

4 HEALTH SYSTEM ORGANIZATION

4.1 Brief History of the Health Care System

Kuwait achievements are so far relatively comparable to average European standards of health and health care. This high level of health status and good standards and accessible health care services was achieved through the generous welfare system and education attainments developed since independence in 1961. Great strides have been made in health, since 1910 in which, curative health services were provided by American missionaries, till the time being.⁶ One of the largest ministries in Kuwait, the Ministry of Health was established in 1936. However, the history of healthcare in Kuwait is much older - dating back to the first years of the twentieth century when the ruler, Shaykh Mubarak Al Sabah the Great, invited doctors from the Arabian Mission of the Dutch Reformed Church in the United States to establish a clinic. By 1911 the group had organized a hospital for men and in 1919 a small hospital for women. In 1934 the thirty-four-bed Olcott Memorial Hospital opened. Between 1909 and 1946, Kuwait experienced gradual, albeit limited, improvement in health conditions. General mortality stood between twenty and twenty-five per 1,000 population and infant mortality between 100 and 125 per 1,000 live births.

After the government began receiving oil revenues, it expanded the health care system, beginning with the opening of the Amiri Hospital in 1949. The Kuwait Oil Company (KOC) also opened some small health facilities. By 1950 general mortality had fallen to between seventeen and twenty-three per 1,000 population and infant mortality to between eighty and 100 per 1,000 live births.

In the 1950s, the government introduced a comprehensive health care system offering free services to the entire population. Free health care was so extensive that it even included veterinary medicine. Expenditures on health ranked third in the national budget, after public works and education. As with education, the system relied heavily on foreigners. Most of the physicians were foreigners, particularly Egyptians. Critics charged the designers of the system with paying undue attention to acquiring the most modern and expensive medical equipment, without regard to the country's health priorities, and favoring treatment over prevention. Nonetheless, improvements in available health care and in public health were dramatic. The number of doctors grew from 362 in 1962 to 2,641 in 1988. The doctor-to-patient ratio improved from one to 1,200 to one to 600. Infant and child mortality rates dropped dramatically; in 1990 the infant mortality rate was fifteen per 1,000 live births. Life expectancy increased ten years in the postindependence years, putting Kuwait at a level comparable to most industrialized countries. In 1990 life expectancy for males was seventy-two years and for females seventy-six years.⁷

4.2 Public Health Care System

Organizational structure of public system

The public health system in Kuwait is organized into two tiers; central MOH and regional health offices.

Central MOH:

The Ministry of Health (MOH), located in the Capital region is responsible for planning, financing, resource allocation, regulation, monitoring and evaluation as well as health care service delivery. The Ministry of Health is the third largest public-sector employer after the ministries of education and interior. During the Iraqi invasion, most medical facilities were devastated and reduced to shambles. One of the Government's primary tasks after liberation was to bring health care system back on rails in the shortest possible time.⁸

The Ministry of Health operates through an administrative and a technical workforce and has an extensive central organizational structure, headed by the Minister. (MOH organizational chart is attached as annex 1). The Minister of Health is assisted by the Undersecretary and twelve Assistant Undersecretaries. Central departments under the direct supervision of the Undersecretary include; Technical department, legal advisor, planning and follow up, public relations, treatment abroad, medical council and department of medical services. The Secretary General, Kuwait institute of medical specialization report directly to the Minister.

The Assistant Under-Secretaries are administratively responsible for public health affairs, dental health, health services, blood transfusion and laboratories, nutrition and drug control, drugs and medical supplies, financial affairs, administrative affairs, legal affairs, quality control affairs, and newly established health regions and private health services & licensing department. The MOH overall structure therefore consists of twelve functional divisions embracing 42 central departments and offices at the central level. A ministerial council, headed by the minister with Under Secretary and Assistant under Secretaries as its members, meets on a weekly basis to discuss all issues related to the health system. The health regions are represented by the newly appointed Assistant Under secretary of health regions.

Currently, the Ministry of health is in the process of revising its organizational structure. Few new departments have been added, like department of health regions, central department of medial services and private health services and licensing department. Few other departments have been either abolished or merged with others. Earlier eight departments along with all the health regions were reporting directly to the undersecretary. Recently, through a ministerial declaration, two separate departments have been created, including a department of health regions, therefore shifting some authority from the under secretary to the newly appointed assistant under secretaries.

Generally the organizational structure of the ministry is heavy at the top with some evidence of duplication of roles and responsibilities between different departments. In addition, there is a significant variation in distribution of responsibilities among assistant under secretaries. The number of departments supervised by them varies from one to eight departments leading to overburden in some cases. Roles and functions of each department is clearly defined in the ministerial decrees issued at the time of establishing new departments although in practice there is some overlap and duplication of work. There is a need to organize the structure of MOH with a view to minimize the overlap among various tasks and functions and with clear and equitable sharing of departmental responsibilities.

There is good working relationship and coordination between different departments in the ministry, evident by number of committees that meet regularly to discuss and resolves issues of mutual interest. The council of assistant under secretaries that meet on weekly basis is another forum to improve coordination between various departments. Likewise, the links with other ministries including ministries of planning and finance are

well established and smooth. Recently established council of undersecretaries facilitates this process. However, there seems to be a gap between the central departments in Ministry of health and the health regions in terms of coordination, communication, technical supervision and information sharing.

Administrative and financial rules and procedures in MOH are written down, clearly defined and available. Job descriptions of all the staff are developed at the time of creation of new positions and these are available within the ministry but not widely distributed and most of the staff is not aware of their existence. There is good system of performance evaluation of staff. Performance of all staff is assessed on annual basis by the respective supervisor and graded based on defined criteria into excellent, good or weak. There is a separate budget allocated for excellent performing staff, which gets a bonus based on the recommendation of supervisor. Sometimes promotions are also based on performance in addition to other considerations like certificates from continuing medical education department. Weak performers are recommended for refresher training and other administrative action if required. There are examples of actions taken, including termination from service, for the staff found guilty of negligence.

Despite the computerization initiative, the communication processes are still based on traditional paper based exchanges and all official correspondence and documents are maintained as hard copies. There is no inter-departmental networking in place at the ministry or its related departments. There is no central login-based intranet for access to ministry documents, training materials, or other resources to facilitate efficient communication.

Health regions:

Through a ministerial decree issued in 1984, Kuwait was divided into 6 health areas/regions namely Capital, Hawali, Ahmadi, Jahra, Farwania and Al Suabah. Another ministerial decree issued in 1998 revised the roles and responsibilities of health regions and central departments in MOH. The Health region is considered a nearly independent decentralized administrative unit. It is responsible for all executive affairs in the area according to the responsibilities assigned to it in terms of specialized health services as well as administrative, financial, engineering services. The Health Area offers health services assigned to it according to the laws and the policies of the Ministry of health and internal work systems in the area. The main duties of the area include: 1) implementing 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 system of health information in the area. The population in the regions range from 175,493 in Mubarak region to 687,805 in Farwania region.

A health region is headed by the Director of Health region, who reports to the under secretary of health. Recently a new position of assistant under secretary of health regions is being created. 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 the ministerial decree. Each health region office supervises and manages at least one general hospital and a number of primary health centres and specialized clinics. In addition to specialized clinics in other 5 regions, most of specialized hospitals are located in Sabah region. The regional health office also supervises private health sector. The policies, plans and programs of the MOH are implemented through this structure. Organizational chart of Health region is attached at annex 2.

Departments of health planning and information, legal research, allied health services and engineering affairs report directly to the Area director. The Area director is assisted by the Administrative and financial affairs inspector, head of primary health care services, head of general health services, head of dental services and Hospital director. There is a hospital board of director responsible for oversight of all matter related to regional hospital. Hospital director is assisted by a deputy hospital director with responsibilities of carrying out any task delegated by the Hospital Director, replacing him in his absence and participating in Quality Committees and following up on the decisions of the board of directors of the hospital.

At the regional level, a board of directors has been established with main responsibilities of accrediting the programs and executive plans submitted by the Area Director and approving mid-term and annual reports; suggesting and accrediting policies of the area; establishing committees, approvals of annual budget for the area and revising accounts; follow up on training and continuing education plan and encouraging scientific research; following up performance evaluation of technical staff; studying proposals related to health education and interacting with the governmental and non- governmental authorities; and identifying problems, suggesting suitable solutions, while ensuring that all the citizens are satisfied with the health services provided.

Primary health care is delivered through a series of health centres, with general or family health clinics, maternal and child care clinics, diabetic clinics, dental clinics, and preventive care clinics, school health services, ambulance services and police health services are also available.

Secondary health care is provided through six general hospitals. Tertiary health care is provided through a number of national specialised hospitals and clinics. The regionalisation of the health care delivery system is now complete so that each of the six general hospitals, along with a number of health centres which refer to it, constitutes a health region. The regionalisation of the health system, which covers six health regions, has resulted in more efficient delivery of health services.

The health system is based on three levels of health care delivery: primary, secondary and tertiary health care.

Primary Health Centres

There are 72 primary health centres spread over the country. The services offered by them include general practitioner services and childcare, family medicine, maternity care, diabetes patient care, dentistry, preventive medical care, nursing care and pharmaceuticals.

Secondary Health Centres

Secondary healthcare services are provided by the six major hospitals: Sabah hospital, Amiri hospital, Adan hospital, Farwaniya hospital, Mubarak Al-Kabeer hospital and Jahra hospital.

The structure of each one of this hospital include a general hospital, a health centre, specialised clinics and dispensaries. The policy of each hospital is to provide the best possible healthcare to all citizens and residents.

Specialised Health Centres

The specialised healthcare service centres in Kuwait include the following:

1. Obstetrics (delivery) hospital: for maternity
2. Chest hospital: for pulmonary ailments

3. Psychiatric hospital: for mental disorders
4. Ibn Sina hospital: for neurosurgery
5. Razi hospital: for burns
6. Kuwait Center for Allergies: for allergies
7. Kuwait Cancer Control Center: for cancer diagnosis and treatment
8. Hearing Impairments Center: for disorders connected with hearing
9. Hamed Al-Essa Transplant Center: for organ transplants
10. Sulaibikhat hospital: for physiotherapy and rehabilitation

Key organizational changes over last 5 years in the public system, and consequences

With the issuance of the Law of Health insurance of the expatriates in 1999, which was supplied in the year 2000, a position was introduced under the title of Health insurance department, and in March 2006 another position was introduced under the title of Assistant undersecretary for health care. Also new entities were introduced and others were merged.

Planned organizational reforms

A comprehensive study of the organizational structure of the Ministry of Health is being performed to cope with the requirements of developing health services.

4.3 Private Health Care System

Modern, for-profit

Despite the comprehensive services provided by the Ministry of health, private hospitals and clinics thrive in Kuwait. Private sector providers focus on curative services, and have little role in preventive interventions. There are 5 private hospitals in Kuwait with a total bed capacity of 427. Total number of doctors in these hospitals is 254 and number of nurses 707. In 2004, total number of outpatient visits in private hospitals was 798,985 (compared to 1.75 million in public sector hospitals). Data is not available on exact number of private clinics. Most of the private hospitals and clinics are concentrated in central and commercial areas like Farwania, Hawalli and the capital region and provide secondary and tertiary curative care. MOH is regulating the construction of new private hospitals to be built in other regions to ensure that they are equally distributed. Private health services are generally perceived to be of better quality and mainly accessed and utilized by the better-off Kuwaiti population.

Modern, not-for-profit

Oil companies' hospitals include

- Ahmadi Hospital
- Texaco Hospital
- Kuwait National Petroleum Company (KNPC) hospital

Traditional

It has not been licensed in the private sector yet, and hence it is not applicable.

Key changes in private sector organization

The government is encouraging the private sector to increase its role in service provision and to invest in the health sector through continuing policy of granting licenses with quality control over the services provided. Public practitioners are allowed to practice in the private sector in addition to their work in public facilities. Recently, the Ministry of Health has approved applications of 35 private companies to set up private hospitals in Kuwait. A decision is also taken, allowing cooperative societies, private hospitals and Kuwaiti doctors to open private clinics for general practice in residential areas. A new department of private sector and licensing has recently been established in Ministry of health and there are plans to establish Health insurance hospitals and privatization of some of the public health care services (e.g. medical laboratory, radiology, nuclear medicine and nursing).

Public/private interactions (Institutional)

Some medical cases are being transformed from the private sector to the government sector.

Public/private interactions (Individual)

None

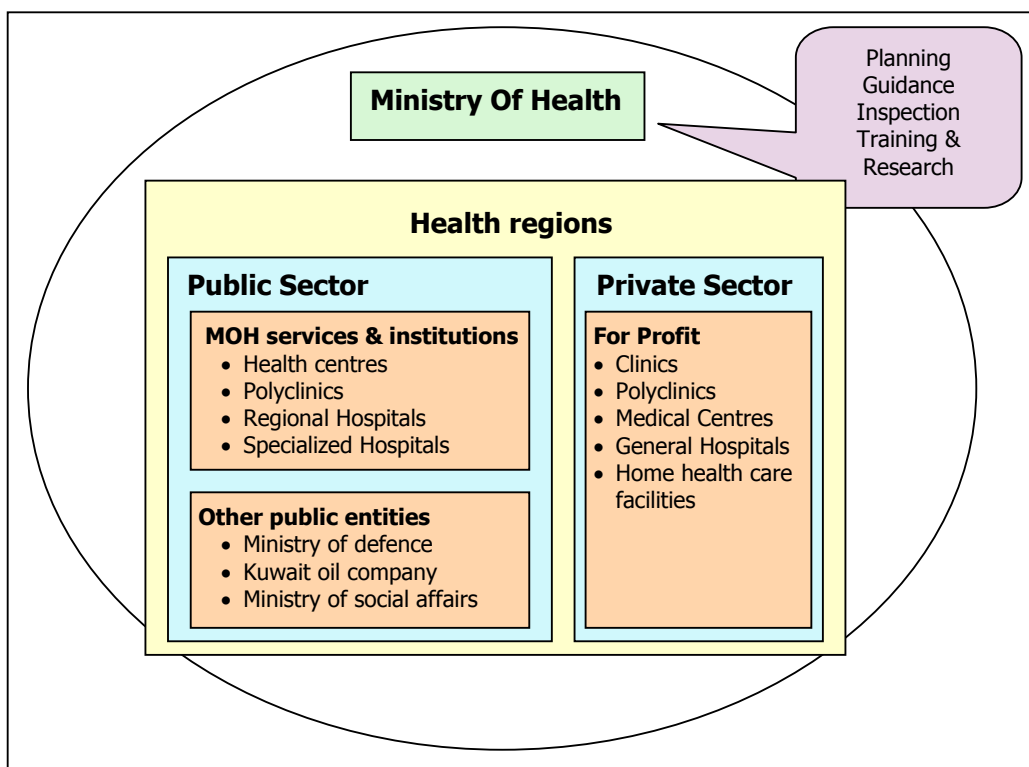
Planned changes to private sector organization

Encouraging the private sector to invest in the health sector via continuing the policy of facilitating granting licenses to health entities with quality control over the services provided.

4.4 Overall Health Care System

Brief description of current overall structure

Kuwait has one of the most modern health care infrastructures in the region. The health system consists of both public and private sectors. More than 80% of all health services are provided by the public sector, mainly by the Ministry of health. Other than MOH, Ministry of defence and Kuwait Oil Company have separate hospitals for their employees. Ministry of social affairs through its hospital provide health services to the handicapped and elderly. Private sector is small but rapidly expanding.

Figure1. Kuwait National health System

At present, the healthcare network in Kuwait is the best in the Gulf region and among the finest in the world. Kuwaitis receive medical services at government clinics and hospitals free of charge. Public healthcare is maintained by an intricate network of primary and secondary health centres and specialised hospitals and research institutions.

There are 72 primary health centres spread over the country. The services offered by them include general practitioner services and childcare, family medicine, maternity care, diabetes patient care, dentistry, preventive medical care, nursing care and pharmaceuticals.

Secondary healthcare services are provided by six major hospitals: Sabah hospital, Amiri hospital, Adan hospital, Farwaniya hospital, Mubarak Al-Kabeer hospital and Jahra hospital. The structure of each one of this hospital include a general hospital, a health centre, specialised clinics and dispensaries.⁹

Despite the excellent comprehensive services provided by the public health service, private hospitals and clinics thrive in Kuwait. The MPH regulates standards and the fees they may charge. The private hospitals and clinics have their own pharmacies. Most of them are general hospitals with some specialist departments. Some have limited equipment, such as ICUs, or specialists and refer patients to government hospitals for special procedures.

Private clinics are usually staffed by doctors of a particular specialty. There are several private dentists and dental clinics providing services to international standards. Orthodontics is only available to expatriates through these dentists and clinics. The Ministry of Health has approved the applications of 35 private companies to set up private hospitals in Kuwait. A decision is also issued allowing cooperative societies, private hospitals and Kuwaiti doctors to open private clinics for general practice in residential areas.

Provision of health services:**The Public Sector****1. The Ministry of Health:-**

Rendering health services is based on:

- The health areas that include sequence of service rendering. There are six health areas as follows: Capital, Hawally, Farwaniaya, Ahmadi, Jahra, Sabah Specialized Health Area.
- The three levels that guarantee the comprehension of the rendered services, as the residential areas are being served by a group of health centers (that represent the first level of service- Primary Health care) from which transfer takes place to six general hospitals (area hospital) one for each area (representing the second level of service- secondary health care), and then from there to the group of specialized hospitals and medical centers affiliated to Sabah specialized health care area representing the third level of service- triple health care service).
- Free health care provision for citizens and through subscription to the health insurance service for expatriate with the fees of one Kuwaiti Dinar for visiting the health centre, and two Kuwaiti Dinars for visiting clinics of hospitals and specialized health center for dental services, in addition to some additional fees fro some particular services. These fees do not include diabetes injections, bandages and vaccination in the primary health care centers.

2. Other Government Entities:

- Ministry of Defense (Military Hospital)
- Ministry of Social Affairs
- Kuwait Petroleum Corporation (Ahmadi Hospital) health services for staff of the oil sector.

The Private Sector:

- Through private clinics, clinics, medical centers and general hospitals.