



Kuwait

Obesity Health System Country Report Card

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 payable by the government.

Overall summary

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| Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'? | ● |
| (●: Defined as disease, ●: Partial, ●: No, ●: Not known) | |
| Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'? | ● |
| (●: Defined as disease, ●: Partial, ●: No, ●: Not known) | |
| Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. | ● |
| (●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known) | |
| At what level of obesity are people usually eligible to access healthcare? | ● |
| (●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known) | |
| Is there a system for training health professionals to recognise, treat and manage obesity? | ● |
| (●: Yes, ●: Partial, ●: No, ●: Not known) | |

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
(last accessed 09.11.2018)

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| Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known) | ● |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known) | n/a |
| Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known) | ● |
| Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known) | ● |
| Has any government body published any -related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known) | ● |

Findings from stakeholders²

Kuwait's health system is said to be under significant pressure. General challenges include poor cross-department working and long waiting times between appointment. For obesity specifically, stakeholders suggest that Kuwait needs better cooperation between healthcare departments and a multidisciplinary team approach. Where there are clinics, treatments are frequently out- dated and staff are said to be unfamiliar with contemporary treatment strategies. In the private system there is an emphasis on surgery, with a focus on profit rather than health.

There are no clear treatment guidelines or protocols for patients with obesity, and so in theory, citizens are eligible for obesity treatment at any BMI in the public sector. In reality, individuals living with obesity have no alternative but to turn to private healthcare. Stakeholders reported that obesity in children and adolescents is particularly difficult to treat as parents routinely fail to acknowledge the problem. Stakeholders suggest that healthcare professionals are not trained appropriately, and so do not know the best ways to approach the parents or how best to treat the affected child or adolescent.

It is said that Kuwaiti citizens expect pharmaceutical intervention regardless of efficacy. Herbal supplements appear to be particularly popular and industry make considerable profits from this. Little funding is provided by the government to educate and inform the population to the contrary. Stakeholders suggest more government funding should be provided for obesity education for both the public and the health care practitioners, and to ensure that appropriate treatments are available. There needs to be more obesity-related research undertaken.

² Note that this section is based on interviews and/or survey returns from 2 stakeholders.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Kuwait³:

1. Inadequate cooperation between healthcare sectors
2. Lack of staff training
3. Poor awareness of disease (by the public & authorities)
4. Obesity not considered a disease by policy makers
5. Stigma
6. Insufficient obesity-related research
7. Lack of experts in obesity treatment and prevention
8. Insufficient knowledge about the health care costs of obesity

³ In no particular order