

Kuwait: Obesity Health System



Economic classification



High Income¹

Health system summary

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

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

Does Kuwait's government define 'Obesity as a disease'?



Does Kuwait's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there any obesity-specific treatment recommendations or guidelines published for children?



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Obesity prevalence

44.0%	36.3%
Women	Men
21.1%	28.6%
Girls	Boys

Overweight prevalence

32.1%	42.1%
Women	Men
22.1%	24.8%
Girls	Boys

Key prevention policies

- ⇒ Ban on fizzy drinks, crisps and chocolates on school premises
- ⇒ Mandatory nutrient lists on packaged foods

Summary of stakeholder feedback*

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

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

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

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

**Based on interviews/survey returns from 6 stakeholders*

Perceived barriers to treatment

- Lack of political will, interest and action
- Lack of training for healthcare professionals
- Poor health literacy & behavior
- Obesity not recognised as a disease
- Failure to recognise all treatment options
- Lack of evidence, monitoring and research
- Fragmented or failing health system
- Healthcare professionals not interested in obesity
- Cultural norms and traditions
- Lack of opportunity for physical activity

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)

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