Kuwait: Health Systems Profile

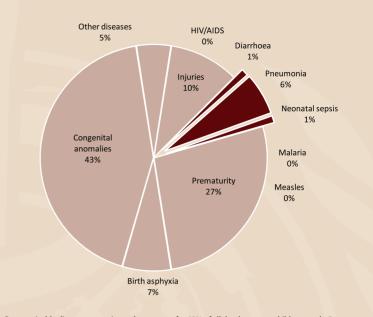


Health status (2013)		
Life expectancy at birth in years	total	78.0
	males	78.0
	females	79.0
Maternal mortality ratio per 100 000 live births	total	14.0

Communicable diseases (2014)	
Tuberculosis notification rate per 100 000 population	20.0
Incidence rate of malaria per 100 000 population	
Number of newly reported HIV cases	22.0

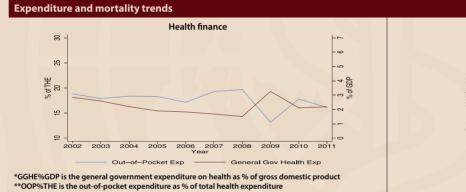
Behavioural risk factors			
Prevalence (%)	males	females	total
Current tobacco smoking (2011)*			
Insufficient physical activity (2008-)			56.6

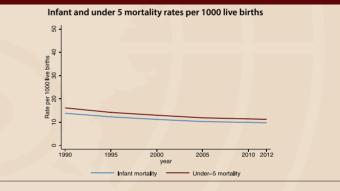
1	Metabolic risk factors			
	2014 estimated prevalence (%)	males	females	total
	Raised blood pressure			19.9
	Raised blood glucose			20.1
	Overweight			75.4
	Obesity	,		39.7



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

39.7 Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years





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Health system: selected coverage interventions		Health system: finance (2013)	
Antenatal care visits (4+ visits) (2013)	59.8	General government expenditure on health as % of general government	
Measles immunization coverage among 1-year-olds (2014)	94	expenditure	5.8
Treatment success rate of new bacteriologically confirmed TB cases (2014)	84	Out-of-pocket expenditure as % of total health expenditure	15.7
DPT3-containing vaccine / Pentavalent coverage group among children under 1		Per capita total health expenditure at exchange rate (US\$)	1507
year of age group (2014)	95		

Health system: workforce (2014)	Health system: information
Health workforce per 10 000 population	
Physicians 24.2	Percentage of births registered 1
Nurses/midwifes 58.7	
Dentists 7.4	Percentage of causes of death recorded 1
Pharmacists 6	

Health system: medicines and medical devices (2013)			Health system: service delivery (infrastructure) (2014)
Availability of selected essential medicines and medical products in health facilities (%)	public private	100 100	Primary health care facilities per 10 000 population 0.3
Number of scanners (in public facilities) per million population ^c	CT MRI		Hospital beds per 10 000 population 20.4

... No data available a International Classification of Diseases

^b Gross domestic product

^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

Please note the data sources are in the attachment

^{*} Age-standardized estimated

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Kuwait 2015

Strengths

- Decentralized health system with considerable autonomy in administration and financing, training and health care management
- Well established primary health care network with access for all citizens to a comprehensive package of health services
- · Family practice approach is the main strategy for service provision
- National system of continuing professional development for all categories of the health workforce has a positive impact on quality of care
- Ratios of health professionals to population higher than the Regional average in all categories except for pharmacists
- Well established quality and accreditation and patients safety programmes
- Computerized information system in all primary health care centresthat will be soon connected to the secondary and tertiary hospitals networks
- Founded new department for Geriatric care, and Provision of services for elderly through PHC
- Integration of mental and physical health in primary health care
- · Developed national health accounts
- Presence of reliable registration, licensing and quality assurance programme for medicine and health technology
- Blood transfusion and medical laboratory services have capacity to train people from outside Kuwait
- Intersectoral collaboration under umbrella of healthy city program is well established as pilot

Weaknesses

- Health system relies heavily on expatriate health workforce (less than 54% of the health workforce are not Kuwaiti)
- Low capacity of institutes to train required health workforce
- High burden of noncommunicable diseases and their risk factors, yet the health system is not configured to adequately tackle them
- Lack of policy and planning dialogue between health members of National High Council for Planning and Development and the Ministry of Health
- The limited contribution of the private health sector in promotive and preventive care
- Health system is hospital-based giving lower priority on preventive and promotive health
- Lack of adequate communication and clear authorized connection between existing information systems

Opportunities

- High priority accorded to health at the highest level of policymakersand genuine national desire to achieve a very high standard of health
- Establishment of a regional centre of excellencewill have positive impact on improving levels of quality and safety
- · High level of literacy and education in Kuwait
- Sufficient allocation of resources to the health sector
- Kuwait has a Gender Inequality Index value of 0.288 in 2013, ranking for human development index 46 out of 146 countries in the 2013
- Availability of good quality data on morbidity, mortality and vital health statistics
- Mixed health economy of 80:20 public/private partnerships

Challenges

- Putting in place regular assessment of quality of services delivered by the primary health care centres and hospitals and specialized clinics
- Improving the referral system and establish a follow up mechanism
- Community awareness building specially related to the risk factors of noncommunicable diseases
- Unifying the data collection and reporting mechanism for primary health care, secondary and tertiary levels
- Cost reduction and containment, without curtailing quality and availability of first class health care to all people
- Sustained stability of top management in the Ministry of Health
- 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

Priorities

- Reorganize the Ministry of Health's structure to reflect priorities and to streamline certain functions such as health information collection and analysis
- Plan for long and medium term Human Resource development, particularly to replace expatriates with Kuwaiti health workforce
- · Expand the health insurance coverage for 100% of citizens andresidents in State of Kuwait
- Expand primary health care services through family practice approach to cover all PHC facilities
- Ensuring patient safety and monitoring of patient satisfaction as well as quality assurance and accreditation system
- Inclusion of dental services as integral part of service delivery in all PHC facilities
- Strengthening health information system and applied research
- Strengthen medicine, medical supplies and equipment, medical laboratories and the blood bank and develop national norms and criteria for use of advanced health technology
- Enhance community health awareness particularly the risk factors of noncommunicable disease

