



White Paper for the Health Pillar

National Health
Policy Framework:
Ensuring Healthy Lives
and Wellbeing

2019





*Empowered lives.
Resilient nations.*

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Table of Contents

List of Figures	4
List of Tables	4
Infographic	5
Executive Summary	6
Abbreviations	11
I. Health Status and Challenges	12
1. Global Trends and Focal Points	12
2. Kuwait's Health Challenges and Health Care Gaps.....	13
3. Purposes of This White Paper	13
II. National Health Policy Framework.....	16
1. Policy Group 1: Health Planning Policy.....	16
1.1 Policy 1-1: National Health Development Plan 2035	18
1.2 Policy 1-2: Action Plan for Health 2020/2021	19
2. Policy Group 2: Health System Governance.....	20
2.1 Policy 2-1: Restructuring Governance Structure and Health Organizations.....	21
3. Policy Group 3: Health Service Policy	22
3.1 Policy 3-1: Resetting Health Delivery System.....	23
3.2 Policy 3-2: Developing Health Service Quality Assurance System.....	23
4. Policy Group 4: Health Promotion Policy.....	25
4.1 Policy 4-1: Health Promotion Policy and Programs	26
4.3 Policy 4-2: Healthy City Initiative.....	27
4.4 Policy 4-3: Public Health Taxes.....	28
5. Policy Group 5: Health Financing Policy.....	28
5.1 Policy 5-1: National Health Insurance	29
5.2 Policy 5-2: Medical Aid Program.....	30
6. Policy Group 6: Health Workforce Policy.....	31
6.1 Policy 6-1: Health Workforce Plan 203	32
6.2 Policy 6-2: Establishment of Health Professional Schools	33
6.3 Policy 6-3: Health Workforce Management System	34
7. Policy Group 7: Health Information Policy	35
7.1 Policy 7-1: National Health Information Development Plan.....	35
7.2 Policy 7-2: Establishment of Ubiquitous Health Information and Data Platform	36
7.3 Policy 7-3: Health data and survey integration	37
8. Policy Group 8: Health Industry Policy.....	37
8.1 Policy 8-1: National Health Industry Development Plan 2030.....	38
8.2 Policy 8-2: Development of Global Translational Research Complexes and Medical Hub.....	39

III. Call for Action	40
1. Policy Making	40
1.1 Policy Making Through Policy Research	40
1.2 Policy Research Agendas	40
1.3 Policy Research Action	41
2 Enactment of Legislation	42
2.1 Efforts on Enacting Legislation	42
2.2 Enact and Amend legislation	42
3 Implementation	43
3.1 Stakeholders, Actions, and Timelines	43
IV. Conclusion: Healthy Lives and Well-being for All at All Ages	47
References	49
Appendix	51

List of Figures

Figure 1: Current Health Care System in Kuwait	15
Figure 2: Policy Research Governance Structure and Partnership Among Key Stakeholders	44

Appendix

Figure 1: Holistic View of the Kuwait National Health System	52
Figure 2: Map of Financial Flows to the Health Sector in Kuwait	53

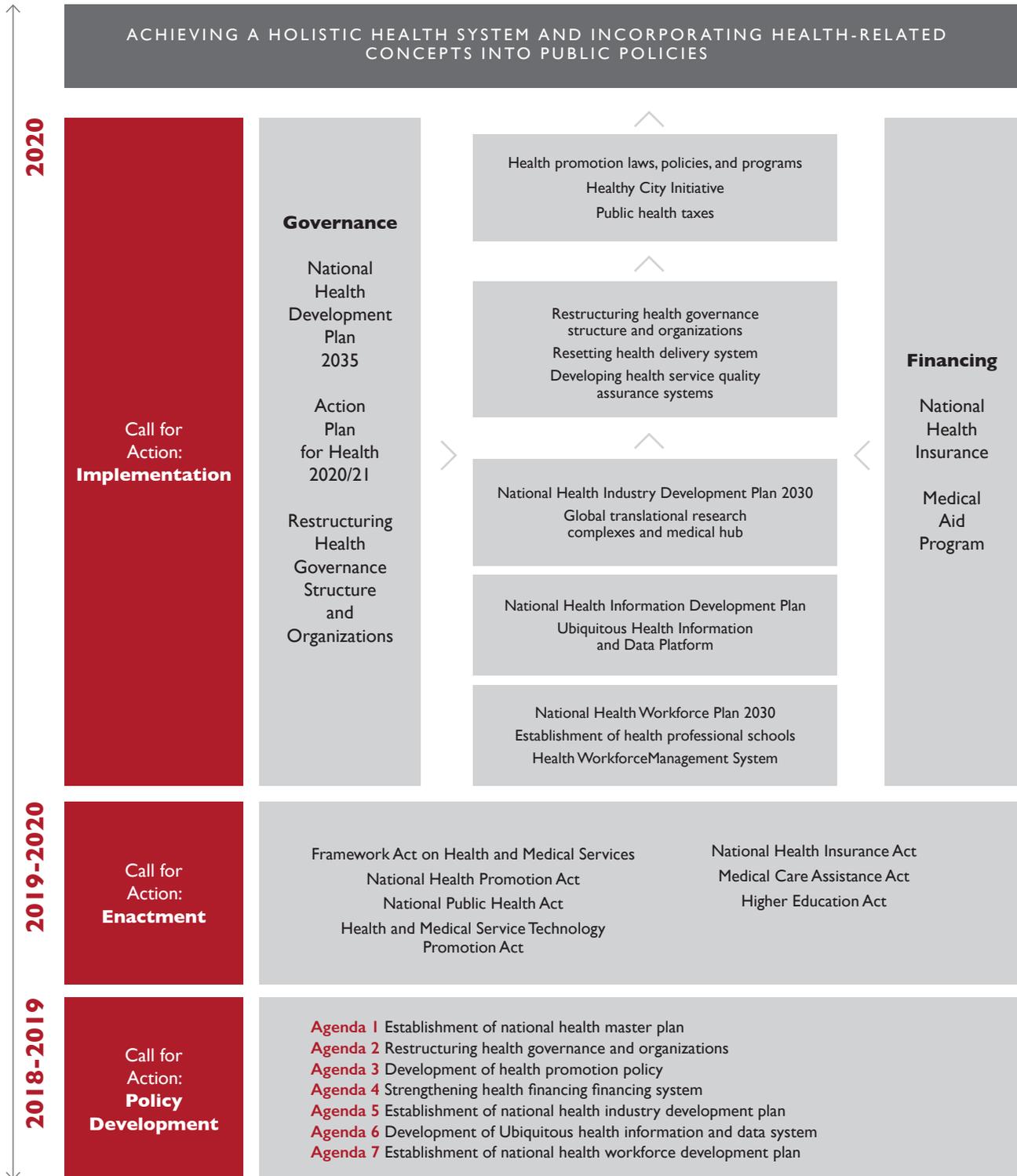
List of Tables

Table 1: Costs of Outbound Treatment	15
Table 2: Categories of Treatment Abroad Cases in 2017	35
Table 3: Roles of Stakeholders on Policy Research and Policy Making	45
Table 4: Roles of Stakeholders in Legislation	45

Appendix

Table 1: Population by Nationality in Selected Census Years	53
Table 2: Fertility Rates in Kuwait	54
Table 3: Live Births and Deaths in Kuwait	54
Table 4: Estimated Net Health Care Expenditures	55
Table 5: Native-born and non-Native-born Health Care Workers in Kuwait	56

Healthy Lives and Well-being for All at All Ages



Executive Summary



The National Health Policy Framework is intended to foster healthier lives and greater well-being for people of all ages throughout Kuwait. It sets out a vision for a holistic health care system that works through a network of interlinked policies. The framework is intended to respond to current health challenges and gaps facing the provision of health care in Kuwait, and to deliver a strategy to deal with trends that are likely to shape health care demand and supply in Kuwait.

Challenges and policy gaps

Since 1961 the State of Kuwait has successfully provided its citizens with universal health coverage and full health care services, including overseas treatment, through its National Health Service. In recent years, however, the deteriorating health status of people in Kuwait, the rising costs of care, and the growing gaps in health care policies have begun to strain the current system. These issues include:

The increasing financial and health care burden posed by noncommunicable diseases linked to lifestyle changes. Rapid changes of people's attitudes, behaviors, and lifestyles have led to negative effects on health and well-being. These changes have, in turn, created large and growing concerns for Kuwait, in terms of the physical and mental health of its people, and the financial health of its health care system. The health and well-being of the people of Kuwait are deteriorating, and health care costs are rising as a result of the increasing prevalence of noncommunicable diseases, such as obesity, diabetes and cancers that arise from, for example, declining rates of physical inactivity and increasing rates of smoking among adults and adolescents.

The growing financial burden associated with an emphasis on treatment-oriented rather than prevention-oriented health care. The government's emphasis on treatment-oriented health care policies, practices, and infrastructure has led to enormous expenses; at the same time, these growing expenditures have not led to higher levels of health and well-being among citizens.

The degradation of quality health care services as a result of Kuwait's privatization policy. The privatization policy - which has catalyzed the growth of private medical facilities and services that are not part of the National Health Service - has changed patterns of consumption of medical care. These changes have, in turn, created financial challenges for the National Health Service. In the absence of a system to regulate the role of the private medical markets in the health care system, numerous problems have emerged, among them: high health care expenditures, increasing health inequality, degradation of service quality, negative impacts on the provision of universal health care coverage, and large information gaps between providers of private health care and consumers, who, as a result, can be left ill-informed on key issues.

Challenges facing the provision of universal health coverage. The greatest challenge regards uncertainty surrounding access to universal health care for low-income expatriates, who must pay for a portion of health care service provision under the current system. This requirement imposes a large financial burden on this population.

Ambiguous public-private partnerships and weak governance. In its current form, the public-private partnership policy does not consider the full breadth of public health issues. Problems stem from unclear objectives and weak governance. The private health care market raises challenges that affect the overall health care market, and its role is especially damaging in terms of issues surrounding provision of universal health coverage for low-income expatriates.

Absence of long-term health plan that incorporates broader "macro" perspectives and trends that are likely to affect the future of health care. Kuwait's health care system will face many challenges in near future. A key driver of these challenges is the high rate of population growth, driven by the high fertility rate among Kuwaitis. Population growth means that greater numbers of people will need health care services. Keeping pace with demand will require huge investments in health care infrastructure, including hospitals and beds; a larger, qualified health workforce; and new technologies to keep up with advancements in medicine and to continue to provide quality health services.

National Health Policy Framework

The National Health Policy Framework aims to advance an overall vision and a political strategy for achieving a holistic health system. The framework outlines eight policy groups that incorporate 18 related health policies under seven related legislative acts.

The vision: healthy lives and well-being for all at all ages

The National Health Policy Framework puts forward a vision for Kuwait to foster greater health and well-being for all at all ages.

The strategic goal: achieving a holistic health system and incorporating health into all relevant policies

The National Health Policy Framework puts forward a strategy to respond to current health challenges, and to anticipate and respond to health challenges in the future. To realize a holistic health system, and to foster greater health among all people living in Kuwait, the framework considers social, economic, and environmental determinants of health.

Policy options

The framework puts forward a strategy that incorporates 18 specific health policies within eight policy groups as follows:

Policy 1-1. National Health Development Plan 2035. This plan consists of a set of goals and objectives with 15-year targets designed to guide National Health Service efforts to promote good health, prevent disease, and improve the health of all people in the State of Kuwait.

Policy 1-2. Action Plan for Health 2020/2021. This action plan, which underpins the National Health Development Plan, is to be used by government, ministries, governorates, units, institutes, and centers. It supports services and administrative areas to plan and monitor the implementation of health policies, strategic priorities, and ongoing activities.

Policy 2-1. Restructuring health governance structures and organizations. This policy is intended to achieve greater efficiencies, to help to free up needed resources that can be invested to improve health care. Restructuring will be aimed at: the overarching governance structure; the Ministry of Health; newly developed and existing institutes, centers, and units; and health-related organizations in other government bodies.

Policy 3-1. Resetting the health delivery system. This policy aims to ensure that health care service delivery is comprehensive, coordinated, person-centered, and effective to ensure efficiency, quality, safety, and transparency without barriers.

Policy 3-2. Health Service Quality Assurance System. This system aims to ensure the delivery of high-quality medical care and services. It will monitor indicators of clinical, service, and structural quality in key fields.

Policy 4-1. Health promotion policies and programs. These measures are intended to improve health by providing citizens with accurate information about health. The aim is to cultivate greater awareness of the responsibility individuals have and should take to lead healthy lives, and to create opportunities for individuals to incorporate healthy practices into their daily lives.

Policy 4-2. Healthy City Initiative. This initiative aims to foster ongoing ways to create and improve physical and social environments, and to expand community resources that enable people to mutually support each other in performing all the functions of life, and in developing to their maximum human potential.

Policy 4-3. Earmarked public health taxes on tobacco and sugar. These public health taxes, whose revenues are earmarked to provide funding for other health policy needs, aim to reduce consumption of tobacco and sugar through increased prices. The taxes are intended to generate revenues for the health sector, and to compensate society for the increased health system costs associated with smoking and obesity.

Policy 5-1. National Health Insurance. National Health Insurance is intended to improve citizens' health, and to promote social security by providing citizens with insurance benefits for the prevention, diagnosis, medical treatment of, and rehabilitation from diseases and injury. The insurance covers childbirth, and measures that aim to improve health.

Policy 5-2. Medical Aid Program. Medical Aid is designed to provide targeted health care to people living under national poverty line. This aid contributes to the improvement of national health levels overall, and enhances social welfare by providing medical benefits to people who could otherwise not afford to seek care.

Policy 6-1. Health Workforce Plan 2030. This plan establishes a set of goals and objectives with 10-year targets designed to increase the capacity of the health care workforce to best serve the needs of patients in Kuwait, and to ensure that the workforce is of sufficient size and has sufficient skills to meet present-day and future needs.

Policy 6-2. Health professional schools. This policy aims to establish specialized schools to educate and train qualified health professionals, including doctors, nurses, pharmacists, community health practitioners, and specialists in health policy and management, health education, health assessments, and health information technology.

Policy 6-3. Health workforce management system. This policy aims to ensure that the health workforce in Kuwait maximizes performance levels and competencies for all the activities needed to maintain productivity and quality. Issues to be addressed include field management, human resource management, performance and training management, data collection, recruiting, budgeting, forecasting, scheduling, and analytics.

Policy 7-1. National Health Information Development Plan. This plan aims to support evidence-based policy making, drive efficient data generation and administration, and provide evaluations and results of policy measures.

Policy 7-2. Ubiquitous Health Information and Data Platform. The platform aims to use mobile and electronic health technologies to deliver real-time information to improve health outcomes.

Policy 7-3. Health and survey data integration. The integration of these data is intended to ensure efficiency, consistency, regularity, reliability and accuracy of information used in the health care system. Population-based survey data are a particular focus. Data integration is intended to ensure that health care-related, evidence-based policies can be made based on accurate information.

Policy 8-1. National Health Industry Development Plan 2030. This plan consists of a set of goals and objectives with 10-year targets designed to guide health technology development, disease prevention and treatment skills, and overall development of the health care industry to improve the health of all people in the State of Kuwait.

Policy 8-2. Global translational research complexes and medical hub. This policy aims to develop innovative centers of health care knowledge and technology within Kuwait. The intention is to make Kuwait a global destination as a medical hub that can attract medical tourism from around world.

Calls for action

Call for policy research: Taking a holistic approach to improve the health care system in Kuwait will require interdisciplinary policy research as well as detailed attention to the details of policies that lead the system to function in seamless, integrated ways. Such an undertaking requires strengthening partnerships among key stakeholders. The General Secretariat of the Supreme Council for Planning and Development (GSSCPD) will serve as a key body governing all parts of policy pillars put forward in this White Paper. It will also ensure that the new Kuwait Development Plan 2035 incorporates health care issues.

Call for enactment of policies: Ensuring a holistic and sustainable health system requires enacting, integrating, and amending the following acts: the Framework Act on Health and Medical Services, the National Health Promotion Act, the Regional Public Health Act, the Health and Medical Service Technology Promotion Act, the National Health Insurance Act, the Medical Care Assistance Act, and the Higher Education Act.

At the legislative stage, close collaboration and partnerships among stakeholders will be essential. Parliament enacts new legislation or amends existing legislation on the basis of government proposals. Ministries and public authorities draft the proposed legislation. The GSSCPD plays a key role in coordinating the legislative proposals, supporting the ministries' preparation of proposals, and approving acts to submit to the National Assembly.

Call for implementation: Effective implementation will entail translating health policies into legal and regulatory frameworks at all points in the process. This will involve the policy research, legalization, implementation, monitoring and evaluation, and feedback stages. Implementation plans will describe the time frames involved, and the stakeholder actions needed at each stage.

The GSSCPD will serve as a high commission in charge of governance assurance needed for strategic aspects of steering the process, including making larger decisions about relevant directions and roles. It will play key roles both in the making of policy, and in serving as the main regulatory authority for all health policy implementation issues. Although the Ministry of Health has a major role to play, many ministries, public authorities, and local governorates are involved, and they will be interlinked in implementing policies.

Abbreviations

CVD	Cardiovascular Disease
DALYs	Disability-adjusted Life Years
EMR	Electronic Medical Record
GSBSHS	Global School-Based Student Health Survey
GSSCPD	General Secretariat of the Supreme Council for Planning and Development
HIS	Health Information System
HT	Health Technology
IHME	Institute for Health Metrics and Evaluation
KFAS	Kuwait Foundation for the Advancement of Science
KNDP	Kuwait National Development Plan
KPIs	Key Performance Indicators
KPPC	Kuwait Public Policy Center
MOH	Ministry of Health
NCD	Noncommunicable Disease
NCHI	National Center for Health Information
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Insurance Services
NHS	National Health Service
PHI	Private Health Insurance
RBM	Results-Based Management
R&D	Research and Development
SDGs	Sustainable Development Goals
TICG	Tri International Consulting Group
UHC	Universal Health Coverage
UNIATF	United Nations Interagency Task Force
WHO	World Health Organization

I. Health Status and Challenges



I. Global Trends and Focal Points

a. Sustainable Development Goals

The United Nations Sustainable Development Goals (SDGs), adopted by all UN member states in 2015, provides a blueprint for peace and prosperity. SDG3, aims to “ensure healthy lives and promote well-being for all at all ages.” To achieve this goal, the current health paradigm needs to shift toward comprehensive, holistic policies. To reach this SDG, countries will need to strive to create inclusive, effective, efficient and sustainable health systems.

b. A holistic health system that incorporates health into all relevant policies

According to the World Health Organization, “(a) well-functioning health system working in harmony is built on having trained and motivated health workers, a well-maintained infrastructure, and a reliable supply of medicines and technologies, backed by adequate funding, strong health plans and evidence-based policies.” Health systems consist of all organizations and people whose primary intent is to promote, restore, or maintain health (WHO, 2007). Such systems can incorporate behavioral change programs, vector control campaigns, health insurance organizations and businesses, occupational health and safety laws, and cross-sectoral actions for better health promotion by health care workers.

c. Challenges for universal health coverage and financial sustainability

All countries, regardless of their level of development, face challenges in their health systems. Developed countries are debating the costs and health outcomes of various systems, particularly as lifespans grow and populations age. Developing and least-developed countries face challenges in finding resources to offer people affordable access to appropriate medical care to deal with both infectious diseases and noncommunicable diseases. Diseases that stem from lifestyle choices – such as those related to smoking, diet, alcohol use, and sexual behavior – represent a growing concern worldwide.

d. Collaboration between the health care system and the individual to address global health trends

An urgent task is to find the best health system to fit with both the needs of a country's people and the financial and human resources available. The most effective health care systems make health coverage universal, provide quality services, and are financially sustainable. The growing incidence of lifestyle-related diseases, and greater understanding of the role diet and physical activity play in human health underscore the importance of fostering healthier lifestyles for individuals and for societies to improve human health and well-being.

2. Kuwait's Health Challenges and Health Care Gaps

a. Lifestyle change and the burden of noncommunicable disease

Since 1961 the State of Kuwait has offered its citizens universal health coverage through its National Health Service (NHS), which provides full health care services, including overseas treatment (Chun, 2017a). Following the Gulf War, rapid population growth and periodic economic downturns placed financial pressure on the NHS. The system faces enormous challenges, and many institutional gaps are emerging in the current Kuwait health system. Rapid "globalization" of Kuwait in many respects has caused profound changes in the nature and health of its society. An interdisciplinary set of challenges that transcends national boundaries is surfacing, involving the determinants health problems, and the related organized social responses that are needed, both within and outside of health systems (Huynen et al. 2005).

In Kuwait, this globalization effect has occurred very rapidly, and it has had an enormous effect on the health of its residents. Changes of attitudes, behaviors, and lifestyles in a very short period of time have led to lifestyle-related diseases that have detrimental effects on people's health and well-being, and on the overall financial sustainability of the current health care system. (Chun, 2017b).

b. Treatment-oriented medical policies, and the resulting financial burden for Kuwait

In response to growing medical needs, the government of Kuwait has sought to emphasize a treatment-oriented health care infrastructure. Privatized medical services and a focus on treatment (rather than prevention) have led to challenges that threaten to degrade the quality of health care services, and to exacerbate inequalities in the provision of such services.

The institutional problems include: a weak referral system, overloaded secondary and tertiary hospitals, a lack of management skills to respond rapid growth of the health care system and infrastructure, and a health workforce that is largely from a different culture, leading to language, cultural and health care practice barriers for treatment of patients (Chun, 2017a).

Growing distrust of the quality of health care services within Kuwait has led to dramatic increases in the use of medical treatment abroad. Several measures have been adopted to reduce outbound “medical tourism,” but these steps are unlikely to be effective without greater assurances regarding the quality of services within the Kuwait health care system.

c. Privatization policy and the degradation of quality health care services

Kuwait’s privatization policy has led to the expansion of private hospitals, which contribute to health care infrastructure and markets; however, this has also caused a pattern of changes in medical care consumption that is challenging the NHS. In the absence of adequate regulation, private-sector medical care has damaged universal health coverage, exacerbated inequities in the health care system, set the stage for the potential abuse of patients in poorly regulated private medical care facilities, and fueled high expenditures in health care overall.

Traditionally, Kuwait has focused on primary health care through the NHS, but the privatization of hospitals and insurance has changed the health care landscape. Kuwait is now a treatment- and tertiary-care-oriented country. This change has created health care inequities and financial burdens that stem in part from a growing number of patients seeking treatment abroad.

d. Challenges for universal health coverage

The greatest challenge facing universal health coverage is the uncertainty surrounding access for low-income expatriates living in Kuwait. Currently, low-income expatriates have limited access to and must pay for essential health care services, even through the NHS, which provides free services to Kuwaiti citizens. Figure 1 shows the pathway to gain access to the current system of health provision in Kuwait.

e. Ambiguous public-private partnerships and weak governance

Both public and private sectors provide health and medical care. The public sector, the primary source of health care, is based on three levels of health care delivery: primary, secondary and tertiary health care.

Though current policies emphasize public-private partnerships, these policies have no clear objectives. The lack of governance causes uncertainty. Two key related issues are the absence of clarity regarding universal health coverage for the population of low-income expatriates, and changing patient behavior in seeking more out-of-country medical services. Table 1 shows the costs of outbound treatment during the 2011-2017 period. The cost of outbound treatment more than doubled over the time frame, from KWD 196 million in 2011 to KWD 546.9 million in 2017. The number of people seeking out-of-country treatment also increased, more than quadrupling, from 3,869 in 2013 to 16,085 in 2017.

f. Absence of long-term health plan with a “macro” perspective

The health care system in Kuwait is facing many challenges as a result of demographic, socioeconomic and health-related trends taking place in the country. The country is experiencing a high rate of population growth (Annex Table 1). The total fertility rate among Kuwaitis (Annex Table 2) is very high. The population of Kuwait is also aging, a demographic trend that will increase the need for certain types of medical care. Careful planning will be required to manage the related economic and social development issues for Kuwait, which is highly depending on the oil sector. A growing population will require more health care and more health care infrastructure, including hospitals and beds; a larger, qualified health workforce; additional medical technologies; and greater attention to the provision of quality health services.

FIGURE 1

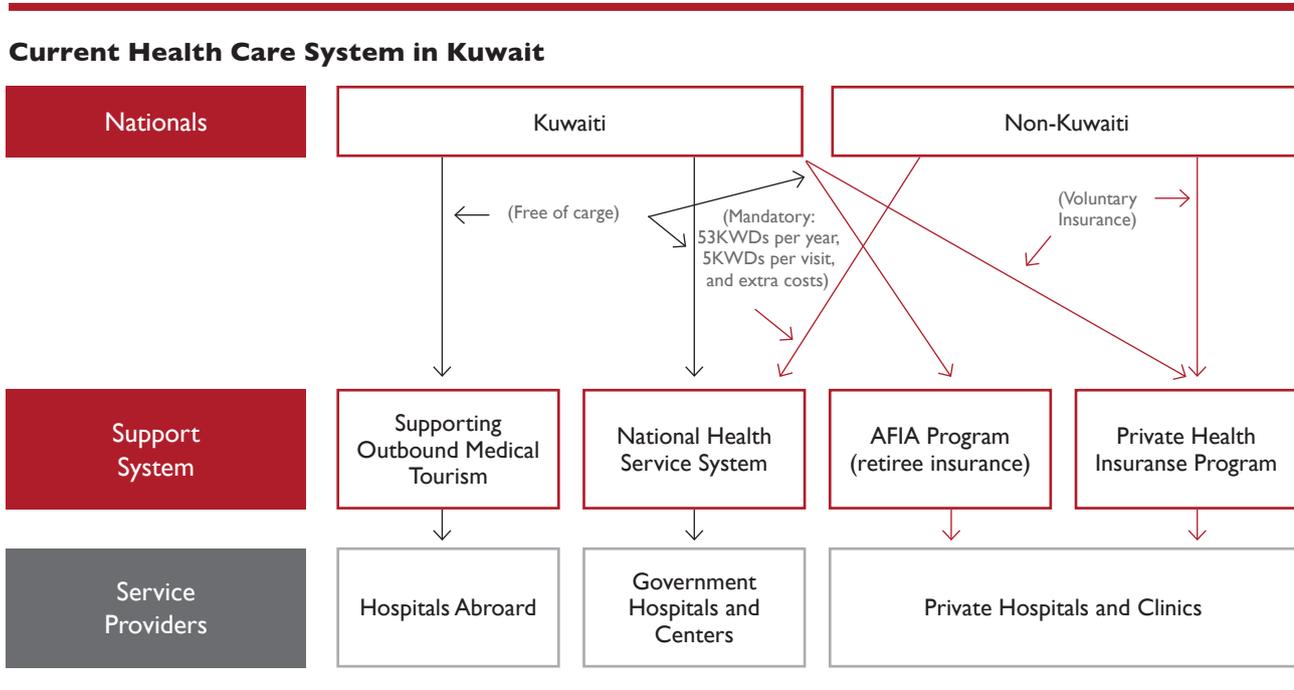


TABLE 1

Costs of Outbound Treatment

	2011/2012	2013/2014	2014/2015	2015/2016	2016/2017
Expenditure (million KWD)	196	209.1	434.7	508	546.9
Number of cases		3,869	7,597	16,819	16,085

Source: Abdul-Ghfoor, Al-Enezie. Report on medical treatment abroad program. MOH, 2018.

3. Purposes of the white paper

This White Paper aims to establish a National Health Policy Framework that ensures healthy lives and promotes well-being for all at all ages. It advocates a holistic health system that incorporates health and health care considerations into relevant policy strategies to ensure a virtuous policy circle.

The approaches put forward in this White Paper aim to establish a holistic health system, and to ensure that health effects are considered in all related policies. Such steps will lead to a needed transformation from Kuwait’s treatment-oriented system to a health-promoting system. Such a change is designed to address current and future health issues, and to enhance the health and well-being of the people of Kuwait. Health policies and programs in this White Paper address issues that the current system either ignores or does not recognize. The National Health Policy Framework will revolutionize the current health system in positive ways - remaking it so that it is holistic in nature, and so that health outcomes can improve from good to excellent.

II. National Health Policy Framework



Vision: healthy lives and well-being for all at all ages

Kuwait's investments in health care have largely focused on expanding health care infrastructure, including hospital services in both public and private sectors. Screening and treatment are not enough; the current approach will not prevent or address current health issues that are surfacing, or guarantee the financial sustainability of the system overall. The vision of the National Health Policy Framework, thus, is to address these shortcomings by establishing a holistic health system and putting forward a policy strategy that can ensure healthy lives and well-being for all at all ages.

Strategic goal: achieving a holistic health system and addressing health issues in all policies

Kuwait's health care strategies have reflected a desire to incorporate basic principles to provide for public health and well-being. Thus, universal health coverage has been provided for Kuwaiti nationals by the State of Kuwait since 1961 (WHO, 2006). Nevertheless, the Kuwait health system needs to change if it is to respond to current and future health trends, and to enhance the well-being of its people. A viable system must address all dimensions of a health system, including the prevention of noncommunicable diseases and the promotion of health and well-being through all potential policy avenues (Annex Figure 1).

Policy options

This White Paper puts forward 18 health policies within eight policy groups as follows:

- Policy Group 1. The Health planning policy, including the National Health Development Plan 2035, and the Action Plan for Health 2020/2021.
- Policy Group 2. Health system governance, including restructuring governance structures and health organizations.
- Policy Group 3. Health service policy, including resetting the health delivery system and developing a health quality assurance system.
- Policy Group 4. Health promotion policies, including health promotion through policies and programs, the Healthy City Initiative, and earmarked public health taxes on tobacco and sugar.
- Policy Group 5. Health financing policy, including National Health Insurance and Medical Aid.
- Policy Group 6. Health workforce policy, including the Health Workforce Plan 2030, the establishment of health professional schools, and a health workforce management system.
- Policy Group 7. Health information policy, including a National Health Information Development Plan, the Ubiquitous Health Information and Data Platform, and the integration of health and survey data.
- Policy Group 8. Health industry policy, including the National Health Industry Development Plan 2030, and the development of global translational research complexes and a medical hub.

To ensure sustainability, these policy groups interlink with seven acts: 1) the Framework Act on Health and Medical Services, 2) the National Health Promotion Act, 3) the National Public Health Act, 4) the National Health Insurance Act, 5) the Medical Care Assistance Act, 6) the Health and Medical Service Technology Promotion Act, and 7) the Higher Education Act.

I. Policy Group I: National Health Master Plan

Current status

Health status: The top health issues in Kuwait are overweight and diabetes. Three in four people are obese or overweight. The prevalence of diabetes almost doubled from 2014 to 2015. (MOH, 2015; 2016). Other key health issues facing the people of Kuwait are: anemia; cardiovascular disease; cancer; chronic respiratory diseases; genetic disorders; geriatric diseases (such as Alzheimer's disease); hypertension; hyperlipidemia; injuries that occur as a result of accidents on roads and in the workplace; mental health issues, including self-harm; and a wide variety of other health problems that stem from smoking, unhealthy diet, physical inactivity, and exposure to air pollution. There is also a great need for maternal and child health care.

Many key health indicators are moving in a negative direction, indicating that quality of life deteriorated over the period from 2011 to 2015. Notably, age-standardized death rates from cancer per 100,000 people increased from 57.0 in 2011 to 59.7 in 2014 (NCHI, 2016), with greater increases surfacing among native-born citizens of Kuwait than among non-national residents.

Government plan: In 2010 the state launched its KWD 30 billion Kuwait National Development Plan (KNDP). In it, Kuwait acknowledged the need for health reform by including a health pillar among seven key pillars of the plan (GSSCPD, 2017a).

Since then, Kuwait and GSSCPD have strived to improve public health and health care service quality through legislation and the establishment of public health policies and programs.

Barriers

Health targets are not being met, and inconsistencies between various government plans remain, despite flat-out efforts to advance the KNDP, develop effective implementation mechanisms, and sharpen key performance indicators (KPIs) to monitor performance (GSSCPD, 2015a; 2015b; TICG, 2016; GSSCPD, 2017a; 2017b; Chun, 2017a).

Many of reports from international organizations (WHO, 2014; 2017; UNFIAT, 2017; Chun, 2017a) have underlined concerns about policy weaknesses in health management, leadership, and planning and implementation mechanisms. Reform efforts lack mechanisms to foster communication, participation, and motivation for change. The use of evidence-based policy making has failed to materialize. Descriptions for the role each level of government must play are also lacking.

The Kuwait Health Authority needs to undertake strategic leadership to bring about change. Central government, as the primary “owner” of the nation’s health care structure, is accountable to its people for delivering on national health development objectives. Strengthening health governance, implementation, and service delivery is one of its most important aspects of maintaining its leadership. To be effective, the government’s health policies and programs must be based on national priorities and strategies, and on local needs.

1.1 Policy 1-1. National Health Development Plan 2035

a. Purpose

The National Health Development Plan 2035 aims to:

- identify nationwide health improvement priorities
- increase public awareness and understanding of the determinants of health, disease, and disabilities, and the opportunities for progress
- provide measurable objectives and goals that are applicable at the national and local levels
- engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- identify critical related research, evidence and knowledge that is needed

The National Health Development Plan strives to:

- help people living in Kuwait to lead longer, high-quality lives, free of preventable disease, disability, and injury
- achieve health equity, and eliminate existing disparities
- improve the health of all groups
- create social and physical environments that promote good health for all
- promote quality of life, healthy development, and healthy behaviors across all life stages

b. Policy statement

The National Health Development Plan is a set of goals and objectives with 15-year targets designed to guide the promotion of health, the prevention of disease, and the provision of health service to improve the health of all people in the State of Kuwait. The plan needs to be monitored and evaluated every year and modified every five years to adapt to global and domestic socioeconomic changes. The National Health Master Plan includes the overall vision, targets and indicators for the following;

- health care services
- health protection services
- health promotion programs
- healthy environment and society projects
- delivery of services and interventions
- development of the health care workforce, and related knowledge and information
- health care governance and management
- economic and financial support systems

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Policy development: 2018-2019</i> • <i>Legislation: 2019-2020</i> • <i>Midterm evaluation and amendment: 2025 and 2030</i> • <i>Final evaluation: 2034</i> • <i>Development of new Health Development Plan: 2034-2035</i> • <i>Agenda: establishment of a 15-year plan with evaluation and modification in five years and 10 years</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • <i>Ministry of Health</i> • <i>Related Ministries and Public Authorities: Ministry of Education; Ministry of Higher Education; Ministry of Finance; Ministry of Defense; Ministry of Oil; Ministry of Interior; Ministry of Social Affairs and Labor; Public Authority for Food and Nutrition; Public Authority for Applied Education & Training; Public Authority for Youth & Sports; Public Authority for Special Needs; Public Environment Authority; and Kuwait Oil Company</i> • <i>Governorates</i>
<i>Related acts</i>	Framework Act on Health and Medical Services <ul style="list-style-type: none"> • Health Promotion Act • Regional Public Health Act

1.2 Policy 1-2. Action Plan for Health 2020/2021**a. Purpose**

The Action Plan for Health 2020/2021 underpins the National Health Plan. It is to be used by government, ministries, governorates, units, institutes, and centers. It supports services and administrative areas to plan and monitor the implementation of health policy priorities and ongoing activities.

b. Policy statement

The Health Action Plan 2020/2021 consists of a set of goals and objectives with one-year targets guided by the National Health Master Plan to promote health, prevent diseases, and improve health services and the health of all people at national and local levels in the State of Kuwait.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Plan development: 2018-2019</i> • <i>Evaluation and development of Action Plan for Health 2021/2022: 2020</i> • <i>Agenda: Formulation of each one-year plan with ongoing monitoring and evaluation</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • <i>Ministry of Health</i> • <i>Related Ministries and Public Authorities: Ministry of Education; Ministry of Higher Education; Ministry of Finance; Ministry of Defense; Ministry of Oil; Ministry of Interior; Ministry of Social Affairs and Labor; Public Authority for Food and Nutrition; Public Authority for Applied Education & Training; Public Authority for Youth & Sports; Public Authority for Special Needs; Public Environment Authority; and Kuwait Oil Company</i> • <i>Governorates</i>
<i>Related acts</i>	<ul style="list-style-type: none"> • Framework Act on Health and Medical Services • Health Promotion Act • Regional Public Health Act

2. Policy Group 2: Health System Governance

Current status

Organizational structure of public system: The public health system in Kuwait is organized into two tiers: the central Ministry of Health and regional health offices. The Ministry of Health (MOH) is responsible for: health care planning, financing, resource allocation, regulation, monitoring and evaluation, and service delivery (WHO, 2006).

The organizational structure of the ministry is top heavy, with some duplication of roles and responsibilities between different departments. There is a need to organize the structure of the MOH to minimize the overlap among various tasks and functions, and to set out departmental responsibilities in ways that are clear and equitable (WHO, 2006).

Health regions: A 1984 ministerial decree divided Kuwait into six health care regions: Capital, Hawali, Ahmadi, Jahra, Farwania and Al Susbah. A 1998 ministerial decree revised the roles and responsibilities of the health regions and central departments in the MOH. These regions offer assigned health services according to the laws and the policies of the MOH and the internal work systems in the region. Main duties include: 1) implementing the action plan of the ministry to ensure provision of health services to the residents of the area; 2) offering different levels and types of health care; 3) implementing training for medical, technical, and administrative cadres; and 4) establishing and implementing a comprehensive computerized health information system.

The area director is responsible for all the health services in the region according to the technical, administrative and financial authority delegated to him through ministerial decree. Each health region office supervises and manages at least one general hospital and a number of primary health centers and specialized clinics. The regional health office also supervises private-sector health care in the region. The policies, plans and programs of the MOH are implemented through this region-based structure.

Barriers

The MOH serves as the primary funder, provider, and sole regulator of health care in Kuwait. The MOH structure and decision-making capacity of the MOH is inadequate, leaving the ministry overwhelmed and, therefore, unable to execute its various roles effectively. The system as it exists is not holistic; many organizational weaknesses and gaps mean that not all health dimensions are covered. New institutes are needed to respond to current health issues, challenges, and necessities. (WHO, 2014; 2017; UNIATF, 2017; Chun, 2017b).

Demand for better health governance structures has surfaced, despite existing political barriers. Effective measures will require reorganization of the health system's overall structure and the MOH to provide the necessary strategic leadership and efficiency needed to create a health system that operates in a holistic way. It is essential to undertake health system and ministry reforms that emphasize strengthening preventive health care, promoting public health, and aligning these new missions with the health services network (WHO, 2014).

2.1. Policy 2-1. Restructuring governance structure and health organizations

a. Purpose

The restructuring of the governance structure and health organizations aims to ensure efficiency, sustainability, effectiveness, and inclusiveness for public health and health care services.

Governance addresses how governments and other social organizations interact, how they relate to citizens, and how decisions are made in a complex society. Governance is a process whereby societies or organizations make their important decisions, determine whom they involve in the processes. (Graham et al, 2003).

b. Policy statement

Governance addresses strategic aspects involved in steering larger decisions and providing needed direction. Governance, or the act of governing, involves the application of laws and regulations, as well as the establishment of customs, ethical standards, and norms.

Restructuring of health organizations in Kuwait will offer the opportunity to arrange resources more efficiently, and to rethink the existing structures of the following: the Ministry of Health; existing and developing units, centers, and institutes; health-related organizations in other government bodies, and, ultimately, the system overall. Under the restructuring envisioned, the roles and services of existing units and centers are expected to expand and change to deal with new health care demands.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Development: 2018-2019</i> • <i>Legislation: 2019-2020</i> • <i>Preparation: 2020</i> • <i>Implementation: 2021</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • <i>General Secretary of Supreme Council for Planning and Development</i> • <i>Ministry of Health</i> • <i>Related ministries and public authorities: Ministry of Education; Ministry of Higher Education; Ministry of Finance; Ministry of Defense; Ministry of Oil; Ministry of Interior; Ministry of Social Affairs and Labor; Public Authority for Food and Nutrition; Public Authority for Youth & Sports; Public Authority for Special Needs; Public Environment Authority; Civil Service Commission; and Kuwait Oil Company</i> • <i>Governorates</i>
<i>Related acts</i>	<ul style="list-style-type: none"> • Framework Act on Health and Medical Services • National Health Promotion Act • Regional Public Health Act • National Health Insurance Act

3. Policy Group 3: Health Service Policy

Current situation

Both the public and private sectors now provide health and medical services with primary health care provided by the public health sector. Everyone in Kuwait has access to primary care. Kuwait's 102 health care centers in six health districts provide polyclinic services throughout the country.

The public health system is based on three levels of health care delivery: primary, secondary and tertiary health care. Primary health care is divided among various health centers: general or family health clinics, maternal and child care clinics, dental clinics, and preventive care clinics. School health services and ambulance services are also available.

Secondary health care is provided through six general hospitals. Tertiary health care is provided through 12 national specialized hospitals and clinics. The Ministry of Health provides public health services. Other government entities - the Ministry of Defense (Military Hospital), and the Ministry of Interior - also provide healthcare services. The Kuwait Petroleum Corporation (Ahmadi Hospital) provides services for staff employed in the oil sector.

Barriers

The private health care sector in Kuwait is almost entirely restricted to primary and secondary care provision, with government hospitals offering more specialized tertiary care and advanced treatment (e.g., intensive care, major blood transfusions) (Oxford Business Group, 2017).

3.1. Policy 3-1. Resetting the Health Delivery System

a. Purpose

The resetting of the health service delivery system aims to ensure that health service delivery is comprehensive, coordinated, person-centered, and effective to ensure efficiency, quality, safety, and transparency without barriers.

b. Policy statement

The processes of selecting services, designing care, organizing providers, managing services, and improving performance define boundaries for thinking about the unique role of the health services in society, and how to deliver needed services.

Health services need to be prioritized to equitably promote, preserve, and restore health throughout the life cycle. The aim is to ensure a broad continuum of care that includes: health promotion; disease prevention, diagnosis, treatment, and management; long-term care; rehabilitation; and palliative care according to the needs of an individual and a population.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Development:</i> 2019-2020 • <i>Legislation:</i> 2019-2020 • <i>Preparation period:</i> 2021-2022 • <i>Implementation:</i> from 2023
<i>Regulators</i>	<ul style="list-style-type: none"> • Ministry of Health
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health • Related Ministries and Public Authorities: Ministry of Oil, Ministry of Interior, Ministry of Social Affairs and Labor, and Kuwait Oil Company • Governorates
<i>Related acts</i>	<ul style="list-style-type: none"> • Framework Act on Health and Medical Services • Health Promotion Act • Regional Public Health Act

3.2. Policy 3-2. Health Service Quality Assurance System

d. Purpose

The Health Service Quality Assurance System aims to ensure the delivery of high-quality care and services. It is designed to monitor indicators of clinical, service, and structural quality in health and medical fields.

e. Policy statement

The Health Service Quality Assurance System includes programs and protocols to monitor clinical quality indicators, to ensure safety of treatment, to improve the patient experience, and to ensure a continuum of care.

f. Implementation

<i>Timeline</i>	<ul style="list-style-type: none">• <i>Development: 2018-2019</i>• <i>Legislation: 2019-2020</i>• <i>Preparation period for hospitals: 2021-2022</i>• <i>Implementation: from 2023</i>
<i>Regulators</i>	<ul style="list-style-type: none">• <i>Ministry of Health</i>
<i>Operators</i>	<ul style="list-style-type: none">• <i>Professional Health Association or Institute for Health Service Quality Assurance</i>
<i>Related acts</i>	<ul style="list-style-type: none">• <i>Framework Act on Health and Medical Services</i>• <i>Health Promotion Act</i>• <i>Regional Public Health Act</i>

4. Policy Group 4: Health Promotion Policy

Current situation

Disability-adjusted life years (DALYs) quantify both premature mortality and disability within a population. One DALY can be thought of as one lost year of “healthy” life, according to the WHO. In 2016, the top 10 causes DALYs in Kuwait are (in order, beginning with the most prevalent cause) are: high body-mass index, dietary risks, high fasting plasma glucose, high blood pressure, high total cholesterol, occupational risks, tobacco, air pollution, malnutrition, and alcohol and drug use. From 2005 to 2016, certain causes of DALYs in Kuwait have grown by enormous magnitudes, with increases as follows: for alcohol and drug use (86.4 percent increase); occupational risks (82.4 percent); air pollution (65.9 percent); high body-mass index (63.1 percent); high total cholesterol (49.6 percent); dietary risks (47.5 percent); tobacco (47.5 percent); high blood pressure (43.5 percent); high fasting plasma glucose (40.9 percent); and malnutrition (7.7 percent) (IHME, 2017).

Lifestyle changes among adolescents and adults are causing an enormous burden on health and health care:

- The physical inactivity rate of students aged 13-15 grew during the 2011-2015 period, and the percentage of students who said they smoked cigarettes on one or more days during the past 30 days grew from 15.9 percent to 21.7 percent. Female students’ smoking rates nearly doubled in the same period (from 7.5 percent to 14.5 percent) (GSBSHS, 2012; 2016).
- Adults’ physical inactivity rates grew as well, from 51.02 percent to 65.75 percent over the 2011-2015 period. The prevalence of high total cholesterol also increased, from 16.33 percent to 22.24 percent. Adult smoking rates also increased, from 14.24 percent in 2014 to 18.04 percent in 2015. (MOH, 2015; 2016).

Barriers

The gaps in and the absence of effective public health promotion measures and services are major contributors to the growth of unhealthy lifestyles in Kuwait.

Weaknesses in the current state of health promotion policies include: insufficient health-promoting laws, policies, and programs; insufficient policies for the prevention of noncommunicable diseases and for the promotion of activities that contribute to a healthy lifestyle; insufficient national programs to promote and provide for physical activities; insufficient nutritional education programs; and a lack of community participation mechanisms to promote good health (UNIATF, 2017; WHO, 2017).

Kuwait lacks an adequate public health funding system. Thus, earmarked public health taxes on tobacco and sugar could provide sources of revenue for public health investments to encourage healthier lifestyles and to discourage unhealthy behaviors. International organizations have recommended levying so-called “sin taxes” on alcohol, tobacco, and sugar, with the proceeds being invested into public health measures (WHO, 2014; UNIAFT, 2017).

4.1. Policy 4-1. Health Promotion Policies and Programs

a. Purpose

Public health promotion entails a process of encouraging people to increase control over, and to improve, their health. It focuses both on individual behaviors and on a wide range of social and environmental interventions (WHO, 2018b).

The purpose of this policy is to improve the health of the citizens of Kuwait by providing them with the correct knowledge about health, so that they can cultivate awareness of the value of maintaining good health, and take responsibility for their own health. It also seeks to create conditions that make it easier for people to adopt healthy lifestyles and habits.

b. Policy statement

This policy focuses on the formulation of laws, acts, policies and programs that build capacity to help society meet national health care needs.

This policy emphasizes a society-wide focus on the prevention of disease and the promotion of public health. Population-wide measures are needed help to reduce risk factors, such as those from salt intake and trans fats in food, and to highlight links to noncommunicable diseases.

- *Policies - formulation of the Health Promotion Policy and Act; national nutrition policies and fast food regulation; mental health policies and act; environmental and occupational health laws; patient rights and safety acts.*
- *Programs - development of programs that target public health (through national and community-based avenues); nutrition (through education and public awareness campaigns); breastfeeding; and occupational health.*

c. Implementation

Timeline	<ul style="list-style-type: none"> • <i>Policy development: 2018-2019</i> • <i>Legislations: 2019-2020</i> • <i>Implementation: from 2021</i>
Regulators	<ul style="list-style-type: none"> • <i>General Secretary of Supreme Council for Planning and Development</i> • <i>Ministry of Health</i>
Operators	<ul style="list-style-type: none"> • <i>General Secretary of Supreme Council for Planning and Development</i> • <i>Ministry of Health</i> • <i>Related Ministries and Public Authorities: Ministry of Education; Ministry of Higher Education; Ministry of Finance; Ministry of Defense; Ministry of Oil; Ministry of Interior; Ministry of Social Affairs and Labor; Public Authority for Food and Nutrition; Public Authority for Applied Education & Training; Public Authority for Youth & Sports; Public Authority for Special Needs; Public Environment Authority; and Kuwait Oil Company</i> • <i>Governorates</i>
Related acts	<ul style="list-style-type: none"> • <i>National Health Promotion Act</i> • <i>Regional Public Health Act</i>

4.2. Policy 4-2. Healthy City Initiative

a. Purpose

The purpose of Healthy City Initiative is to create and improve physical and social environments, and to expand community resources that enable people to mutually support each other in performing all the functions of life, and to developing to their maximum potential.

b. Policy statement

The Healthy City policy aims to promote comprehensive local strategies that promote both health and sustainable development. It is designed to ensure that the social determinants of health and well-being are taken into consideration in urban design and urban governance. Under this philosophy, matters such as creating a health-supportive environment; achieving a good quality of life; providing basic sanitation and hygiene needs; and supplying access to health care should be high on the agenda of urban planners and decision-makers.

Key features of an effective Healthy City Initiatives include:

- high political commitment
- inter-sectoral collaboration
- community participation and empowerment
- integration of activities in elemental settings
- development of a city health profile and a local action plan
- periodic monitoring and evaluation
- participatory research and analyses
- information sharing
- involvement of the media
- incorporation of views from all groups within the community
- mechanisms for sustainability
- linkages with community development and human development
- national and international networking (Omi, 2000)

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Policy development: 2018-2019</i> • <i>Legislations: 2019-2020</i> • <i>Implementation: from 2021</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • <i>Ministry of Health</i> • <i>Related ministries and public authorities: Ministry of Education; Ministry of Interior; Ministry of Electricity & Water; Ministry of Social Affairs and Labors; Ministry of Public Works; Ministry of Communication; Ministry of Information; Ministry of Finance; Ministry of Commerce & Industry; Ministry of Higher Education; Ministry of Oil; Fire Service Directorate; Public Authority for Youths & Sports; Public Environment Authority; and Public Authority for Special Needs</i> • <i>Governorates</i>
<i>Related acts</i>	<ul style="list-style-type: none"> • National Health Promotion Act • Regional Public Health Act

4.3. Policy 4-3. Public Health Taxes

a. Purpose

Earmarked public health taxes are intended to increase the price of goods that have adverse effects on health. They aim to reduce consumption of such goods, generate revenues for the health sector, and compensate society for the increased health system costs associated with the consumption of these goods.

b. Policy

This White Paper advocates an earmarked public health tax that would apply to two key goods that adversely affect health: tobacco and sugar. The public health tax policy includes the following: scoping of taxation methods; scenarios regarding various tax rates; expected revenues; expected preventive effects on the incidence of cardiovascular disease, diabetes, obesity, and cancer; possible adverse effects; and the utilization of the revenues from public health taxes.

An earmarked tax means that, in principle, revenues are targeted toward a specific purpose - in this case, health-related issues. Earmarking is often referred to in discussions about how to raise revenues for the health sector. This is because earmarking has a dual role in mobilizing funds and creating disincentives for unhealthy behaviors (WHO, 2018).

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • Policy development: 2018-2019 • Legislation: 2020 • Implementation: from 2021
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Finance
<i>Related acts</i>	<ul style="list-style-type: none"> • National Health Promotion Act

5. Policy Group 5: Health Financing Policy

Current status

Traditionally Kuwait has focused on primary health care offered through the NHS. The prevailing policy regarding privatization for hospitals and insurance, however, has changed the country's health care landscape. The system now has a treatment- and tertiary-oriented focus. Health inequities have surfaced. The current situation, which includes paying for patients to seek treatment abroad, has led to growing financial burdens for the country. Per capita health expenditure increased from KWD 336 in 2012 to KWD 451 in 2015. In absolute terms, private health expenditures have also grown - from KWD 171 million in 2012 to KWD 284 million in 2015; at the same time, however, private expenditure as a percentage of total health care sector spending decreased from 20 percent in 2005 to 16 percent in 2015 (Annex Table 4).

Though health care sector expenditures are relatively low as a percentage of total spending, measured per capita expenditures on health care more than doubled in Kuwait, rising from USD 618 in 1995 to USD 1,385 in 2014, according to Global Investment House. The Oxford Business Group estimates that Kuwait's rate of growth on health care expenditures may have been one of the highest worldwide in the period (Oxford Business Group, 2017).

The privatization policy has spurred diversification of services and the expansion of private hospitals, and it has contributed to expanding infrastructures and health care markets. At the same time, however, it has caused changes in medical care consumption patterns, leading to financial and service challenges for the NHS. As a result, financial flows in Kuwait's health sector have become more complex.

Barriers

Kuwait lacks a system to provide proper oversight for the private medical markets. The current dual system - consisting of the NHS and Private Health Insurance (PHI) - causes market complexity, presents a challenge to universal health coverage, leads to high levels of health expenditures, exacerbates inequities in health service provision, and leaves patients vulnerable to abuse.

One potential way to address these concerns is for the National Health Insurance System to move toward incentivizing individuals to take greater responsibility for their own health, so that the system promotes individuals' healthy lifestyles, which, in turn, will lead to improved levels of health and well-being among the population, reduced cost burdens for the system, and, as a result, greater financial sustainability. A feasibility study is needed to find a model best suited to the situation confronting Kuwait.

To ensure both universal health coverage and financial sustainability, the current financial support system must change. This White Paper proposes a fundamental shift from a dual system including the National Health Service and Private Health Insurance System to a system that combines National Health Insurance and a Medical Aid Program to provide a social safety net for low-income employees and households (Chun, Siddiqui, 2018).

5.1. Policy 5-1. National Health Insurance

a. Purpose

National Health Insurance aims to improve residents' health and promote social security by providing citizens with comprehensive insurance benefits that cover health care needs, from childbirth through the end of life. Insurance will address the prevention, diagnosis, and medical treatment of and rehabilitation from diseases and injury, and measures for the improvement of health.

b. Policy statement

The National Health Insurance Plan is intended to cover the whole population residing within Kuwait. The major sources of financing will be contributions from the insured and government subsidies.

The policy is designed to: foster social solidarity and integration; ensure that benefits are reasonable and health care expenses are fairly shared; and make beneficial use of health care risk pooling and income redistribution.

Key features include: compulsory insurance, with exceptions for beneficiaries whose incomes are below the national poverty line, making them eligible for the Medical Aid Program (which is addressed in the next section); graduated contributions according to individuals' income levels; strict enforcement of the collection of required financial contributions; short-term insurance; short-term payments; and provision for annually balanced finances.

The National Health Insurance Plan will be governed by the National Health Insurance Services (NHIS), which will address the operational structure; financial resources; the population to be covered; the imposition and collection of contributions; National Health Insurance for foreigners; the health care delivery system; insurance benefits and co-payments; and reimbursement mechanisms.

The insurance is intended to cover customized, total health care services through every stage of the life cycle. It includes regular health checkups and the promotion of healthy lifestyles.

The plan includes a component to provide insurance for long-term care. The plan for long-term insurance addresses: the operational structure; financial resources; eligibility and beneficiaries; insurance benefit application and certification procedures; long-term care insurance benefits and co-payments; and reimbursement mechanisms.

c. Implementation

Step 1. Studies to model the most appropriate health financing system for Kuwait

Studies that make use of health financing system modeling will be conducted compare the current system used in Kuwait (the combination of NHS and PHI) with the proposed system (incorporating the National Health Insurance and the Medical Aid Program).

Step 2. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Policy development: 2018-2019</i> • <i>Legislation: 2020</i> • <i>Preparation: 2021</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health/ Ministry of Finance
<i>Related acts</i>	<ul style="list-style-type: none"> • National Health Insurance Act

5.2. Policy 5-2. Medical Aid Program

a. Purpose

Medical Aid is designed to provide targeted health care to people living under the national poverty line. As such, it is designed to contribute to the improvement of national health and

the enhancement of social welfare by providing medical benefits to those who cannot afford to purchase it.

b. Policy overview

Medical Aid will provide benefits for all medical needs (illness, injury, childbirth, etc.) of eligible recipients. Medical Aid will provide coverage for: medical consultations and examination; medicines and medical devices needed for treatment; surgery and other remedies for health care needs; prevention-oriented services; rehabilitation needs; hospitalization; nursing; and transfers to other hospitals and other measures needed for medical purposes.

c. Implementation

Step 1. Model studies of health financing systems

Studies that make use of health financing system modeling will be conducted to compare the current system used in Kuwait (the combination of NHS and PHI) with the proposed system (incorporating the National Health Insurance and the Medical Aid Program). Models will examine and compare systems that have been used by Singapore and Korea for their comparability to the needs of Kuwait.

Step 2. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Policy development: 2018-2019</i> • <i>Legislation: 2020</i> • <i>Preparation: 2021</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Interior • Ministry of Finance • Governorates
<i>Related acts</i>	<ul style="list-style-type: none"> • Medical Care Assistance Act

6. Policy Group 6: Health Workforce Policy

Current status

Kuwait has a skilled workforce with considerable human capital and high potential, but the health workforce at present faces challenges. Kuwait's health care workforce relies heavily on foreign workers. In 2015, 62 percent of doctors and 94 percent of nurses were immigrants. Such heavy reliance on the recruitment of immigrants for the medical workforce makes it difficult for Kuwait to maintain its knowhow and knowledge stores in medicine and health care. Wages for immigrant nurses are low. This presents a disincentive for Kuwaiti citizens to enter the nursing profession. The reliance on doctors for administrative matters has proved to be a barrier for recruiting trained administrative specialists to provide health care leadership. As a result, Kuwait's health care administrators often lack sufficient training. At present, women represent 85 percent of medical students; thus, the future health care work force is likely to exhibit a gender imbalance. Kuwait lacks specialists in a number of areas, including health education, public health, health planning and

management, health information and data analysis, social work, and psychology (Annex Table 4).

Barriers

Kuwait lacks a long-term health workforce plan and health workforce management system. These are needed to address educational and training processes for pharmacist, nurses, and related professional positions in Kuwait. Key issues include the following:

- Improving the competencies of doctors, nurses, and other health care professionals is essential for improving the quality of health services in Kuwait.
- A long-term plan is urgently needed to build the health care workforce. A viable plan needs to expand the ranks and caliber of health professionals, whose positions should be carefully described and defined.
- Kuwait needs to take steps to conform to internationally recognized accreditation requirements to strengthen medical laboratory services.
- It is essential to establish training systems for specialized certificate courses for “sub-professional” health care staff. Training programs and career incentives are needed for health care workers. Kuwait should address competency skills that will be needed within the workforce so that workers can adapt to the new emphasis on disease prevention, and can continue to provide treatment-oriented health care services.

6.1. Policy 6-1. Health Workforce Plan 2030

a. Purpose

The Health Workforce Plan aims to optimize workforce capacity so that workers can best serve the needs of patients, and can meet present and future demand. Aspects of the plan address operational strategies, and workforce education, training, and development.

b. Policy statement

The National Health Workforce Plan is a set of goals and objectives with 10-year targets designed to achieve the optimum workforce capacity to best serve the needs of health care clients, and to ensure that workforce supply meets present and future demand.

Scope: The policy addresses the full array of the health care workforce: doctors, dentists, nurses, midwives, pharmacists, allied health care and dental care professionals and staff, social workers, psychologists, workers providing therapeutic services, health care scientists, clinical support service workers, health care administrators and clerical workers, and specialists in health management and policy, health education, health assessment, and health information technology.

A workforce profile report should be generated to provide an overview of the current health care workforce, anticipated future workforce needs, and relevant trends.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Plan development: 2018-2019</i> • <i>Legislation: 2019-2020</i> • <i>Midterm evaluation and amendment: 2025</i> • <i>Final evaluation: 2029</i> • <i>Development of new health workforce plan 2040: 2029-2030</i> • <i>Agenda: Creation of a 10-year plan with evaluation and modification in five years</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Higher Education • Civil Service Commission
<i>Related acts</i>	<ul style="list-style-type: none"> • Framework Act on Health and Medical Services

6.2. Policy 6-2. Establishment of Health Professional Schools*a. Purpose*

This policy aims to establish health professional schools that will enable Kuwait to provide workers with the education, training, and skills necessary to become qualified health professionals to meet the country's health care needs. The policy aims to design and create schools that can train: doctors, nurses, pharmacists, community health practitioners, and specialists in health education, health information technology, and health policy and management.

b. Policy statement

The policy aims to design and establish health professional schools according the recommendations generated by the National Health Workforce Plan 2030. Plans include the establishment of a nursing school, a graduate school of public health, and a graduate school of pharmacology.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Plan development: 2018-2019</i> • <i>Legislation: 2020</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Higher Education • Civil Service Commission
<i>Related acts</i>	<ul style="list-style-type: none"> • Framework Act on Health and Medical Services • Higher Education Act

6.3. Policy 6-3. Health Workforce Management System

a. Purpose

This policy aims to maximize competencies and performance levels of the health care workforce in Kuwait. The policy addresses all activities related to creating and maintaining a productive workforce. Relevant areas include recruiting, budgeting, forecasting of workforce needs, performance and training management, and data collection and analysis.

b. Policy statement

This policy aims to develop and manage the health workforce system. Provisions address: governance structure; planning and management; the development, recruitment, and training of the health care workforce; and the development of a related human resource information system.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • System development: 2018-2019 • Legislation: 2019-2020 • Implementation: from 2021
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health • Civil Service Commission • Public Authority for Applied Education and Training
<i>Related acts</i>	<ul style="list-style-type: none"> • Framework Act on Health and Medical Services

7. Policy Group 7: Health Information and Technology Policy

Current status

A major weaknesses of the health care system in Kuwait at present regards its health information system, which lacks functionality, automation, and an electronic medical records system. A population-based data-generation system is needed to integrate and unify information available in the health care system, and to ensure that evidence-based policy making and decision-making can take place using accurate stores of information. Many of health data surveys and collection systems in Kuwait are decentralized and fragmented. The absence of interlinkages and unified data leads to a lack of consistency in the information available. Additional surveys are needed to gather data on environmental health risks.

Barriers

Health information resources evidence a number of weaknesses (Alajeel, 2017). Kuwait does not have up-to-date legislation that provides a framework for health information on matters such as registration; notification about communicable diseases; private-sector data; and functional principles of official statistics. Although computers are available at the relevant national offices, offices at regional, provincial, and district levels lack sufficient computers.

Health information service data management is also weak (Alajeel, 2017). Existing subnational-level data storage systems only exist in part, and reports are not accessible to various users. A metadata dictionary exists, but it does not provide comprehensive definitions about the data.

7.1. Policy 7-1. National Health Information Development Plan

TABLE 2

Categories of Treatment Abroad Cases in 2017

	Cases	%
Tumors	786	39.36
Bone	318	15.92
Childhood illness	273	13.67
Stomach	228	11.42
Heart	170	8.51
Other (teeth, skin, etc.)	222	11.12
Total	1,997	100.00

Source: Abdul-Ghfoor, Al-Enezie. Report on medical treatment abroad program. MOH, 2018.

a. Purpose

The National Health Information Development Plan aims to support policy decision-making based on evidence, to drive efficient data generation and administration, and to provide information needed to evaluate the results of policy measures.

b. Policy statement

The National Health Information Development Plan consists of a set of goals and objectives with five-year targets designed to guide the development of health information technologies to improve the health of all people in Kuwait.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Plan development: 2018-2019</i> • <i>Legislation and preparation: 2020</i> • <i>Implementation: from 2021</i> • <i>Midterm evaluation: 2023</i> • <i>Development of new Health Information Development Plan: 2025</i> • <i>Agenda: Creation of five-year plan, with evaluation and modification in two to three years</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health/ National Center for Health Information
<i>Related acts</i>	<ul style="list-style-type: none"> • Health and Medical Service Technology Promotion Act • National Health Promotion Act • Regional Public Health Act

7.2. Policy 7-2. Establishment of the “Ubiquitous Health Information and Data Platform”

a. Purpose

The Ubiquitous Health Information and Data Platform aims to effectively use mobile and electronic health technologies to deliver real-time insights on health and health care outcomes.

b. Policy statement

The Ubiquitous Health Information and Data Platform aims to usher in a complete transition from paper-based medical records to an electronic medical records system. It aims to be a full primary care information service. The platform will establish a flexible computerized information system with sufficient connectivity between different modular sub-systems to allow for the input and retrieval of data at all levels of the system through an established authorization procedure. The platform intends to automatically connect information systems involving civil registration, immigration, and health care.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Plan development: 2018-2019</i> • <i>Legislation: 2020</i> • <i>Implementation: from 2021</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health/ National Center for Health Information
<i>Related acts</i>	<ul style="list-style-type: none"> • Health and Medical Service Technology Promotion Act

7.3. Policy 7-3. Health data and survey integration

a. Purpose

This policy is designed to ensure efficiency, consistency, regularity, reliability and accuracy of relevant health care data and information – particularly population-based data - to allow for effective evidence-based policy decision-making.

b. Policy statement

The policy is designed to bring all relevant data and information into one platform. These data will include: patients' vital statistics; information from the public health information system; industrial and environmental pollution data; and information from surveys on patient satisfaction, student health, and other health-related and population-based surveys.

All health data need to be integrated and interlinked. These data include: census data, vital statistics, findings from population-based surveys, health and disease records, health service records, and health resource records. In addition, new health-related data are needed. For example, surveys are needed to generate data on the state of national health and nutrition, the monitoring of noncommunicable diseases, and the extent of industrial and environment pollution.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Plan development: 2018-2019</i> • <i>Legislations: 2020</i> • <i>Implementation: from 2021</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • Ministry of Health
<i>Operators</i>	<ul style="list-style-type: none"> • National Center for Health Information
<i>Related acts</i>	<ul style="list-style-type: none"> • Health and Medical Service Technology Promotion Act • National Health Promotion Act • Regional Public Health Act

8. Policy Group 8: Health Industry Policy

Current status

According to a report by the Kuwait Foundation for the Advancement of Sciences (Marmore, 2017), the health care field offers a key opportunity for economic growth and development in Kuwait. At present, the size of the workforce needs to grow to meet demand. At the same time, health care education and technological skills are lacking among the existing workforce. As a result, a growing number of patients are seeking treatment

abroad. The number of those seeking treatment overseas has quadrupled in recent years, from 3,869 cases in 2013 to 16,085 cases in 2017 (Table 1). Patients most frequently seek overseas care for the treatment of tumors (which represent 40 percent of all overseas cases), bone diseases (16 percent), childhood illnesses (14 percent) stomach diseases (11 percent), and heart disease (9 percent) (Table 2).

Barriers

The current situation underscores the challenges that are emerging in the absence of a national health industry development plan to address national needs in medical care, and related pharmaceutical and health care technologies. Kuwait also lacks a hospital that focuses on “translational” medical research, in which patient care can be informed by the most recent advances from the medical research frontier. As a result, Kuwait now finds itself dependent on foreign countries for the provision of many health care services, pharmaceutical products, and medical technologies.

An essential component for improving Kuwait’s health care landscape is the creation of a health industry development plan that includes a comprehensive national pharmaceutical and health technology policy to supply the country with the greater technical knowledge and expertise that can underpin health care excellence.

This presents an opportunity for Kuwait to both improve health care and to bolster its economy. Health technologies are leading components of growth in the economies of many countries, including Germany India, Japan, Singapore, Thailand, the UK, and the USA. At the same time, application of latest medical knowledge through translational research, as practiced in research-oriented teaching hospitals, offers one of the most effective ways to impact health care (Qidwai, 2016).

- Research hospitals generate new knowledge, and then incorporate this knowledge into clinical practice. Demand for the use of cutting-edge knowledge (and new technologies and treatments) in medicine is growing. Modern medicine’s increasing ability to understand and cure many diseases, and the use of new technologies, have advanced diagnoses and treatments. These advances have also made medical care more complex. At the same time, information about such treatments is widely available to would-be patients via the Internet. The creation of a National Health Industry Plan offers an opportunity to spur innovation by bringing health research and health technologies to Kuwait.
- Such a plan makes financial sense. Building innovative, research-oriented medical hospitals and facilities and investing in the cutting-edge technologies they use can help the government reduce costs it incurs in sending patients abroad. Such facilities also have the potential to attract “medical tourists” from other countries.

8.1. Policy 8-1. National Health Industry Development Plan 2030

a. Purpose

The National Health Industry Plan is a long-term plan that aims to develop health R&D, with a focus on selected health technologies. It is intended to develop the health care industry in Kuwait, and to enhance the confidence of the people of Kuwait in preventive and treatment-oriented services that are offered within the country.

b. Policy overview

The National Health Industry Plan 2030 consists of a set of goals and objectives with 10-year targets designed to guide development of the health care industry and related technologies in Kuwait to enhance the services available to its residents. It includes plans for the following: a global medical hub, and industries that incorporate bio-health, pharmaceuticals, medical devices and instruments, healthy foods, and beauty cosmetics.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Plan development: 2018-2019</i> • <i>Legislation: 2019-2020</i> • <i>Midterm evaluation and amendment: 2025</i> • <i>Final evaluation: 2029</i> • <i>Development of new National Health Industry Plan 2040: 2029-2030</i> • <i>Agenda: development of a 10-year plan/ evaluation with modifications in five years</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Commerce and Industry • Ministry of Finance
<i>Related acts</i>	<ul style="list-style-type: none"> • Health and Medical Service Technology Promotion Act

8.2. Policy 8-2. Global translational research complexes and medical hub

a. Purpose

This policy seeks to develop translational research complexes and a medical hub to spur innovation in health knowledge and technologies within Kuwait, to establish world-class facilities, and to attract inbound medical tourism from around world.

b. Policy overview

Goals and objectives related to the establishment of global translational research complexes and a world-class medical hub within Kuwait set 10-year targets designed to guide and oversee health technology development, and state-of-the art research and practice for disease prevention, medical treatment, and the health care industry overall to improve the health of all people in Kuwait.

c. Implementation

<i>Timeline</i>	<ul style="list-style-type: none"> • <i>Plan development: 2018-2019</i> • <i>Legislation: 2019-2020</i> • <i>Implementation: from 2021</i> • <i>Agenda: development of a 10-year plan with evaluation and modification in five years</i>
<i>Regulators</i>	<ul style="list-style-type: none"> • General Secretary of Supreme Council for Planning and Development
<i>Operators</i>	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Commerce and Industry • Ministry of Higher Education
<i>Related acts</i>	<ul style="list-style-type: none"> • Health and Medical Service Technology Promotion Act

III. Call for Action: Achieving a Holistic Health System



I. Policy Making

I.1. Policy making through policy research

A holistic health system requires interdisciplinary policy research and attention to policy details to create a system that is truly seamless.

Health policy refers to the actions taken by the government to improve the quality of life for all at all ages. The process of establishing and carrying out such a policy entails several stages, including agenda building, formulation, adoption, implementation, evaluation, and modification (as needed).

Policy making is the act of creating laws and setting standards for a government. Policy research related to Kuwait's pursuit of a holistic health system should focus to a greater extent on practical actionable and adaptive measures rather than on theoretical aspects.

I.2. Policy research agendas

To create conditions needed to establish a holistic health system, this White Paper has developed seven policy research agendas designed to provide directions and strategies that will support

evidence-based policy making that, in turn, can serve as foundations for the overall system.

Agenda 1. Establishment of a National Health Master Plan including the National Health Plan 2030; the Annual Action Plan for Health 2020/2021; and the Health Service Quality Assurance System

Agenda 2. Restructuring of governance structures and health organizations, including the service delivery system

Agenda 3. Development of health promotion policies, laws and programs; the Healthy City Initiative, and earmarked taxes on tobacco and alcohol

Agenda 4. Strengthening the health financing system, including National Health Insurance and Medical Aid

Agenda 5. Establishment of the National Health Industry Development Plan, including the National Health Industry Plan 2030 and the Global Translational Research Complexes and Medical Hub Plan

Agenda 6. Development of the Ubiquitous Health Information and Data System, including the National Health Information Development Plan; Establishment of the Ubiquitous Health Information and Data Platform; and the integration of health-related and survey data

Agenda 7. Establishment of the National Health Workforce Development Plan 2030, including the development of the National Health Workforce Plan, establishment of health professional schools, and establishment of the Health Workforce Management System

1.3. Policy research action

A sequence of steps and activities must be undertaken for policy research to be effectively translated into policy action, to achieve desired results, and to reflect new goals of a holistic system.

- **Collaboration.** The key governance structure proposed here relies on collaborative relationships among key organizations: GSSCPD, KPPC, and KFAS.
- **Process.** Policy research and management are organized into six stages: 1) approval of proposals, 2) public advertising, 3) selection, 4) research, 5) feedback, and 6) finalizing.

In a holistic health system, all policy agendas interlink to cover every dimension of health within the wider system. Therefore, the research agendas are of crucial importance to maintain consistency, to achieve strategic objectives, and to inform proposed policies as intended. So, the timeline of the research action plan is divided into three steps according to ordering of research (Chun, 2018b).

All research needs to be completed by the end of 2019 for the Kuwait National Development Plan 2020-2025 to reflect the research findings.

2. Enactment of Acts

2.1. Efforts on Enacting Acts

Legislation is essential to ensure the sustainability of the proposed policy. The government has been striving to enact laws and practices that support health policy and national development plans. The midrange development plan 2015-2020 includes public health policies that focus on legislative requirements, including new legislation and existing law amendments. Among related legislation are:

- The Mental Health Act (originally named the Psychological Health Law), which was submitted to the Parliament in 2015. (It remains in Parliament, where it has yet to be brought up for a vote.)
- The Patients' Rights Law, which has yet to be submitted to Parliament.
- Amendments to existing laws, including those addressing issues related to smoking, pharmaceutical regulations, and the establishment of therapeutic institutions.

The Ministry of Health has previously enacted and amended legislation on health insurance (including regulation of insurance for retirees and for nationals and non-national residents of Kuwait) and health promotion (including legislation addressing environmental protection, child protection, and smoking, nutrition, food, and food security).

2.2. Enact and Amend Acts

To ensure a holistic health system and the sustainability of policies suggested, the following acts need to be enacted (or, in the case of existing acts, amended) and integrated into policy:

a. Framework Act on Health and Medical Services

The purpose of Framework Act on Health and Medical Services is to prescribe the rights and duties of nationals and the obligations of the state and local governments, with regard to health and medical services, and to provide for basic matters on the supply of and demand for health and medical services, thereby contributing to the development of health and medical services and the improvement of national health and welfare.

b. National Health Promotion Act

The purpose of the National Health Promotion Act is to improve the health of the citizens by providing them with the correct knowledge about health, with which they can cultivate awareness of the value of and take responsibility for their own health, and by fostering an environment that promotes healthy living for individuals and society as a whole.

c. National Public Health Act

The purpose of the Public Health Act is to contribute to promoting the health of residents through effective implementation of health policies by addressing matters relating to the establishment and operation of national health care institutions, such as public health centers; and by undertaking matters necessary for national health care institutions to perform their functions effectively in alliance and cooperation with health care-related institutions and organizations.

d. Health and Medical Service Technology Promotion Act

The purpose of the Health and Medical Service Technology Promotion Act is to contribute to the sound development of the health care and medical services industry and the promotion of national health by establishing the master plan for the promotion of health and medical services technologies; establishing the foundations needed to promote research and development projects for health and medical service technologies; and addressing matters concerning the certification of new technologies, and health and medical service tools and practices.

e. National Health Insurance Act

The purpose of the National Health Insurance Act is to improve residents' health and promote social security by providing residents with insurance benefits for the improvement of health by covering childbirth, and the prevention, diagnosis, and medical treatment of and rehabilitation from diseases and injury.

f. Medical Care Assistance Act

The purpose of the Medical Care Assistance Act is to contribute to the improvement of national health and the enhancement of social welfare by providing medical benefits to people who are living below the poverty line, and who could otherwise not afford access to health care.

g. Higher Education Act

The purpose of the Higher Education Act in the context of the pursuit of a holistic health care system for Kuwait is to provide the education and training needed by the wide range of health professionals in the health care system.

3. Implementation**3.1. Stakeholders, Actions, and Timeline**

The implementation plan aims to translate health policies into legal and regulatory frameworks. It describes the timeline, and the needed stakeholder actions at all stages of the process (policy research, legalization, implementation, monitoring and evaluation, and feedback stages).

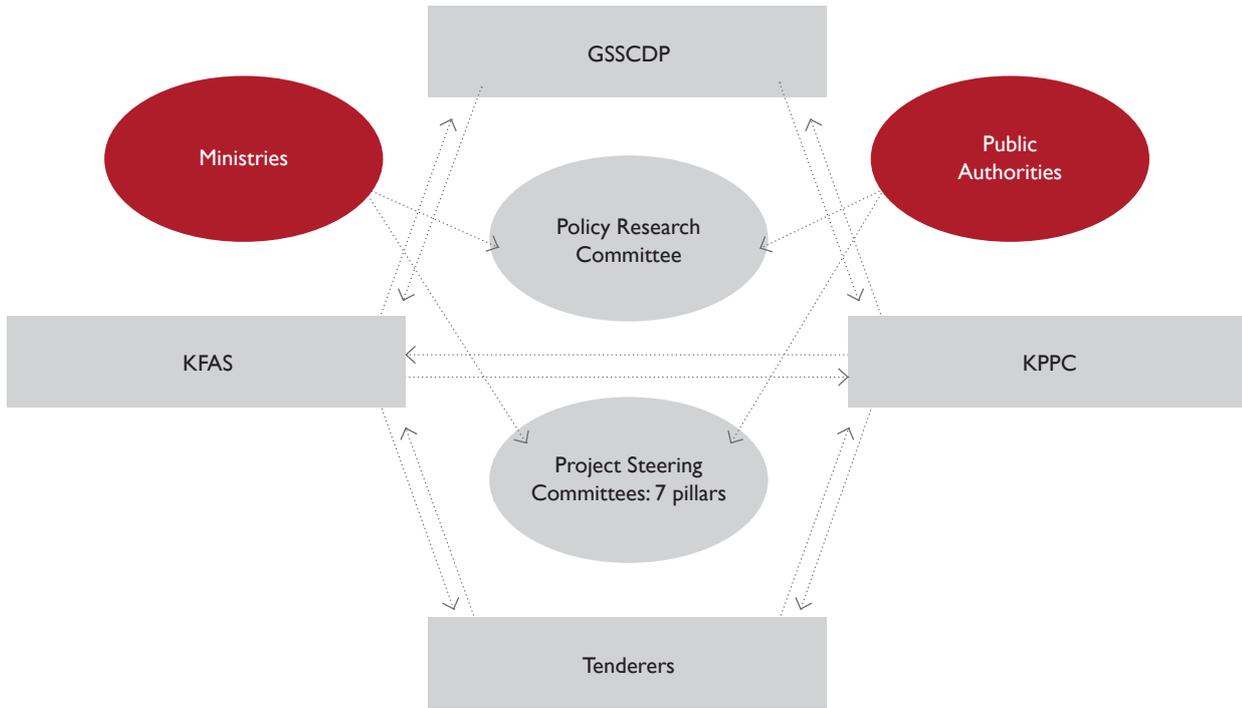
a. Policy-making stage

Effectiveness at the policy-making stage requires strengthening partnerships among key stakeholders. Figure 2 shows the governance structure and relationships among related stakeholders and organizations in the policy-making stage. Table 3 shows roles of each stakeholder for policy research and policy making.

GSSCPD is the key body that governs all parts of policy pillars, assuring strategic directions of the new Kuwait Development Plan 2035. The Kuwait Foundation for the Advancement of Science (KFAS) takes the role of the research management institute for administrative and procedural issues regarding research. The Kuwait Public Policy Center

FIGURE 2

Policy Research Governance Structure and Partnership Among Key Stakeholders



(KPPC) directs all policy research to ensure high-quality research results and to provide public policy support for GSSCPD.

There are two committees: a policy research committee and a project steering committee. The policy research committee consists of the Secretary General of the Supreme Council for Planning and Development the Director General of KFAS, and stakeholders of other related ministries; the KFAS manager, KPPC coordinator, and policy advisers serve as observers. There are seven policy research steering committees to handle each KNDP pillar (administration, economy, infrastructure, living environment, health care, education and human capital, and international positioning). The committee for the health care pillar consists of the KFAS manager, KPPC project manager, a health policy adviser, a representative of academia, and the heads of government departments related to policy research.

TABLE 3

Roles of Stakeholders on Policy Research and Policy Making

Stakeholder	Roles
GSSCPD	<ul style="list-style-type: none"> • Responsibility for development of all policy making • Chair of policy research committee
KFAS	<ul style="list-style-type: none"> • Responsibility for policy research operation
KPPC	<ul style="list-style-type: none"> • Responsibility for policy research contents and quality
Policy Research Committee	<ul style="list-style-type: none"> • Approval of policy research agenda and outputs
Health Policy Research Steering Committee	<ul style="list-style-type: none"> • Guide health policy research and contents • Select tenderers and direct research content
Ministry of Health	<ul style="list-style-type: none"> • Policy research committee member • Health policy research steering committee member
Ministry of Finance	<ul style="list-style-type: none"> • Policy research committee member
Ministry of Commerce and Industry	<ul style="list-style-type: none"> • Policy research committee member • Health policy research steering committee member
Ministry of Higher Education	<ul style="list-style-type: none"> • Policy research committee member
Ministry of State for Youth Affairs	<ul style="list-style-type: none"> • Policy research committee member • Health policy research steering committee member
Public Authority for Sports	<ul style="list-style-type: none"> • Health policy research steering committee member
Environment Public Authority	<ul style="list-style-type: none"> • Health policy research steering committee member
Public Authority for Disabled	<ul style="list-style-type: none"> • Health policy research steering committee member
Youth Public Authority	<ul style="list-style-type: none"> • Health policy research steering committee member
Public Authority for Food and Nutrition	<ul style="list-style-type: none"> • Health policy research steering committee member
National Center for Health Information	<ul style="list-style-type: none"> • Health policy research steering committee member
Kuwait University	<ul style="list-style-type: none"> • Health policy research steering committee member
Civil Society & Professional Association	<ul style="list-style-type: none"> • Health policy research steering committee member

TABLE 4

Roles of Stakeholders in Legislation

Stakeholder	Roles
Kuwait National Assembly	<ul style="list-style-type: none"> • Legislation
Health Committee in the National Assembly	<ul style="list-style-type: none"> • Deliberation of the acts
Supreme Council for Planning and Development	<ul style="list-style-type: none"> • Approval to submit all acts to the National Assembly
Ministry of Health	<ul style="list-style-type: none"> • Drafting amendment of Framework Act on Health and Medical Services • Drafting National Health Promotion Act • Drafting Regional Public Health Act • Drafting National Health Insurance Act • Drafting Medical Assistance Act • Drafting Health and Medical Service Technology Promotion Act • Collaboration to draft amendments to the Higher Education Act
Ministry of Higher Education	<ul style="list-style-type: none"> • Drafting amendment of the Higher Education Act
Ministry of Commerce and Industry	<ul style="list-style-type: none"> • Collaboration to draft Health and Medical Service Technology Promotion Act
Civil Service Commission	<ul style="list-style-type: none"> • Collaboration to draft amendments to the Higher Education Act
Legal Advice and Legislation	<ul style="list-style-type: none"> • Advice for legislation of the acts

b. Legislation stage

At the legislation stage, close collaboration and partnerships among stakeholders are essential. Parliament enacts new legislation or amends existing legislation on the basis of government proposals. Ministries and public authorities draft the legislation proposals. GSSCPD plays a key role in coordinating the legislative proposals, providing support for ministries to prepare the proposals, and approving acts to submit to the National Assembly.

c. Implementation stage

In the implementation stage, the aim is to see that operators have health policies in place according to the time frames put forward. In this phase, the roles of regulators are of critical importance for ensuring good governance and good management. Policy implementation takes place in the context of a complex health care system, and, thus, regulation needs to be done according to a set of rules to provide guidance and clarity. The General Secretariat of the Supreme Council of Planning and Development will take the role for assurance of governance – involving the acts of governing by applying laws, standards, and norms. The GSSCPD is a higher commission, and its position reflects the need for strategic direction to steer larger decisions about direction and roles within the system.

Implementation issues (regarding the time lines, actions, regulators, operators, and related acts) for the interlinked health policies are summarized in Annex Table 6.

The General Secretariat of the Supreme Council of Planning and Development (GSSCPD) is a main regulator of the all health policies. The GSSCPD should play key roles as a stakeholder in policy making and as a regulator in policy implementation. Although the Ministry of Health is a major operator in the processes, many other ministries, public authorities, and local governorates are involved and interlinked as operators of the policies.

The policy-making stage begins in 2019. During the period, detailed plans and policies need to be developed, including implementation and action details. During the 2019-2020 period, legislation will be completed to ensure the sustainability of the policies including acts, regulations and bylaws.

Beginning in 2020 policy operators and regulators, acting in collaborative partnership with other stakeholders, will implement all health policies, including monitoring, midterm evaluation, final evaluation and feedback in accordance with Kuwait National Development Plan and the National Health Master Plan.

IV. Conclusion: Healthy Lives and Well-being for All at All Ages



To respond to ongoing health care challenges, the health care paradigm in Kuwait needs to undergo a transformation that promotes comprehensive and holistic approaches to health care, and embraces policies to ensure healthy living and improved well-being for all people at all ages in Kuwait.

This White Paper advocates establishing a holistic health system that incorporates health in all relevant policies. To achieve this aim, the health care system in Kuwait must shift from its present treatment-oriented focus and adopt a health promotion-oriented approach. Such a shift has the potential to enhance the health and well-being of people within Kuwait, address health issues as they arise, provide universal health coverage, ensure quality services, and ensure financial sustainability.

Such a vision will require:

- A long-term plan to address population growth and demographic trends. Further research regarding demographic and health trends among the population is needed

- to provide accurate information that can underpin effective health care policies.
- **Resilient infrastructure.** To attain greater health and well-being of its people, Kuwait must promote inclusive and sustainable physical and social environments. Steps should be taken to foster innovation to make cities and all human settlements inclusive, safe, resilient and sustainable. These are key to improving people's overall health and well-being.

This White Paper details steps Kuwait can take to create a holistic health system. It puts forward eight policy groups containing 18 specific policies to advance the agenda. These eight policy groups address the following issues: 1) creating the National Health Development Plan, 2) creating a health system governance structure, 3) ensuring quality health services, 4) promoting public health, 5) tackling health financing issues, 6) providing education and training for the workforce needed to address the country's evolving health care needs, 7) facilitating the use of new health technologies to inform and improve health care, and 8) developing the health care industry by creating a world-class translational medical research complex.

Call for action

To create a holistic health system will require three stages of intensive stakeholder actions: policy making, legislation, and implementation.

Call for policy research action: All stakeholders need to act by advocating for policy research that is essential to creating effective policies. A sequence of steps and activities is needed to set the stage for the undertaking of interdisciplinary studies that can provide greater understanding of key issues that need to be addressed for Kuwait to successfully create a holistic health system that can achieve its intended aims.

Call for enactment of acts: All stakeholders need to act by participating in the legislative process. To ensure the sustainability of a holistic health system, key policies suggested will need to be enacted (or, in some cases, amended) and integrated. Key acts are: the Framework Act on Health and Medical Services, the National Health Promotion Act, the Regional Public Health Act, the Health and Medical Service Technology Promotion Act, the National Health Insurance Act, the Medical Care Assistance Act, and the Higher Education Act.

Call for implementation: All stakeholders need to act by working on the processes involved in policy implementation and monitoring. The implementation aims to translate health policies into legal and regulatory frameworks, and to undertake needed monitoring and evaluation to make policies work as they are intended. To achieve successful policy implementation, partnerships must be built among key stakeholders, and the actions and roles each play throughout the processes must be clarified. These processes are essential if Kuwait wants to achieve its vision of providing universal health care for all at all stages of life.

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Appendix

Figure 1: Holistic View of the Kuwait National Health System

Figure 2: Map of Financial Flows to the Health Sector in Kuwait

Table 1: Population by Nationality in Selected Census Years

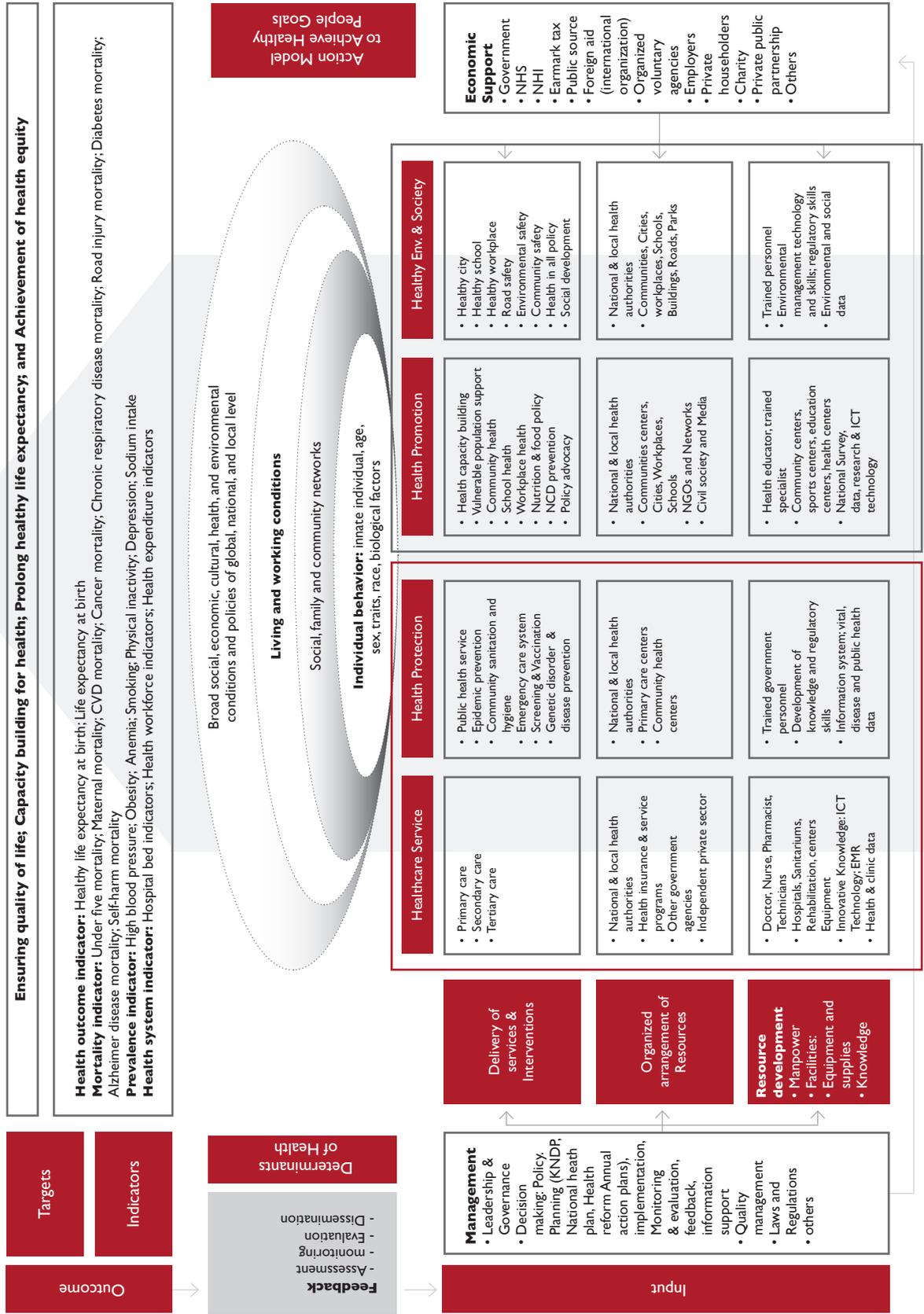
Table 2: Fertility Rates in Kuwait

Table 3: Live Births and Deaths in Kuwait

Table 4: Estimated Net Health Care Expenditures

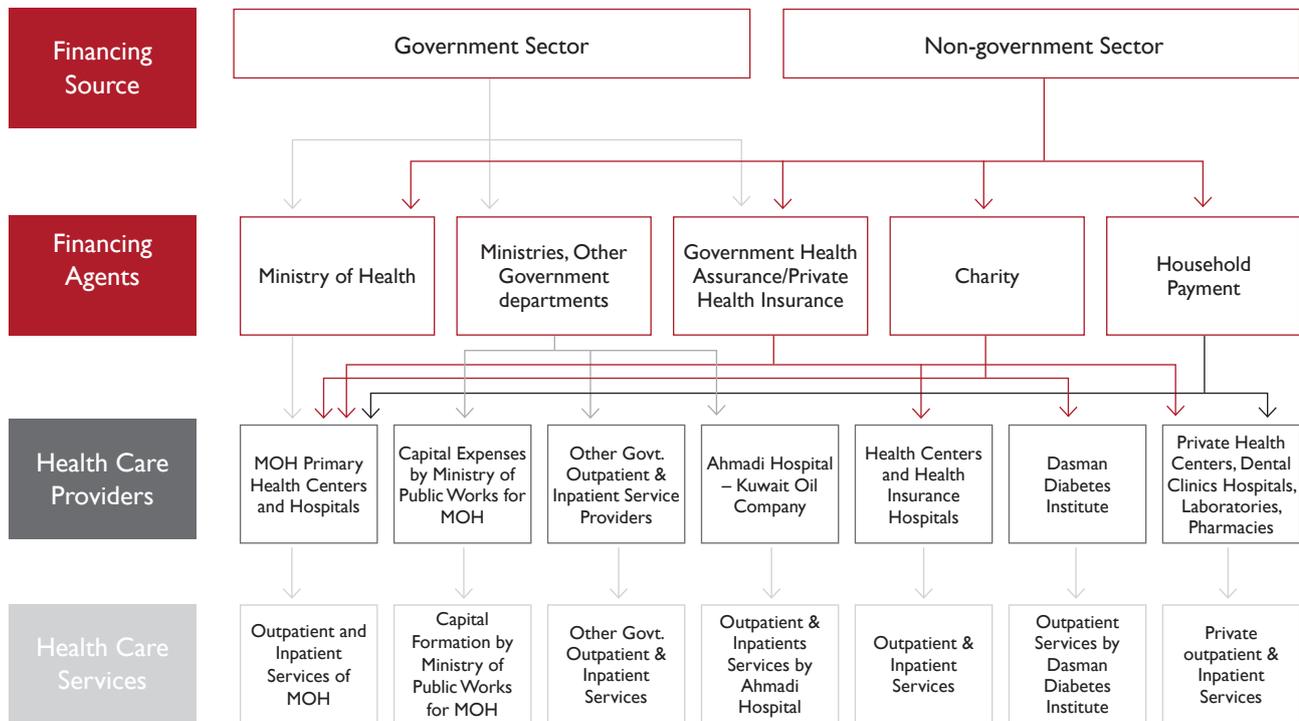
Table 5: Native-born and non-Native-born Health Care Workers in Kuwait

Holistic View of Kuwait National Health System



APPENDIX FIGURE 2

Map of Financial Flows to the Health Sector in Kuwait



APPENDIX TABLE I

Population by Nationality in Selected Census Years

Year	Kuwaiti	Non-Kuwaiti	Total
1965	168,793	298,546	467,339
1975	307,755	687,082	994,837
1985	470,474	1,226,828	1,697,301
1995	653,616	921,954	1,575,570
2005	860,324	1,333,327	2,193,651
2011	1,089,97	1,975,881	3,065,850
2015*	1,208,643	2,535,017	3,743,660
2016*	1,238,679	2,686,808	3,925,487
2017*	1,270,201	2,812,503	4,082,704

*: Estimated beginning of the year population; the Kuwaiti population was estimated according to the national increase and the number of naturalized persons during the year; and the non-Kuwaiti population was estimated according to the natural increase, arrivals and departure during the year. Censuses have been conducted regularly since 1957. The 2011 census, the latest census, was conducted in April 2011 (Source: Central Statistics Bureau. Statistical Review 2017. State of Kuwait, 2017).

APPENDIX TABLE 2

Fertility Rates in Kuwait

	2011	2012	2013	2014	2015
Kuwaiti	3.7	3.6	3.6	3.5	3.4
Non-Kuwaiti	1.1	1	1.1	0.9	1.1
Total	1.9	1.7	1.8	1.7	1.8

Source: National Centre for Health Information. Annual Health Report 2015. MOH, 2017.

APPENDIX TABLE 3

Live Births and Deaths in Kuwait

		2011	2012	2013	2014	2015
Live births	Kuwaiti	33,099	33,993	33,320	34,659	33,581
	Non-Kuwaiti	25,099	25,760	26,106	26,654	25,690
	Total	58,198	59,753	59,426	61,313	59,271
Deaths	Kuwaiti	2,768	3,210	3,147	3,087	3,286
	Non-Kuwaiti	2,571	2,740	2,762	2,944	3,195
	Total	5,339	5,950	5,909	6,031	6,481

Source: National Centre for Health Information. Annual Health Report 2015. MOH, 2017.

APPENDIX TABLE 4

Estimated Net Health Care Expenditures (Unit: KWD, %)

	2011	2012	2013	2014	2015
Current health expenditure (CHE)	1,111,990,630	1,140,660,198	1,286,596,048	1,380,753,055	1,773,357,765
Current health expenditure as % of GDP	3	3	3	3	4
General government health expenses (GGHE)	956,311,942	969,561,168	1,093,606,641	1,187,447,627	1,489,620,523
Salaries and benefits (real expenditure)	516,943,087	555,615,506	675,270,178	689,804,134	771,135,414
Private health expenditure (estimated)	155,678,688	171,099,030	192,989,407	193,305,428	283,737,242
Private health expenditure as % of current health expenditure (CHE)	14	15	15	14	16
Expenditure for treatment abroad		196,000,000	209,100,000	434,700,000	508,000,000
Estimated net expenditure for health care (model 1) including two components: Government and Private (excluding overseas treatment)	672,621,775	726,714,536	868,259,585	883,109,562	1,054,872,656
Estimated net expenditure for health care (model 2) including three components: Government, private, overseas treatment	672,621,775	922,714,536	1,077,359,585	1,317,809,562	1,562,872,656
Expenditure per capita (considering CHE)	348	336	358	365	451
Expenditure per capita (considering model 1)	211	214	241	234	268
Expenditure per capita (considering model 2)	211	272	299	348	397
Number of population*	3,191,000	3,396,000	3,598,000	3,782,000	3,936,000

Source: National Centre for Health Information. (2017) Annual Health Report 2015; WHO. (2018a) Global Health Expenditure Database; World Bank. (2018) Population database.

APPENDIX TABLE 5

Native-born and non-Native-born Health Care Workers in Kuwait

	2011	2012	2013	2014	2015
Physicians	7,781	8,259	8,933	9,789	10,150
Kuwaiti	2,669	2,781	2,949	3,122	3,319
Non-Kuwaiti	5,112	5,478	5,984	6,667	6,831
Dentists	1,836	2,050	2,198	2,427	2,587
Kuwaiti	914	1,055	1,161	1,250	1,354
Non-Kuwaiti	922	995	1,037	1,177	1,233
Nurses	20,596	21,502	21,883	23,710	27,430
Kuwaiti	1,266	1,262	1,210	1,217	1,221
Non-Kuwaiti	19,330	20,240	20,673	22,493	26,209

Source: National Centre for Health Information. Annual Health Report 2015. MOH, 2017.



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