

Kuwait



Health systems

Economic classification: **High Income**

Health systems summary

Kuwait has a state-funded health system that is 'free at the point of entry' for Kuwaiti nationals. Non-citizens who are resident in Kuwait are entitled to a health insurance card for which they pay an annual fee. The state system provides primary, secondary and tertiary care, though these state services often have long waiting times. As a result, state hospitals are understood to discourage expatriates – who make up approximately two thirds of the Kuwaiti population - from attending, to take the pressure off waiting times. It is mandatory for expatriates to have private healthcare, and so they are encouraged to visit private hospitals.

Historically, the Government were prepared to pay for the cost of overseas medical treatment if treatment were not available locally. This was open to abuse and so recent austerity measures have reduced the numbers obtaining approval for treatment abroad paid for by the government.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	No
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	No
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there any obesity-specific recommendations or guidelines published for adults?	No
Are there any obesity-specific recommendations or guidelines published for children?	No
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

Lack of political will, interest and action	Lack of training for HCPs and lack of trained HCPs	Poor health literacy and behaviour	Obesity not recognised as a disease
Failure to recognise or accept all available treatment options	Lack of evidence, monitoring and research	Fragmented or failing health system	HCPs disinterest in obesity training / treatments
Cultural norms and traditions	Lack of opportunity for physical activity		

Summary of stakeholder feedback

Kuwait's health system is said to be suffering some challenges, including poor cross-departmental working and long waiting times between appointments. For obesity specifically, stakeholders suggest that Kuwait needs better cooperation between healthcare departments and more usage of multidisciplinary teams. Where there are obesity clinics, treatment is said to be frequently out-dated, with staff unfamiliar with contemporary treatment strategies.

There are no clear treatment guidelines or protocols for patients with obesity in Kuwait, and stakeholders reported that there were no clear treatment pathways. Resultantly, there was a lack of consensus on the BMI required for treatment and use of treatment appeared irregular. For example, it was reported that Kuwaiti citizens expect pharmaceutical intervention regardless of efficacy, with herbal supplements being particularly popular. Similarly, stakeholders claimed there was excess emphasis on surgery in Kuwait, partly driven by desire for profit rather than health.

Stakeholders reported that obesity in children and adolescents was particularly difficult to treat as parents routinely failed to acknowledge the need for professional care. Stakeholders suggest that healthcare professionals are not trained appropriately, and so often do not know the best ways to approach the parents and how best to treat children and adolescents.

Stakeholders called for more government funding for obesity education for the public and healthcare practitioners, and to ensure that appropriate treatments are available.

Based on interviews/survey returns from 6 stakeholders

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