

4 HEALTH SYSTEM ORGANIZATION

4.1 Brief History of the Health Care System

Outline of the evolution of the Health Care System

The health services in the Kingdom of Bahrain goes back to the early nineteenth century when the American Mission Hospital was established in 1903 with a 21 bed capacity treated Bahrainis as well as many other patients who traveled from neighboring countries for treatment. Two years later, the memorial Victoria hospital was opened with 12 bed capacity, the hospital was staffed by general practitioner appointed British Government in India. The government services started in 1925 with a small clinic opened in a small shop and staffed by an Indian doctor appointed by the government to treat injured pearl divers. It was in the same year that a preventive care directorate, the Public Health Directorate was established.

A small hospital was established in 1936 for the Bahrain Government Police Force. The facility was converted into isolation wards in 1937. The Police Hospital remained open until 1941. The discovery of oil in Bahrain in 1932 and the subsequent construction of a refinery led to the first planned medical provision when Bahrain Petroleum Company (BAPCO) built a private hospital for its staff – Awali hospital with 37 beds. In a letter to the British Political Agent in 1934, Al Naim Hospital was the first formal government hospital, the work on Al-Naim hospital was started in 1938 and the hospital was inaugurated in intervals from 1940 to 1942.

As a result of dramatic increases in population and continual extension of Bahrain's economic sector, the development of a large modern Hospital became necessary. Salmaniya Hospital constructed in 1957. It was renovated during 1978 and further developed to function as a teaching hospital for Arabian Gulf University during 1984. In 1997 the expanded Salmaniya Medical Complex was inaugurated. Currently, the Salmaniya Medical Complex (SMC) is the main secondary and tertiary care facility in Bahrain, It provides wide range of services including extensive out patient services.

The first census was carried out in Bahrain in 1941. At that time, the total population of Bahrain was 89,970 residents, including 74,040 Bahrainis and 15,930 expatriate residents. By the time of the 1959 census, the population had grown to 143,135 persons, a growth of 59.1% in under 20 years. This growth can be attributed in good part to the health services in Bahrain, which helped to alleviate the spread of contagious diseases and to improve the general health of the population. Bahrain Joined the World Health Organization in May 1967. Since that time, it has played a major role in implementing the resolutions of this international organization.

4.2 Public Health Care System

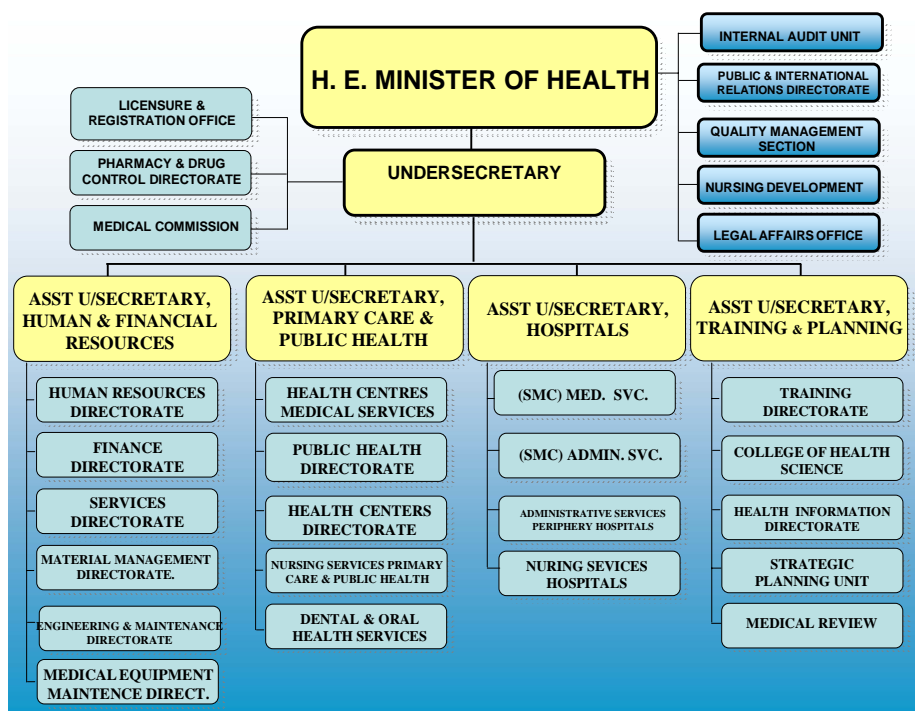
Organizational structure of public system

Given the fact that the Ministry of Health is the main dominant player in the public health care system, its structure, given below represents the organizational structure of public health care system. The Ministry of Health is responsible for planning and

providing health services for all population with very limited but growing participation from the private sectors.

The Minister of Health is a member of the Council of Ministers chaired by the Prime Minister. The national public health system is represented by the Ministry of Health and other ministries who influence the performance of the health system and whom services affect the health status of the population. Those ministries also report to the cabinet and include Ministry of Finance which is responsible for provision of biannual budget, approving and financing all projects related to health, Ministry of Labor, Ministry of Defense that manage the Bahrain Defense Force hospital, ministry of labor and Ministry of Education. Many projects are conducted in coordination and collaboration with these ministries.

Ministry of Health organizational structure



The Minister of Health is assisted by the Undersecretary and four assistant Undersecretaries. The Assistant Under-Secretaries are administratively responsible for Human Resources and Finance, Training and Planning, Hospitals, and primary and public health care services. Four important sections report directly to the Minister of Health, these include; Internal audit Unit, Public and International Relation Directorate, Quality management section, Nursing Development Unit and Legal affairs sections.

Sections under the direct supervision of the Undersecretary include; Medical review office, Licensure and registration; Pharmacy and Drug control directorate as well as Medical commission which takes the responsibility of overseas treatments

Health Care provision

Comprehensive health services are provided to the whole population in line with the World Health Organization global objectives. Most health care is provided by the

Ministry of Health. Primary health care is the cornerstone of the public health services. Through a network of twenty primary health care centers and three clinics scattered throughout the five governorate of the kingdom, primary health care is provided to all citizen. Secondary care is represented by the Salmaniya Medical Complex, the psychiatric hospital, geriatric hospital and four maternity hospitals. Public health care service is also provided by the Bahrain Defense Force Hospital (BDF) under the umbrella of the Ministry of Defense. BDF services are offered to members of the Bahrain defense force and their families as well as emergency care to the public and cardiac care services to the whole population.

Primary health care

Since the inception of primary health care in Bahrain, attempts have been made to address the issues facing the development of primary health care in line with the declaration of Alma Ata in 1978. Primary care services are based on family and community health care approach and include a wide scope of curative and preventive services such as maternal and child health, immunization, dental and oral health, social workers and workers health. Health centers are staffed by family physicians who have undergone appropriate intensive training o provide a high quality of preventive and curative care to all members of the family within the context of the community. They are empowered with a team of allied medical and technical staff providing a wide range of services such as nursing, pharmaceutical, laboratory, radiological, clerical and medical record services. Physiotherapy services have been introduced at some health centers and will be soon expanded to establish a unit in each of the five governorates of Bahrain. Based on the Bahrain Health Strategy 2002-2010, the primary health care continued to be the cornerstone of public health services. It also continue to focus on improving services in the context of two major dimensions, quality and equality, as lately, many services have been launched to improve the quality of patient care, These include the diabetic and pediatrics dental clinics, school health, adolescent health and elderly care). Social services were introduced to explore and properly handle social problems that in capitates the health status.

Public health services

The Health education section is one of the backbones of the Primary Health Care services. The current Health Education section have a limited capacity, the plan is to develop it toward a health promotion directorate. Public health directorate plays a major role in raising the standard of sanitation in Bahrain, control and eradication of infectious and communicable diseases through the following sections:

- Disease Control section
 - Communicable disease Unit
 - Non-Communicable Disease Unit
 - Occupational Health Unit
 - Immunization unit
- Environmental health
- Food Control Section
- Public health laboratory
- Vital statistics
- Nutrition section

With industrialization, increase in intensity of immigrant workers the Occupational Health Section is expanded and policies are formulated to protect the health of the workers.

Secondary Health Care:

The Salmaniya Medical Complex is the main secondary and tertiary care facility in Bahrain. It has 870 beds (excluding Special Care Baby Unit) and extensive outpatient services. Specialties include medicine, surgery, orthopedics, plastic surgery/ burns, pediatrics, obstetrics/gynecology, ear, nose and throat surgery, ophthalmology, oral surgery and intensive care. In addition there is a psychiatric hospital with 201 beds accommodating 933 admissions with an average length of stay of 77.9 days in 2000, four satellites maternity hospitals with 241 beds and 61 neonatal costs, and a geriatric hospital provide 101 beds.

Bahrain Defense Force Hospital is managed by the Ministry of Defense. The hospital provides services to a large variety of the population, including members of the Bahrain Defense Force and their families. A number of highly specialized services are offered and the Shaikh Mohammed Al-Khalifa Cardiac Centre provides advanced cardiac care services to 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 attendances at the accident and emergency department.

Financing of health care in Bahrain is mainly the responsibility of Bahrain government. Through the Ministry of Finance regular biannual budget is allocated to the Ministry of Health. Directorate of Finance within the ministry of health liaises with the ministry of finance in this regards. All residents, citizens and non citizens in the country enjoy the right to comprehensive health care. The government provides free primary, secondary and tertiary health care to all citizens of Bahrain. Non-citizens pay only nominal fees. Planning is the responsibility of the ministry of health; the formal structure is the strategic planning unit. Major strategic plans are subjects to approval of the cabinet and the national assembly.

Regulation is a role that the ministry of health aspires to develop further. A national independent health authority is currently lacking. The office of Licensure and Registration is responsible for licensing of private health care facilities and human resources it reports directly to the office of the undersecretary. The office is currently under restructure to a full directorate that will assume the responsibility of regulation, licensing and re-licensing, inspection and monitoring, accreditation and other issues related to regulation. Drug control directorates, report also directly to the undersecretary, its is responsible for regulation of drug entry and registration. It is currently working toward developing a national drug policy that will have a valuable impact on drug control and regulation.

The public health system in Bahrain has distinguished relation ships with other public health systems of the gulf region. Relationships exist through the Technical Office of the Ministers of Health Council for the Arabian Gulf countries which is a regional specialized organization under the umbrella of the Gulf Cooperation Council (GCC). The Council was established in 1976 with the purpose of integration and complementation of services and activities between the countries of the GCC. Membership is limited to the Minister of Health in each country including Bahrain, Kuwait, Oman, Saudi Arabia, United Arab Emirates and Qatar. Recently, Yemen joined the council. Many of the WHO policies are implemented collectively; coordination is with the Gulf countries through the council. Collaboration is exercised through regional technical joint committees in the following areas:Scientific research, Control and prevention of non-communicable diseases, control and prevention of diabetes, Cancer registration, patient safety, Ethics

of health professions, Smoking prevention, Blood transfusion services, Organ transplantation, Mental health, Health system Performance, Nursing services, prevention of blindness (Vision 2020), Expatriate Labor force, Health education and health media, Unified purchasing of drugs and equipments, Drug control and registration, and School health.

Key organizational changes over last 5 years in the public system, and consequences

Over the last five years attention has been made to improve the performance of the system. However, there are no major changes in the public system at the national level. Some of the internal changes within the Ministry of Health include; strengthening of planning function through transferring of the Office of Plans and Programs into Strategic Planning Unit, addition of a quality management section and strengthening the Licensure and Registration office as well as creation of the health promotion council.

Planned organizational reforms in the public system

Several studies and reports have been conducted to explore the possibility of reform toward more involvement of private sector and increasing the Ministry of Health role in regulation and policy making. Efforts are being made in order to move toward this direction. Currently, the Ministry of Health is engaged in a major project related to improving service quality and increasing patient choices. This will introduce some major reforms. Also the possibility of outsourcing of some non-medical services for the time being is under serious considerations. Introducing of an alternative ways of financing in the form of health insurance scheme has taken some steps toward implementation. A law is expected to be issued in this regards within the coming two years. It is anticipated that these efforts will lead to more services quality, accessibility, as well as more efficiency in resources utilization

4.3 Private Health Care System

Modern, for-profit

There are currently eight private hospitals in Bahrain with others being planned, the first three and well established private hospitals are:

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

Recently, other hospitals have been established such as Ibn- Al Nafees Medical Complex and Bahrain Specialist Hospital as well as many clinics and policlinics. According to the office of licensing, there are currently 8 general practice hospitals, 2 dental hospitals, twenty medial centers, seventy eight poly clinics and 95 private clinics. 11 of these facilities have 24 hours clinics. Number of allied health facilities such as X-rays center and laboratories is also on the rise including three and eight facilities respectively.

The private facilities that granted license to open but have not done so yet include ten hospitals, nine medical centers and four clinics. Another 2 hospitals, eleven medical

centers and nineteen clinics have applied. In 2001 there were 365 physicians and 115 dentists working in private clinics, according to the office of Licensure and Registration, these figures are now 545 and 150 respectively (Data of 2006).

Modern, not-for-profit

American Mission Hospital came into being over a hundred years ago when missionaries began itinerant medical work in 1893. The hospital was completed in 1902, and dedicated on 26th January, 1903. The hospital is a private, not-for-profit institution, and offers high-quality service at a reasonable price. Charity is also extended to many deserving individuals. Some major employers have their own clinics which operate on non for profit bases; however their services are limited to their employees.

Traditional

Traditional medicines exist in the country; however it is of limited nature. No statistics available on the utilization of traditional medicines or the magnitude of traditional health services. In the last four years Bahrain have witness the establishment of some alternative and homeopathy clinics. Such a trend is on the rise.

Key changes in private sector organization

There is no specific organization for private sector in Bahrain. Private sector has been growing in an unregulated fashion for many years. Private health facilities and manpower grant permission through the Office of Licensure and Registration at the Ministry of Health, Re-licensing however is currently subject to fee payment. For many years, private sector constituted mainly of general and specialized clinics. Recently however, more secondary care facilities – hospitals have come into place and the number is continued to rise. The ministry of Health is currently working toward increasing its regulatory role, with this move, re-licensing will be linked to new standard, monitoring and regular inspection. Private sector manpower includes some of the medical staff working in the public system. Since 1992, the Ministry of Health has allowed its Bahraini doctors to manage and operate private clinics under license after regular working hours

Public/private interactions (Institutional)

Few proposals have been written to outsource some of the non-clinical services offered at the government hospitals. Examples include Laundry and Kitchen and transport. These efforts are in progress.

Private clinics refer their patients to public facilities if a case demands more intensive diagnosis or treatment. No written protocols are available yet for more formal interaction. Some trials have been made toward outsourcing of clinical services such as trial to outsource few beds for chronic patients.

Public/private interactions (Individual)

Since public sector offers comprehensive health care services free of charge, many patients use public services, considerable numbers of those patients, however, visit also private clinics for confirmation or for getting faster services (no statistics is available in this regards. As mention in the modern for profit item (4.3.2) , since 1992, the Ministry of Health has allowed its Bahraini doctors to manage and operate private clinics under license after regular working hours, that leads to different kinds of interactions between public and private through individual patients visiting both sectors. In same cases visiting

the same medical staffs who is working in both sectors. Statistics on the magnitude for such an interaction is not currently available.

Planned changes in private sector organization

Some changes could be introduced as a result of the current efforts to emphasize the role of government as a regulator; these efforts however, are still at the planning stage.

4.4 Overall Health Care System

Organization of health care structures

Given the fact that the public sector is responsible for planning, policy making, provision and regulation of health services and the fact that more than 90% of services are provided by public sector, the organizational structure of the ministry of health can be relatively speaking can reflect the organization of health sector in Bahrain. Relationship to private sector is limited to licensing of private facilities and manpower.

Brief description of current overall structure

The kingdom of Bahrain currently provides comprehensive health services to the whole population in line with the World Health Organization global objectives and toward achieving millennium goals. Most health care is provided by the Ministry of Health public facilities. Those facilities include twenty primary health care centers and three clinics scattered throughout the five governorate of the kingdom of Bahrain. Secondary and tertiary care is provided through Salmaniya Medical Complex which is the main hospital in the country, the psychiatric hospital, geriatric hospital and four maternity hospitals. Health care is also provided by the Bahrain Defense Force hospital (BDF). Bahrain Defense Force Hospital is managed by the Ministry of Defense. The hospital provides services to members of the Bahrain defense force and their families as well as emergency care to the public and cardiac care services to the whole population. A number of highly specialized services are offered and the Shaikh Mohammed Al-Khalifa Cardiac Centre provides advanced cardiac care services to 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 attendances at the accident and emergency department. There are 7716 employees (Bahrain Health Statistics, 2004) that represent 90% of human resources working for health in Bahrain.

Private sector is currently limited relative to public center however it is growing very rapidly, the aspiration is that it will take a major role in the future as the main provider of health services while the role of public sectors will emphasis more regulation and policy making. Currently the relationship and the interaction of public to private are not as required or desired. Efforts and studies for future reforms or changes are all signifying such an interaction and emphasizing a partnership approach of public with private.