



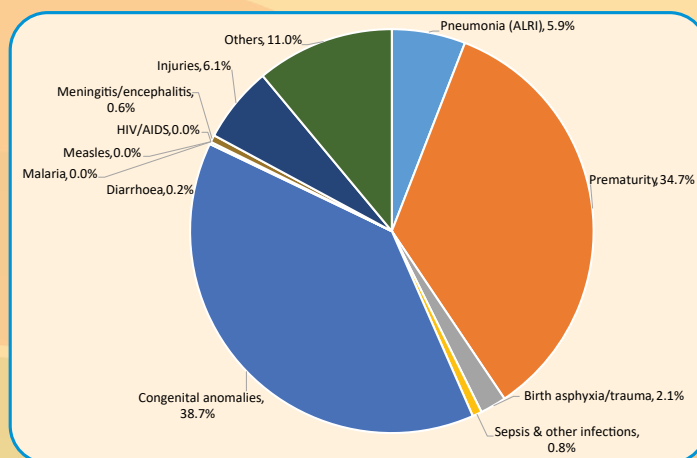
Universal health coverage

| | |
|--|------|
| UHC service coverage index (2021) | 78.0 |
| Primary health care facilities per 10 000 population (2021) | 0.2 |
| Hospital beds per 10 000 population (2021) | 21.0 |
| Demand for family planning satisfied with modern methods (%) (2021) | 66.9 |
| Antenatal care visits (4+ visits) (year) | ... |
| Measles immunization coverage among 1-year olds (%) (2021) | 94.0 |
| Tuberculosis treatment coverage rate (2021) | 87.0 |
| DTP3-containing vaccine/pentavalent coverage among 1-year olds (%) (2021) | 94.0 |
| Out-of-pocket expenditure as percentage of current health expenditure (2018) | 11.0 |
| Domestic general government health expenditure as % of general government expenditure (2020) | 10.0 |

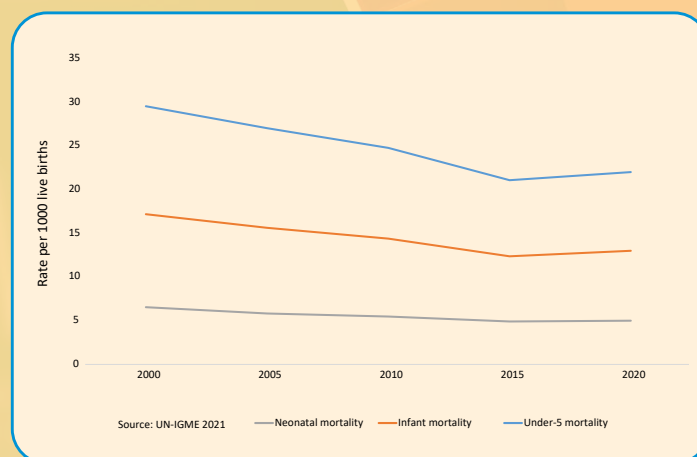
Selected determinants of health

| | |
|--|-------|
| Population living in urban areas (%) (2021) | 100.0 |
| Annual GDP growth (%) (2020) | -8.9 |
| Population growth rate (%) (2020) | 8.7 |
| Children aged < 5 years with pneumonia symptoms taken to a health care provider (%) (year) | ... |

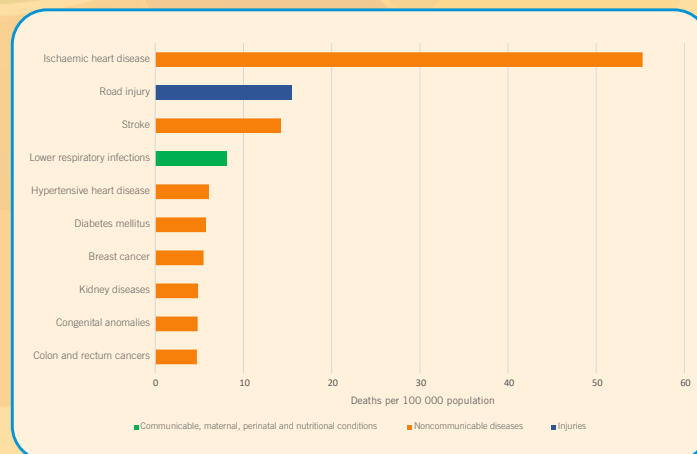
Distribution of causes of death among children aged < 5 years (%)



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 (%) ...

| | | |
|--|--------|-----|
| Proportion of employed population below the international poverty line 15+ (%) (ILO modelled estimate, 2019) | Male | 0.0 |
| | Female | 0.0 |

2 ZERO HUNGER

Children under 5 (%) who are (2019)

| | |
|------------|-----|
| stunted | 7.0 |
| wasted | 2.1 |
| overweight | 5.9 |

4 QUALITY EDUCATION

| | | |
|--|--------|-------|
| Literacy rate (15–24 years) (2019) (%) | Total | 100.0 |
| | Male | 100.0 |
| | Female | 100.0 |

| | | |
|---|--------------|-------|
| Net primary school enrolment ratio per 100 school-age children (2019) | Total ratio | 100.0 |
| | Male ratio | 100.0 |
| | Female ratio | 100.0 |

7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (%) 100.0
(WHO Global Health Observatory, 2020)

6 CLEAN WATER AND SANITATION

Proportion of population using safely managed drinking water services (%) 100.0
(World Health Statistics, 2020)

Proportion of population using safely managed sanitation services (%) 100.0
(World Health Statistics, 2020)

8 DECENT WORK AND ECONOMIC GROWTH

| | | |
|--|--------|-----|
| Unemployment rate (15+ years) (%) (ILO estimate, 2016) | Total | 2.1 |
| | Male | 1.0 |
| | Female | 5.8 |

11 SUSTAINABLE CITIES AND COMMUNITIES

| | | |
|--|-------|------|
| Concentrations of fine particulate matter (PM2.5) (µg/m ³) (WHO Global Health Observatory, 2019) | Total | 64.0 |
| | Urban | 67.2 |

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

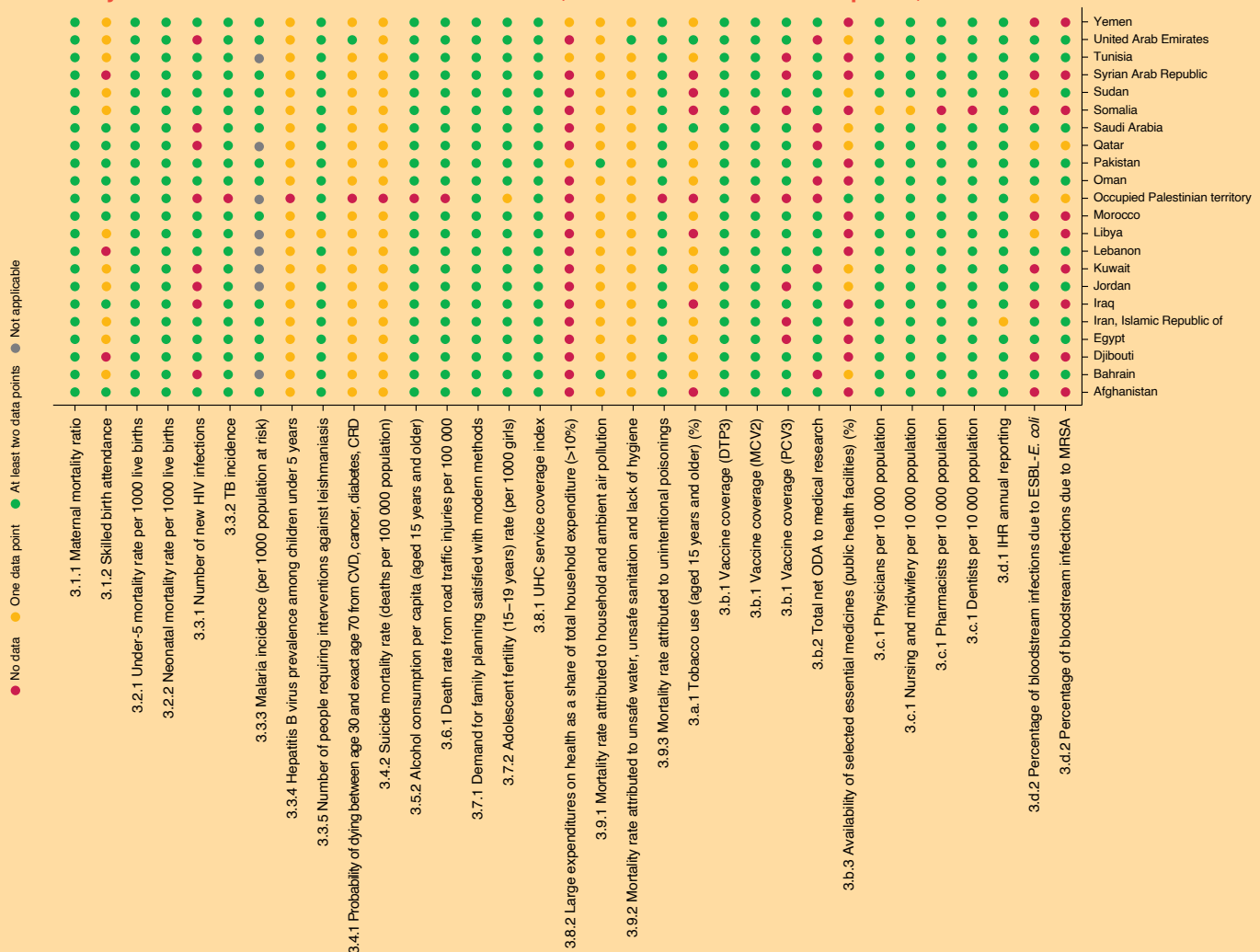
Estimates of rate of homicides (per 100 000 population) (WHO Global Health Observatory, 2019) 1.8

Key health indicators

| Indicator | Male | Female | Total |
|--|-------|--------|-------|
| Life expectancy at birth in years (2019) | 79.3 | 83.9 | 81.0 |
| Healthy life expectancy (HALE) at birth (years) (2019) | 69.5 | 71.1 | 70.1 |
| Healthy life expectancy (HALE) at 60 (years) (2019) | 17.1 | 18.9 | 17.8 |
| Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2020 estimate) | — | — | 7.0 |
| Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate) | ... | ... | 4.8 |
| Infant mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate) | 8.1 | 6.7 | 7.4 |
| Under-5 mortality rate (deaths per 1000 live births) (UN-IGME 2021 estimate) | 9.5 | 7.8 | 8.7 |
| Tobacco use among persons 15+ years (%) (2019) | 40.6 | 2.9 | 21.7 |
| Overweight (18+ years) (%) (2019) | ... | ... | 36.4 |
| Obesity (18+ years) (%) (2019) | ... | ... | 41.7 |
| Raised blood pressure among persons 18+ years (%) (2019) | ... | ... | 19.3 |
| Raised blood glucose among persons 18+ years (%) (2019) | ... | ... | 19.1 |
| Raised cholesterol among persons 18+ years (%) (year) | ... | ... | ... |
| Mortality between exact ages 30 and 70 from cardiovascular disease, cancer, diabetes or chronic respiratory disease (%) (2019) | 13.8 | 8.0 | 11.9 |
| Cancer incidence per 100 000 (2021) | 101.3 | 144.6 | 115.7 |

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 2019: <https://hlpf.un.org/countries/kuwait/voluntary-national-review-2019>

Completed in 2023: <https://hlpf.un.org/countries/kuwait/voluntary-national-reviews-2023>

National Focal Point for 2030 Agenda

Rehab Al Wotayan, Ministry of Health
Abdullah Abdulrahman Alali, Ministry of Health

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

Dr Khaled AlEnezi,
Head of Burden of Disease Section, Ministry of Health

Dr Rehab Al Wotayan,
Ministry of Health

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

SDG-aligned health targets are reported in the annual health report issued by the National Center for Health Information. Commitments and targets relating to the health-related SDGs are incorporated in strategies, plans and initiatives on universal health coverage, noncommunicable diseases (NCDs), maternal, infant and young child nutrition, public health and emergency preparedness and response (including adopting the One Health approach and implementation of the International Health Regulations, 2005), research and development in vaccines and medicines, evidence to policy approaches within the health sector, and climate change health impact assessment.

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

The Kuwait National Development Plan 2020–2025 incorporates health and health-related SDG targets, including indicators for youth overweight rate, NCD mortality and life expectancy at birth and policies on improving combating substance use (addressing SDG target 3.5), health promotion (targets 3.5, 3.7 and 3.a) and optimizing health workforce capacities (target 3.c). Other SDG 3 targets are incorporated in plans on upgrading national health insurance and health financing (target 3.8), NCDs (targets 3.4, 3.6 and 3.a), environmental health (target 3.9) and maternal, infant and child nutrition strategy (target 3.4).

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

The Strategic Cooperation Framework of the United Nations (UN) system for 2022–2026 in Kuwait articulates the major partnerships between the UN Country Team (UNCT), government and other sectors to advance the health-related SDGs, including projects to address water security and climate change resilience, leadership in public health and optimal health, behaviour and developmental stimulation within the first 1000 days of life. Bilateral agreements exist between the Ministry of Health and UN agencies, such as with WHO to strengthen the health information and surveillance system, and with the UNCT to develop a national observatory for sustainable development to monitor progress towards the SDGs.

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.

A health leadership for positive change programme was initiated in 2021 by WHO and the Ministry of Health to build leadership capacity in public health starting with the mid- and senior-level leadership within the Ministry. The programme stemmed from a needs analysis during the COVID-19 pandemic. A continuity plan factors addresses the need for the local institutionalization of the programme and ensuring its sustainability through engaging higher education institutions such as the Kuwait Institute for Medical Specializations and Kuwait University. The programme will build key competencies in strategic planning, change management, organizational assessment and leadership, in addition to skills in systems thinking, policy development, communication, health equity and sustainable financing, thus providing capacity-development in areas that support the achievement of SDG health-related targets.