

Kuwait



<http://www.who.int/countries/en/>

WHO region	Eastern Mediterranean
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	73.7 (Male) 74.7 (Both sexes) 76.0 (Female)
Population (in thousands) total (2015)	3892.1
% Population under 15 (2015)	22.3
% Population over 60 (2015)	3.4
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	94
Gender Inequality Index rank (2014)	79
Human Development Index rank (2014)	48
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	3.04
Private expenditure on health as a percentage of total expenditure on health (2014)	14.07
General government expenditure on health as a percentage of total government expenditure (2014)	5.77
Physicians density (per 1000 population) (2009)	1.793
Nursing and midwifery personnel density (per 1000 population) (2009)	4.55
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	3.2 [2.6-3.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	8.6 [7.8-9.4]
Maternal mortality ratio (per 100 000 live births) (2015)	4 [3 - 6]
Births attended by skilled health personnel (%) (2013)	99.9
Public health and environment	
Population using improved drinking water sources (%) (2015)	99.0 (Urban) 99.0 (Rural) 99.0 (Total)
Population using improved sanitation facilities (%) (2015)	100.0 (Total) 100.0 (Rural) 100.0 (Urban)

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The population of the country in 2016 was 4.3 million (1.3 million nationals and 3.0 million non-nationals). It is estimated that 1.7% of the population lives in rural settings (2012), 12.1% of the population (19.0% nationals and 6.9% non-nationals) is between the ages of 15 and 24 years (2016) and life expectancy at birth is 78 years (2012). The literacy rate for youth (15 to 24 years) is 98.8% (adults 95.5%) (2012).

The burden of disease (2012) attributable to communicable diseases is 16.1% (noncommunicable diseases 72.9%, injuries 11.0%). The share of out-of-pocket expenditure is 15.7% (2013). The health workforce density (2014) is 24.0 physicians and 59.0 nurses and midwives per 10 000 population.

HEALTH POLICIES AND SYSTEMS

The Supreme Council of Planning distributes the framework of the five-year national plan to all ministries, including the Ministry of Health. The Department of Planning and Follow-up in the Ministry of Health in turn distributes the plan to all departments and one comprehensive plan for the Ministry of Health's contribution to the five-year national plan is developed. Health care financing is based on a single-payer system. In July 2016, the retired national insurance plan introduced a new financing model that provides an alternative financing method for the most vulnerable citizens within the population. Non-nationals have an alternative plan that supports the most disadvantaged expatriate workers, though the Patient Support Fund (a nongovernmental organization) in cooperation with the Ministry of Health. It is mandatory for all non-nationals to have a health coverage plan through the private or public sector.

The country is divided into six health areas or regions: Kuwait City, Hawali, Ahmadi, Jahra, Farwania and Al Suabah. The health sector in each region is a decentralized administrative unit with considerable autonomy in terms of financial and administrative affairs, training of the health workforce and management of health delivery. The country has one of the most modern health care infrastructures, distributed among primary health care centres, six general hospitals and a number of national specialized hospitals and clinics. Family practice is a major overarching strategy for service provision at public health facilities. The primary health care centres provide a comprehensive and quality based package of services. The records and data in primary health care centres are computerized and will be soon connected to the secondary and tertiary hospital network.

Challenges in the health delivery system are to reduce the waiting time for patients due to high patient load and overextension of medical staff. Other challenges include structuring a systematic assessment of quality of services delivered by primary health care centres, hospitals and specialized clinics at regular intervals; the referral and follow-up system, which is aided by the new computerized linkages between primary, secondary and tertiary levels; training and development of health promoters and volunteers; and development of home-based and community-based interventions.

The health workforce, as in other Gulf Cooperation Council countries, relies heavily on expatriate workers. It is anticipated that the utilization of non-Kuwaiti staff will continue for many more years. There is a "Kuwaitization" policy which stipulates that over a number of years sufficient national doctors, dentists and pharmacists will be trained to minimize the dependence on foreign professional health staff. However for nursing, the prospects of training enough national graduate nurses are not favourable. Human resources needs assessments and required trainings are undertaken in each department and major health facility.

The pharmacy at the primary level of care supplies all the required medication to treat patients. Most importantly, at the secondary and tertiary levels the hospital pharmacies have established different branches to accommodate services near to clinics (outpatient pharmacy), emergency departments (emergency pharmacy) and the central pharmacy to serve inpatients. In some hospitals, there is also a paediatric pharmacy and an internal pharmacy. The reason for this is to reduce waiting times and give a better chance for patient counselling. The pharmacies in these hospitals only supply medications related to the specialties in the hospital. The medical stores administration providing medications to the public sector also supplies the private sector in cases where the local agents do not stock a particular item. For reporting recalls or unwanted side-effects experienced for any medications used by patients, the hospital pharmacy reports to the medical stores administration, which then reports to the quality control department. This department assesses the complaints or recalls and notifies the medical stores and all private and public hospitals and health centres. The facilities should then return the medications to the medical stores in order to return it to the manufacturer through their local agent.

In accordance with Ministerial Decree 80/2013, the hierarchy of the Directorate of Health Statistics and Medical Records has been restructured and renamed the National Centre of Health Information and the Family of International Classifications Collaborative Centre established to ensure training on International Classification of Diseases (ICD) coding. The government has a national and district level health information system unit and a national health information system strategy.

COOPERATION FOR HEALTH

Kuwait is a high-income country and supports - as part of the Kuwait Fund - 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 the global level.

The United Nations system has a significant presence in Kuwait. The UNDP is headed by a Resident Coordinator. In addition, ILO, UNHABITAT, UNHCR, the International Organization of Migration (IOM) and World Bank have Representatives and offices in Kuwait. The collective work of the UN system is to support the "Strategic Vision of Kuwait" that is set by the Council of Ministers.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012-2016) continuing in 2017	
Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Strengthening the health system	<ul style="list-style-type: none"> • Delivery system: strengthening primary health care; accreditation programmes; supporting national capacity building (in all levels including academia); and upgrading referral system. • Human resources of health: mapping and assessing the current human resources; developing a policy/strategy; preparing and establishing a production, recruitment and management system; and supporting capacity building • Information, operational research and evidence: developing a consolidated, comprehensive and fully integrated health information system; building capacity; and promoting eHealth. • Health financing: strengthening national health account, cost containment policies and schemes for equitable options for insurance for or by non-Kuwaiti residents; and undertaking cost effectiveness studies and evaluations.
STRATEGIC PRIORITY 2: Noncommunicable diseases	<ul style="list-style-type: none"> • Implementing the GCC plan of action: strengthening the programme for prevention of genetic abnormalities and the definition of safe and unsafe marriage under the existing law. • Strengthening monitoring and evaluation: determining the accurate prevalence of NCDs and cancer; strengthening monitoring and surveillance systems; undertaking operational research on prevention and treatment; • Health risk factors and lifestyle: Incorporating prevention and control of NCDs into the national development plan; undertaking behavioural studies and research on lifestyles and generating evidence for a promotional campaign focusing on NCDs risk factors and develop a strategy; developing a policy for a multisectoral adolescent health programme; strengthening health-promoting schools; and supporting capacity building.
STRATEGIC PRIORITY 3: Mental health	<ul style="list-style-type: none"> • Promoting community-based and home-based mental health care; as well as initiating a school mental health programme.
STRATEGIC PRIORITY 4: Environmental health	<ul style="list-style-type: none"> • Developing a strategic environmental health framework. The Government endorsed the WHO regional environmental health strategy and framework of action 2014–2019. The next step is to initiate a national multi-stakeholder process to develop the national environmental health strategic framework
STRATEGIC PRIORITY 5: Emergency preparedness and response	<ul style="list-style-type: none"> • Addressing gaps in IHR capacities • Building a public health workforce that can effectively support reforming the health systems to address emerging health security threats, including antimicrobial resistance and infection prevention and control in health care settings.