



Exploring the Kuwaiti Public Health System: Addressing Challenges and Identifying Solutions

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Abstract

The Kuwaiti public health system faces significant challenges in meeting the healthcare demands of its growing population amid changing demographics, evolving disease patterns, and rising healthcare costs. This article examines the systemic obstacles hindering Kuwait's ability to deliver efficient, equitable, and high-quality clinical services. Drawing on observations from the 2012 Kuwait University Public Health Education workshop and regional comparative analysis, this study identifies three critical impediments to public health advancement in Kuwait: poor communication and coordination among public health initiatives, deficient transnational collaboration in preventive health efforts, and the absence of a comprehensive multidisciplinary public health authority with supervisory planning capabilities. The analysis reveals that despite numerous active public health initiatives across governmental, private, and civil society sectors, these efforts operate largely in isolation, resulting in unrecognized gaps, overlaps, and duplication of services. Furthermore, Kuwait lacks a comprehensive Public Health Law and an independently-constituted national Public Health Association, placing it behind regional neighbors in public health governance. Based on frameworks established by the World Bank's 2004 MENA regional conference, this article proposes solutions centered on six priority areas: leadership and political will, adopting a new view of public health, strengthening data and surveillance systems, fostering partnerships and collaboration, addressing emerging health problems, and implementing cost-effective "best buy" interventions. The findings emphasize that increased health sector spending alone will not yield effective results without proper governance structures, institutional capacity building, and strategic investments in public health education and research infrastructure.

Keywords: Public health system; Kuwait; healthcare governance; health policy; intersectoral coordination; health system strengthening; public health law; healthcare reform; MENA region; disease surveillance; health informatics; capacity building; public health education; national health association; healthcare quality; Ministry of Health; population health; preventive interventions; health system performance; transnational collaboration.

Brief Introduction

Public health requires a multidisciplinary approach to effectively protect the health of populations and successfully identify emerging health problems in order to implement relevant programs and meaningful services necessary to address them. Namely, core strategies of public health include: health assessment and disease surveillance, preventive interventions, health protection, and health promotion. Public health priorities and capacity requirements are determined in

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parallel with population needs; whereby given priorities and requirements would have appropriate emphasis in research and practice.

The health system in Kuwait is undergoing rapid changes and the requirements for conforming to novel challenges of changing demographics, disease patterns, emerging and re-emerging diseases – coupled with rising costs of healthcare delivery – calls for a comprehensive review of the health system and its functionality. As Kuwait examines its public health system in greater depth to adjust to modern healthcare demands, the identified complexities of problems increase. The State of Kuwait's current public health system is unable to streamline the delivery of clinical services in an efficient and effective manner without sacrificing the concept of equity in healthcare or compromising the quality of medical care. As such, this presents a major system-wide obstacle; both hindering its necessity to meet the disease burden of a growing population and slowly succumbing it to overt systemic creaking under the strain of wasteful provision and facilitation of care.

Several issues, including governance in health, financing of healthcare, human resource imbalances, access and quality of health services, along with the impacts of reforms in policy and other areas of the economy, significantly affect the ability of the country's health systems to deliver. Stakeholders and key decision-makers at all levels need to evaluate the variation in health system performance, identify factors that influence clinical output and population health outcomes, and articulate evidence-based policies that will achieve better public healthcare results in a variety of settings within a Kuwaiti context. Robust health informatics and empirical data on the performance and healthcare standards in Kuwait's public sector, as well as on key factors that explain performance variation among government hospitals managed by the Ministry of Health (MoH), can strengthen the scientific foundation of health policy nationally. Comparative analysis and systematic evaluation of hospital performance and clinical service productivity across the various health districts – over time; starting with initial baseline measurements for proportionality – can provide important insights into policies that improve performance and those that do not.

Exposition (Narrative)

In May 2012, the Department of Community Medicine and Behavioral Sciences in the Faculty of Medicine at Kuwait University hosted a Public Health Education workshop, bringing together 33 speakers and 22 booth-organized presentations representing a wide range of public and private institutions, departments, and non-governmental organizations in Kuwait. The workshop speakers had open, candid discussions with the 182 registered participants about the status of public health efforts in Kuwait. Participants were

impressed with the wide range of participating institutions, as well as both public and private sector presence and involvement in public health initiatives; in fact, many expressed a sense of surprise at the numerous initiatives to promote public health, not having been aware of these efforts prior to the workshop. Indeed, this glimmer of new-found hope for public healthcare reform in Kuwait was nothing short of promising; yet the question remains, what went wrong?

The Challenge of Coordination

The main conclusion to emerge from the exposition above (narrative) was that most institutions working in public health in Kuwait do so largely in isolation, without mutual cooperation or consultation, thus related developments are uncoordinated among institutions and the University failed to make significant strides in breaking down that silo mentality. In fact, I immediately noticed the lack of systematic communication ever taking place, such that no single person appeared to have a reliable overview. This resulted in several unrecognized gaps, overlaps, and duplication of efforts. There exist in Kuwait a few societies relevant to public health issues and should be recognized as key stakeholders, for example:

- Societies under the auspices of the Kuwait Medical Association (KMA)
- Society of Public Health and Infectious Disease Doctors
- Society for Occupational and Environmental Medicine
- Other KMA societies and interest groups (that may, from time to time, address issues that have both medical and public health dimensions).
- Other societies (these mostly deal with patient advocacy but also participate in broader societal initiatives that have public health value).
- Kuwait Diabetes Society
- Kuwait Heart Society
- Kuwait Association for Down Syndrome
- Kuwait Blind Association

These societies, among others, provide important functions that are relevant to public health as well as to clinical management and care; including periodic conferences and assisting in responding to issues of complex, medical emergencies such as the Avian Influenza outbreak, MERS Coronavirus, and the recent COVID-19 pandemic we find ourselves grappling with today. And yet, despite vocal members of these societies in attendance at the 2012 Kuwait University Public Health Education workshop had strongly supported the consensus that coordination among the public health initiatives in Kuwait is poor and lacking, and was in much need of significant developments; the newly-

established KU Faculty of Public Health, following an Amiri decree issued in December 2013, simply went on to open its doors without any future plans or guided intentions to address, yet alone tackle, these challenges raised by the 2012 Public Health Education workshop and inevitably adopted a collegiate foundation of impending doom.

Lack of Communication and Public Health Laws

The first principle in coordination is communication, a function that could be filled (to a substantial degree) by an organized public health association and other formal networks. Specifically, there is no independently constituted, functioning, national Public Health Association in Kuwait. Establishing such a body would enhance communication and facilitate coordination of the many relevant public, private, and civil societal health initiatives in the country; thus, simultaneously opening new local and regional corridors as well as international avenues of population health communication, education, and institutional research excellence.

At the intergovernmental level, Kuwait lacks an active participatory role in the emerging public health networks of the region. While some Middle Eastern and North African countries have passed official Public Health Laws or National Healthcare Mandates (e.g., Egypt, Tunisia, and Jordan), whereas others are either reviewing working drafts or are currently in the nascent stage of implementation (e.g., Oman, UAE, and Saudi Arabia); Kuwait, however, still does not have a comprehensive Public Health Law and remains lagging behind other regional neighbors in this area. Taking into account my own experience and observations as one of the first group of public health scholars sent on behalf of Kuwait University's Faculty of Public Health, along with consideration of relevant developments taking place around the region, I find myself able to confidently come to the conclusion that public health in Kuwait is impeded by the confluence of three major factors: 1.) Poor communication, networking, and coordination of the numerous public health initiatives currently in operation and active within Kuwait's borders (be it in the fields of academia, scientific research, healthcare training and clinical practice, public policy and health awareness, civil society and health advocacy, or government organizations and institutions); 2.) Deficient transnational collaboration in public health efforts and preventive interventions, as well as a strong absence of any serious collective commitment towards population health program implementation extending or operating across national boundaries on a micro-regional scale; and 3.) Lack of a comprehensive, multidisciplinary body of public health practitioners demonstrating nation-wide authority, as well as scarcity of any recognized supervisory planning and

development board aimed at healthcare policy improvement, health system strengthening, and further expansion of numerous health and science degree programs in institutions of higher-education with an academic framework and faculty members that can attract, retain, and produce the next generation of Kuwaiti professionals that are both knowledgeable in advanced skillsets and worthy of competing on an international level; thus serving as future agents for change in relevant policy, organizational, and programmatic development.

Moving Forward: Recommendations and Possible Solutions for A New View of Public Health in Kuwait

In 2002 the World Bank supported a regional conference in Beirut, Lebanon, which recognized public health experts served as resources; this led to a major report entitled Public Health in the Middle East and North Africa (MENA) – meeting the challenges of the twenty-first century [1]. Based on the discussion elaborated in this report, six priority issues emerged:

1. Leadership and Political Will
2. A New View of Public Health
3. Data and Surveillance
4. Partnerships and Collaboration
5. Emerging Health Problems
6. Public Health “Best Buys”

Actions to address these shortcomings are needed at several levels, especially government, and entail the further development of both internal capacities and external linkages to achieve success. Improvement in these two domains would be facilitated by the formation of a national public health association that can competently advise and interact with government as well as advocate on behalf of communities on public health issues. None of this is practical without an investment in building the knowledge base from which sound and effective advocacy can emerge: that is, a more substantive public health education and research capacity.

Although many public health services are well established in the region, management functions such as intersectoral policymaking, public information and education, and quality assurance, are underdeveloped. Further, when compared with other world regions, the limited interaction between governments and civil society is considered likely to reduce the social dividend by not meeting rising expectations in the population. Equally critical, operating disease surveillance systems are mostly inadequate, with insufficient commitment, lack of practical guidelines, overwhelming reporting requirements, lack of transparency, shortage of human resources, and poor analysis of data. I strongly

emphasize that this deficit in the capability to assess and monitor population health will have to be addressed first and foremost if effective plans for public health capacity building are to be put in place. Based on the above, this commentary concludes with the argument that higher health sector spending will not translate into effective results if investments are not well managed or directed towards cost-effective solutions and therefore concludes that new institutional capacities and governance structures are needed.

Reference

1. Pierre-Louis, Anne Maryse; Akala, Francisca Ayodeji; Karam, Hadia Samaha. Public Health in the Middle East and North Africa: Meeting the Challenges of the Twenty-first Century. WBI Learning Resources Series; Washington, DC: World Bank [2004].



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