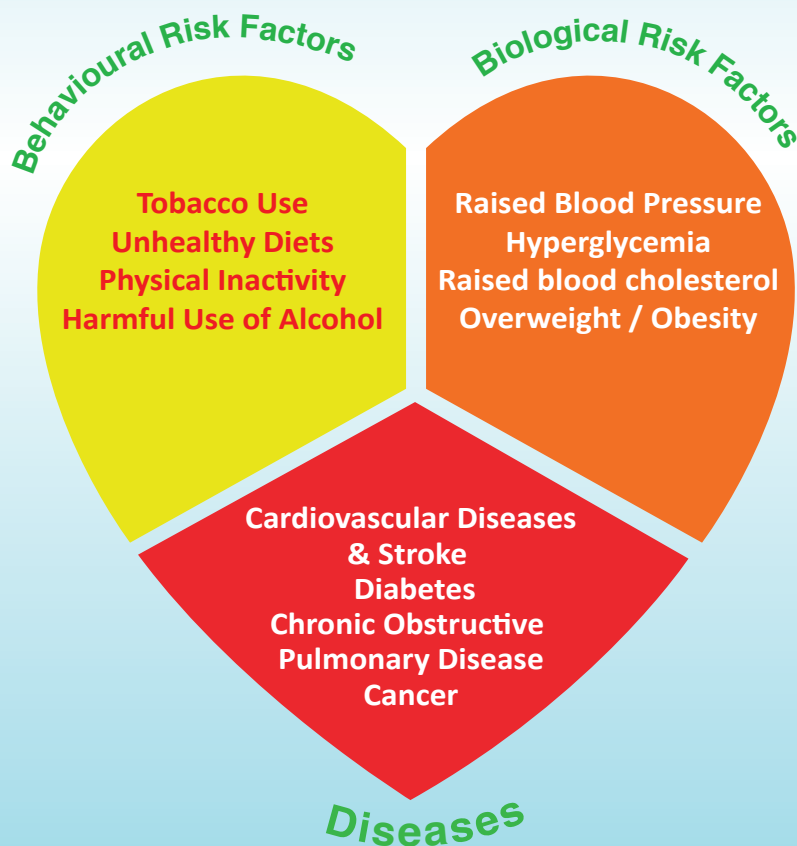


Kingdom of Bahrain
Ministry of Health

National Strategy

for Control and Prevention of Non - communicable

Diseases in Kingdom of Bahrain 2014 – 2025



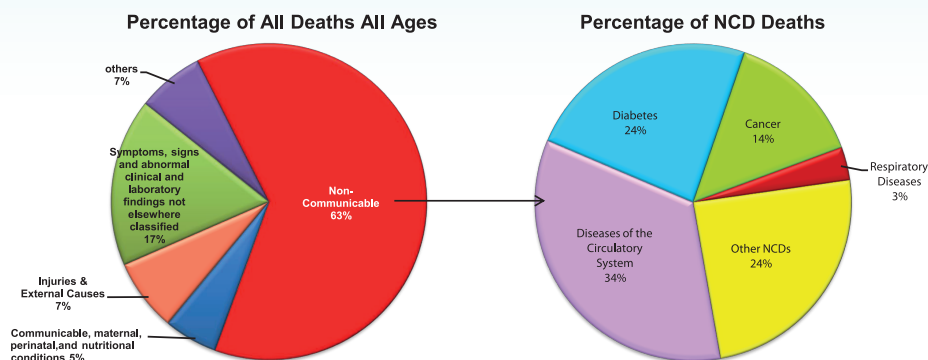
Contents

Introduction	3
National Non-Communicable Diseases Risk Factors Survey 2007	5
National Plan for Prevention and Control of Non- Communicable Diseases	6
Strategic Goals	9

Introduction

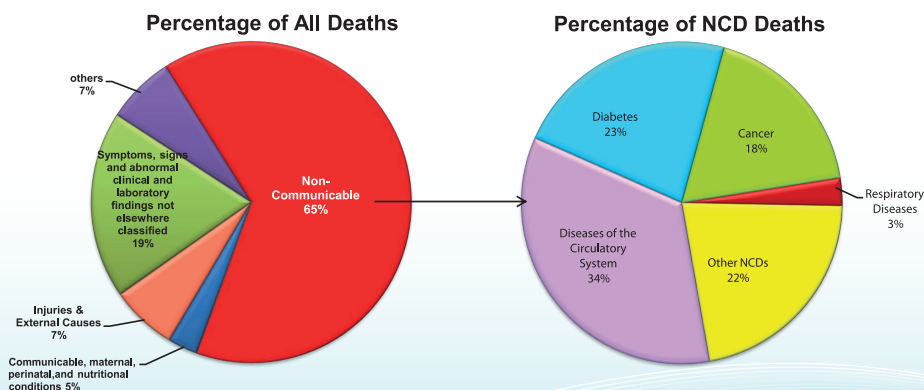
The Non-communicable diseases (NCDs), represented in cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, in addition to the preventable risk factors associated with these diseases, such as smoking, unhealthy diet, physical inactivity and excessive alcohol intake, are the most important causes of ill health and death in the Kingdom of Bahrain. According to WHO statistics, these diseases are responsible for about 60% of all deaths worldwide. These diseases and risk factors associated represent burden on the public health and economic and social development of the state, if there is no plan to prevent and provisions to control these diseases, the burden will increase and cause more loss of years of life and disability, which lead to drain health resources and community. NCDs are the leading cause of death in the Kingdom of Bahrain, where the statistics indicate in 2013, the proportion of deaths from NCDs have reached 63% of total deaths (2566) registered in Bahrain, of which (34%) deaths due to cardiovascular diseases, and (14%) deaths from cancer, and (24%) deaths due to diabetes, and (3%) deaths registered from respiratory diseases, and for other chronic non-communicable diseases has reached (24%).

Graph (1): The Percentage Deaths by Disease (All Ages) 2013



The data also showed that the proportion of deaths from NCDs below 70 years has reached 65% of total deaths, the mortality rate from cardiovascular diseases 34%, diabetes 23%, and cancer 18%. This poses a major challenge for the health system in order to take quick steps to implement the national plan to reduce these deaths, which destroys the man life at the highest age of activity and productivity.

Graph (2): The Percentage Deaths by Disease (Age 30-70) in 2013



National Non-Communicable Diseases Risk Factors Survey 2007

According to the National NCD Risk Factors (Step Wise) Survey done in 2007, age group 19–65, the prevalence of Diabetes Mellitus in the target group was 14.3%; Hypertension 38.2% and high cholesterol level 40.6%. Also, the study revealed that the overall prevalence of obesity was 36.3%; while the overall prevalence of overweight was 32.9%. Furthermore, 62.0% reported daily intake of vegetables while only 49.6% reported daily intake of fruits. In addition, (57.1%) of the target group said that they do not do any physical activity at leisure time. The overall prevalence of smoking was found to be 19.9%. Table 1 shows Prevalence .(of NCD in Bahrain (National NCD Survey 2007

Table 1: The Prevalence of Chronic Diseases and Risk Factors

Risk Factors	Total
Obesity	36.3 %
Hypertension	38.2 %
Diabetes	14.3 %
hypercholesterolemia	40.6 %
Smoking	19.9 %
Physical inactivity	57.1 %

Risk Factors	Female	Male
Obesity	40.3 %	32.3 %
Hypertension	33.7 %	42.9 %
Diabetes	16.8 %	11.7 %
hypercholesterolemia	40.2 %	41.2 %
Smoking	7.0 %	33.7 %
Physical inactivity	66.3 %	47.4 %

National Plan for Prevention and Control of Non-communicable Diseases

The Kingdom of Bahrain government has endorsed a comprehensive national NCD plan in 2012, which is consistent with the global strategic objectives and NCD Gulf Cooperation Council (GCC) Supreme committee decisions. It meets the Political Declaration adopted by the United Nations in September 2011 and confirms governments' commitment to develop national plans to deal with these diseases, and to achieve the target set by the World Health Organization of reduction in the proportion of deaths of adults (age 30-70 years) due to non-communicable diseases (cardiovascular, cancer, diabetes and chronic respiratory diseases) in the world by 25% from the current ratio during the next 15 years. The national plan was initiated and developed based on resolution no. (8) for the year 2012 issued by the Prime Minister on the formation of the supreme national Committee to control NCD, which includes all sectors concerned with NCDs prevention and control in governmental and non-governmental institutions. comprehensive national plan for the Kingdom of Bahrain has been initiated, which was drawn from unified GCC plan issued in Manama, which was adopted by the Supreme Council of the Cooperation Council for the Arab Gulf States

in the thirty-second session in December 2011 , which pointed to the following decisions:

- Adopt the Manama document to control non-communicable diseases (Gulf plan to control non-communicable diseases (2011/2020) which was approved by the 70th Gulf Cooperation Council Congress for Health Ministers, held in Doha on 03/02/2011.
- Directing the GCC Ministries of health to develop operational plans for this strategic plan, to address these diseases in order to ensure the provision of necessary treatment and finding evidence-based programs for the prevention of risks and educate the community in order to reduce related incidence rates.
- Provide budgets needed to support the GCC Ministries of health to address the non-communicable diseases.
- The Ministries of Health and the relevant authorities in the GCC countries is urged to cooperate and integrate in the NCDs curative and preventive programs, to find the best and most successful ways to serve the citizens of the Gulf Cooperation Council for the Arab Gulf States .
- Report the progress of achievements to the Supreme Council in the coming meetings.

The plan has been updated in accordance with the following themes:

- WHO indicators after its adoption in May 2013.
- The applicable general frameworks , which was stated in the “Riyadh Declaration”.
- Recommendations and mechanisms of the Advisory Board of the Supreme Council of the Gulf Cooperation Council, and in accordance with the procedures proposed by the competent Gulf Committee there on.
- The statements of “Kuwait Declaration” for the prevention and fight against non-communicable diseases and risk factors in 2012
- What was stated in the Kuwait (address non-communicable diseases developmental priority) issued in January 2013.

The update has included both (vision, mission and the main long-term objectives) to commensurate with the current and future regional and global ambitions and directions.

Vision

A community free from the burden of avoidable non-communicable diseases

Message

To reduce the burden of morbidity, mortality and disability due to Non-communicable diseases through an effective multi sectorial collaboration at the national level, to reach the highest attainable standards of health and productivity in all age group category, in order to achieve well being, social and economical development and quality of life.

The main long-term objective

A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases among adults (age 30-70 years) during the next 15 years.

Indicator

- Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases.
- Cancer incidence, by type of cancer, per 100 000 population.

Strategic Goals

Goal 1: Primary prevention of non-communicable diseases

Goal 2: Secondary prevention of non-communicable diseases.

Goal 3: Quality Improvement of health services with its three levels as provided to NCD patients & its complications.

Goal 4: Conduct and support research and surveys in the field of NCD.

Goal 5: Empowerment of NCD patients and their families to take part in the services provided and its quality control.

Goal 6: Community participation for control of non-communicable diseases.

Goal 7: Strengthening the means of surveillance, monitoring and evaluation of non-communicable diseases.

First: Strategic Objective

Primary Prevention of Non-communicable Diseases

Goals	Indicators
Halt the rise in obesity	• Prevalence of overweight and obesity in adolescents(defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex). • Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass ≥ 25 kg/m² for overweight and body mass index ≥ 30 kg/m² for obesity).
Halt the rise in diabetes	• Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose).
A 10% relative reduction in prevalence of insufficient physical activity	• Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily. • Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent).
A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	• Prevalence of current tobacco use among adolescents. • Age-standardized prevalence of current tobacco use among persons aged 18+ years.

A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	• Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) and mean systolic blood pressure.
A 30% relative reduction in mean population intake of salt/sodium	• Age-standardized mean population intake of salt(sodium chloride) per day in grams in persons aged 18+years.
Reduce the rate of fat intake	• Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years. • Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥ 5.0 mmol/l or 190 mg/dl); and mean total cholesterol concentration.
Raise the rate of consumption of vegetable servings per capita	• Age-standardized prevalence of persons (aged 18+years) consuming less than five total servings (400grams) of fruit and vegetables per day.
Cancer Prevention	• Cancer incidence, by type of cancer, per 100 000 population. • Vaccination coverage against hepatitis B virus monitored by number of third dose of Hep-B vaccine (HepB3) administered to infants. • Availability, as appropriate, if cost-effective and affordable, of vaccines against human papilloma virus, according to national programs and policies.

Implementation strategies

- 1.1. Raising awareness about the risk factors for non-communicable diseases.
- 1.2. Promoting healthy nutrition and physical activity among different groups in society.
- 1.3. Establishing legislation and policies to reduce risk factors in the community.

Second strategic goal

Secondary Prevention of Non-communicable Diseases

Goals	Indicators
Early detection of risk factors and non-communicable diseases	The proportion of individuals who have been screened to detect risk factors from the target groups.

Implementation strategies

2.1. Early detection of diseases and risk factors among high risk groups.



The third strategic goal:

Improving the quality of health services at the three levels provided for patients with non-communicable diseases and their complications

Goals	Indicators
An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major non communicable diseases in both public and private facilities.	• Availability and affordability of quality, safe and efficacious essential non communicable disease medicines, including generics, and basic technologies* in both public and private facilities.
At least 50% of eligible people receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes.	• Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 30\%$, including those with existing cardiovascular disease) receiving drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes.
Creating and updating the clinical guidelines for health workers working with non-communicable diseases on a regular basis and the level of application of the guidelines, according to the indicators.	• The existence of national updated evidence- based clinical guidelines for non-communicable diseases. • The proportion of doctors following the guidelines in the field of treatment of non-communicable diseases.
Developing a clear referral system policy from primary care to specialized secondary & tertiary care.	• The existence of an enabled referral system between primary and specialized secondary & tertiary care.

Implementation strategies

- 3.1. Improve the infrastructure of primary health-care centers to make them more suitable for the management of non-communicable diseases.
- 3.2. provision of qualified human resources in the field of in non-communicable diseases.
- 3.3. Upgrading the qualification of health workers in primary health care to be able to deal with non-communicable diseases.
- 3.4. Improving of secondary and tertiary care services provided for non-communicable diseases.

** Essential medicines include at least: aspirin, a statin, an angiotensin converting enzyme inhibitor, thiazide diuretic, a long acting calcium channel blocker, metformin, insulin, a bronchodilator and a steroid inhalant.*

** Basic technologies include at least: blood pressure measurement device, a weighing scale, height measuring equipment, blood sugar and blood cholesterol measurement devices with strips and urine strips for albumin assay.*

The fourth strategic goal:

**Conducting and supporting research and studies
for non-communicable diseases and its complications**

Goals	Indicators
Promote studies and research of national health systems for non-communicable diseases	• Number of studies and research of national health systems for non-communicable diseases.

Implementation strategies

- 4.1. Study the burden of disease and risk factors for non-communicable diseases periodically.



The fifth strategic goal:

**Empower patients and their families to contribute
To control of non-communicable diseases and its complications**

Goals	Indicators
Engaging patients and their families to take responsibility for their health management	• The proportion of patients proficient in control of non-communicable diseases among patients attending health services.

Implementation strategies

- 5.1. Involvement of people with non-communicable diseases and their families to bear the responsibilities for treatment and prevention of complications.
- 5.2. To provide the necessary care and support to people with non-communicable diseases and their families.
- 5.3. Provides diagnostic, curative and rehabilitative needs necessary for patients with non-communicable diseases.

The sixth strategic goal:

Non-communicable Community Partnership for Disease Control

Goals	Indicators
Activating the partnership with government institutions and non-governmental organizations, private sector and civil society to bear national responsibility to confront the non-communicable diseases	The establishment of a national council / committee and a national multi-sectorial health promotion and control for non-communicable diseases.

Implementation strategies

6.1. Involve government agencies, civil societies and the private sector in prevention and control of non-communicable diseases.



The seventh strategic goal:

Strengthening the means of surveillance, monitoring and evaluation For non-communicable diseases

Goals	Indicators
The existence of an advanced national registry based on quality standards (epidemiological surveillance system) for monitoring, follow-up and evaluation of non-communicable diseases	The existence of a well-established national NCD surveillance system.
Application of quality indicators	The proportion of health centers applying the standardized national clinical guidelines for the treatment of non-communicable diseases.

Implementation strategies

7.1. Develop a comprehensive database to enable evaluation and monitoring of NCD programs.

7.2. Carry out annual evaluation of performance indicators for non-communicable diseases.