

Health Care System in Kuwait



By Mohammad Firikh,
Senior Health care manager

Introduction

Kuwait is a small high income country in the Gulf. It occupies the north-eastern corner of the Arabian Peninsula. It is bound to the east by the Persian Gulf, to the south-west by Saudi Arabia and to the north and the east by Iraq, with a total land area of 17 818 km². The total population in 2007 was around 3.3 million people, 66% of whom are expatriates. The climate is intensely hot and dry in Summer, which may extend from the middle of May till middle of September. The temperature may go up to 50 degrees. January is very cold, and the remaining months are rather good and pleasant. If you establish a certain social circle you can easily enjoy a liberal way of life where women can drive, shop alone and socialize even at night without being hassled.

Health status in Kuwait

Kuwait enjoys a good level of health indicators. Immunization rates are close to 100%, with high life expectancy and low infant mortality rates. Communicable diseases are well under control with a strict surveillance system. However, chronic diseases are on the rise, with high prevalence rates for cancer, cardiovascular, diabetes, adult and child obesity. Road traffic accidents kill and injure hundreds of young men and women

every month. The sedentary life style, eating habits, increase in smoking rates and loose family ties are major contributors to this rise.

Financing Health Care in Kuwait

Kuwait provides a welfare comprehensive health care system to its national population. Free health care is considered as a constitutional right to all Kuwaitis. All government agencies including Ministry of Health have to provide the necessary infrastructure for the fulfillment of this constitutional promise. Free care for Kuwaitis includes primary, secondary and tertiary care services inside or outside Kuwait, whenever needed. Treatment outside Kuwait is a major characteristic of Kuwait which is absorbing a sizable portion of the health budget. This has many implications on the health system as we will see later. Like in most developing countries, the government of Kuwait provides around 77% of the total funding for health care. This is spent mostly through the MOH regulatory and provider roles. More over the armed forces and the Amiri Diwan participate in health spending through their health care network and treatment outside Kuwait.

Private health insurance is still in its infancy. The major health insurance companies are few in number, and they have very little role to play in the control of the health care bill. All what they hope for, is to negotiate a good discount rate with the providers. Only recently the concept of third part administrator (TPA) was introduced. TPA is gaining more acceptance in the insurance market, and lots of concern in the provider side. Caution should be exercised here not to duplicate the Lebanese experience. TPA became so mature and so powerful in a provider market that is very tight, with no fat to cut. This shifted the balance and profitability from the real doers and providers of care (hospitals & Drs), to the brokers and mediators of the system.

Around 21% of the funds come directly from users of services through out of pocket charges. Almost all of these charges are paid in the private sector. The percentage of Gross Domestic Product dedicated health care was 2.2% in 2007. Although this is a minute percentage, but the absolute value of around 687USD per capita per year is a significant amount, considering the modesty of the health system as a whole.

Health Expenditure indicators ^a

		Y
GDP per capita	31,050	2006
Total expenditure on health (per capita)	687	2006
General government expenditure on health (per capita)	530	2006
Total expenditure on health of % of GDP	2.2	2006
General government expenditure on health as % of total health expenditure	77.2	2006
Out-of-pocket expenditure as % of total health expenditure	20.9	2006
General government expenditure on health as % of total general government expenditure	6.7	2006
Ministry of health budget as % of government budget	6.2	2006

Source: World health statistics 2008.

Expatriate health Insurance card.

As part for obtaining work permit and lawful residency status for any expatriate, a special health insurance card is issued. The cost of the card is around 180 USD per person per year. This card entitles the non Kuwaitis to utilize the MOH primary care centers closest to their residencies, and the MOH hospitals if properly referred by the PHC center, or in case of emergencies. For the last few years, MOH has been considering to cancel this health card and to establish a formal comprehensive social insurance system for the Expatriates.

Plan for insurance for the Expatriates.

MOH in Kuwait is proposing to establish a comprehensive social insurance program to cover the health needs of the expatriates. The proposal calls for establishing a public company owned by a strategic partner, Kuwait government, and the public. Its main objective will be to sell a basic health insurance package which entitles the beneficiaries to receive health services through a network of hospital and health care centers. The expatriate population and their families and or the employer will have to purchase this insurance package. The latter will replace the present obligatory insurance card. The main difference will be that the beneficiaries can only use the newly established provider network, which will not be used for the Kuwaiti national.

This proposal was written under the political pressure of officials who are demanding That MOH reduces the pressure on the public hospitals by making exclusive for the Kuwaitis. It is not yet understood if the 3 planned hospitals and few health centers can handle the health care needs of around 2 million expatriates.

Providers of Health care in Kuwait

Primary and Ambulatory care services

The MOH in Kuwait is the major provider of health care at all its levels. The PHC centers which are directly staffed and managed by MOH are evenly spread across all areas of Kuwait. These offer primitive primary

care services, immunizations and the essential drugs. They are very busy and poorly staffed with general practitioners, pediatricians, obstetricians and few specialties. These centers get so crowded in a way which does not allow the physician to examine the patient for more than few minutes. Their major role is to prescribe medications and refer patients to the hospitals. The general public, especially the expatriates often complain from poor quality and long waiting times and unavailability of medications. A typical PHC center consists of around 10 clinics, spread horizontally in one or 2 floors, regularly opening one shift only. The public demand pressed MOH to open some of these MOH in the evenings to serve Kuwaitis only.

On the other hand, the private sector in Kuwait flourished through the establishment of specialized ambulatory care centers, (the poly clinic type.) Several investment companies and senior Kuwaiti physicians, invested in luxurious ambulatory care centers which regularly included obstetrics, pediatrics, cosmetic dermatology, plastic surgery, Laboratory, radiology and pharmacy services. Like Lebanon, referral to the diagnostic and pharmacy facilities is subject to commissions which are some times negotiated openly in a shameful way. If a physician gets too busy in the private clinic, he tends to have long waiting time, and little time with patients which makes it easy for him to miss an obvious case. Referral between physicians in the same center is steered by commissions. Drs' performance is judged by the number of patients they see, and procedures they do and the amount of revenue they generate. Investors are racing to recruit well established physicians, even if they have average qualifications from the local market, much more than try to recruit a highly qualified physician from abroad who has no experience in the Kuwaiti market.

Hospital care in Kuwait

The Ministry of Health in Kuwait has a wide range of public general hospitals distributed over the six governorates. Each hospital should cater for most prevalent diseases and emergencies in its specific area. More over, MOH has a group of specialized hospitals which are supposed to cater for the population. Each such hospital will cater for a specific

specialty or group of specialties. Examples are hospitals for: Chest, cardiology and cardiac surgery, for infectious diseases and quarantine, for orthopedic and Trauma, for poison and drug control, Burn center...

Both Public and private hospitals are not allowed to process blood or blood products. These are handled by a central Blood bank that distributes blood according to a well established system.

The MOH hospitals monopolize tertiary care services and deprive the private hospitals from any chance of fair competition. Interventional cardiology, angioplasty, open and closed heart surgery, brain surgery, cancer treatment, Dialysis and other tertiary care services are practiced almost exclusively at the MOH and other government hospitals and specialized centers. Few private hospitals did open cardiac angiography suites to perform cardiac catheterization and angioplasty. They were denied the license to do angioplasty because they did not have open heart surgery, which was refused in turn because there were no licensing criteria for cardiac surgery. One private hospital built a radio therapy facility but they could not license it. It is extremely difficult for the private sector to initiate any heavy medicine service, because it will be very difficult to license and even ore difficult to make it feasible. The average Kuwaiti citizen is not willing to pay the excessive charge of a major surgery or procedure in the private facilities when he/ she can perform it for free in the public hospital. All Emergency Medical technicians and the formal emergency ambulance services are publicly owned and managed. They respond to all types of accidents at home or on the high way, and transport the victims to designated MOH hospitals. The private hospitals do not receive any trauma case or heart attack case, or a burn victim through the official ambulance service. In fact, they got used to use their own ambulance to transfer their very sick or complicated cases to MOH hospitals.

You can easily predict then, that the private sector has given up the role of investing in the tertiary care services. Most private hospitals compete for luxurious ambulatory care, out patient clinics, secondary & simple tertiary care, and some elective major surgeries. Most of the services offered in the private hospitals are maternity related, cosmetic dermatology, plastic surgery, and low risk general services

like: pediatrics, Internal medicine, conventional cardiology, Diabetes, endoscopy and of course very advanced Radiology services that rarely perform any interventional procedure.

It is worth mentioning that there is a discriminatory treatment when it comes to the prescription of drugs or use of medical supplies. Some drugs for chronic diseases, and supplies for interventional procedures, stents, orthopedic implants are not offered to expatriates in the public system.

Treatment Outside

With all the level of sophistication in infrastructure and medical equipment, and the recruitment of top level consultants, the whole medical care system can not handle many of the difficult medical cases. Till date thousands of cases are referred for treatment outside Kuwait. This is bleeding the budget of MOH, and is contributing to the slow growth of sophisticated medical care in Kuwait. It is estimated that at least 500 million USD is spent on treatment outside. This amount could be spent to introduce the most advanced medical care into Kuwait, and to transfer the appropriate technology into the country. There is a lot of political and public pressure to address this issue. But it seems this is a chronic problem that benefits the political and social leadership of the country and there is no strong motivation to eliminate it.

List of private Hospitals	List of public hospitals
Dar Al Shifa Hospital	Adan, Amiri
AlSalam International Hospital	Mubarak Al Kabir , Ibn Sina
New Mowasat Hospital	Chest Diseases, Razi , Orthopedic
Taiba Hospital	Farwaniya, Jahra, Sabah
Hadi Clinic	Ophthalmology, Psychiatric Centre
Al Rashid Hospital	Maternity
AlOrf Hospital	Military
Royal hayat hospital	Infectious Diseases, Quarantine
AlAhmadi, hospital (Kuwait Oil company)	Drug Control, Kidney Centre, Allergy, Burns Centre, Cancer Control, Sulabikhat Transplant Centre

Health Manpower in Kuwait

The health manpower in Kuwait depends heavily on the non-nationals, especially in the fields of nursing where the percentage is almost 100%. Kuwaiti Doctors represent around 50% of the work force. Most of them would have had their medical degrees from Kuwait University or any Egyptian university, and have completed their higher studies and medical specialization in the west. The bulk of expatriate doctors come from Egypt with different levels of qualifications. Many are board certified from USA, Canada or UK. But much more have PhDs in their sub-specialty from Egypt. Other Drs come from over 50 other nationalities including Lebanese. It is strange to note that relatively few Lebanese Drs and nurses work in Kuwait. This is partly because they are more expensive, and partly because the residency and fellowship from medical schools / university hospitals are not recognized as equivalent to the PhD.

The licensing requirements for all health man power is very complicated, time consuming and unpredictable. If all papers are in order, it will require at least 3 months to process the papers and to secure an interview for a potential Dr with the MOH committee, and another 3 weeks to get temporary license. After that the Dr can start to practice and apply for the permanent license. Doctors are categorized into 4 categories in the hospitals, the highest being a consultant. You will find below a summary of requirements for the medical staff.

To avoid the licensing hassle, the private hospitals and medical centers prefer to recruit heavily from the local market. Another reason for local recruitment is purely economic. Most private hospitals and centers prefer to snatch a well known "productive" Dr. from the market, regardless of his qualifications, than to recruit a highly qualified new doctor who may require a long time to generate the target revenue. Only MOH and new large projects will depend on recruitment agencies. The regular salaries for health manpower are less and the benefits are less than those in Saudi Arabia, United Arab Emirates or Qatar. This may be partly because of the better social and family life style, and the relatively less expensive housing and transportation.

Human and physical resources indicators

		Yr
Physicians per 10000 population	18.0	2006
Dentists per 10000 population	36.0	2006
Pharmacists per 10000 population	3.0	2006
Nursing and midwifery personnel per 10000 population	2.0b	2006
Hospital beds per 10000 population	19.0	2006
Primary health care units and centres ^a	0.4	2006

Source: World health statistics 2008.

Average salary scale for selected professionals in the private sector

Position	Experience	Average total package
BSN nurse	More than 2 years	Around 1500 USD
pharmacist	More than 3 years	Around 2000 USD
Lab, Radiology technician	BS with 2-5 years	Around 1500 USD
Biomedical engineer	Engineering degree with 2-5 yrs	Around 2200USD
Consultant doctors	American Board, PhD, or equivalent, with 12 years	Around 10000-12000USD
Specialist doctors	American Board, PhD, or equivalent, with 8 years	Around 8000-10000USD

MOH Licensure Requirements for Doctors working in Hospitals

S.No.	Category	Requirements
1.	Consultant	- Bachelor of Medicine Degree, (MD) + One of the degrees listed below* - Twelve years of practical experience (including seven years after the Doctorate)
2.	Specialist	- Bachelor of Medicine Degree + One of the degrees listed below* - Eight years of practical experience (including three years after the Doctorate)
3.	Senior Registrar	- Bachelor of Medicine Degree + One of the degrees listed below* - Six years of practical experience (including one year after the Doctorate)
4.	Registrar	- Bachelor of Medicine Degree and Masters Degree (or equivalent) - Five years of practical experience (including one year after the Masters)
5.	General Practitioner	- Bachelor of Medicine Degree - Five years of practical experience in medical centers or hospitals

*Doctorate Degree, American Board, FRCS, MRCP, Fachartz, DIS, (or equivalent)

LEADING THE WAY

AUB Medical Center

**FIRST MAGNET® DESIGNATION
IN THE MIDDLE EAST**



The American University of Beirut Medical Center (AUBMC) is proud to be the first healthcare institution in the Middle East and among the only five percent of US hospitals to receive the American Nurses Credentialing Center (ANCC) Magnet® designation for nursing excellence.

AUBMC is the private, not-for-profit teaching center of the Faculty of Medicine. It includes a 420-bed Medical Center and provides medical, surgical, pediatrics, obstetrics/gynecological, and psychiatric services. The Medical Center offers comprehensive healthcare services, extensive tertiary/quaternary resources, and medical, nursing, and paramedical training.



American University of Beirut
Faculty of Medicine
& Medical Center

