

# Kuwait : Health Systems Profile

## Key health system indicators

### Health status

Life expectancy at birth in years	<b>total</b>	<b>78</b>
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	<b>males</b>	<b>61</b>
	<b>females</b>	<b>44</b>
	<b>total</b>	<b>54</b>

### Communicable diseases

Tuberculosis notification rate per 100 000	<b>23</b>
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	...

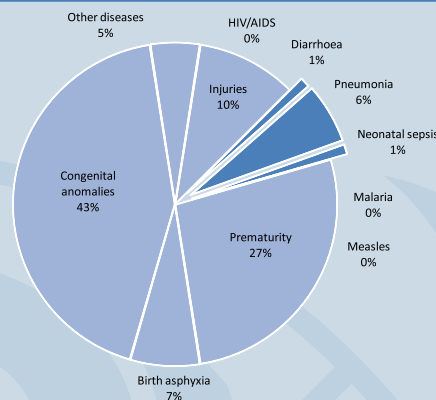
### Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	35	4	19
Physical inactivity	56.9 [54.4-59.2]	72.1 [68.8-75.3]	64.5 [62.5-66.4]

### Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	29.0 [20.5-38.0]	23.7 [16.6-31.5]	27.1 [21.1-33.5]
Raised blood glucose	17.0 [11.6-23.2]	14.8 [10.2-20.1]	16.2 [12.4-20.5]
Overweight	78.1 [74.1-81.9]	81.3 [77.3-84.8]	79.3 [76.4-82.0]
Obesity	37.2 [32.4-42.3]	52.4 [46.7-58.0]	42.8 [39.1-46.7]
Raised cholesterol	56.2 [42.3-69.0]	55.7 [38.5-70.5]	56.2 [45.4-66.3]

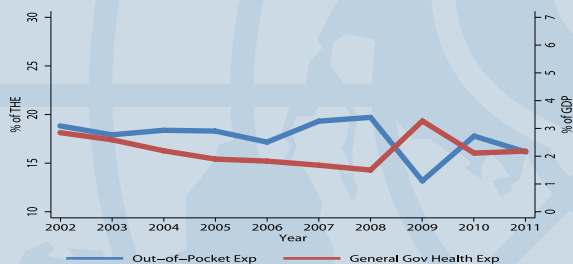
### Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 8% of all deaths among children aged <5 years

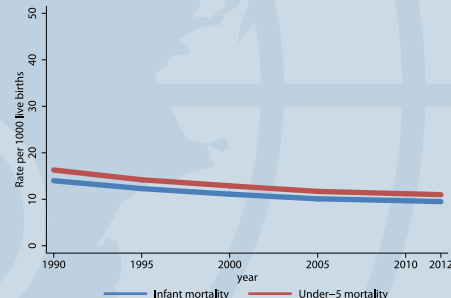
### Expenditure and mortality trends

#### Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)  
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

#### Infant and under 5 mortality rates per 1000 live births



### Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2010-2015)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	No

### Health system: information

#### Functioning civil registration and vital statistics

Percentage of births registered	>90
Percentage of causes of death recorded	100
Year most recent use of ICD in mortality classification reported	2010
Year most recent annual health statistics report published	2010

### Health system: health workforce

#### Health workforce per 10 000 population (2011)

Physicians	27
Nurses/midwives	56
Dentists	5
Pharmacists	6

#### Health professions education institutions

Medical	...
Nursing	...

Percentage of doctors working in rural settings ...

### Health system: service provision

#### Infrastructure

Primary health care facilities per 10 000 population	0.2
Hospital beds per 10 000 population	22

#### Service delivery

Access to local health services (%)	100
Contraceptive prevalence (%)	...
Antenatal care visits (4+ visits) (%)	...
Measles immunization coverage among 1-year-olds (%)	99
Smear-positive tuberculosis treatment success (%)	87
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

### Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	0
General government expenditure on health as % of GDP (2011)	2.7
Out-of-pocket expenditure as % of total health expenditure (2011)	16.1
General government expenditure on health as % of total government expenditure (2011)	5.9

### Health system: technology

Existence and year of last update of published essential medicines list (EML)	No
Existence of a functional national regulatory authority (NRA)	Yes (medicines and blood products)
Number of MRI/CT scanners (in public facilities) per million population	Not available

## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Health system is decentralized with considerable autonomy in administration and financing, training and health care management</li> <li>• Well established primary health care network with access for all citizens to a comprehensive package of health services</li> <li>• National system of continuing professional development for all categories of the health workforce has a positive impact on quality of care</li> <li>• Ratios of health professionals to population higher than the Regional average in all categories except for pharmacists</li> <li>• Well established quality and accreditation and patients safety programmes</li> <li>• All primary health care centres are computerized and will be soon connected to the secondary and tertiary hospitals networks</li> <li>• Developed national health accounts</li> <li>• Presence of reliable registration, licensing and quality assurance programme for medicine and health technology</li> <li>• Blood transfusion and medical laboratory services have capacity to train people from outside Kuwait</li> </ul>	<ul style="list-style-type: none"> <li>• Health system relies heavily on expatriate health workforce (above 54% of the health workforce are not Kuwaiti)</li> <li>• Low capacity of institutes to train required health workforce</li> <li>• There is a high burden of noncommunicable diseases and their risk factors, yet the health system is not configured to adequately tackle them</li> <li>• Lack of leadership and health management training</li> <li>• Lack of policy and planning dialogue between health members of National High Council for Planning and Development and the Ministry of Health</li> <li>• The limited contribution of the private health sector in preventive measures</li> <li>• It is a hospital-based system giving lower priority on preventive and promotive health</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• High priority accorded to health at the highest level of policy-makers and genuine national desire to achieve a very high standard of health</li> <li>• Improve levels of quality and safety by establishing a regional centre of excellence</li> <li>• High level of literacy and education in Kuwait</li> <li>• Sufficient allocation of resources to the health sector</li> <li>• Kuwait has a Gender Inequality Index<sup>1</sup> value of 0.229, ranking it 37 out of 146 countries in the 2011 index</li> <li>• Availability of good quality data on morbidity, mortality and vital health statistics</li> <li>• Mixed health economy of 80:20 public/private partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing the waiting time for patient</li> <li>• Putting in place regular assessment of quality of services delivered by the primary health care centres and hospitals and specialized clinics</li> <li>• Improving the referral and establish a follow up mechanism</li> <li>• Developing home health care and community awareness building specially related to the risk factors of noncommunicable diseases</li> <li>• Unifying the data collection and reporting mechanism for primary health care, secondary and tertiary levels</li> <li>• Cost reduction and containment, without curtailing quality and availability of first class health care to all people</li> <li>• Sustained stability of top management in Ministry of Health</li> </ul>
Priorities	
<ul style="list-style-type: none"> <li>• Establish the Kuwait National Authority for Health</li> <li>• Reorganize the Ministry of Health's structure</li> <li>• Revise and update the health legislation</li> <li>• Supporting and rationalizing the development and role of the private sector</li> <li>• Expand the health insurance coverage for 100% of citizens and residents in State of Kuwait</li> <li>• Ensuring patient safety and monitoring of patient satisfaction</li> <li>• Strengthening health information system and applied research</li> <li>• Strengthening quality assurance and accreditation system</li> <li>• Enhance community health awareness particularly related to noncommunicable disease risk factors</li> <li>• Developing national norms and criteria for use of advanced health technology</li> <li>• Plan for long term and medium term Human Resource development, particularly replacing Kuwaiti health workforce in place of expatriates</li> <li>• Further Development of primary health care services</li> <li>• Development of dental services</li> <li>• Strengthening medicine, medical supplies and equipments, medical laboratories and the blood bank</li> <li>• Introduction of patient safety in undergraduate curricula of healthcare professions education</li> </ul>	

<sup>1</sup> The Gender Inequality Index reflects sex-based inequalities in three dimensions—reproductive health, empowerment and economic activity. Reproductive health is measured by maternal mortality and adolescent fertility rates; empowerment is measured by the share of parliamentary seats held by each sex and attainment at secondary and higher education by each sex; and economic activity is measured by the labour market participation rate for each sex.

### Jointly developed by:

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