

# Partnership Is Our Future For Healthcare Management In The State Of Bahrain

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## Citation

A Hamza. *Partnership Is Our Future For Healthcare Management In The State Of Bahrain*. The Internet Journal of Healthcare Administration. 2000 Volume 1 Number 2.

## Abstract

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The State of Bahrain is comprised of thirty-six islands, with a total land area of approximately 707.27 square kilometres, located in the southern part of the Arabian Gulf, twenty-two kilometres off the eastern coast of Saudi Arabia. It is linked with the Arabian mainland by the King Fahad Causeway, which opened in November 1986. The largest of its islands is the island of Bahrain, which contains nearly 85% of the total area of the state and is the location of the capital city of Manama.

In 1999, the estimated population of Bahrain reached 666,442 individuals, of whom 60.4% were Bahrainis and 39.6% non-Bahrainis. The population structure by age group reveals a classical structure of a growing population, with 30.8% under 15 years of age, 57.4% between 15-44 years, 9.5% between 45-64, and 2.2% in the elderly group, 65 years and above.

All residents in the State of Bahrain enjoy the right to comprehensive health care. The government provides primary, secondary and tertiary health care to all residents of Bahrain. These services are provided free of charge to Bahrainis, and at nominal, heavily subsidised fees to non-Bahrainis. The technical and financial responsibility for providing this care lies mainly with the State, with some participation from the private sector and the community. The

government is fully committed to the declaration of Alma-Ata and to the concept of "Healthcare for All."

In 1993, Consultants were contracted to work with the Ministry of Health to develop the Bahrain Strategic Health Plan, "Better Health for All, to the Year 2000 Plus"; the following is their summary which included the statement: "Together we can succeed to a happy and healthy future in Bahrain. The driving force must come from a concerted effort between us all - every citizen and every service".

The aims of the health plan are as follows:

1. To consolidate and build on current achievements.
2. To improve the health status of the people of Bahrain.
3. To deliver essential, quality and cost-effective services.

The health gain strategies for "adding life to years and years to life" include trying to achieve the most cost-effective balance in the use of resources, and to value patients and staff as individuals.

The main health gain priority areas of the health plan include the following:

1. Cancer
2. Cardio-vascular Diseases
3. Diabetes Mellitus
4. Respiratory Diseases
5. Hereditary Diseases

6. Dental Health
7. Genito-urinary Diseases
8. Gastro-intestinal Diseases
9. Mental Health
10. Physical and Learning Disabilities
15. Research
16. Training and education
17. Natural or man-made disasters

The Gulf area changes from a relatively stable isolated environment in the early 1990's to a volatile and highly susceptible one has challenged the Bahrain Ministry of Health in how it sustains an accountable health delivery system.

However, the Ministry of Health in the State of Bahrain, like Ministries around the world, are finding that with financial and human resource constraints, and accountability for value added, the Government couldn't carry health care alone. It is also very important to understand the new parameters that directly or indirectly affect the planning for advances in health care. Many of these parameters were not foreseeable, or controllable. These parameters include but are not restricted to the following:

1. Environmental and industrial disasters that contribute to pollution
2. Wars
3. Impact of globalisation
4. Rapidly changing information technology and freedom of choice
5. Oil price dependent economy
6. Increase in aged and disabled persons
7. Increase in chronic degenerative diseases
8. The influx of non-Bahraini labour forces
9. Culture, habits and religion
10. Eating habits of individuals to processed foods
11. Government demands to support health insurance
12. Economic and political endeavours of the society
13. The upcoming rules and regulations
14. Financial accountability

These parameters all affect planning for better health.

There are three alternative solutions identified that will help the government sustain the health care system and achievements in the coming decade:

1. The first option is to stand-alone and maintain an issue management approach.
2. The second option is to plan ahead utilising consultants and international experts to resolve the issues.
3. The third option is to share responsibility through partnerships and strategic alliances.

**Figure 1**

	<b>First Option</b>	<b>Second Option</b>	<b>Third Option</b>
<b>Advantages:</b>	<i>Requires less effort</i>	<i>Requires less internal effort</i>	<i>Strength of each</i>
	<i>Less cost</i>	<i>and accountability</i>	<i>partner grow exponentially</i>
<b>Disadvantages:</b>	<i>Survival</i>	<i>Higher costs</i>	<i>Requires more effort</i>
	<i>Risk is higher</i>	<i>Higher dependency</i>	<i>to find the right</i>
	<i>because resources</i>		<i>partners</i>
	<i>are only internal</i>		
			<i>Requires more effort to understand and respect the fundamental differences, the respect, the independencies, interdependencies and dependencies of each other as well as the intrinsic values of the partnership</i>

In analysing the dimensions of the parameters mentioned above, and based on the fact that the civil society should be mobilising itself to look at the problems/solutions within itself, instead of shifting the responsibility to others who have or assume power, we come to the realisation that the third option was really our only choice. Bahrain being a small country, and highly affected by the influences of the Middle East, must plan coping strategies for the volatile and unstable environment through stable and dependable global

partnerships.

It is necessary, therefore, to identify the partners needed, and to work on a partnership strategy to define a clear relationship by establishing what you expect from them, and what they can expect from you.

Four recommended partnership criteria are summarized as follows:

1. Partner your weakness with their strengths - and make impending threats an opportunity,
2. Partner with someone you trust,
3. Partner with someone who speaks the same language - the language of thinking,
4. Partner with someone that makes you bigger, better and more competitive than you are - a partner that adds value.

The objectives of partnerships need be defined, including addressing the issue of “who benefits?”

The community must be involved in the evaluation of the success or failure of the project. This includes being clear about how to put values on resources.

Partnership should be based on – accountability, transparency, equity, trust, and empowerment of the community. Of these, equity is the most important basis for new partnerships, otherwise they will not emerge or endure.

Partnerships may involve many sectors: global, multinational, national, regional, private sectors, communities, indigenous people, youth and women.

Although the boundaries between partners are not defined for the purposes of categorising partnership opportunities, four distinct areas are examined:

1. Local partners: Local partnership is probably the easiest to achieve. Both ends of the partnership association are members of the community, and therefore will directly realize the benefits from this partnership. While this is applicable to all levels of partnership, it is the direct involvement and realisation of the outcome by partners that facilitate such partnerships.
2. National partnership: National partnership is the one that requires special expertise and skills, i.e.,

Government agencies with government agencies, government with non-government agencies, and non-government with non-government agencies. Examples include other Ministries, i.e. Labour and Social Affairs, Commerce, Finance and National Economy, and Power and Water. Their role is crucial for the development of a health care system. In addition, there are several non-government local partners such as the professional societies, i.e., medical, nursing, technical, and the charitable organisations as well as social organisations. Also included are government to government health care-specific cooperation programs as well as E-government initiatives to link the citizens to the government.

3. Regional partners: The Gulf Cooperation Council (G.C.C.) has established many channels for cooperation, which has been sustained through the activities of the Executive Office of the Ministries of Health of the G.C.C. Another important regional partner is the Arab Council of Ministries of Health through the Arab League, with regular Pan-Arab and bilateral / multilateral cooperation. The Arabian Gulf University, with its medical school in Bahrain, has also been a very important regional partner.
4. International partners: The major international health-related partners have been mainly the United Nations organizations: World Health Organisation, UNDP, World Bank, UNICEF, and UNPF. With technical advances to optimise international relationships, these partners will now be the focus for global partnership programs. Opportunities exist to partner with Accreditation organizations i.e., JCAHO for standards and CQM programs, International Universities for collaborative programmes and literature support, major suppliers for e-commerce programmes and electronic group purchasing. These partnership opportunities are endless. However, although many of the influences on Bahrain are crisis oriented, the global partnership strategy allows alliances to be established prior to the need, with health promotion and disease prevention being the focus.

## **CONCLUSION**

“The Essence of our Global Partners is Directly Reflected in

the Success of the Partnership'

Several vivid examples of partnerships have been cited based on unified local, regional and global objectives, technical support, common values, the blending of strengths, the exchange of expertise, and a partnership in trust.

In a planned approach where we highlight our needs from our partners for a long-term sustained relationship, mutual interests, attitudes, and mutual respect of each other's needs must be taken seriously.

The question therefore remains, "can the government maintain and sustain the health care system and its achievements in the coming decade?"

We believe the answer is yes - it can. Yes - by working together with strategically chosen global partners towards our passion and vision for World Health.

### **THE CHALLENGE**

We require major cooperation to establish this framework operational and to develop tactical strategies for implementation. Remember: it has often been proven that the mathematical equation that one plus one is actually equal to three or maybe even more!

"Coming Together is a Beginning;  
Keeping Together is Progress;  
Working Together is Success"

### **References**

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