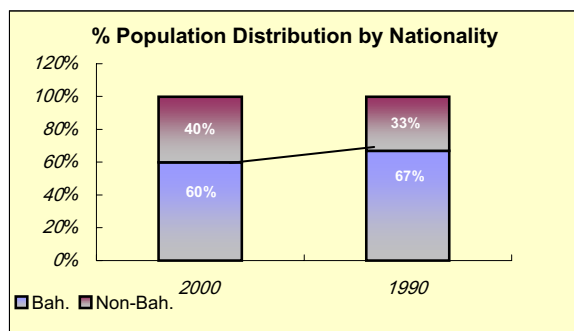


Fig. 1

Table 2/I illustrates that although there has been an increase in population, the percentage of people under 15 years of age has decreased. The Population under 15 years of age is estimated at 30.7% (with 79.7% Bahraini and 20.3% non-Bahraini) in 2000 as compared to 35.4% (with 80.0% Bahraini and 19.2% non-Bahraini) in 1990. The expected annual growth rate of this age group is 2.8% (1.6% among Bahrainis, where as, 2.3 among non-Bahrainis).

Nevertheless, the percentage of persons aged 65 years and over has been maintained at a low proportion: 2.2% during 2000 and 2.3% in 1990. The annual rate of change was 2.4% with 2.9% among Bahrainis, whereas, -1.9 among non-Bahrainis (see table 2/II).

The proportion of adult or working aged (15-64) years out of the overall population was 67.1% in 2000 as compared to 62.3% in 1990. Of these, 49.9% were Bahrainis and 50.1% were non-Bahraini. However, in 1990 the proportion was 62.3% (85% were Bahrainis & 42% were non-Bahrainis). (see table 2/III Figures 2 &3)

In year 2000, there was a noticeable equilibrium between the number of Bahraini and non-Bahraini of the age group 15-64 years. This demonstrates the magnitude of Bahrain’s labor force structure in depending on the non Bahraini as a supplement of the work force.

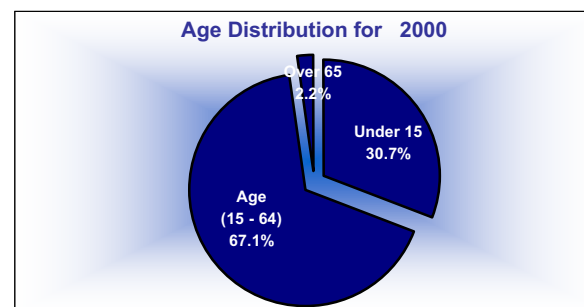


Fig. 2

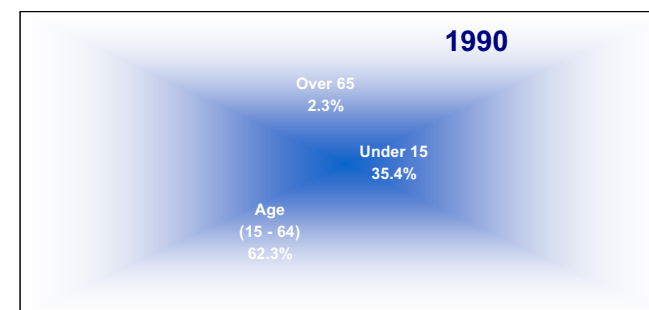


Fig. 3

**Population Distribution By Age Group & Nationality** Table 2

Population	2000	%	1990	%	Annual % Change*
<b><u>i) Population (15-64) years of age</u></b>					
Total	212,279	<b>(30.7%)</b>	178,021	<b>(35.4%)</b>	2.8
Bahraini	169,192	<b>(79.7%)</b>	143,896	<b>(80.8%)</b>	1.6
Non-Bahraini	43,087	<b>(20.3%)</b>	34,125	<b>(19.2%)</b>	2.3
<b><u>ii) Population 65+ years of age</u></b>					
Total	14,770	<b>(2.2%)</b>	11,645	<b>(2.3%)</b>	2.4
Bahraini	13,567	<b>(92.0%)</b>	10,187	<b>(87.5%)</b>	2.9
Non-Bahraini	1,203	<b>(8.0%)</b>	14,589	<b>(12.5%)</b>	-1.9
<b><u>iii) Population (15-64) years of age</u></b>					
Total	463,770	<b>(67.1%)</b>	313,356	<b>(62.3%)</b>	3.9
Bahraini	231,365	<b>(49.9%)</b>	182,082	<b>(58.0%)</b>	2.4
Non-Bahraini	232,405	<b>(50.1%)</b>	131,274	<b>(42.0%)</b>	5.8

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 <sup>1</sup>). It is usual to use as a rough guide the ratio of the population in the age groups 0-14 and 60 and above, to the population in the age group 15-59 years, since the retirement age in Bahrain is 60 years. In the year 1999 the dependency ratio was 86%, 19.8% and 52.6% for the Bahraini, non-Bahraini and the combined populations in Bahrain. In 1990, the dependency ratios were 91.5%, 29.4% and 65.2% for Bahrainis, non-Bahrainis and all population in Bahrain respectively. This means that the population structure by age group in the year 1999 showed an increase in the ratio of the potentially active individuals in Bahrain.

## Health Status and Health Economics

In Bahrain, there is currently two systems for healthcare delivery. The government of Bahrain managed and financed 75% of the national healthcare system through Public hospitals and Health Centers. while the private system is provided through private hospitals, clinics and polyclinics. The government of Bahrain provides free primary, secondary, and tertiary health care for all nationals and at vastly subsidized rates for non-nationals. This supports the long-term declared goal of the Bahraini government which is “provision of integrated preventive and curative health services through a strategically located network of health centers and hospitals”.

### **Health Status**

The following are selected standard health indicators that reflect Bahrain’s improving health status. Bahrain ranked 40<sup>th</sup> of 174 countries and first among all Arab countries in Human Development Index (HDI) as published in the United Nation Human Development Report<sup>2</sup> for 1999. The determination of the countries ranks was based on selected health indicators such as life expectancy, infant mortality rates, as well as per capita Gross National Product (GNP) are considered the major Socio-economic factors that reflect the health status in any country. Bahrain was always at the top of the reported countries complying with these standards (refer to table 3).

**Vital Statistics as reported by Public Health Directorate**

**Table 3**

<b>Health Indicators</b>	<b>2000</b>	<b>1990</b>
Live births (reported)	13,531	13,437
Still birth rates/1000 births	10.0	11.3
Crude birth/1000 population	19.6	27.0
Infant mortality rate/1000 live births	8.6	20.2
Maternal mortality rate/1000 live births	0.15	0.15
Under 5 yrs mortality/1000 child < 5 yrs old	11.4	22.0
Total Fertility Rate (per woman)	2.5	3.9
Crude death rate/1000 population	3.0	3.1
Sex ratio at birth (Male: Female)	1:1.047	1:1049
Life expectancy rate at birth (male & Female)	72.9	71.9
Male Life expectancy rate at birth	71.1	68
Female Life expectancy rate at birth	75.3	72

### **Vital Statistics**

The above table shows that the Crude birth rate was 19.6 per 1000 population in 2000, while it was 27.0 in 1990. Infant mortality rate/1000 population was 8.6 in 2000 and 20.2 in 1990. Fertility rates (per woman) are consistent at an average fertility rate of 2.5 in 2000 (3.3 for Bahrainis and 2.0 for Non Bahrainis) and 3.4 in 1990 ( 3.9 for Bahrainis and 2.7 for non-Bahrainis).

Life expectancy rate at birth for both males and females was 72.9 years in 2000 and 71.9 in 1990. This is a substantial achievement as the Global indicator No.10 stated that the averaged life expectancy rate at birth should be 62 years. (See appendix 1).

### **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 at 90.1% in 2000 and as compared to 93% in 1990. In addition, the percentage of children below five years with weight-for-age values corresponding to standard reference values has significantly increased from 77% in 1990 to 92.4% in 2000.

### **Mortality**

In 2000, 2,045 deaths were reported to Public Health Directorate as compared to 1,116 in 1990, mostly from hospitals. The crude death rate continues to be very low (3.0 per 1000 population 2000 and 3.1 in 1990). There was a substantial decrease in most of the causes of death except Injuries & poisoning. This can be attributed to the Gulf Air crash in August, 2000, which has been included among the statistics for Injuries and Poisoning. 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 the prenatal period, circulatory, and respiratory systems. Other major causes of death in Bahrain include neoplasms, injuries & poisoning, endocrine, nutritional & metabolic disorders, respiratory system, infectious & parasitic diseases and diseases of the digestive system. (see table 4).

**Top Leading Causes of Death****Table 4**

<b>Causes of Death (rates per 100,000 Population)</b>	<b>2000</b>	<b>1990</b>
Diseases of circulatory system	77.6	95.8
Undefined illness	45.0	30.0
Injuries & poisoning	44.9	23.9
Neoplasms	35.8	38
Endocrine, nutritional & metabolic disorders	20.3	14.3
Infectious & parasitic diseases	12.3	3.0
Respiratory system	12.2	21.9
Digestive system	10.6	9.9
Certain conditions originating in the perinatal period	8.4	35.2
Genitourinary System	7.8	10.9

**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 5. (see table 5)

**Top Ten Morbidity Based on Discharges from Salmaniya Medical Center****Table 5**

<b>Morbidity (rates per 100,000 Population)</b>	<b>2000</b>	<b>1990</b>
Complication pregnancy, childbirth & puerperium (15-44)	6,248.5	154.3*
Spontaneous abortion	1,012.1	228.0
Heredity anemia	233.4	151.9
Neoplasms	221.9	146.3
Ischemic heart disease	128.4	90.3
Diabetes	94.8	55.1
Asthma	69.9	72.4
Acute respiratory infection	43.4	59.4

\* Does not include the maternity unit, which was integrated into SMC in 1997.

**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 6)

**Immunization Coverage Percentage****Table 6**

<b>Immunization Against</b>	<b>2000***</b>	<b>1990</b>
DPT	97	98
Measles (See MMR1 & MMR2 for year 2000)	NA	93
Mumps, Measles, Rubella (dose 1)	98	NA
Mumps, Measles, Rubella (dose 2)	92	NA
Poliomyelitis	97	96

NA = Not Applicable

\*\*\* Based on Recommended Immunization Schedule for EPI, Bahrain

**Communicable Diseases**

No case of Diphtheria, Whooping Cough, Neonatal Tetanus or Poliomyelitis was reported since 1990. Nevertheless, Table 7 below shows that there were some variations in the trend of communicable diseases between 2000 and 1990. Although there was a marked drop in Gonococcal Infection (65.6/100,000 in 1990 to 34.0/100,000 in 2000), Syphilis incidence showed that there was a continuous rise to reach 220 cases (31.8/100,000) in 2000 from 37 cases (7.4/100,000) in 1990. There was also a substantial increase in the number of pulmonary tuberculosis to 160 cases (23.2/100,000) in 2000 as compared to 91 cases (18.1/100,000) in 1990.

**Communicable Diseases Rates****Table 7**

<b>Disease (rates per 100,000 Population)</b>	<b>2000</b>	<b>1990</b>
Pulmonary TB	23.2	18.1
Gonococcal Infection	34.0	65.6
Syphilis	31.8	7.4
Viral Hepatitis (Total)	23.3	75.5
Malaria (P.vivax)	7.7	36.0

## Health Resources

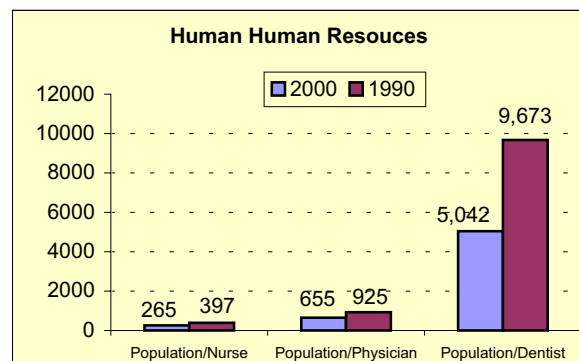
### Human Resources

During the past three decades commencing in 1973, Bahrain had initiated a period of exponential growth with corresponding rapid increase in health facilities, health manpower and services provided (see table 8 & Fig 4, the distribution of health facilities for the period 1990-2000). Increasing demand, as illustrated in the number of inpatients, outpatients and Primary Health Care encounters has been strategically balanced with an increase in manpower resources. Figure1 illustrates the decrease in populations per doctor, dentist, and nurse.

**Health Human Resources** **Table 8**

Health Resources	2000	1990
Total inpatient at the government Hospitals	79,452	56,334
Total outpatient visits	3,889,246	2,988,631
Primary & preventive Health Care	2,504,545	1,154,085
Population per doctor	655	925
Population per dentist	5042	9673
Population per nurse	265	397
Beds per 100,000 Population	262	290

All these achievements demonstrate tangible evidence that the health of the nation is always the top priority of the Bahraini government. The decision makers' strategic initiatives aimed at maintaining equity in health provision for all at the highest quality levels with optimum utilization of the available resources.



**Fig 4**

## Financial Resources

There has been an increase in health facilities commencing 1973 and continued till Mid 80's. In the 90's expenditure has slowed naturally as health services matured (see table 9 & Fig 5).

**Financial Resources** **Table 9**

Financial data	2000	1990
GDP per capita (US\$)	<sup>1998</sup> 9,592	8016.7
Ministry of Health Budget (BD. in Million)	61.0	37.8
MoH average recurrent health expenditure/ capita	85.8	76.0
Cost per MOH Visits (BD.)		
Primary outpatients	2.6	2.7
Secondary outpatients	27.3	14.8
Secondary Inpatients (per day)	109.3	59.2
Deliveries (maternity Hosp.)	267	336.7
% MOH expenditure on		
Primary outpatients	21.0	23.4
Secondary outpatients	59.5	57.0
Total Other	19.5	19.6

1US\$ = 0.377 BD

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 61.0 million in 2000 which was 8.3% of the total government expenditure. In that year, the Ministry's recurrent budget was 59.2 million with annual growth of 3.2%, whereas on 1990 the Ministry's budget was BD. 38.7 million which represented 7.2% as percentage of the total government expenditure. The Ministry's recurrent budget was BD. 37.0 million.

The Ministry of Health estimated average expenditure per capita has increased from BD.73 (equivalent to U.S. \$193 per person) to BD. 85.8 (equivalent to U.S. \$228) in 2000. About 21.0% of the Ministry's budget was devoted to Primary Health Care in 2000 and 23.4% in 1990.

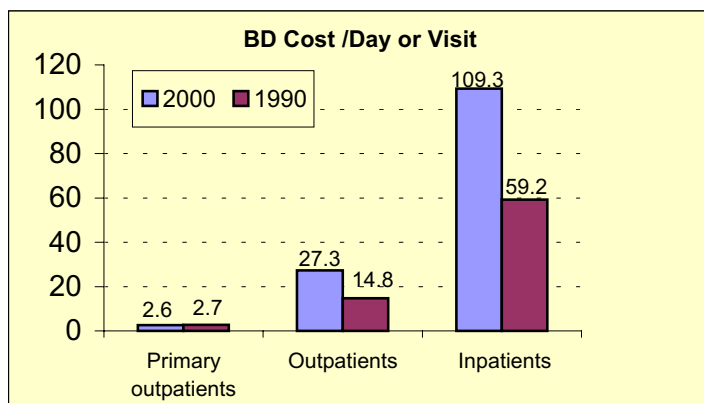


Fig 5

Secondary care absorbs the largest part of the budget of the Ministry's budget which were 59.5% and 57.0% for year 2000 and 1990 respectively. These percentages are mainly the cost for running Salmaniya Medical Complex which is the major general hospital in Bahrain, where the rest goes for Psychiatric hospital, Geriatric, and five maternity hospitals. The percentage devoted to "others" was mainly spent on human resources development and other support services such as finance, personnel management, material management and information system development.

The average cost per visits for primary Health care clinics was 2.6 in 2000 relatively similar to the cost in 1990 (2.7). However, the cost of the services per person in the secondary health outpatient clinics and even the inpatient per day in 2000 were nearly doubled in comparison to 1990 (see table 9). The introduction of new technology, procedures and reviews of the average length of stay has a great rule in the reduction in the cost per delivery from BD. 336.7 in 1990 to BD 267 in 2000.

### Major Challenges For The Future

Today, the major challenges objectives of the healthcare providers include means to maintain equity and accessibility of health services, cost effectiveness and improving quality.

The Ministry of Health is undertaking a variety of initiatives, including management development, appropriate investment in technology, establishment of management information systems, and human resources development to ensure that the first three goals are accomplished. The major focus of the Ministry's top management is alternative methods for health care finance"<sup>3</sup>.

### Conclusion

Health of the people and moving the Health gain forward was and will always continue to be the major concern of top management in the health sector. Policy makers must continue to focus on the following strategic goals:

- *To improve the health of the nation:* There are many highly skilled, dedicated people working at all levels in the health sector (government and private) to improve the health of the community.
- *To consolidate and build on our achievements:* The health system has the power and the potential to achieve further extraordinary improvements.
- *To co-ordinate all government and community interests:* Concerted efforts continue towards health gain, deliver of essential, quality and cost effective services.

In the Minister message published in this report (Health Statistics 2000), he stated that there is an increasing demands on health systems and the existing limitation on the Health care finance on both public and private sectors is one of the major challenges facing the Ministry that requires developing new strategy to over come this issue.

### References:

1. Demographic Techniques, Polard and Pollard, 1974. Pergamon Press, p. 15.
2. Human Development Report,2001. United Nations Development Programme (UNDP) Publication, New York, Oxford University Press,2001 - USA
3. Ahmed A, Benjamin S. The Volume 11, No.3 Dec. 1999, "The Future Of Health Care Finance in Bahrain", Journal of the Bahrain Medical Society, 1999, (11):3.

## 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 \$

## **2000 KEY EVENTS**

### ***Conferences and Workshops***

#### ***I) In Bahrain***

1. The Ministry of Health has hosted “The 43<sup>rd</sup> International Council for Alcohol and Addiction (ICAA) - International Institute on Prevention and Treatment of Dependencies” conference on 3<sup>rd</sup>-7<sup>th</sup> Sept. 2000.
2. The Ministry has organized The “Diabetes in the Arab World – Epidemiology & control” conference at Gulf Hotel, Bahrain International Conference Center on 2<sup>nd</sup> - 4<sup>th</sup> Oct. 2000.
3. “Innovation in Health Professions Education and Community Orientation” workshop for the period 19<sup>th</sup> –26<sup>th</sup> October 2000.
4. Under the patronage of the Prime Minister, Sheikh Khalifa Bin Salman Al Khalifa “The 1<sup>st</sup> International Hospital Federation Pan Regional Conference 2000”, was held on 6<sup>th</sup> –8<sup>th</sup> November 2000. The conference was an important scientific event in view of the topics listed on the agenda including Health Care management in the new millennium, Primary Health Care strategies as well as elderly: a benefit and challenge.
5. “Facing Cancer in the Millennium: Prevention and cure”, conference held on 20<sup>th</sup> – 22<sup>nd</sup> March 2000.
6. “The 5<sup>th</sup> IEA Eastern Mediterranean Regional Scientific Meeting” Avenue: on 23<sup>rd</sup> – 25<sup>th</sup> October 2000.
7. “The 2<sup>nd</sup> GCC Physical Therapy” Conference at Hilton hotel, on 1<sup>st</sup> – 3<sup>rd</sup> Nov. 2000.
8. Under the patronage of Dr. Faisal Al Musawi, Minister of Health , The Ministry held the “12<sup>th</sup> meeting of The Technical Nursing Committee of the GCC “ From 8<sup>th</sup> –9<sup>th</sup> April 2000.
9. With the Coordination of Bahrain Defense Force Hospitals, the Ministry participated in “The 1<sup>st</sup> GCC Military Medicine Conference” which held on 4<sup>th</sup> – 5<sup>th</sup> Nov. 2000.
10. The 48<sup>th</sup> meeting of the Health Ministers of the GCC at Manama on 8<sup>th</sup> –9<sup>th</sup> February, 2000. King Abdul Aziz Bin Ahmed Prize for the Researches on Handicaps was announced in the meeting and many health related topics were discussed.
11. The 4<sup>th</sup> Middle East Drugs Regulatory Conference was held in Manama Under the patronage of Dr. Faisal Al Musawi, Minister of Health for three days. More than 200 participants and representatives from the famous drug manufactures and registrars in the middle east attended the conference to discuss the universal drug Legislations.

#### ***II) International***

1. Bahrain participated in The Fifty Two meeting of World Health Organization Member States General Assembly in Geneva 10<sup>th</sup> - 19<sup>th</sup> May 2000.
2. Dr. Faisal Al Musawi, Minister of Health, Bahrain chaired The 49<sup>th</sup> meeting of the Ministers of Health of the GCC in Geneva on 17<sup>th</sup> May 2000. They discussed many health related topics such as Non-communicable diseases (i.e. Cardiovascular diseases Diabetes, Cancer registry, Drug legislation, and Nursing. The conference came up with several recommendation for the members to implement.
3. Bahrain has participated in the “24<sup>th</sup> Meeting of the Arab Health Minister Council” in Beirut. They discussed various health topics and health status in the Arabic world. They agreed to establish a national registry of the heredity diseases and to open a new clinics to provide consultations with WHO collaboration.
4. Bahrain has participated in “The 42<sup>nd</sup> World Health Organization Meeting for the Easter Mediterranean region” in Cairo- Egypt in Oct. 2000. They discussed various health topics.

#### ***Year 2000 Projects***

1. The Ministry of Health has completed its four years Health Information System Strategy with participation of several ministries such as Ministry of Finance and National Economy (MoFNE), Central Statistics Organization (CSO) and Civil Services Bureau (CSB). This strategy is critical to ensure that Information Technology (IT) initiatives in the different ministries are complementary and compliant, both from a technical and business perspectives. With the Assistance of a local consulting firm, the Health information Directorate have conducted a full review of the business needs of Ministry of Health. 53 business interviews and over 30 workshops were conducted to define the requirements of the new systems. The Request of Information document was developed and distributed in Oct.2000 to 57 international, regional and local vendors. Pre-qualified vendors will be invited to respond to the tendering process upon approval from MoFNE.
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. In order to further improve diabetic patients’ care more clinics were operated in all Health Centers. In addition, social services were introduced to explore and properly handle social problems that incapacitate health status.



3. To maximize the capacity of the health centers and improve accessibility to allied services in Primary Care, two class “A” health centers were opened to replace class “C” (A’Ali and West Riffa) Health Centers, and a new children dental clinic was added. Furthermore, on line with breast-feeding support policy two breast-feeding clinics were opened on trial basis.

### **Graduation Ceremony**

- The Royal Surgeons College in Edinburgh in Scotland U.K. has celebrated with cooperation of the Ministry of health in Bahrain, the graduation of 17 Ophthalmologists from the Arab World and Asia.
- Under the patronage of Dr. Faisal Al Musawi, Minister of Health, The College of Health celebrated the graduation of the 21<sup>st</sup> & 22<sup>nd</sup> batches total of 347 students in different Health specialization Programs. With these batches, there will be 3550 students who graduated from the College since 1978, with different degrees such as higher diploma program, Bachelor degree and Associated Certificates in Health Sciences and Continue Education.