

**Country Cooperation Strategy  
for WHO and Kuwait  
2012–2016**



**World Health  
Organization**

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## **1. INTRODUCTION**

The Country Cooperation Strategy (CCS) reflects a medium-term vision of WHO for technical cooperation with a given country and defines a strategic framework for working in and with the country. The CCS process, in consideration of global and regional health priorities, has the objective of bringing the strength of WHO support at country, Regional Office and headquarters levels together in a coherent manner to address the country's health priorities and challenges. The CCS, in the spirit of Health for All (HFA) and primary health care, examines the health situation in the country within a holistic approach that encompasses the health sector, socioeconomic status, the determinants of health and upstream national policies and strategies that have a major bearing on health.

The exercise aims to identify the health priorities in the country and place WHO support within a framework of 4–6 years in order to have stronger impact on health policy and health system development, strengthening the linkages between health and cross-cutting issues at the country level. This medium-term strategy does not preclude response to other specific technical and managerial areas in which the country may require WHO assistance.

The CCS takes into consideration the work of all other partners and stakeholders in health and health-related areas. The process is sensitive to evolutions in policy or strategic exercises that have been undertaken by the national health sector and other related partners. The overall purpose is to provide a foundation and strategic basis for planning as well as to improve WHO's contribution to Member States for achieving the Millennium Development Goals (MDGs).

The CCS for the Kuwait is the result of analysis of the health and development situation and of WHO's current programme of activities. During its preparation, key officials in the Ministry of Health were consulted. The critical challenges for health development were identified. Based on the health priorities of the country, a strategic agenda for WHO collaboration was developed.

## 2. HEALTH AND DEVELOPMENT CHALLENGES

### 2.1 Macroeconomic, political and social context

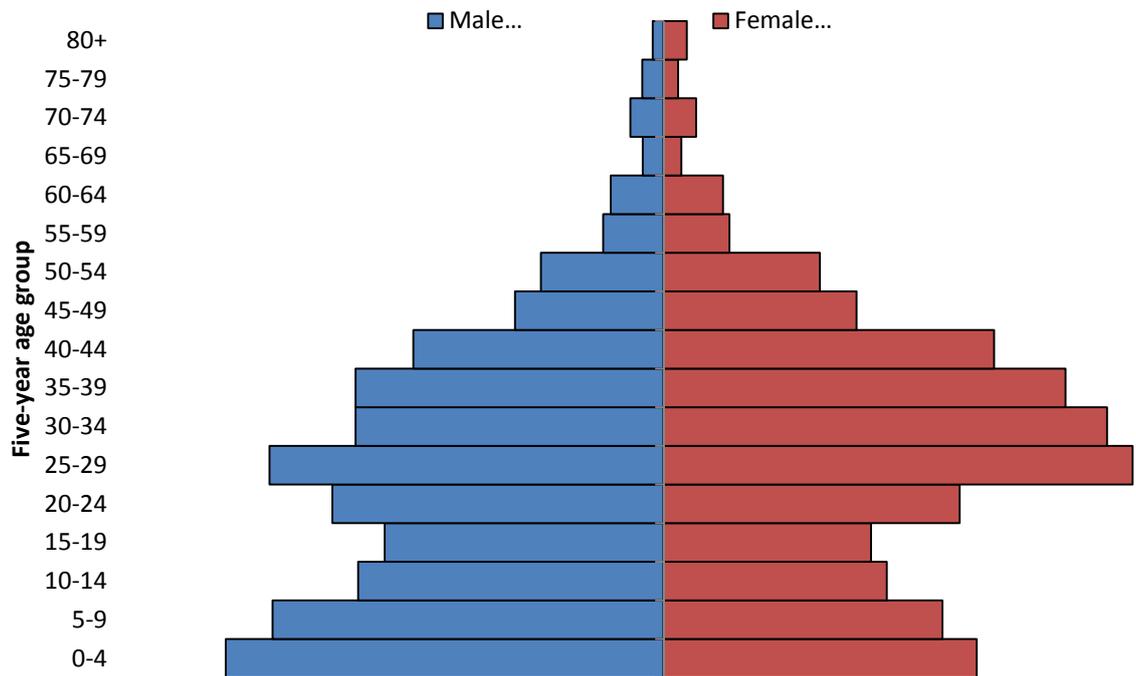
Kuwait, with a surface area of 17 188 square kilometres, is a constitutional emirate under the hereditary rule of the Al Sabah family since the middle of the 18th century. HRH Emir Sabah Al-Ahmed Al-Jaber Al-Sabah is the leader of the nation and holds ultimate executive power, appointing the prime minister and the government. The country has 6 governorates: Al ‘Asimah, Hawalli, Al Ahmadi, Al Jahra’, Mubarak Al-Kebir and Al Farwaniyah.

The total population of Kuwait is 2 736 732 (2010).<sup>1</sup> Nationals constitute about 32.1% of the total population, and 98.4% of the population lives in the large urban area in and around Kuwait City. The actual population density in built-up areas per square kilometre is many times higher than reported figure, which is calculated by dividing the total population by country’s surface area. The high population density and huge number of personal cars have resulted in congestion and pollution, consequently adversely affecting the health of the population. The crude birth rate in 2010 was 18.7 births per 1000 population and the crude death rate was 3.1 deaths per 1000 population (Table 1). The distribution of the population by sex and age is shown in Figure 1.

**Table 1. Demographic indicators 2010<sup>1</sup>**

Population, total	2 736 732
Average annual rate of population change, 2005–2010 (%)	3.8
Population, female (% of total estimate)	40.3
Birth rate, crude (per 1000 people)	18.7
Death rate, crude (per 1000 people)	3.1
Life expectancy at birth, total (years, 2005–2010)	74.2
Fertility rate, total (births per woman)	2.3
Adolescent fertility rate (estimated births per 1000 women ages 15–19, 2005–2010)	13.8
Urban population (% of total)	98.0

<sup>1</sup> World population prospects: the 2010 revision. New York: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat; 2011. (<http://esa.un.org/unpd/wpp/index.htm>, accessed 12 March 2013).



**Figure 1. Population pyramid in Kuwait**

Kuwait is a wealthy country with a total GDP, based on official exchange rates, of US\$ 153 billion.<sup>2</sup> Its economic status has allowed the government to provide many social amenities and public services including good quality health care and education. The government also provides generous social welfare benefits to Kuwaiti citizens, such as retirement income, marriage bonuses, housing loans, virtually guaranteed employment, direct cash and debt write-offs. Kuwait has large oil and gas resources, with 104 billion barrels of oil reserves, or 8% of global oil reserves. Petroleum accounts for nearly half of the GDP, 95% of export revenues and 95% of government income.

## 2.2 Other major determinants of health

The adult literacy rate is high. In 2010, the adult literacy rate for females was 94%. The corresponding figure for males was 96% and the total adult literacy rate was 95%.<sup>3</sup> Primary and secondary level education is universal, with 100% enrollment for both males and females. A total of 779 government schools and 474 private schools in 2009–2010 ensured provision of education until secondary level. The high level of education in Kuwait, especially among

<sup>2</sup> Development data. In: The World Bank DataBank [website]. Washington DC: The World Bank Group; 2013 (<http://databank.worldbank.org/ddp/home.do?Step=12&id=4&CNO=2>, accessed 12 March 2013).

<sup>3</sup> Regional health observatory [website]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2013 (<http://rho.emro.who.int/rhodata>, accessed 12 March 2013).

women, has had a positive impact on health indicators in the country. Higher education has improved drastically over the past years. The largest university is Kuwait University, which is free for Kuwaitis and has over 1500 faculty members and 22 000 students. The Kuwaiti government offers scholarships to students accepted in universities in the United States of America, United Kingdom and other foreign institutes.

The high literacy rates in Kuwait have enabled women to participate fully in public and private socioeconomic activities (Table 2). In May 2005 women were given the right to vote. In 2009, four women entered parliament for the first time. Kuwait has a Gender Inequality Index (GII) value of 0.274, ranking it 37 out of 146 countries in 2012.<sup>4</sup> In Kuwait, 7.7% of parliamentary seats are held by women, and 52.2% of adult women have reached a secondary or higher level of education, compared to 43.9% of their male counterparts. In 2011, Kuwait was ranked at 63 among 187 countries on the Human Development Index, and in 2012 its ranking rose to 54 out of 186 countries.

**Table 2. Socioeconomic indicators<sup>2</sup>**

<b>Indicator</b>	<b>Data</b>	<b>Year</b>
GDP growth (annual %)	5	2011
GDP per capita, PPP (current international \$)	54 283	2011
GNI per capita, PPP (current international \$)	53 720	2011
Labour force, female (% of total labour force)	24	2011
Unemployment, female (% of female labour force)	2	2005
Unemployment, male (% of male labour force)	2	2005
Unemployment, total (% of total labour force)	2	2005
Adult literacy rate, female 15+ years (%)*	94	2010
Adult literacy rate, male 15+ years (%)*	96	2010
Adult literacy rate, total 15+ years (%)*	95	2010
Population with sustainable access to improved water source (%)	100	2011
Population with sustainable access to improved sanitation (%)	100	2011

### **2.3 Health status of the population**

People in Kuwait enjoy a high standard of health. Adequate hospitals, health centres and clinics staffed by skilled health workers provide safe and effective health care to people. The health indicators and the burden of disease are similar to those of highly developed countries (Tables 1 and 3).

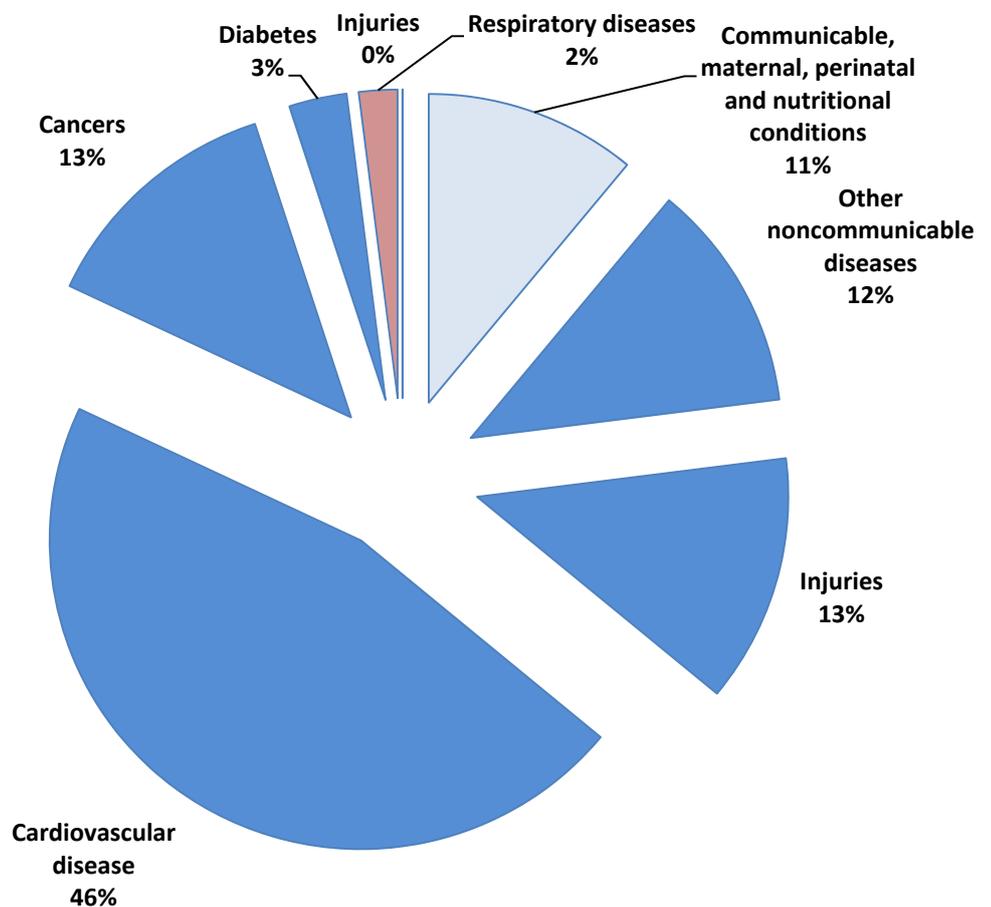
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<sup>4</sup> Human development report 2013. New York: United Nations Development Programme; 2013.

**Table 3. Health status indicators, 2011<sup>3</sup>**

Neonatal mortality rate per 1000 live births	6.4
Infant mortality rate per 1000 live births	10.7
Under five mortality rate per 1000 live births	12.6
Maternal mortality ratio per 100 000 live births	9.9
Births attended by skilled health personnel	100.0
Estimated prevalence of anaemia in non-pregnant women of reproductive age (%)	28.7

More than 76% of causes of death are due to noncommunicable diseases, see Figure 2. The entire population has access to local health services, safe drinking water and adequate excreta disposal facilities (Table 2).

**Figure 2. Proportion of mortality (percentage of total deaths, all ages)<sup>5</sup>**

<sup>5</sup> Noncommunicable disease country profiles 2011. Geneva: World Health Organization; 2011.

### *2.3.1 Burden of communicable diseases*

The Department of Public Health in the Ministry of Health is mainly responsible for prevention of diseases. The Department has four divisions.

- Disease control division responsible for prevention and control of communicable and noncommunicable diseases, environmental sanitation, food handler's services and epidemic control.
- Port and border division, which enforces international health regulations and also responsible for screening of expatriates for communicable diseases, HIV/AIDS, tuberculosis and hepatitis.
- Public health laboratory with sections on microbiology, haemo-chemistry virology and malaria control.
- Rodent and insect control division.

The prevalence of infectious/communicable diseases in Kuwait has drastically reduced as the result of socioeconomic development, rapid changes in lifestyle and health development.

Due to universal immunization, no cases of diphtheria were reported in 2010 and Kuwait has been free from poliomyelitis since 1990. According to the Ministry of Health, one case of tetanus was reported in 2010. Malaria cases are imported.

Data from 2009–2010 indicate a possible upsurge in the incidence of tuberculosis in Kuwait. Tuberculosis treatment in Kuwait does not conform to the WHO-recommended DOTS strategy. Tuberculosis cases are detected by the communicable disease division; however treatment is provided in primary health care centres or clinics and therefore the taking of medicine is not supervised. This issue needs to be addressed in line with the DOTS strategy.

Kuwait has been vaccinating newborns for hepatitis B since 1990 as part of the national immunization programme. However, no formal study has been conducted to assess the impact of vaccination on the prevalence rate. The Regional Office estimates that about 1.8% of the Kuwaiti population has evidence of hepatitis C infection.

Kuwait is a low prevalence country for HIV/AIDS. The expatriates working in Kuwait are screened before being offered a job. However, injecting drug users are a problem and potential cause for concern. The United Nations Development Programme (UNDP) is collaborating with the government on illicit drugs and substance use. HIV prevention and treatment services are available and fully funded from national sources. 131 people in 2009 and 151 in 2010 received treatment.

### *2.3.2 Burden of noncommunicable diseases, mental health and injury*

Food is available in abundance and is affordable to all sections of the population. Kuwait has seen a proliferation of fast food restaurants, leading to increased consumption of

high-fat and high-energy foods, such as potato chips and soft drinks, particularly among adolescents, with adverse health impacts. Overweight and obesity are significant health risk factors in Kuwait with a high prevalence, especially among Kuwaiti nationals.

The Nutrition and Catering Administration is under the Department of Public Health. The bulk of its work is focused on hospitals and the division needs additional specialized dietitians. It also works on healthy diets for the general population; however, the division needs to be evaluated and strengthened to fulfil more public health aspects, especially in view of the high levels of obesity, including among children and youth. Research and studies on nutritional issues among the population at large and people with special needs should also be given more attention.

Disease patterns in Kuwait show an increase in the incidence of coronary heart disease, cancer and unintentional injuries (mainly due to road traffic crashes). Furthermore, obesity, diabetes, dyslipidemia and physical inactivity show an alarmingly high prevalence and are emerging as major risk factors, demanding a shift from curative to preventive medicine. Circulatory conditions and heart diseases, external causes (notably vehicular crashes) and cancers were the three major causes of death in the period 2006–2010.

Results of a study conducted by the Department of Food and Nutrition in the Ministry of Health show that the prevalence of overweight is 41.7% and 35.7% respectively for adult males and females, the prevalence of obesity is 52.4% and 37.2% respectively for adult females and males, see Table 4.

**Table 4. Metabolic risk factors 2008<sup>6</sup>**

<b>Metabolic risk factor</b>	<b>Female (%)</b>	<b>Male (%)</b>
Prevalence of raised fasting blood glucose among adults aged $\geq 25$ years	14.8	17.0
Prevalence of raised blood pressure among adults aged $\geq 25$ years	23.7	29.0
Adults aged $\geq 20$ years who are obese	52.4	37.2
Prevalence of current tobacco use among adolescents aged 13–15 years	11.0	25.0

The Ministry of Health has developed a national plan and assigned tasks to different divisions to combat the burden of noncommunicable disease in Kuwait. The plan is in line with the WHO global and regional noncommunicable disease action plan which has been adopted by the Health Secretariat of the Gulf Cooperation Council (GCC) for implementation in GCC countries. Considerable work has been undertaken in relation to noncommunicable disease. Mortality, morbidity and prevalence of the risk factors are regularly reported and the programme has adequate funding. The areas of tobacco control, unhealthy diet, obesity and

<sup>6</sup> World health statistics 2012. Geneva: World Health Organization; 2012.

diabetes prevention programmes are well developed in the plan. The areas needing attention are strengthening the prevention and control of cardiovascular diseases, cancer, chronic respiratory disease and physical inactivity.

One very important action taken in relation to the control of diabetes is the establishment of Dasman Diabetes Institute. Its mission is to prevent, control and mitigate the impact of diabetes and related conditions in Kuwait, through effective programmes of research training, education and health promotion. Dasman Institute is a large centre equipped with the state-of-the-art health technologies. It is engaged in training of physicians in primary health care on how to tackle the problem of diabetes. The institute is undertaking more than 500 research projects on different aspects of health in Kuwait, including scientific research on subjects such as the obesity/diabetes research programme, innovative genomic research, cell therapy centre and diabetes. The institute has an extensive eHealth programme in diagnosis, treatment and healthy lifestyle promotion. Furthermore, the Institute has a clinical skills centre, imaging centre, diabetes resource centre and geographic information systems (GIS) for health.

The Institute is collaborating with renowned centres of excellence such as Harvard University. It could make an excellent WHO collaborative centre on noncommunicable disease and play a vital role in research, information, treatment methodology in GCC countries and the Region at large.

According to the Ministry of Health, mental health conditions are a significant health burden, especially among non-Kuwaitis. Mental health has been integrated in primary health care and the psychiatric hospitals cater for mental health disorders. There are also halfway houses that tend to mental health patients. However, the seeking of mental health services is still stigmatized in Kuwait, although the trend is slowly changing with increased attention by the Ministry of Health.

There is concern about use of illicit drugs and addiction, and UNDP is collaborating with the government in this area. The training of physicians to deal with mental health patients at primary health care centres remains a priority. Initiation of school mental health programmes would also be timely.

### *2.3.3 Health over the life-cycle*

Kuwait has a safe marriage law barring marriage that may have the potential to result in offspring with congenital abnormalities such as thalassaemia and sickle disease (Table 5).

**Table 5. Mortality/distribution of causes of death among children aged <5 years, 2000 and 2010<sup>6</sup>**

<b>Mortality</b>	<b>2000 (%)</b>	<b>2010 (%)</b>
Diarrhoea	1	1
Pneumonia	6	6
Prematurity	25	27
Birth asphyxia	6	7
Neonatal sepsis	1	1
Congenital anomalies	40	43
Other diseases	11	5
Injuries	10	10

The Ministry of Health is keen for WHO technical support to better define safe marriage from the scientific and medical perspective. Such a definition would help to improve implementation of the law. Currently all couples must take a blood test before marriage. For every 100 000 live births, 9 women die from pregnancy related causes. The adolescent fertility rate is 13.8 births per 1000 live births. Female participation in the labour market is 45.4% compared to 82.5% for men.

The Division of Health Promotion in the Department of Planning and Quality Affairs is the focal point for health promotion. The division is expected to spearhead the healthy lifestyle programme in view of the high prevalence of noncommunicable diseases and their risk factors. However, not all the promotional material produced is evidence based. The division needs strengthening in terms of strategies, additional staff and technical capacity. Among its major activities is the health-promoting schools programme. This point has been recognized by the government and major efforts on community health promotion were included in the 2010–2014 plan.

A good programme for oral health is being implemented by the Ministry of Health. School dental check-ups take place at regular intervals and fluoridation is promoted and monitored. In addition, research and studies are being undertaken on diet and dental health. Nonetheless, the government is planning to increase substantially the number of dentists and improve treatment provided by primary health care centres. More efforts are also needed to promote and raise awareness on oral health.

### *2.3.4 Environmental health, food safety, emergency preparedness, surveillance*

The current environmental problems are air, marine and ground pollution that is persisting from the Iraqi invasion of 1991. Kuwait has very little fresh water and relies entirely on water desalination. Many environmental concerns such as air pollution, waste from energy and excessive use of cars stem from the rapid development and economic expansion, leaving environment to lag behind other areas of progress. Outdated environmental laws and weak institutional capacity and environmental monitoring and control are barriers to sustainable environmental improvements.

An extensive response and preparedness plan are in place including mock exercises for emergencies and natural disasters. However, technical assistance is expected from WHO for preparedness and medical response to chemical and nuclear emergencies. An important and urgent need is establishment of a poison centre with links to a chemical data bank and to hospitals. The facilities and conditions to cope with pandemics and epidemics are in place as part of requirements under the IHR.

## **2.4 National response to overcoming health challenges**

The national health policy and directives are set by the High Council of Planning and Development. The Ministry of Health is responsible for developing plans and programmes for implementation of the health policies and directives by the High Council. According to the national health plan for 2010–2014, the health sector is going through a major expansion and very important initiatives. The following are key undertakings planned by the government in the health sector.

- Establishing the Kuwait National Authority for Health
- Reorganizing the structure of the Ministry of Health
- Revising and updating of health legislation
- Supporting the development and role of the private sector
- Extending health insurance coverage for citizens and expatriates
- Ensuring patient safety and monitoring of patient satisfaction
- Strengthening the health information system and applied research
- Strengthening the quality assurance and accreditation system
- Community health promotion
- Human resource development
- Further development of primary health care services
- Development of dental services
- Strengthening medicines, medical supplies and equipment, medical laboratories and the blood bank

## **2.5 Health systems and services: six core components or building blocks**

### *2.5.1 Service delivery*

Kuwait has one of the most modern health care infrastructures in the Region. An overwhelming share of health services are provided by the public sector, but there is a growing private sector as well. The public health system is built in accordance with primary health care principles with three levels of health care delivery: primary, secondary and tertiary. The first level health services are provided by primary health care centres. Secondary and tertiary health care are provided through six general hospitals and a number of national specialized hospitals and clinics.

The public health sector is decentralized. At the central level, the Ministry of Health has the mandate of ensuring the development and protection of people's health in the country. Kuwait is divided into six health areas/regions: Capital, Hawali, Ahmadi, Jahra, Farwania and

Al Suabah. Each health region is a decentralized administrative unit with considerable autonomy in terms of financial and administrative affairs, training of health workforce and management of health delivery. Each region is served with a number of primary health care centres and one of the six general hospitals: Sabah1, Amiri, Mubarak Al Kabeer 1, Farwaniya, Adan and Jahra’.

There are 92 primary health care centres in the country providing services to people in the six health regions. The primary health care centres provide general, maternal and child, diabetic and dental clinics. The centres also offer preventive care and school health services. Recently, mental health care services have also been incorporated in health care offered at primary health care centres. As well, the records and data in centres are computerized and are planned to be connected to the secondary and tertiary hospitals network.

The challenges in the health delivery system are to reduce the waiting time for patient due to high patient load and over-extension of medical staff. For this reason the government is planning to build more hospitals, more primary health care centres and renovate and build more medical laboratories and expand dental clinics during 2010–2014. Other challenges include the following.

- Structuring a systematic assessment of quality of services delivered by the primary health care centres and hospitals and specialized clinics at regular intervals
- Improvement of the referral and follow up system that is aided by the new computerized linkages between primary, secondary and tertiary levels,
- Training and development of health promoters
- Development of home-based and community-based care and community health promotion.

The Divisions of Quality and Accreditation and Regional Patient Safety have good programmes for health quality assurance. The accreditation division has developed norms and criteria for health facilities and health personnel. The private health facilities have to obtain accreditation from the Ministry of Health. There is routine inspection of health facilities for quality assurance. The other countries in the Region may benefit from the accreditation system in Kuwait.

The patient safety programme is spearheaded by a well established infection control programme that covers both patients and health personnel. The programme collaborates with infection control committees in public hospitals and covers primary health care centres. The infection control programme in Kuwait could also be of benefit to other countries in the Region.

In quality assurance, the unresolved issue is how to secure patients’ rights in case of harm due to medical malpractice. Operational research is also needed on patient satisfaction and quality assurance in both public and private health facilities.

### 2.5.2 Health workforce

The health workforce in Kuwait, similar to other GCC countries, relies heavily on an expatriate health workforce. Dependence on expatriate nurses, doctors and pharmacists is high. It is anticipated that the utilization of non-Kuwaiti staff will continue for many more years. Table 6 shows the health human resources and infrastructure of Kuwait.

**Table 6. Health human resources and infrastructure 2005–2010<sup>3,6</sup>**

<b>Human resources and infrastructure</b>	<b>Rate per 10 000 population</b>
Physicians	17.9
Nursing and midwifery	45.5
Dentists	3.5
Pharmacists	3.0
Hospital beds	20.0
Primary health care units and centres (2011)	0.2

There is a Kuwaitization policy stipulating that over some years enough Kuwaiti doctors, dentists and, pharmacists will be trained to minimize dependence on foreign professional health staff. However, for nursing the prospects of training an adequate number of Kuwaiti graduates are not good.

Human resources needs assessment and required training are undertaken in each department or major health facility. Human resources development activities are scattered and not coordinated. There is a need for the development of a well-deliberated human resources for health policy, strategy and plan. A comprehensive human resources system should also be developed to assist in assessment of human resources production strategies and management systems. Such a policy, plan and system should have flexibility and allow full participation and active involvement of different departments to tailor training needs of units and departments while ensuring better coordination and a more cost-effective way of strengthening the health workforce. Human resources training institutions should be also active partners in the human resources development system and synchronize their courses to help the health sector.

Concerns have been raised over the competency and skills of social workers who work in hospitals as well as the need for those who can link between primary health care centres, communities and families for home-based and community-based care. There is a need to design a tailored course in which practical work is undertaken after being exposed to a carefully phased and sequenced orientation and training course. These workers should be made familiar with simple medical terms and basic health principles to fulfil their tasks more efficiently.

### 2.5.3 Health information systems

Kuwait has a complex health information system. A lot of good quality data are generated on morbidity, mortality, vital health statistics and utilization from all levels of

health care delivery. Detailed statistics are available for primary, secondary and specialized care. However, there are separate systems of data collection for primary health care facilities and for secondary and tertiary health care hospitals and separate reporting systems for preventive and curative care. Other than regional offices, there are three central departments involved in data collection and management: the Department of Statistics and Medical Records (collects data from public and private hospitals); Public Health Department (concerned only with preventive services data); and the Primary Health Care Department (receives data from primary health care centres). Various health programmes generate their own reports which are not part of the routine information system. In addition, the Central Information System Department deals with computerization, networking and developing software programmes.

The Department of Statistics and Medical Records is the main department responsible for management of information including data and statistics exchange and publications within the Ministry of Health. The Public Health Department receives data on preventive services directly from the health centres and hospitals and it issues a detailed weekly report that includes EPI, disease surveillance and other preventive activities. The information is also sent to the Department of Statistics and Medical Records.

There is a need for assessment of current information systems and development of a strategic plan to connect various information systems in the health sector. Such a system should be flexible and encompassing and provide easy access for users at different levels.

There is also a need for developing a structured framework for conducting operational research and utilizing health data and research finding in health knowledge management system to also develop evidence for decision making.

#### *2.5.4 Access to essential medicines*

The Ministry of Health through the Department of Medicines and Medical Equipment is managing the medicines and medical equipment. The Department has a good registration, licensing and quality assurance programme. Kuwait, like other GCC countries buys some part of its medicine needs through the GCC secretariat. The remaining needs are purchased through tender from pharmaceutical companies. Similar to other GCC countries, rational use of drugs is an issue, particularly its financial aspects. The quality assurance system is operating well along with required laboratory analysis. The government is planning to automate the dispensing of medicines in pharmacy departments and hospitals and improve specifications for purchase of common medicines and equipment and improve the tendering system. The government is also keen to improve the skills of staff in order to obtain international accreditation for quality of services. There is also a plan for strengthening of laboratory services.

Under the Department of Public Health, the blood transfusion services is functioning to an excellent standard, including the blood bank. The blood transfusion services and medical laboratory services administration have the potential to train staff from other countries in the Region.

The use of advanced health technologies, especially diagnostic machines, is decided in both the public and private sector by clinics and hospital authorities and through the approval of respective committees. There is a need to develop national norms and criteria for use of advanced health technology.

There is no national medicine policy and there is an urgent need to undertake an in-depth review of the medicines sector and develop a national medicine policy.

### 2.5.5 Financing

The Government of Kuwait provides a large sum of money to the health sector and is planning a major expansion of health facilities, as indicated in the 2010–2014 plan. It is crucial that all efforts are made to develop health care services that perform at a level that justifies the cost. To develop a cost-efficient health financing system, the Ministry of Health in collaboration with WHO has initiated the development of national health accounts to provide a systematic compilation and display of health expenditure. The implementation is under way with consultants sharing their international experience and participating in the preparation and development of national health accounts and designing the workplan. In this regard, a large amount of data has to be collected and additional human and other resources are required to develop and maintain the sustainability of the national health accounts.

The per capita expenditure in health in Kuwait in 2011 was US\$ 1223 (Table 7). Private health expenditures on health were 21% of the total health expenditure and were mainly out of pocket.

The major challenges are the establishment and sustainability of national health accounts and studies and operational research and developing systems for cost reduction and containment without curtailing the quality and availability of first class health care to all people.

**Table 7. Health expenditure, 2011<sup>3</sup>**

Per capita total expenditure on health	1223.0
Per capita government expenditure on health	983.0
Total expenditure on health as % of GDP	3.0
General government expenditure on health as % of total health expenditure	80.0
Out-of-pocket expenditure as % of total health expenditure	18.0
General government expenditure on health as % of total government expenditure	7.0
Ministry of Health budget as % of government budget	6.6

The government is inclined towards enacting policies for coverage of Kuwaiti citizens and non-Kuwaitis residents through insurance companies. The pros and cons of utilizing open market insurance companies should be considered carefully because the use of such companies may carry the risk of escalating health costs. At the same time, the use of private

companies may boost the private sector, which government is aiming to support. Therefore the matter of health insurance calls for thorough analysis. In this regard, attention is needed on the rights and well-being of all population groups in relation to access to health.

## 2.6 Summary

### 2.6.1 Achievements/opportunities

- High priority accorded to health at the highest level
- Good health infrastructure and delivery services
- Genuine national desire to achieve a very high standard of health
- Committed national health staff
- High level of literacy and education in Kuwait
- Sufficient human resources for curative services
- Strong primary health care basis and clear vision
- Integration of noncommunicable disease and mental health into primary health care
- Well organized health programmes in a number of areas
- Strong presence of committed women staff
- Sufficient allocation of resources

### 2.6.2 Challenges

- The need for health sector reform
  - Governance: hospital-based system, with lower priority given to preventive and promotive health; lack of policy and planning dialogue between health members of the National High Council for Planning and Development and the Ministry of Health; limited contribution of the private health sector; instability of top management in the Ministry of Health.
  - Quality assurance: need to keep up with international standards quality of services and reducing waiting period and patient safety.
  - Health care delivery: weak referral system and overloaded secondary and tertiary hospitals; high expectations of people for services; high number of people sent abroad for treatment; health workforce from different cultures and systems; need for managing the planned rapid growth of health infrastructure.
  - Human resources development and management system: fragmented human resources activities in various facilities and programmes without a human resource for health policy and coordinated actions; lack of coordinated human resources assessment, production/recruitment and management system to guide different programmes; imbalance between workload and size of medical staff, especially dentists and nurses; lack of leadership and health management training.
  - Information system, operational research and evidence: excellent data are collected through different systems, but the individual systems are not connected; information collection is focused on hospital matters; public health related information system needs strengthening; the need for operation research and generation of evidence for policy- and decision-making.

- National health accounts and health financing: lack of national health account; huge financial outlay for health without a system to assess cost effectiveness for services quality and worth; the need for cost containment.
- Medicine and health technology: lack of national drug and health technology policies; over-prescribed medicines.
- Widespread prevalence of noncommunicable diseases due to unhealthy diet, lack of physical exercise and sedentary lifestyles
- Underdeveloped health promotion programme
- High rate of road traffic crashes
- Underdeveloped emergency preparedness plan for chemical and radiation emergencies
- Lack of adequate communication between different health facilities and programmes in the Ministry of Health

### **3. DEVELOPMENT COOPERATION AND PARTNERSHIPS**

#### **3.1 The aid environment in the country**

Kuwait is a high income country and does not require financial support from external partners. In fact Kuwait, as part of the Kuwait Fund, supports development projects and initiatives in many developing countries, mostly in the social sector and agriculture. Kuwait also has provided substantial funds to the United Nations system for activities at global level.

#### **3.2 Stakeholders analysis**

##### *3.2.1 United Nations system*

The United Nations system has a significant presence in Kuwait. The United Nations Development Programme (UNDP) is headed by a Resident Coordinator. In addition to UNDP, the International Labour Organization (ILO), United Nations Human Settlements Programme (UN-HABITAT), Office of the United Nations High Commissioner for Refugees (UNHCR), International Organization of Migration (IOM) and the World Bank have representatives and offices in Kuwait. WHO supports the Ministry of Health for capacity-building and disease control. The collective work of the United Nations system is to support the strategic vision set by the Council of Ministers of Kuwait.

UNDP has been assisting the government in the following areas.

- Democratic governance: public administration reform with focus on institutional capacity-building, planning methodology and approaches, and judiciary and state audit functions.
- Environment and energy: ensuring environmental sustainability by assisting in upgrading environmental laws and regulations, building institutional capacity, and improving public information and coordination between institutions.
- Gender and social development: promoting and assisting in activities empowering women in social economic and political processes, inclusion of gender mainstreaming in development of the country and training on and entrepreneurship skills among women and decision-making.

In addition to the above, UNDP is also helping in prevention of road traffic crashes and rehabilitation of disability, as well as providing support for prevention of drug abuse and rehabilitation of drug users and prevention and control of HIV/AIDS.

UN-HABITAT is assisting local authorities and stakeholders to promote sustainable urban development in close collaboration with Arab Town Organization. UN-HABITAT also helps in urban management during natural disasters and emergencies. ILO supports the government in the management of labour policies.

The focus of the UN system collaboration in Kuwait is to improve education, health care, capacity-building and development of a vibrant private sector. The United Nations

Country Team (UNCT) in Kuwait has two main focuses: gender equality and fair labour policies. The UNCT has a monthly joint meeting. Health-related outcomes are included in the United Nations Development Assistance Framework (UNDAF).

### 3.2.2 Civil society

Civil society has a long history of active input into the welfare of people in Kuwait and its role has been supported by the constitution. The civil society sector in Kuwait comprises cooperatives (agricultural and consumer goods), businessmen's associations, charities, scientific and charitable organizations and clinics, cultural associations and folklore groups, sports clubs and federations, labour unions and syndicates, political organizations, professional associations, *waaf* funds, youth clubs and student unions, and other non-registered groups. The largest, and perhaps the most influential social organizations are the *diwaniyat* (approximately 2000), which are open, private homes that welcome public and private guests to discuss current and timely political, economic, social and cultural affairs. Most organizations are under the purview of the Ministry of Social Affairs and Labour, where they are duly registered.

However, civil society organizations need development in order to play an effective role in political, economic, social and cultural development of Kuwait. The government is helping with the institutional and human capacity-building of the civil society organizations. A number of nongovernmental organizations are also active in field of health such as in diabetes prevention and care of disabled people.

In the field of health, the Ministry of Health and other interested institutes are collaborating with many renowned centres and universities at global level, such as Harvard University and institutions in the United Kingdom, Canada and Australia.

### 3.3 Coordination and aid effectiveness in the country

The Government of Kuwait in 2010–2011 provided close to US\$ 200 million direct support to the United Nations system. All United Nations agencies that have a presence in Kuwait are fully funded by the Government of Kuwait.

### 3.4 Challenges

- Strengthening the participation and engagement civil society organizations in health with particular reference to diet, physical activity, health education, self-care and environmental health
- Coordinating health-related actions among the UNCT
- Establishing a consultative mechanism for all key United Nations agencies, external partners with the Ministry of Health, civil society organizations and interest groups to meet regularly
- Increasing the engagement of the media in preventive and promotive health

#### **4. WHO COOPERATION OVER THE PAST CCS CYCLE**

WHO has been collaborating with Kuwait on health development for a long time. As a high income country, Kuwait receives only nominal support from the regular budget of WHO. Over the past decade, collaboration between the Ministry of Health of Kuwait and WHO has covered many areas of health. In health system development, the focus has been on human resources development, policy and strategic planning, accreditation and quality assurance. In the area of disease control, extensive activities were jointly undertaken for immunization, prevention and control of communicable diseases, HIV/AIDS, tuberculosis and malaria. Similarly, collaborative activities on prevention and control of noncommunicable diseases and risk factors such as tobacco use, unhealthy diet and physical inactivity have been significant and lately have become a key area of collaboration. WHO's support has been channelled towards development of occupational health, establishment of healthy cities, prevention of environmental health hazards and other areas of interest.

WHO collaboration with Kuwait has been successful for the most part, especially for prevention and control of communicable diseases. WHO has provided technical support as per agreed operational workplans. Due to the small budget of WHO, WHO engagement has been limited to assignment of some consultants, fellowships, country training activities, and workshops and occasional surveys and studies. In the past there were also communication delays for the timing of joint activities. Kuwait has been an active member at meetings of WHO governing bodies at regional and global levels, such as Regional Committee and World Health Assembly, and has generously provided donations to WHO global activities.

Over the years, the status of health in Kuwait has improved remarkably and the health concerns and issues have become similar to those in industrialized countries. The priorities of health in Kuwait now are prevention of noncommunicable diseases, health financing, health insurance, quality of care and patient safety and satisfaction, use of e-health and computerized information, internet and advanced health technologies. Considering these priorities and the issues that still have to be addressed, there is strong need for expansion of WHO collaboration with Kuwait.

## 5. STRATEGIC AGENDA FOR WHO COOPERATION

### 5.1 Defining the strategic agenda

The WHO strategic agenda for collaboration with Government of Kuwait is guided by the overall direction that has been set for health and social sector by Kuwait High Council of Planning and Development as well as the Strategic Vision framed by the Council of the Ministers. Furthermore, the strategic agenda for WHO collaboration with Kuwait is prepared taking into account the network of good curative health services and impressive developmental gains that Kuwait has continuously achieved since independence in 1961. The health indicators of Kuwait in most cases are on a par with industrialized countries.

The strategic directions for WHO collaboration are heavily influenced by the government plan for the health sector in 2010–2014, which has been summarized in Section 2.

Since Kuwait has good curative services the strategic agenda has a special focus on strengthening the health system to be able to provide services and facilities for health promotion and preventive health and to facilitate health literacy among the population and encourage healthy lifestyles and wellness. At the same time, the agenda is framed to bring attention to the need for cost containment, use of information for evidence in policy-setting and decision-making and minimizing risky behaviours that have a detrimental impact on health. The collaborative agenda aims to promote the concept of “self care”.

WHO collaboration with the Member States is strongly influenced by WHO’s Eleventh General Programme of Work and the regional priorities. Furthermore, the nature of WHO collaborative activities should be in conformity with WHO core functions. These points are carefully considered in framing the strategic approaches.

In consideration of the above, the preparation of CCS document and setting of the strategies were accomplished in detailed consultation with key officials of the Ministry of Health and selected members of civil society and United Nations agencies in a form of a rapid and joint health sector review. Furthermore, WHO’s past and current cooperation with Kuwait was reviewed, challenges and opportunities have been considered.

The strategic agenda for WHO cooperation with Kuwait includes six strategic priorities that will guide the joint collaboration between Kuwait and WHO in the field of health during the period 2012–2017.

1. Strengthening the health system including governance, human resources development, information and evidence, management of medicines and health technology and health financing
2. Preventing and controlling noncommunicable diseases and maintaining the good progress achieved in communicable disease control
3. Strengthening and scaling up health promotion
4. Preventing and medically managing road traffic crashes and disabilities

5. Strengthening mental health
6. Emergency preparedness and response

## **5.2 Strategic approaches**

### *5.2.1 Strengthening the health system*

#### **Governance**

- Supporting the development of the proposed Kuwait National Authorities for Health to translate the national vision for health and supervise and manage health development and developing a national health strategy based on policy set by the High Council of Planning and Development.
- Reforming the health system and reorganizing the structure of the Ministry of Health with emphasis on strengthening of preventive and promotive health to align with the curative health services network.
- Reviewing and strengthening health legislation in general and especially laws related to governance for health, responsibilities of the Ministry of Health, patients' rights and patient safety and health equity.
- Strengthening decentralization and decision-making at regional level.

#### **Delivery system**

- Strengthening primary health care through increasing the number of doctors and qualified nurses in primary health care centres and improving the quality and efficiency of services (general practitioner, child care, diabetes care, maternity and women's health care, care of elderly school health and health awareness).
- Strengthening primary health care centres for self care, home and community-based care.
- Introducing, implementing and maintaining continuous quality improvement and accreditation programmes.
- Encouraging development of a national programme of accreditation for primary health care centres as well as hospitals.
- Focusing on national capacity building in the area of service delivery, including quality and safety of health care.
- Introducing patient safety in undergraduate curricula of health care professions education (e.g. nursing and midwifery, dentistry, pharmacy, medicine etc), guided by the WHO patient safety curriculum guide.
- Upgrading referral system through strengthening referral criteria, computerized information and follow-up systems.
- Developing training programmes and career incentives for health social workers.
- Undertaking applied research and studies on competency skills for preventive and curative health workforce.
- Strengthening and expanding dental health care at primary health care centres and at secondary and tertiary care levels.

### **Human resources for health**

- Mapping and assessing the current human resources development activities undertaken by different programmes and facilities.
- Developing a human resources for health national policy and strategy.
- Developing a flexible system of human resources needs assessment with required norms and criteria for different categories of health workforce to achieve a medical workforce rate on a par with industrialized countries.
- Preparing and establishing a human resources production, recruitment and management system.
- Establishing a technical advisory group for human resources for health with participation of key national and external partners.
- Arranging for leadership and management training by seconding 3–4 middle level managers/staff to work in the Regional Office in respective programmes.
- Establishing training for specialized certificate courses and production/orientation of sub-professional staff.
- Undertaking appraisal studies with the aim of developing refresher training for medical and other health professionals staff to increase efficiency

### **Information, operational research and evidence**

- Developing a consolidated health information strategy and plan for building an integrated health information system plan to connect existing information systems.
- Establishing a flexible computerized information system with sufficient connectivity between different modular sub-systems to allow retrieval and input at all levels through an authorization procedure.
- Building capacity and establishing a unit for operational research.
- Developing the skills and systems for generation of evidence for policy and planning formulation and decision-making.
- Utilizing information technology and methods for creating portals and promoting and using e-Health.

### **Medicines and health technology**

- Evaluating the existing programme and developing a comprehensive national drug and health technology policy.
- Strengthening the capacity and expanding collaboration with blood transfusion services for training and technical support to other low-income countries in the Region.
- Establishing a poison control centre with linkage and focal units in hospitals and connection with primary health care centres.
- Strengthening the policy and criteria for rational use and safety of medicines and implementing drug utilization studies.
- Strengthening medical laboratory services to conform with internationally recognized accreditation requirements.

### **Health financing**

- Developing a national health account, including plan for collection of required data, training of the staff.
- Undertaking cost effectiveness studies and evaluations.
- Developing cost containment policies, strategies and plans.
- Developing schemes for equitable options for insurance for or by non-Kuwaiti residents.

#### *5.2.2 Disease control*

### **Noncommunicable diseases**

- Implementing the GCC plan of action for noncommunicable diseases and cancer that has been developed based on the WHO global and regional plan.
- Extending Dasman Institute methodologies and approaches for prevention and control of noncommunicable diseases in all six regions.
- Initiating action for designation of the Dasman Institute as a WHO collaborative centre.
- Based on recent stepwise survey and all verifiable data, determining the accurate prevalence of noncommunicable diseases and cancer.
- Strengthening monitoring and surveillance systems for noncommunicable diseases and cancer to ensure up-to-date reporting.
- Undertaking operational research on prevention and treatment and referral of noncommunicable diseases at primary health care centres and developing evidenced-based training on handling, detection and referral noncommunicable diseases and cancer for primary health care health staff.
- Strengthening the programme for prevention of genetic abnormalities and the definition of safe and unsafe marriage under the existing law.

### **Prevention and control of communicable diseases**

- Maintaining the good progress achieved in control of communicable diseases.
- Evaluating and strengthening the tuberculosis control programme through better detection and treatment under supervision as part of the DOTS strategy.
- Maintaining surveillance and vigilance on HIV/AIDS and ensuring harm reduction measures are in place with focus on injecting drug users.
- Extending the services of infection control in the Ministry of Health to train infection control related health inspectors in industries and municipalities and other health providers.
- Undertaking a survey and evaluation of the impact of hepatitis B vaccination on the reduction of disease prevalence.

### 5.2.3 *Health promotion*

#### **Capacity building**

- Evaluating the current health promotion activities of various programmes and assessing the workforce and expertise and developing a policy and strategies for health promotion and communication.
- Providing necessary staff and expertise and strengthening the technical content and capacity of the health promotion division.
- Developing a health and media policy and programme for health promotion and informing people in times of emergency as well as responding to complaints and comments on the media regarding the work of the Ministry of Health.

#### **Health risk factors and lifestyle**

- Incorporating prevention and control of noncommunicable diseases into the national development plan.
- Undertaking behavioural studies and research on lifestyles and generating evidence for a promotional campaign focusing on noncommunicable diseases risk factors.
- In collaboration with Dasman Institute, developing strategies for health education and awareness on noncommunicable disease risk factors (diet, physical exercise, smoking) and healthy lifestyles.
- Developing a policy, strategy and plan for a multisectoral adolescent health programme.
- Strengthening health-promoting schools.
- Reactivating the healthy cities programme with a focus on health promotion and strengthening environmental services to cope with the impact of global warming
- Training health promotion/educator officers for different health programmes and facilities.

### 5.2.4 *Road traffic crashes, injuries and disabilities*

- Strengthening the health sector role and partnership in prevention of road traffic crashes by raising awareness through health-promoting schools, health educators in primary health care centres and public health events and supporting intensive media campaigns.
- Strengthening the capacity of the Ministry of Health to play an active role in information collection and a surveillance system for road traffic crashes, disabilities and injuries.
- Undertaking and promoting research and studies on road traffic crashes and home injuries.
- Strengthening the programme on care of disabled people, in collaboration with UNDP.

### 5.2.5 *Mental health*

- Strengthening the mental health programme, building on the recent integration of mental health into primary health care to promote community-based and home-based mental health care and support.

- Initiating a school mental health programme.
- Strengthening the role of the Ministry of Health in harm reduction and prevention of substance use and rehabilitation, in collaboration with UNDP.

#### *5.2.6 Emergency preparedness and response.*

- Reviewing and strengthening the health preparedness and response plan to cope with possible natural disasters and man-made emergencies including:
  - Medical response in chemical and radiation emergencies
  - Pandemics and epidemics in line with International Health Regulation (IHR) requirements.

## **6. IMPLEMENTING THE STRATEGIC AGENDA: IMPLICATIONS FOR WHO**

### **6.1 The role of WHO according to the strategic agenda**

During the CCS mission and discussions with national officials there was a general consensus on the need for WHO to have a permanent presence and open an office in Kuwait. Establishing a WHO office in Kuwait has been discussed before; however, the discussions were not followed up to arrive at a concrete agreement and arrangements. Considering the socioeconomic advances and excellent curative services that the government has established, the time has come to upgrade the concept of health to wellness rather than only a curative focus. This entails promoting healthy lifestyles including healthy diet and physical activity and improving social and physical determinants of health. As indicated in Section 5 the strengthening of the public health sector, focusing on prevention and promotion would be fitting with Kuwait advances in economy, education and equity.

The presence of WHO will provide a good impetus for the development of up-to-date public health approaches and the wellness concept. Similarly, WHO will provide impartial technical advice and facilitate the advancement of wellness approach to complement the highly developed health services in Kuwait. Detailed negotiations are now needed between WHO and the Government of Kuwait with regard to opening a WHO office. It is fully understood that the cost of having a WHO presence would be financed by the Government of Kuwait. There is a long standing precedence for the government to finance the presence of many UN agencies in Kuwait such as UNDP, UN-HABITAT and others.

The current budget of the Ministry of Health for 2012 is estimated at 1.4 billion Kuwaiti dinars, which is more than US\$ 5 billion. The Ministry of Health is planning for expansion of a huge health infrastructure in the next 10 years. The issue of cost containment and health financing will be crucial. WHO's presence and its technical inputs through its global network and expertise will be valuable in these major undertakings.

The expanded WHO collaboration with Kuwait that is framed in Section 5 will have major impact on WHO collaboration at the country, Regional Office and headquarters.

### **6.2 WHO's presence**

#### *At country level*

The negotiations between WHO and Government of Kuwait should start as early as possible. This could be done with the visit of a high-level delegation from the Regional Office to Kuwait and discussion at ministerial levels. The details concerning accommodation for the office and logistic supports and other details will be worked upon the overall agreement.

The strategic directions presented have three major areas of critical importance: the health system; noncommunicable diseases; and health promotion. Therefore in addition to the WHO Representative there is a need for 2–3 technical staff to assist in these activities. WHO, in addition to providing technical support in specific areas, should also play a brokering role and create a

mechanism for all stakeholders, especially external partners, to have frequent contacts and dialogue in a collective fashion. Before agreeing on the level of financial support from the government, WHO should develop a roadmap for the implementation of the strategic directions and assess what level of support is needed. Furthermore, since many UN agencies and a large number of external collaborators are present in Kuwait, helping to foster partnerships in the health sector is a crucial responsibility for WHO. The WHO Representative in Kuwait should therefore, in addition to having excellent public health knowledge, be a good communicator, consensus builder and team player.

*At regional level*

The Desk Officer for Kuwait should be given the responsibility for follow-up actions in relation to establishment of the WHO office in Kuwait. Concurrently, the Regional Office should proceed with the selection, appointment and placement of a WHO Representative with logistics and support staff.

In addition to the technical officers mentioned above, the Regional Office will also have to provide considerable technical backstopping in all areas.

*At headquarters level*

It is expected that WHO headquarters will also support the implementation of strategic approaches identified in Section 5. In this regard headquarters should particularly, in close collaboration with the Regional Office, provide staff support for health system development, health information and health technologies.

Headquarters is also expected to facilitate in the networking between health programmes and medical practices with global centres of excellence.