



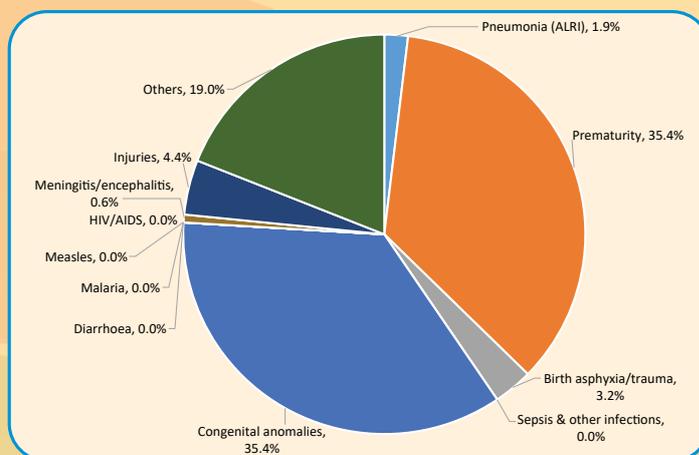
### Universal health coverage

UHC service coverage index (2021)	76.0
Primary health care facilities per 10 000 population (2017)	0.2
Hospital beds per 10 000 population (2018)	17.8
Demand for family planning satisfied with modern methods (%) (2021)	58.2
Antenatal care visits (4+ visits) (2018)	99.1
Measles immunization coverage among 1-year olds (%) (2021)	99.0
Tuberculosis treatment coverage rate (2021)	87.0
DTP3-containing vaccine/pentavalent coverage among 1-year olds (%) (2021)	98.0
Out-of-pocket expenditure as percentage of current health expenditure (2018)	30.0
Domestic general government health expenditure as % of general government expenditure (2018)	7.0

### Selected determinants of health

Population living in urban areas (%) (2021)	100.0
Annual GDP growth (%) (2021)	2.2
Population growth rate (%) (2020)	0.8
Children aged < 5 years with pneumonia symptoms taken to a health care provider (%) (2018)	...

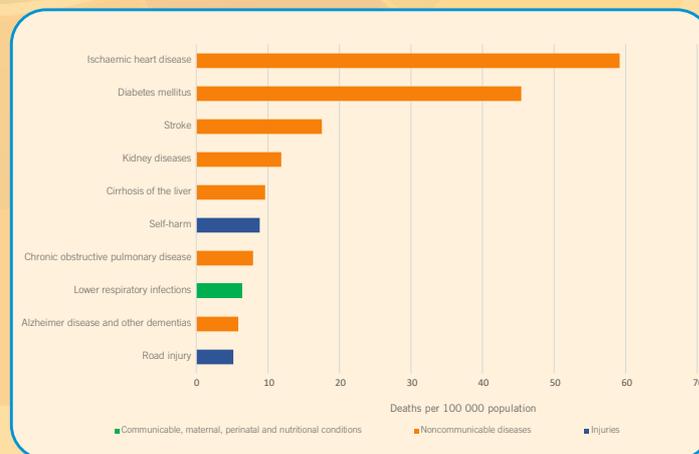
### Distribution of causes of death among children aged < 5 years (%)



### Neonatal, infant and under-5 mortality rates per 1000 live births



### Top 10 causes of death for both sexes and all ages (2019)



# Selected health-related SDG indicators

## 1 NO POVERTY

Population below the international poverty line (year) (%) ...

Proportion of employed population below the international poverty line 15+ (%) (ILO modelled estimate, 2019)	Male	0.1
	Female	0.1

## 2 ZERO HUNGER

Children under 5 (%) who are:

stunted	4.4
wasted	2.6
overweight (2018)	4.9

## 4 QUALITY EDUCATION

Literacy rate (15–24 years) (2018) (%)	Total	98
	Male	99
	Female	95

Net primary school enrolment ratio per 100 school-age children (2020)	Total ratio	99
	Male ratio	99
	Female ratio	99

## 7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (%) 100  
(WHO Global Health Observatory, 2020)

## 6 CLEAN WATER AND SANITATION

Proportion of population using safely managed drinking water services (%) (World Health Statistics, 2020) 99

Proportion of population using safely managed sanitation services (%) (World Health Statistics, 2020) 91

## 8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (%) (ILO estimate, year)	Total	...
	Male	...
	Female	...

## 11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (µg/m <sup>3</sup> ) (WHO Global Health Observatory, 2019)	Total	51.8
	Urban	51.8

## 16 PEACE, JUSTICE AND STRONG INSTITUTIONS

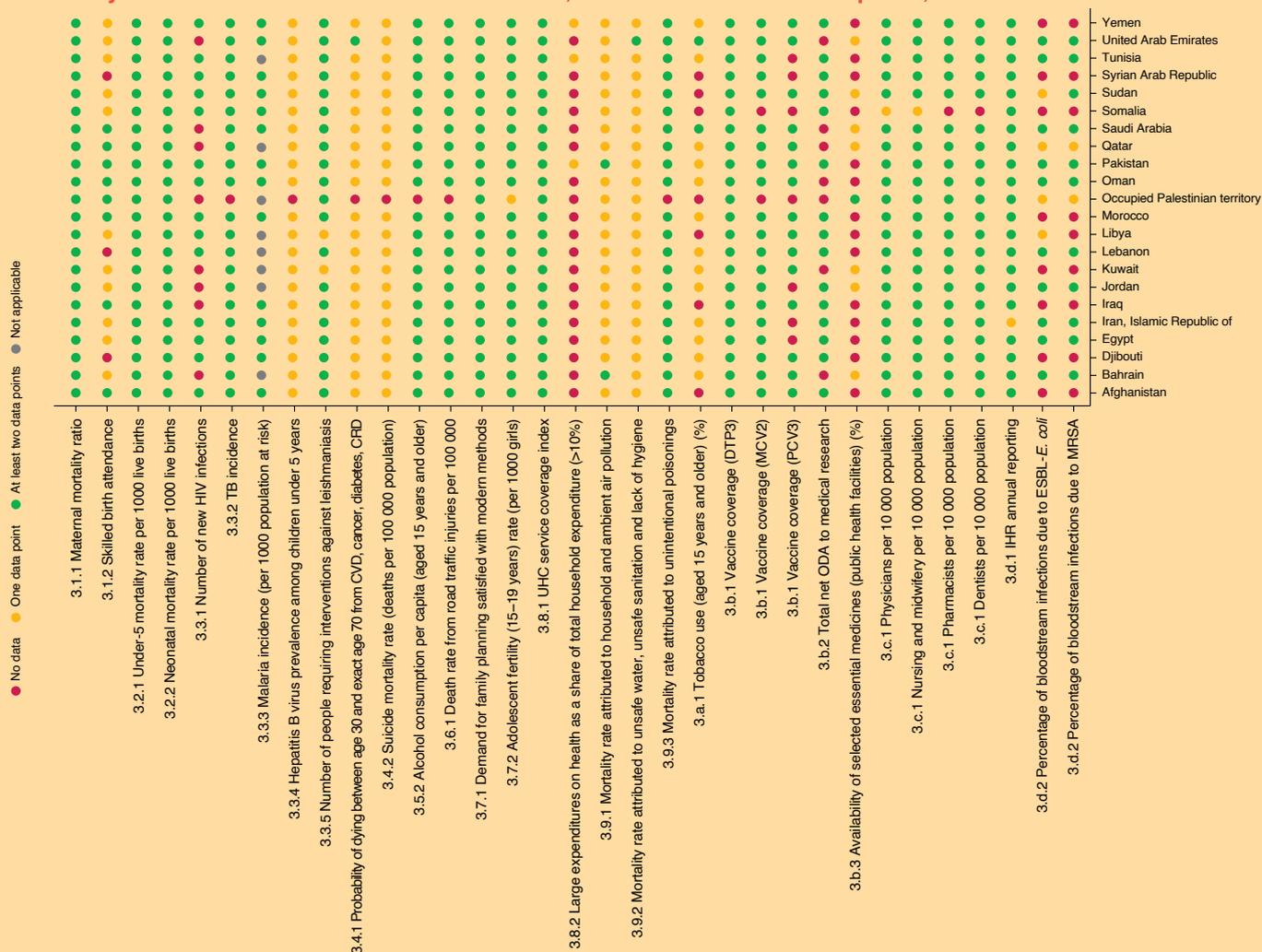
Estimates of rate of homicides (per 100 000 population) (WHO Global Health Observatory, 2019) 0.3

# Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2019)	75.0	77.0	75.8
Healthy life expectancy (HALE) at birth (years) (2019)	66.0	65.5	65.9
Healthy life expectancy (HALE) at 60 (years) (2019)	13.8	13.9	13.8
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2020 estimate)	—	—	16.0
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)	...	...	3.0
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)	6.1	5.6	5.9
Under-5 mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate)	7.2	6.5	6.9
Tobacco use among persons 15+ years (%)	...	...	...
Overweight (18+ years) (%) (2018)	...	...	33.2
Obesity (18+ years) (%) (2018)	...	...	42.8
Raised blood pressure among persons 18+ years (%) (2018)	...	...	33.6
Raised blood glucose among persons 18+ years (%) (2018)	...	...	15.0
Raised cholesterol among persons 18+ years (%) (2018)	33.5	27.8	31.0
Mortality between exact ages 30 and 70 from cardiovascular disease, cancer, diabetes or chronic respiratory disease (%) (2019)	16.4	15.4	16.1
Cancer incidence per 100 000 (2021)	108.5	130.7	112.2

**Universal health coverage (UHC)** means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of SDG 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires intersectoral action. All countries can and must advance towards UHC by 2030, if not earlier.

## Availability of data for each SDG 3 indicator: no data, one and at least two data points, 2014–2019





## Voluntary National Review

Completed in 2018: <https://hlpf.un.org/countries/bahrain>

## National Focal Point for 2030 Agenda

The Ministry of Sustainable Development is the national focal point for the 2030 Agenda for Sustainable Development in Bahrain. The Ministry was established in June 2022 as a result of royal decree 25/2022, which included the creation of four new ministries.

## National Focal Point in the Ministry of Health for health-related SDGs

There are several focal points for health-related SDGs within the Ministry of Health in Bahrain; each is assigned a particular area of focus depending on his/her expertise. The International Relations Department acts as a link between these focal points and health-related stakeholders, including other ministries, the private sector, United Nations (UN) agencies and academia in all communications related to the SDGs, such as requesting access to indicators data and planning activities.

### 1. Summarize efforts at the national level in setting targets for health-related SDGs.

The Government of Bahrain has adopted a holistic approach to the implementation of the Agenda for Sustainable Development, aligning SDG targets, including health-related ones, with national development plans in the intersectional manner they were intended for. Within this context, the Government assessed the SDGs and their targets to determine the relevant targets to Bahrain and identify the level of their implementation (achieved, not achieved, or are close to being achieved as measured by their corresponding indicators). Based on this assessment, the Government identified its goals and objectives, as well as the policies required to achieve them.

### 2. How is Bahrain incorporating SDG 3 targets in health policy, strategy and planning?

Bahrain introduced the National Health Plan 2016–2025 to accelerate progress towards realization of SDG 3 targets, particularly target 3.8 on achieving universal health coverage. The Plan focuses on upgrading the health insurance coverage system to meet the health needs of all citizens and residents through the provision of a full spectrum of quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care. Similarly, the national effort toward achieving the SDG 3 targets, particularly target 3.4, is reflected in the National Plan for Reducing NCDs developed by the Ministry of Health to address the growing NCD burden.

### 3. Are there any major partnerships for advancing the health-related SDGs?

Bahrain has taken steps toward building partnerships with various stakeholders to advance the health-related SDGs. One example is the Strategic and Sustainable Development Cooperation Framework 2020–2022 signed by the Government and UN agencies. The Framework coordinates the work of UN agencies in Bahrain and capitalizes on their comparative advantage for policy advice and developing national capacity to accelerate progress on SDGs. Additionally, several multi-stakeholder partnerships have been developed within the country to support implementation of the health-related SDGs among governmental entities, the private sector, academic institutions, and nongovernmental and civil society organizations.

### 4. Describe a success story or an opportunity for strengthening the health system for COVID-19 that supports efforts towards achieving one or more of the SDG health-related targets.

The health system in Bahrain was successful in meeting the care demands of people affected by COVID-19 while maintaining essential health services, sustaining progress towards universal health coverage and ensuring no one is left behind. COVID-19 health services were delivered free of charge in separate facilities, away from the main hospitals. For instance, a car park outside the Bahrain Defense Force Hospital was converted into a 130-bed ICU and field hospitals were set up across the country, such as the field hospital in Sitra with a capacity of 4362 beds and 154 ICU beds. Simultaneously, primary health care centres and hospitals continued to provide non-COVID-19 care and mobile clinics were used for triage of those not able to access services elsewhere. Telemedicine was also expanded to follow up on COVID-19 cases isolating at home and provide access to essential services for those not wanting to visit a health care facility.