



Country Cooperation Strategy for WHO and Kuwait 2023–2027



**World Health
Organization**
Kuwait



a call for
solidarity
and action

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ACRONYMS AND ABBREVIATIONS

AMR	antimicrobial resistance
CCS	Country Cooperation Strategy
EU	European Union
GDP	gross domestic product
HTA	health technology assessment
HDI	human development index
IPC	infection prevention and control
ICD-11	International Classification of Diseases 11th Revision
IHR	International Health Regulations
NHA	national health accounts
NCDs	noncommunicable diseases
PHC	primary health care
RCCE	risk communication and community engagement
SDGs	Sustainable Development Goals
UNICEF	United Nations Children’s Fund
UNCT	United Nations Country Team
UN	United Nations
UHC	universal health coverage
WASH	water, sanitation and hygiene
UNSDCF	United Nations Strategic Development Cooperation Framework

EXECUTIVE SUMMARY

WHO and Kuwait have a longstanding history of collaboration and partnership, built on a shared commitment to health. Under the leadership and vision of His Royal Highness the Emir of Kuwait, Sheikh Sabah Al-Ahmed Al-Jaber Al-Sabah, Kuwait launched the New Kuwait Vision 2035, a strategic vision aimed at transforming the country. This vision and accompanying national development plan are built on the pillars of a sustainable diversified economy, effective civil service, a sustainable living environment, developed infrastructure, high-quality health care, creative human capital, and global positioning. Kuwait has made commendable progress towards the various targets and national vision. However, in order to fully achieve the health targets of Vision 2035, as well as global health targets, Kuwait is looking to strengthen human capital, policy mechanisms and national systems for health.

Recognizing the need to increase health policy coordination, at the request of the Government WHO opened a country office in Kuwait in 2021. Together, Kuwait and WHO have developed the Country Cooperation Strategy (CCS) 2023–2027 as a medium-term framework to support Kuwait in achieving the health and well-being targets set out in Kuwait Vision 2035 (See Annexes 1 and 2). The CCS 2023–2027 outlines a set of priorities that can be summarized as:

- strengthening the health system to provide people-centred services;
- bolstering institutional capacities for emergency preparedness;
- empowering better health and well-being through whole-of-society approaches and health-in-all settings and sectors;
- addressing immediate environmental health challenges and mitigating the future health effects of climate change;
- operationalizing an evidence ecosystem through high-quality data linkages enabled by innovative use of digital technologies; and
- building on Kuwait's multilateral leadership to enhance cooperation for global health and well-being.

The joint priorities identified in this CCS were developed through a multistakeholder consultative process to ensure alignment not only with national targets and strategies but also with the United Nations Sustainable Development Goals (SDGs), *WHO's Thirteenth General Programme of Work (GPW13)*, regional Vision 2023 and the United Nations Common Country Analysis and Sustainable Development Cooperation Framework (UNSDCF). The CCS is an important tool that will bolster the Government's efforts to improve health outcomes, by serving as a platform to convene stakeholders in Kuwait around common objectives and a common framework. The establishment of the WHO country office reflects WHO's commitment to working with the Government of Kuwait to improve health outcomes in line with Kuwait's Vision 2035 and beyond. WHO will support Kuwait through the CCS, as well as various other policy and operational mechanisms, to ensure that health remains a national policy priority, and to ensure that Kuwait is well positioned and equipped to deliver on these multidimensional targets.

The *Country Cooperation Strategy for WHO and Kuwait 2023–2027* serves as a medium-term framework for WHO’s engagement with and support for Kuwait, in the context of the United Nations Sustainable Development Goals (SDGs), *WHO’s Thirteenth General Programme of Work* (GPW13), regional Vision 2023 and Kuwait’s Vision 2035. With a view to supporting countries get back on track to reach the GPW13’s Triple Billion targets, WHO’s Executive Board recommended and extended the endpoint of GPW13 by two years, from 2023 to 2025 (1). The success of the GPW13 is contingent on its contextualization at the regional and country levels; as such, the WHO country office will strengthen links between Kuwait and the three levels of the Organization. This collaboration will allow Kuwait to leverage WHO’s global footprint to enhance health policy coordination regionally as well as globally, ultimately supporting the country’s ambitions to play a stronger leadership role in global multilateralism.

This CCS starts by providing in-depth context on Kuwait’s political and socioeconomic landscape and an update on the health situation of the country. Against this backdrop linking global, regional and national realities, the CCS highlights the Government of Kuwait’s health priorities, which form the basis of WHO’s support. These priorities can be summarized as:

- strengthening the health system to provide people-centred services;
- bolstering institutional capacities for emergency preparedness;
- empowering better health and well-being through whole-of-society approaches and health-in-all settings and sectors;
- addressing immediate environmental health challenges and mitigating the future health effects of climate change;
- operationalizing an evidence ecosystem through high-quality data linkages enabled by innovative use of digital technologies; and
- building on Kuwait’s multilateral leadership to enhance cooperation for global health and well-being.

Reflecting WHO’s commitment to make an impact in every country, the CCS provides a clear results-based framework (Annex 3) to monitor and evaluate progress against these priorities. The CCS ensures country ownership of health and well-being priorities through extensive stakeholder consultations and a co-creation approach.

To deliver on the targets outlined in the CCS, WHO and Kuwait are cognizant of the need for multisectoral collaboration with the Government-led ecosystem of stakeholders in Kuwait, including civil society, the private sector and academia, among others, as well as the importance of multilateral collaboration among development and humanitarian partners. In line with this, WHO operates as a member of the United Nations Country Team (UNCT). The targets outlined in this CCS align with the draft United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020–2025 negotiated between Kuwait and the United Nations (2). Efficient coordination is ensured in line with the *Global Action Plan for Healthy Lives and Well-being for All*, as well as the Regional Health Alliance and its seven accelerator working groups. In conclusion, the CCS builds on WHO’s long history of collaboration with Kuwait and allows WHO and Kuwait to achieve greater policy coherence. Through the CCS and its ambitions, WHO will support Kuwait in realizing even greater gains in the health system that will contribute to global good practices for health.

2.1. Demographic, political, economic and social contexts

Kuwait has an estimated population of 4.6 million (3). The country has a high youth population, and the median age is 32 years (4). This high youth demographic is partly the result of high labour migration to Kuwait. Of the total population, 38.4% are women and 61.6% are men. The fertility rate in 2020 was 1.5 births per woman (5). Kuwait has a high Human Development Index (HDI) value at 0.831 (2022), which puts the country in the very high human development category with a rank of 50 out of 189 countries and territories (6).

Kuwait is a constitutional monarchy, with a parliamentary system of government, led by His Royal Highness the Emir as the head of state (7). This structure allows Kuwait to combine the benefits of both presidential and parliamentary forms of government. HRH the Emir appoints the Prime Minister and cabinet and holds executive power along with the cabinet. Legislative power is vested in the National Assembly, which comprises 50 members elected directly by universal suffrage and secret ballot. While the National Assembly has the power to question and dismiss ministers, including the Prime Minister, as well as the authority to discuss and potentially block legislation, HRH the Emir has the ultimate authority to call or dissolve parliament. The country is a high-income economy with a real GDP growth in 2021 of approximately 2.3% after a contraction of 8.9% in 2020 (8). This decline was exacerbated by the combined effects of the COVID-19 pandemic and global oil price slump. The country is a global leader in oil production and export and is a founding member of the Organization of Petroleum Exporting Countries (9). Oil revenues account for 90% of Government revenues (10), and petroleum makes up over 90% of export revenues (11). Other products, such as aircraft and cyclic hydrocarbons, are also exported, albeit on a smaller scale (12). As part of Kuwait Vision 2035, the Government recognizes a need to diversify the economy. At this juncture, the country's natural resource-based economy faces two challenges: 1) diversifying the economy to broaden the revenue base and mitigate the impact of potential external shocks, especially given recent periods of volatility driven by the pandemic and oil price changes; and 2) maintaining public expenditure at sustainable levels. The country looks to substitute oil for natural gas in the power generation sector, allowing oil export revenues to be channelled towards investments. Furthermore, by 2030, the country aims to generate 15% of its total energy needs from renewable sources (13).

Kuwait continues to seek policy action to improve social conditions in the country. The Government of Kuwait is exploring policies that encourage youth and women's participation across all sectors in the labour force with a view on ensuring sustainable human capital to deliver on the targets of Kuwait Vision 2035. Kuwait scored 0.983 on the Gender Development Index in 2019, placing it in Group 1 of countries closest to gender parity (6), and the country has introduced policies to protect women such as the Family Protection Law in 2020. Social challenges were exacerbated by the COVID-19 pandemic that stretched communities and tested the resilience of national systems. Cognizant of this, the Government is continually looking to develop holistic policies and mechanisms that enhance Kuwait's society.

2.2. Climate change and environmental impact on health

Kuwait is located in the north-western Arabian Gulf, covering an area of approximately 17 820 square kilometres. Kuwait's capital Kuwait City was originally a port town populated by fisherman and pearl divers, has undergone a period of rapid growth in population and infrastructure following the discovery of oil in the mid-1940s. Due to its location, Kuwait is faced with rising atmospheric temperatures, dust storms, and limited agricultural and water resources. The combination of environmental and industry factors means that Kuwait is susceptible to multiple climate hazards. The Government is leading policy and multisectoral action to address the impact of the environment on health, and to ensure infrastructure projects mitigate the negative effects of climate change. The healthy cities, Yarmouk and Dahia Abdullah Al Salem (both suburbs of Kuwait City) have taken positive strides in shaping policies in their locality to address the wider determinants of health. Among these efforts are participatory community initiatives that raise environmental literacy, engage community members in recycling and water conservation efforts and contribute to the expansion of walkable green spaces. Air pollution, heat stress and exposure to occupational hazards are crucial environmental risks to public health in Kuwait (14). A strong body of evidence points to increasing burden of disease due to one or more of these factors, with a higher risk of cardiovascular mortality (15) and respiratory disease (16).

Similarly, the activation of the National Multisectoral Coordinating Group to take forward WHO's recommendations with respect to the implementation of the national action plan for antimicrobial resistance (AMR) will be critical for surveillance, research and rational use of antimicrobials across human, agriculture and veterinary fields through a One Health approach.

2.3. Health system

The health system in Kuwait has matured rapidly over the last 20 years, resulting in significant advancements in public health outcomes in the country. Notable improvements have occurred in the control of communicable diseases, as well as in maternal and child health, which can be attributed to strong communicable disease surveillance and a comprehensive primary health care (PHC) package. The implementation of the National Accreditation Program for Hospitals established by the Quality and Accreditation Department, in collaboration with Accreditation Canada, and its evolution since 2008, is a noteworthy national achievement. This has set national standards of excellence in all aspects of health care, from patient safety and ethics to staff training and education. Notable progress has also been made in the health information system infrastructure, most recently, in WHO's Collaborating Centre for the WHO Family of International Classifications and the piloting of the International Classification of Diseases (ICD-11) at Farwaniyah Hospital (17). Key challenges remain in tackling the demographic and epidemiological transition which demands a re-orientation of the health care system towards prevention, health promotion, and management of chronic disease with an emphasis on strengthening the leadership role for public health and mobilizing digital health and innovation.

2.3.1. Health system governance

The Ministry of Health remains the main steward and financier of the health sector, and is involved in planning, regulation, monitoring, delivery and resource allocation of health services for the population (18). Despite the growing participation of the private sector, as observed in the Private Health Insurance Initiative for Kuwaiti Retirees and the Dhaman Public–Private Partnership, the Government accounted for 87.0% of current health expenditure in 2019, an increase of 2.5% compared with 2015 (19). Government spending on health accounted for 8.9% of total Government spending in 2019, an increase of 35.9% compared with 2015, again, highlighting the Government’s increasing prioritization of improving health and well-being. While these actions reflect the Government’s commitment to universal health coverage, the situation highlights pressing challenges to the longer-term sustainability of health sector financing especially considering the national budget’s dependence on oil revenues.

The recent introduction of the new legislation (Law No. 70 of year 2020), on the practice of medical and allied health professions, patient safety and health facilities, represents an evolving feature of health system development. The establishment of the Agency for Medical Responsibility introduces a new key player in the health workforce governance structure (Fig. 1) with the prime responsibility for ensuring professional conduct, managing complaints and practising key oversight over disciplinary procedures to ensure transparency, accountability and safety of patients and practitioners. Efforts are also under way to regulate the practice of traditional and complementary medicine in Kuwait which have been initiated by the Ministry of Health with guidance from WHO.

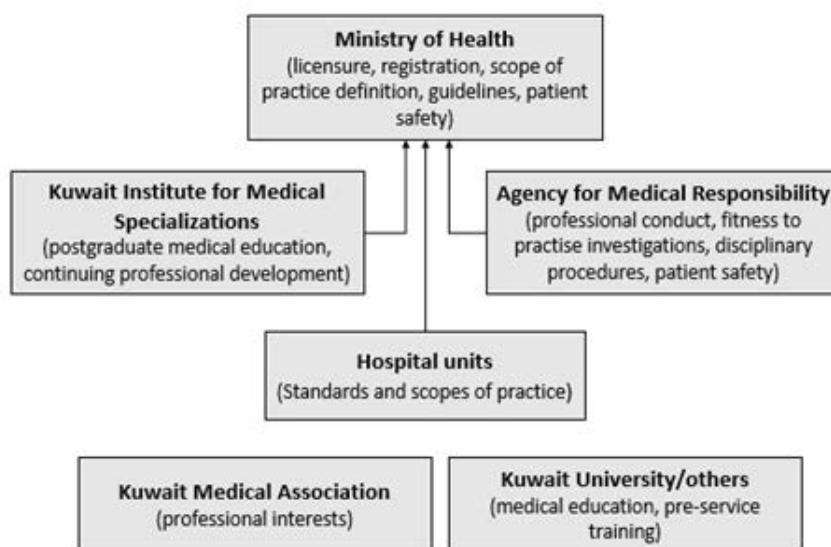


Fig. 1. Key actors in national health workforce governance

Human capital development features prominently as a programme of the national development plan 2021–2025 with policies laid out to revamp workforce development and skills formation and create a smarter foreign admissions system. Ratios of physicians and nurses per 1000 inhabitants showed an increasing trend from 2016 to 2020 (2.4 per 1000 physicians in 2016 and 2.9 per 1000 physicians in 2020; 6.5 per 1000 nurses in 2016 and 7.1 per 1000 in 2020) and with multiple health infrastructural projects nearing completion, strategic interventions in hospital management, including human resource management, comprehensive health workforce planning, monitoring and optimization of skill mix, training and performance are becoming necessary with due attention to be paid to the population’s demographic and health behaviour profile.

The creation of retention and incentivization programmes are other urgent priorities given the high dependence on foreign health professionals, especially in the nursing sector (96.6% according to the National Center for Health Information, 2023). To this end, further cooperation will focus on a fit-for-purpose health workforce to drive the achievement of national health priorities and the implementation of the national e-Health vision.

2.4. Public health achievements

This section considers Kuwait's public health ambitions and achievements in the context of the WHO GPW13 Triple Billion targets for one billion more people benefiting from universal health coverage, one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being. Despite challenges, Kuwait continues to make progress across the three target categories. Sustaining political will at the highest levels of Government will ensure that Kuwait can build on its momentum to realize even greater gains across the three target categories.



2.4.1. Universal health coverage

Kuwait's commitment to universal health coverage (UHC) is reflected in various policies. For example, Article 11 of the Constitution notes the State's guarantee of assistance to citizens in their old age, in sickness or in disability through social insurance services, social help and medical care (20). Some services are extended to non-nationals for a nominal fee and include general practitioner consultations, maternal and child health care services, geriatric care, dental care, in addition to preventive care, pharmaceuticals, simple laboratory testing and imaging services. Out-of-pocket expenditure as a share of current health expenditure has remained low in 2015–2019 and decreased by 13.9% from 2015 to 2019 (21), which is encouraging from a financial protection perspective. However, these projections warrant validation through up-to-date national health accounts (NHA) data, which have been lacking since the last set was published in 2014. Similarly, national household surveys are needed to allow for an assessment of the utilization of health services by different socioeconomic groups for a more nuanced assessment of UHC. Family practice is a major overarching strategy for service provision at public health facilities. There are over 100 PHC polyclinics across the country, with further clinics anticipated to be built to meet the demands of a fast-growing population. The promotion of noncommunicable disease (NCD) management in PHC includes patient-centred and continuity-of-care approaches, evidence-based guidelines, specialized diabetes, obesity and tobacco cessation clinics, and human capital development for effective patient education.

Over 30 mental health clinics have been integrated into the PHC network across the health regions, which are operated by trained family doctors in accordance with international protocols for diagnosis and psychotherapy. Of note, suicide, illicit drug use and subsequent drug overdose is a growing phenomenon in the country, warranting proportionate action from the Ministry of Health and sister ministries. The Well Baby Clinic is another specialized clinic within PHC which runs several services for children from birth up to 5 years of age, including periodic growth and nutrition surveillance. However, the nutrition surveillance system reports that low birth weight is a growing problem, with an estimate of over 12.7% of children born with low birth weight (22). Furthermore, exclusive breastfeeding rates are at an alarming 7.83% among Kuwaiti children ≤ 6 months (23), which strongly supports the need for greater collaboration to improve the health and education of women of childbearing age. The life expectancy at birth in Kuwait is 78.6 years on average, with females (average life expectancy of 79.3 years) generally living longer than males (average life expectancy of 78.1) (24). The Geriatric Health Services Administration at the Ministry of Health has been tasked with the development of a comprehensive suite of services for older people, including physical, psychological and social services. Kuwait continues to invest in services and infrastructure to promote UHC, complemented by ongoing policy action with WHO support. As a cross-cutting priority for health system strengthening and PHC, AMR has been addressed by Kuwait in its multisectoral AMR national action plan (2022) (25). The country has also adopted the Gulf Cooperation Council action plan for combating AMR and has laboratory capacity for the diagnostics of infections caused by AMR strains. Surveillance of health-care-associated infections is well established in hospitals; however, this work is still mostly manual and thus requires important resources in terms of time and workforce. Further collaboration can also drive the generation of knowledge on antimicrobial utilization and cost at health facility levels to inform decision-making at a policy level.

2.4.2. Emergency preparedness and response

The Constitution empowered Kuwait's robust, whole-of-government and whole-of-society approach in responding to the pandemic. Indeed, Article 25 of the Constitution stipulates that "The State shall guarantee the solidarity of society in bearing burdens arising from catastrophes and public calamities" while Article 15 states that "The State shall care for public health through measures of precaution and cure of diseases and epidemics". Legislative leadership was also observed during the response to the COVID-19 pandemic, with the swift approval of laws such as the COVID-19 relief law and Law 2 of 2022, which pertains to precautions against communicable diseases. Kuwait has consistently exhibited high capacities across the 19 technical areas of the International Health Regulations (IHR 2005) with an IHR implementation rate of 83% in the latest State Party self-assessment (26). A National Action Plan for Health Security (2018–2022) was co-developed with WHO in line with the results of the joint external evaluation executed in 2017.



The pandemic response revealed effective and rapid information exchange efforts between the security and health sectors (including law enforcement, border control, customs) in addition to resilient surge capacities, comprehensive emergency medical services and existing capacities to tailor point-of-entry protocols to public health events. Furthermore, cross-border processes were rapidly instituted to receive, store and deploy medical countermeasures. Kuwait underwent a leapfrogging in the development of digital tools for surveillance, laboratory diagnosis, immunization and documentation of personal status during the pandemic. Sustaining this progress with the reactivation of routine sentinel surveillance for severe acute respiratory tract infections and influenza-like illnesses is a requisite step towards enabling integrated and comprehensive surveillance of viruses of epidemic and pandemic potential. In tandem, the current capacities present a scalable platform to nurture global, regional and national collaborative research and development opportunities at the nexus of health system strengthening and emergency preparedness.



2.4.3. Promoting healthier populations

Cardiovascular disease is the leading cause of NCD deaths in Kuwait, accounting for 41% of all deaths in the country, followed by cancer (15%) and other NCDs (10%). The Ministry of Health's collaboration with the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases culminated in an NCD investment case which revealed that NCDs cost the Kuwait economy KD 1.6 billion (US\$ 5.2 billion), equivalent to 3.9% of its 2019 GDP. Tobacco control strategies implemented nationally illustrate an effective whole-of-government response in addressing NCD risk factors.

Since its endorsement of the WHO Framework Convention on Tobacco Control in 2006, Kuwait has adopted evidence-based control measures in accordance with WHO's MPOWER package through the national anti-tobacco programme. This has included the adoption of the Labelling of Tobacco Product Packages standard in 2011, the Smoke-Free Places decree in 2012 and Article 56 of the Environment Protection Act in 2014, regulating the advertisement of tobacco products. However, low levels of tobacco taxation have been a main hindrance to tobacco reduction efforts nationally which presents a feasible opportunity to accelerate impact.

Overweight and obesity are high at over 40% among students aged 13–17 years (27). To reach the Kuwait National Development Plan 2020–2025 targets to reduce rates of youth overweight, WHO has supported Ministry of Health in adapting the *Global Action Plan on Physical Activity, 2018–2030* to scale up actions to promote physical activity.

From a policy perspective, there is an opportunity to improve how added sugars are consumed. This could be achieved with WHO support, particularly on supporting industry reformulation and standardization efforts, developing awareness-raising education campaigns, controlling misleading marketing to children and designing viable taxation initiatives on sugar-sweetened beverages, as one example.

Road traffic injuries are also an important public health issue requiring greater attention and targeted interventions across population categories (28). Mental health and psychosocial support are additional areas which would benefit from multisectoral action to promote healthier populations in areas of emergencies and beyond. Indeed, with the adoption of the Mental Health Law of 2019, a mental health coordinating body was formed with representative members from the health sector, social services, academia, human rights diwan, civil society organizations and the Ministry of Justice to safeguard a coordinated national response to mental health promotion, protection and care.

2.5. Kuwait and multilateralism

Kuwait continues to demonstrate a commitment to global multilateralism, and the multilateral partnerships environment in Kuwait reflects this commitment. Kuwait has been a significant humanitarian and development partner, contributing 2% of GDP to official development assistance, more than the UN-recommended 0.7% (5). Through the Kuwait Fund for Arab Economic Development, Kuwait supports humanitarian and development initiatives around the world. The country's regional and global influence continue to grow thanks to its humanitarian interventions and political mediation. Kuwait has systematically taken a lead role in organizing and co-organizing different international pledging conferences in support of various humanitarian operations including in Bangladesh (for refugees from Myanmar), Iraq, Palestine and the Syrian Arab Republic. In 2014, the UN named His Royal Highness the former Emir of Kuwait, Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah, a humanitarian leader and declared Kuwait an international humanitarian centre. For the 2020–2021 biennium, Kuwait ranked 13th globally on the list of WHO's top contributors by voluntary contributions, further demonstrating the country's global leadership and commitment to health (29). Kuwait is also a dedicated supporter of WHO's Health Emergencies Programme and was among the first global partners to respond to urgent appeals by committing resources to respond to large-scale outbreaks including COVID-19, Ebola, cholera and measles. The country was also the first contributor from the Eastern Mediterranean Region to WHO's Contingency Fund for Emergencies (30). Kuwait was one of the first responders to the COVID-19 appeals, contributing US\$ 60 million to WHO's Strategic and Preparedness Response Plan to boost the health care systems of recipient's countries and strengthen WHO'S capacity at its three levels, and is among the ACT-Accelerator partners. Within the State of Kuwait, the Government shows strong support to the UNCT by providing the office premises for all Kuwait-based UN agencies, including the WHO country office. For WHO, this also included various resource commitments from the Government towards the establishment of the office between 2021 and 2022, including over US\$ 300 000 in financial resources during the same period.

2.6. Multilateral partnership ecosystem

Kuwait joined the UN as a full Member State in 1963. Since joining the UN, Kuwait has provided substantial contributions to the UN’s global agenda. As of 2022, the UNCT in Kuwait comprises 18 UN and affiliated entities with varied levels of country presence and operations. The UNSDCF 2020–2025 details the UN’s collaboration with Kuwait, outlining joint targets and strategies in the context of the SDGs and Kuwait Vision 2035. The UNSDCF consolidates the work of the UN system in a single coherent framework with three expected outcomes (31):

Outcome 1

Human capital growth, economic diversification, corporate governance and women’s empowerment strengthened in line with international standards by supporting institutional and individual capacities.

Outcome 2

Quality living environment and public health advanced by supporting institutional and community capacities.

Outcome 3

Kuwaiti contribution for humanitarian action and the 2030 Agenda for Sustainable Development is broadened, promoting peace-building, security, culture and arts and youth empowerment.

As the global institution mandated with defining and implementing global health policies, and functioning as an integral part of the UNCT, WHO will lead the UNCT’s efforts to ensure that health and health-related SDGs remain a priority for Kuwait as part of the UNSDCF and Kuwait Vision 2035. In addition, the WHO country office will serve as the link to ensure alignment between Kuwait’s policies, the *Global Action Plan for Healthy Lives and Well-being for All* and the Regional Health Alliance.





3.1. Country presence

WHO has a longstanding collaboration with Kuwait that dates back to the Basic Agreement for the Provision of Technical Advisory Assistance, signed between the Government of Kuwait and WHO on 25 April 1961. In addition, a Revised Standard Agreement between the United Nations and Kuwait was signed on 13 February 1962. Building on this long history of collaboration and responding to Kuwait's request for a dedicated country office, WHO and the Government of Kuwait inaugurated the WHO country office in June 2021. As part of this inauguration, WHO's Director-General Dr Tedros Adhanom Ghebreyesus met with His Royal Highness Sheikh Nawaf Al-Ahmad Al-Jaber Al-Sabah in July 2021 when His Royal Highness welcomed WHO to Kuwait.

WHO's collaboration with Kuwait prior to the opening of the country office focused on supporting Kuwait in improving national public health outcomes. This collaboration was defined in the Kuwait CCS for 2012–2017 under the following health priorities:

- strengthening the health system, including governance, human resources development, information and evidence, management of medicines and health technology and health financing;
- preventing and controlling noncommunicable diseases and maintaining the good progress achieved in communicable disease control;
- strengthening and scaling up health promotion;
- preventing and medically managing road traffic crashes and disabilities;
- strengthening mental health;
- emergency preparedness and response.

Other national health priorities that have historically benefited from WHO’s collaboration with Kuwait are physical inactivity, tobacco use, unhealthy diet, occupational health and healthy cities, among others. WHO’s collaboration with Kuwait has been successful especially in the prevention and control of communicable diseases. Beyond collaboration on Kuwait’s national health priorities, WHO has provided mechanisms for Kuwait to increase access to health for low- and lower middle-income economies and to support humanitarian emergencies around the world. Recognizing that enhanced collaboration with WHO had the potential to increase impact in health both domestically and globally, Kuwait requested the opening of a WHO country office.

The establishment of the WHO country office and the subsequent articulation of Kuwait’s CCS 2023–2027 not only builds on years of progress and collaboration both domestically and globally, it also directly responds to Kuwait’s request for an enhanced relationship. Going forward, the the country office will play a pivotal role in strengthening WHO collaboration with Kuwait and enhancing Kuwait’s ability to engage with and maximize WHO’s global network. The country office in Kuwait enables WHO to work on the ground with national health authorities, United Nations partners and a range of stakeholders across all sectors to foster evidence-based, results-oriented public health collaboration. The country office enables Kuwait to increase its health policy coordination within the Gulf Cooperation Council, the Region and globally. By facilitating communication, increasing access to insights from across WHO’s global network, and providing strategic guidance, the WHO country office will enhance Kuwait’s participation in global health diplomacy and global health agenda-setting. This multipronged approach allows WHO and Kuwait to strengthen collaboration on health and well-being both in the context of Kuwait’s own public health targets and in the broader context of advancing global health.

3.2. Principles of WHO cooperation with Kuwait

Delivery of WHO’s cooperation with Kuwait will be guided by the principles of strategic collaboration, strategic policy dialogue and technical support.

Strategic collaboration

WHO will ensure that Kuwait has access to data, and insights from WHO’s global agenda-setting and coordination efforts.

Strategy

Strategic policy dialogue

Working with the Ministry of Health and other relevant stakeholders, WHO will provide relevant guidance as part of Kuwait’s policy-setting process both in terms of national health policy, as well as in regional and global health policy.

Policy

Technical support

WHO will support the adaptation of global health policies and strategies to the needs of Kuwait. This will include conducting reviews and assessments, enhancing capacity as well as facilitating consultations with stakeholders in co-developing action plans.

Expertise

3.2.1. WHO engaging with a broad ecosystem to advance health in Kuwait

The WHO country office will work with stakeholders from across the national ecosystem to support the Ministry of Health in its coordination towards set targets (Fig. 2). The Ministry of Health in Kuwait leads the public health ecosystem, a group of multidimensional, multisectoral stakeholders contributing directly or indirectly to improving health systems and health outcomes in the country. This health ecosystem includes but is not limited to the Government and policy-makers, civil society, the private sector, academia, community leaders and youth leaders and organizations, among others. WHO is committed to working with the Ministry of Health-led ecosystem to improve health and well-being in Kuwait.

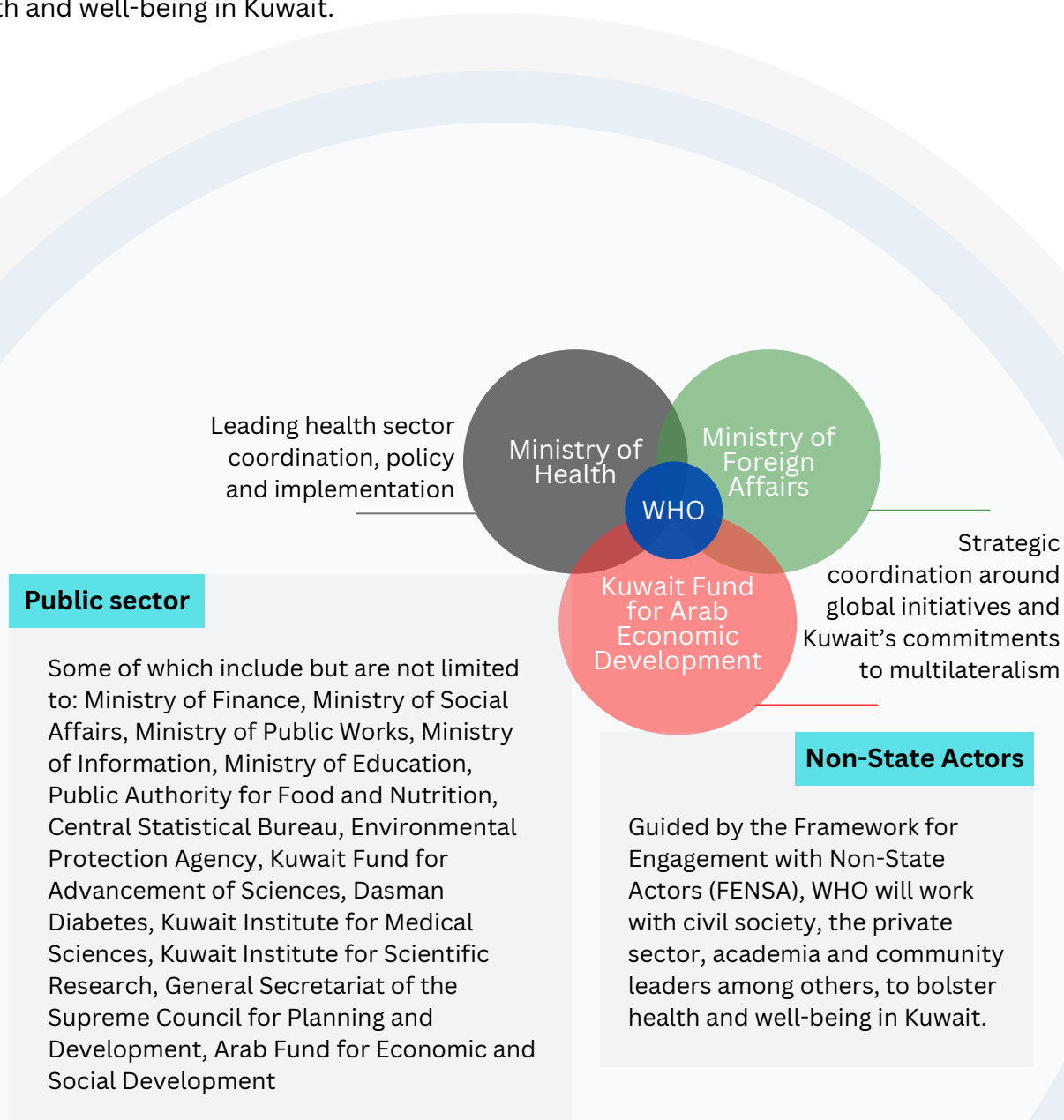


Fig. 2 National stakeholder landscape in Kuwait

3.2.2. *WHO risk-management mechanisms implemented in Kuwait*

WHO is taking an active approach to identifying and acting on risks to ensure continuity of cooperation and minimize the impact of negative events on both Kuwait’s health system, as well as Kuwait’s ability to support health initiatives in the Region and globally. To do this, the country office is employing the following mechanisms and framework:

- Periodic risk assessments to identify, assess and act (where necessary) on political, operational, financial and other risks associated with: country office operations; relationships with public sector stakeholders; national, regional and global health landscapes.
- The Framework for Engagement with Non-State Actors (FENSA) guides WHO’s engagements. The associated due diligence and risk assessment processes ensure that WHO can identify potential risks and mitigate their impact on the Organization’s activities.





4

STRATEGIC PRIORITIES

4.1. Methodology in developing the Country Cooperation Strategy

The development of the CCS for the 2023–2027 period was initiated in May 2022 and concluded in January 2023. A mixed methodology was employed in the development of the CCS. This approach ensured comprehensive and evidence-based recommendations on which Kuwait would build its health priorities. The research and consultation process was carried out by the WHO country office with support from the WHO Regional Office for the Eastern Mediterranean, under the guidance of the Ministry of Health, and a dedicated CCS Committee (see Annex 2 for its composition). Primary and secondary data were collected as part of this process:

- Primary data: Key informant interviews – key informant interviews and consultants across sectors and arms of Government, where essential to understand the current situation of the health system and health ecosystem. These interviews were also critical to understand the various priorities for Kuwait’s health system.
- Secondary data: Literature reviews – an extensive literature review of policy documents, articles, books and other related material was conducted as part of the CCS process.

4.2. Summary of strategic priorities

The strategic priorities highlighted in this CCS are the result of extensive WHO–Ministry of Health-led consultations across stakeholders in Kuwait. These priorities, which capture the technical areas of collaboration and address key system level challenges, align the priorities of both WHO and the Government of Kuwait, as part of a longer term health sector development plan.

Kuwait’s strategic priorities, which have been jointly set between WHO and Kuwait, reflect WHO’s comparative advantage, global good practices, lessons learned from previous WHO-Kuwait collaborations and lessons learned from WHO’s global health coordination work with Member States. The priorities will be reviewed on an ongoing basis, as part of the monitoring of implementation, to ensure continued alignment with the national development plan. Furthermore, these periodic reviews will ensure continued alignment between each sub priority and the overarching themes.

Kuwait’s strategic priorities can be summarized as:

- Strengthening the health system to provide high-quality people-centred services based on comprehensive and innovative care strategies and health architecture optimized for efficiency.
- Bolstering institutional capacities for emergency preparedness by integrating social determinants of health and climate-informed risk planning.
- Empowering better health and well-being across the life course with focus on NCDs through whole-of-society approaches and health-in-all settings and sectors.
- Addressing immediate environmental health challenges and mitigating the future health effects of climate change.
- Operationalizing an evidence ecosystem through high-quality national and global data linkages enabled by the strategic and innovative use of digital technologies.
- Building on Kuwait’s multilateral leadership to enhance cooperation for global health and well-being.

4.3. Public health priorities

Kuwait has identified a set of public health priorities that will guide WHO's support over the 2023–2027 period. These priorities, broadly outlined below, include subthemes that provide additional context on how Kuwait is approaching these multidimensional issues.



T

Strengthening the health system to provide high-quality, people-centred services based on comprehensive and innovative care strategies and health architecture optimized for efficiency

Sub-themes

PHC and essential health services | *Health financing*

Health workforce planning | *Regulatory framework*

Patient safety | *Healthy ageing*

With a focus on quality, people-centred health service delivery is predicated on the capacity of the health system to identify, plan for and finance the health needs of the population.

- Support the Ministry of Health to strengthen the PHC approach for quality health care with emphasis on UHC compendium service package delivery and implementation, including defining essential health services, assessment of NCD service delivery and monitoring indicators at PHC level, implementation of essential public health functions and patient quality and safety interventions.
- Enable country capacity to deliver the integrated care for older people approach into existing health and social services and support its functional integration into the national primary care information system.
- Support the Ministry of Health to improve health financing arrangements through appropriate

revenue generation aligned to PHC-oriented health systems, strategic purchasing arrangements and efficient pooling with effective employment of NHA and health technology assessment to support social protection initiatives and ensure the flow of funds for priority services, including cross-cutting public health functions and investments in health workforce and energy-efficient health facilities.

- Work with the Ministry of Health to ensure the strategic workforce planning and development of health professional cadres from physicians to nurses and allied health professionals, including through evidence-based guidance on change management for digital transformation. In further support of this, expansion of national centres designated as WHO collaborating centres will be a crucial goal for WHO's partnership with Kuwait and aims to promote the sustainability of national health development and resilience of PHC facilities.
- Support the national regulatory system in the development of a national health workforce plan, a regulatory framework, and scope of practice reviews to ensure patient safety.

20

Bolstering institutional capacities for emergency preparedness by integrating social determinants of health and climate-informed risk planning

Sub-themes

Governance and coordination for emergencies

Prevention, preparedness and operational readiness plans

Climate-informed planning and surveillance systems

Risk communication and community engagement

Leadership for public health

In line with Kuwait Vision 2035 and building on lessons learnt from the global shocks caused by the COVID-19 pandemic, emergency preparedness will continually be prioritized across social and environmental contexts.

- Provide technical support to the Ministry of Health to verify and strengthen core capacities under the IHR (2005), which pertain to leveraging collaboration for strengthened all-hazards emergency risk assessment, detection, management and response, including through the implementation of after-action reviews, self and external assessments, specific training programmes, initiatives, and certifications (e.g. emergency medical team classification).
- Work with the Ministry of Health to review essential public health functions through the lens of the essential public health functions framework to advance UHC and health security.
- Support enhanced public health decision-making through the transfer of innovative analytical approaches, such as geographical information systems, to equitably address the epidemiology of communicable disease, AMR and climate change in line with the One Health concept.
- Support the Ministry of Health to strengthen electronic surveillance to improve early warning systems and timely public health reporting with due consideration to climate-informed surveillance.
- Work with the Ministry of Health and partners in sustaining a regional programme for the development of key leadership competencies for hospital managers and public health professionals with progressive gains on regional health security, UHC and health and well-being.
- Support the institutionalization of robust risk communication and community engagement mechanism and structure at the Ministry of Health through a national strategy and workplan as part of emergency preparedness and readiness for crisis with differentiated strategies targeting vulnerable groups.

3

Empowering better health and well-being across the life course with focus on NCDs through whole-of-society approaches and health-in-all settings and sectors

Sub-themes

Noncommunicable diseases

Obesity

Physical activity

Healthy cities

Mental health and substance abuse

Road safety

- Support the delivery of an integrated health service approach at critical junctures across the life course, in schools and communities to prevent and manage noncommunicable disease and associated risk factors with specific tailoring, appropriate to vulnerable groups. This includes mobilization of WHO’s relevant guidance packages and regional frameworks.
- Support the Ministry of Health in coordinating a whole-of-government response to the obesity epidemic as a frontrunner country under the WHO Acceleration Plan to STOP Obesity by presenting good practices for tackling NCDs and mobilizing multisectoral action, including by guiding non-profit, private sector and industry partners to contribute to innovative methods in areas such as food reformulation, behavioural modification and population health literacy.
- Advancing technical cooperation for the implementation of the national action plan on physical activity.
- Promote the empowerment of people and communities in oversight functions and decision-making related to health and determinants of health under the Healthy Cities programme and its expansion to subgovernorate level.
- Support country responses to substance use through evidence-informed tools, standards and packages as part of the WHO regional framework for action to strengthen the public health response to substance use.
- Advance cooperation through the WHO collaborating centres platform in NCD treatment and management, including self-management of care and person-centred care enabled by digital health.

4

Addressing immediate environmental health challenges and mitigating the future health effects of climate change

Sub-themes

Vulnerability and adaptation assessment

National health adaptation plan | Leadership and advocacy

Antimicrobial resistance (AMR) | Research agenda

- Support the National Committee for Preparedness and Response to the Impacts of Climate Change and Environmental Disasters on Health and its core technical group to undertake a climate change and health vulnerability and adaptation assessment, which will inform the development of a national health adaptation plan.
- Support the participation of national focal points in the Alliance for Transformative Action on Climate Change and Health and other UNFCCC processes and negotiations on health.
- Advance technical support in the identification of gaps in research on climate change and health as part of an evidence review and research priority-setting exercise engaging multiple stakeholders from across public, private and non-profit sectors in alignment with the global research priority exercise led by WHO and relevant partners.
- Support advocacy initiatives to educate and inform health professionals and the wider community on the interplay between environmental factors and physical/psychosocial health.
- Work with the Ministry of Health to adapt the One Health operational framework on a country level and empower the national committee in multisectoral coordination of One Health implementation in existing workplans (those on AMR, food safety, infection prevention and control (IPC), among others).
- Support the assessment of water, sanitation, hygiene, health care waste management and environmental cleaning (WASH) services at health care facilities and integration of WASH indicators into population- and facility-level survey platforms.

5

Operationalize an evidence ecosystem through high-quality national and global data linkages enabled by the strategic and innovative use of digital technologies

Sub-themes

Evidence to policy

Health information systems

National digital health strategy

Integrated population surveys

Digital technology innovation

An evidence ecosystem enabled by innovative use of digital technologies ensures effective and efficient strategic planning for health, in line with the targets of the Kuwait national development plan, SDGs, GPW13 and regional Vision 2023.

- Cooperate to expand the capacity of the Ministry of Health for critical appraisal of knowledge products and evidence synthesis reports (i.e., policy briefs, health technology assessments, guidelines and systematic reviews) as part of the WHO regional resolution and framework for action to develop national institutional capacity for use of evidence for policy-making for health.
- Support Kuwait as one of the priority countries in the Region in enhancing evidence-informed policy-making and to establish the relevant structure and process.
- Work with the Government to strengthen health information system linkages for timely and optimal generation and use of data to inform the development of health policies. This will be driven by capacity-building of the national observatory for health indicators in addition to regular assessments and promotion of national uptake of ICD coding.
- Support the establishment of an integrated national digital health strategy with due attention to governance, legislative framework, institutional and workforce capacity to enable changes in digital systems and uptake of interventions across the continuum of care. Guidance will be extended in navigating issues of access, security, cost, quality, safety, ethics and sustainability as key considerations of implementation.
- Support the Ministry of Health and national statistical bureau in their enabling role as coordinators of effective data collection efforts through a national health information system strategy and an integrated national strategy for the implementation of population surveys.
- Provide technical support to institutionalize tools such as household surveys to collect data on health care utilization, health expenditure, health state and behavioural and biological markers, thus building national capacity to report on relevant population-based core indicators that provide reliable evidence for decision- and policy-making.
- Support the Ministry of Health and other relevant Government institutions in understanding the health sector opportunities that innovative technologies offer, including blockchain, artificial intelligence and big data analytics.

6

Building on Kuwait's multilateral leadership to enhance cooperation for global health and well-being

Sub-themes

Humanitarian-development-peace nexus

Strategic planning and coordination for official development assistance

Strategic communication and visibility

Kuwait is a leader in global multilateralism with a history of consistent and transformative support to regional and global health and humanitarian issues. WHO and Kuwait, through the Kuwait Ministry of Foreign Affairs and Kuwait Fund for Arab Economic Development among other institutions, will enhance coordination to ensure that health and well-being remain a policy priority globally and accessible for all.

- Work with Kuwait to adopt the humanitarian–development–peace nexus in order to effectively advocate for and deliver interventions that support the smooth transition of countries from humanitarian action to health system development, recognizing the evolving and diverse situations of health systems in the Region and globally.
- Work with Kuwait to further define global strategies to advocate for and support other countries in improving health outcomes. This would include facilitating broader Kuwait engagement in regional and international forums for health and health-related SDGs.
- Highlight Kuwait's leadership as a global partner and key supporter to WHO's work at all levels, as well as working with all WHO stakeholders to effectively share success stories and good practices from Kuwait's support towards improving health and well-being around the world.

4.4. Aligning national, regional and global health targets

The CCS priorities align with public health targets at the national, regional and global levels (Fig. 3).

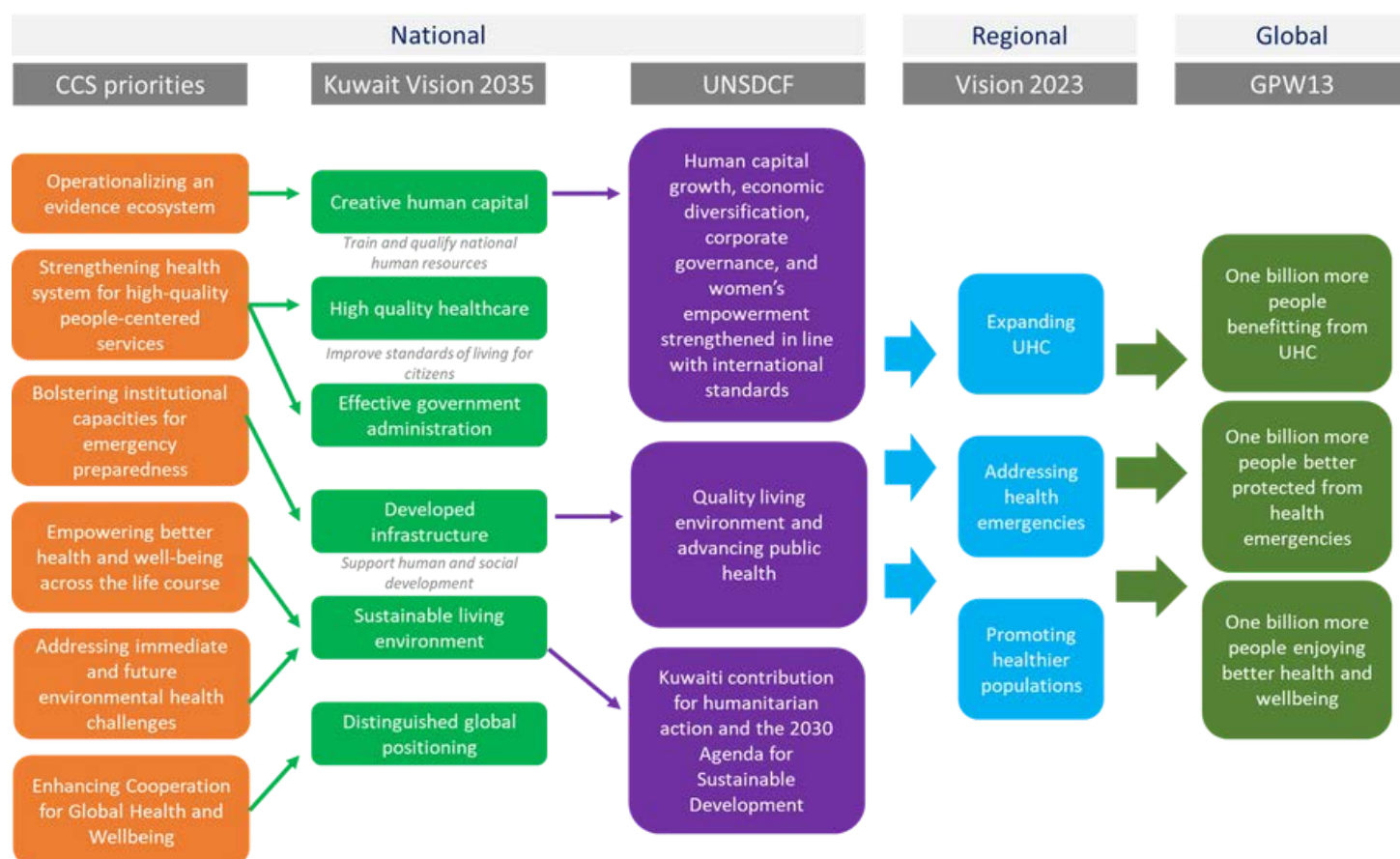


Fig. 3. Alignment of strategic priorities with national, regional and global public health targets

5.1. WHO three-level coordination in Kuwait

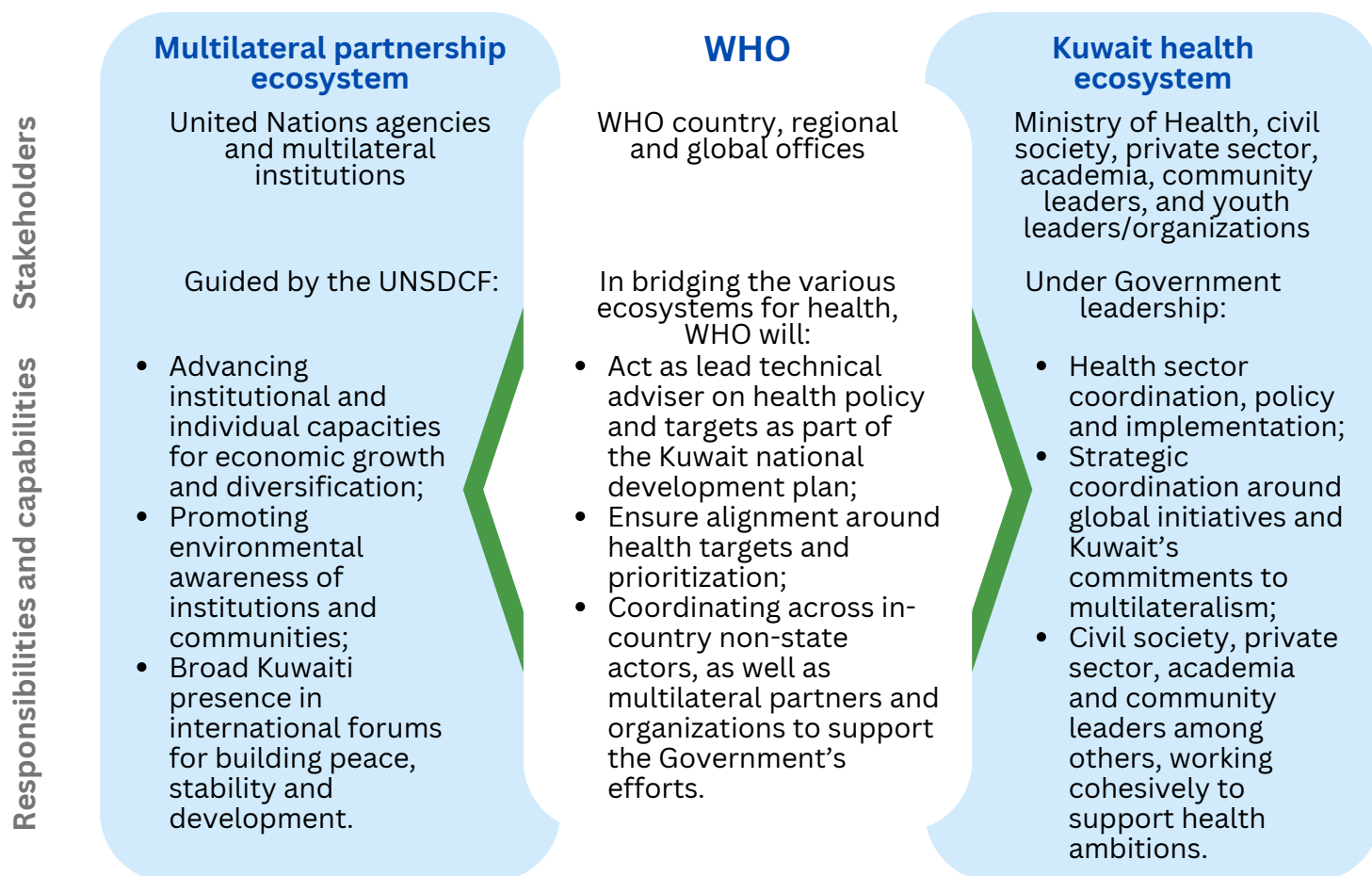
WHO will work with the Government of Kuwait dynamically to implement the CCS. This approach, which prioritizes Kuwait's health needs and health situation, will be guided by the long-term objectives of the GPW13, SDGs and Kuwait Vision 2035.

The WHO country office in Kuwait will serve as the focal point in strengthening the relationship between Kuwait and the three levels of the Organization. The strengths of this operating model ensure alignment, operational efficiency and optimal use of WHO's comparative advantages.

WHO country office	WHO regional office	WHO headquarters
<p>The WHO country office will serve as the primary focal point and partner to the Government of Kuwait. In this role, WHO will provide both internal and external facing mechanisms.</p> <p>On the internal side, WHO will support the Government of Kuwait in defining public health policy, facilitating in-country strategic collaboration towards health targets, coordinating technical support and convening strategic policy dialogue. On the external side, WHO will ensure that the Kuwait country context is captured and adequately integrated into WHO's global strategic planning and agenda-setting. The collaboration will ensure that Kuwait can leverage WHO's global network and insights from data to influence decision-making. WHO will also facilitate Kuwait's engagement with, and support to, global multilateralism for health, including Kuwait's engagements with various WHO offices, and in addition to Kuwait's health and multilateral coordination with member countries of the Gulf Cooperation Council.</p>	<p>The Regional Office will coordinate regional health policy by contextualizing global health targets to the nuances of the Eastern Mediterranean Region. By working with the country office, the Regional Office will capture Kuwait's context and feed this into regional level policy discussions. The Regional Office will also support the country office in providing technical support to Kuwait.</p> <p>Through the regional governance mechanisms, and working closely with the country office, the Regional Office will coordinate Member States' participation in regional governance initiatives and regional policy-/decision-making.</p>	<p>Through the global governance mechanisms, WHO headquarters works with Member States through country offices to set the global health agenda and define global health priorities. This will include ensuring effective coordination for Kuwait at WHO global governance events and forums. WHO headquarters will support the country office in providing technical support to Kuwait, as well as in coordinating strategic policy dialogue and initiatives, globally.</p>
Kuwait	Cairo	Geneva

5.2. Aligning ecosystems for results

In order to successfully implement Kuwait’s CCS, WHO will lead health-related collaboration between multilateral partners in Kuwait and the in-country health ecosystem. Recognizing the synergies and comparative advantages of the stakeholders from these distinct ecosystems, WHO will play a bridging role.



5.3. Financing the strategic priorities

Five-year budget estimate 2023–2027

WHO’s financing contributions to implementing the Kuwait CCS 2023–2027

US\$ 6 957 500

Estimated based on WHO’s forecasted operational budget towards operations of the country office for the period

Kuwait’s 2023–2027 priorities

- Strengthening the health system to provide people-centred services based on comprehensive and innovative care strategies and health architecture optimized for efficiency.
- Bolstering institutional capacities for emergency preparedness by integrating social determinants of health and climate-informed risk planning.

- Empowering better health and well-being across the life course with focus on NCDs through whole-of-society approaches and health-in-all settings and sectors.
- Addressing immediate environmental health challenges and mitigating the future health effects of climate change.
- Operationalizing an evidence ecosystem through high-quality national and global data linkages enabled by the strategic and innovative use of digital technologies.
- Building on Kuwait’s multilateral leadership to enhance cooperation for global health and well-being.

Investment case and country resource mobilization plan

- Additional resources are needed to deliver Kuwait’s CCS over the five years 2023–2027. In addition to WHO’s resource commitments towards the delivery of the CCS, the country office will carry out a set of supporting resource mobilization actions. These include:
 - Working with the Government of Kuwait under the leadership of the Ministry of Health to identify the resource requirements for each of the priorities;
 - Working with the Ministry of Health, Ministry of Finance and other relevant Government entities to ensure that the national budget includes provisions and allocations towards delivery of the CCS priorities;
 - Working with other relevant Government agencies to ensure that all Government institutions are collectively allocating resources, whether human and/or financial, towards delivery of the CCS.

5.4. Monitoring and evaluation

As part of the commitment to addressing the priorities laid out in this CCS, WHO and the Ministry of Health will take a continuous and inclusive approach to monitoring the implementation of the CCS. This approach to monitoring and evaluation, which aims to ensure that learning is effectively identified and integrated into implementation, will look at:

- Ministry of Health-led ecosystem for health and well-being – ensuring that all stakeholders are actively engaged in delivering the CCS priorities and targets;
- Building a learning environment for public health – identifying and assessing challenges to the targets, ensuring sustained multisectoral efforts to overcome these challenges, capturing learning and ensuring mechanisms are in place to integrate this learning;
- Ensuring consistent priority alignment – reviewing the strategic priorities to ensure that they are consistently aligned with national, regional and global targets, and to ensure that they continue to reflect the changing needs of the population in line with Vision 2035.

These monitoring and evaluation activities will be led by WHO, in close collaboration with the Ministry of Health, UNCT and other relevant stakeholders. By taking this leading role, WHO will ensure that monitoring and evaluation activities are aligned whenever possible across organizations and that learning identified through implementation of the CCS is considered in the broader scope of Kuwait’s holistic strategic vision.

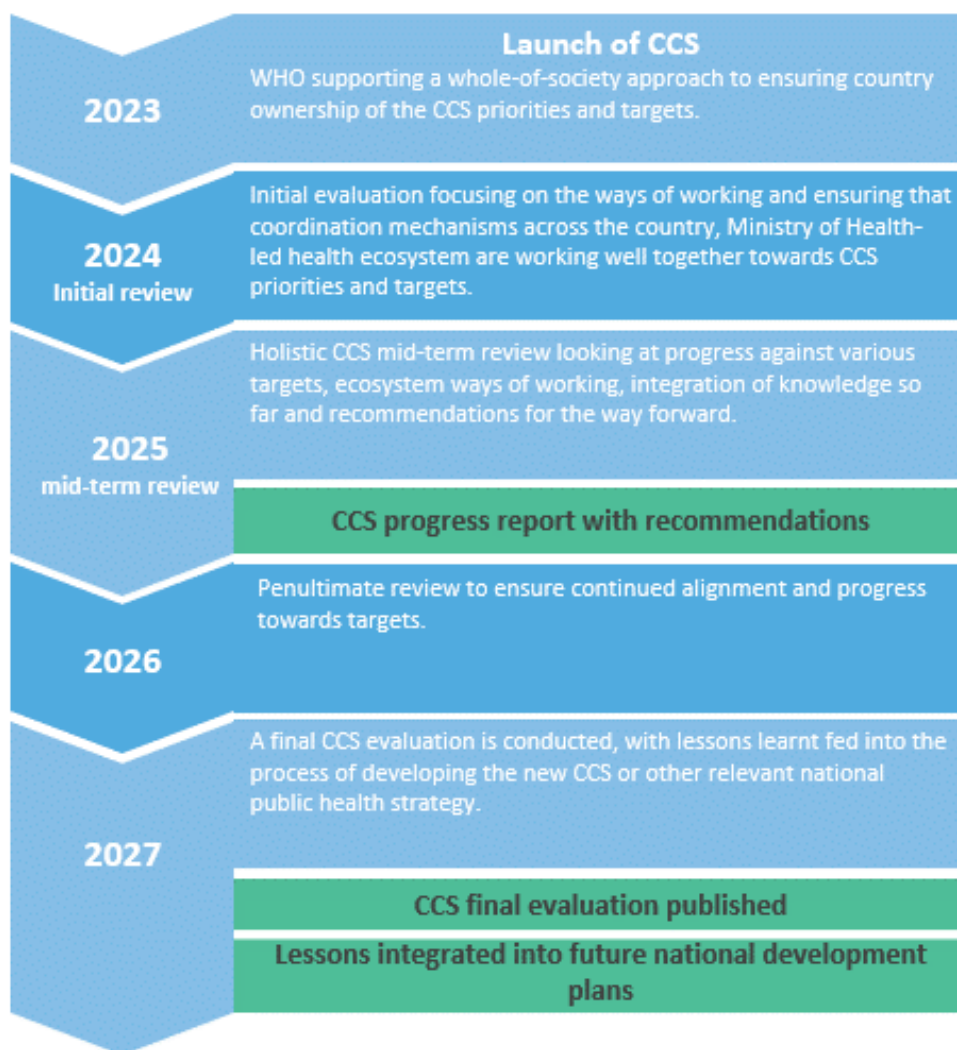


Fig. 4. Planned monitoring and evaluation of implementation of the Country Cooperation Strategy

Under the leadership and direction of the Government of Kuwait, the Ministry of Health, WHO and partners will take an active approach to integrating learning into each phase of the CCS, as well as into future CCS development and implementation (Fig. 4). This learning will be integrated by:

- Conducting thorough evaluations: periodic evaluations will identify good practices, gaps, challenges and successes;
- Using data-driven insights to inform improvements;
- Establishing feedback mechanisms and documenting findings: evaluation findings will be documented and shared where relevant with key stakeholders;
- Prioritizing improvements: WHO and the Ministry of Health will work together to prioritize improvements based on their potential impact in line with the national development plan;
- Developing an improvement plan: WHO and the Ministry of Health will work together to develop an improvement plan outlining planned changes along with recommendations for integrating identified changes;
- Monitoring progress.





R

REFERENCES

1. WHO Executive Board Resolution EB150.R4 on extending the Thirteenth General Programme of Work, 2019–2023 to 2025. Geneva: World Health Organization; 2022 (https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_DIV3-en.pdf, accessed 4 July 2023).
2. Cooperation framework. Mishref, Kuwait: United Nations State of Kuwait; 2020 (<https://www.unkuwait.org/cooperation-framework1>, accessed 4 July 2023).
3. Kuwait population size. Kuwait: National Center of Health Information; 2023.
4. Kuwait median age. Kuwait: National Center of Health Information; 2023.
5. Annual Health Report 2020 (<https://mussaad.medium.com/kuwait-2020-health-report-5d62412ad05a>, accessed 4 July 2023)
6. Human Development Insights – Kuwait; 2022 (<https://hdr.undp.org/data-center/country-insights#/ranks>, accessed 3 September 2023).
7. Kuwait. Pleasant Grove UT: Country reports; 2023. (<https://www.countryreports.org/country/Kuwait/government.htm>, accessed 4 July 2023).
8. GCC economic update – April 2022. Washington, DC: World Bank; 2022 (<https://www.worldbank.org/en/country/gcc/publication/economic-update-april-2022>, accessed 4 July 2023).
9. Kuwait. Vienna: Organization of the Petroleum Exporting Countries; 2021 (https://www.opec.org/opec_web/en/about_us/165.htm, accessed 4 July 2023).
10. Kuwait country commercial guide. Washington, DC: International Trade Administration; 2022 (<https://www.trade.gov/country-commercial-guides/kuwait-oil-and-gas>, accessed 4 July 2023).
11. Kuwait. Washington, DC: Central Intelligence Agency; 2022 (<https://www.cia.gov/the-world-factbook/countries/kuwait/#economy>, accessed 4 July 2023).
12. Kuwait. Boston, MA: Observatory of Economic Complexity; 2020 (<https://oec.world/en/profile/country/kwt>, accessed 4 July 2023).
13. Alsayegh OA. Barriers facing the transition towards sustainable energy system in Kuwait. *Energy Strateg Rev.* 2021; 38:100779. doi: 10.1016/j.esr.2021.100779.
14. Human development report 2020 – Kuwait. New York: United Nations Development Programme; 2021 (<https://www.undp.org/kuwait/publications/human-development-report-2020>, accessed 4 July 2023).
15. Alahmad B. Cardiovascular mortality and exposure to heat in an inherently hot region. *Circulation* 2020;141(15):1271–1273. doi: 10.1161/CIRCULATIONAHA.119.044860.
16. Albahar S. Air pollution and respiratory hospital admissions in Kuwait: The epidemiological applicability of predicted PM2.5 in arid Regions. *Int J Environ Res Public Health.* 2022; 19(10):5998. doi: 10.3390/ijerph19105998.
17. Ibrahim I, Alrashidi M, Al-Salamin M, Kostanjsek N, Jakob R, Azam S et al. ICD-11 Morbidity pilot in Kuwait: Methodology and lessons learned for future implementation. *Int J Environ Res Public Health.* 2022;19(5):3057. doi: 10.3390/ijerph19053057.

18. Mossialos E, Cheatley J, Reka H, Alsabah A, Patel N. Kuwait health system review. London: London School of Economics and Political Sciences (LSE Health); 2018.
19. Global health expenditure database. Geneva: World Health Organization; 2021 (<https://apps.who.int/nha/database>, accessed 4 July 2023).
20. Kuwait's Constitution of 1962, reinstated in 1992. Austin, Texas: Constitute Project; 2022 (https://www.constituteproject.org/constitution/Kuwait_1992.pdf, accessed 4 July 2023).
21. Global health expenditure database. Geneva: World Health Organization; 2023 (<https://apps.who.int/nha/database>, accessed 4 July 2023).
22. Ratio of children born with low birth weight. Kuwait: National Center of Health Information; 2023.
23. Kuwait National Nutrition Surveillance Annual Report 2019. (https://www.moh.gov.kw/FoodNutrition/KNSS%20Report%202019_Final.pdf, accessed 4 July 2023).
24. Kuwait life expectancy (men and women). Kuwait: National Center of Health Information; 2023.
25. Kuwait national action plan on antimicrobial resistance 2022. Geneva: World Health Organization; 2022 (https://cdn.who.int/media/docs/default-source/antimicrobial-resistance/amr-spc-npm/nap-library/kuwait-nap-2022.pdf?sfvrsn=a31f7315_3&download=true, accessed 4 July 2023).
26. Annual reporting Tool (SPAR). Geneva: World Health Organization; 2023. (<https://extranet.who.int/sph/spar?region=All&country=282>, accessed 4 July 2023).
27. Global school-based student health survey. Geneva: World Health Organization; 2015 (<https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey>, accessed 4 July 2023).
28. Al-Kandary N, Al-Waheeb S. Patterns of accidental deaths in Kuwait: a retrospective descriptive study from 2003–2009. BMC Public Health. 2015;15:302. doi: 10.1186/s12889-015-1630-8.
29. Contributors. Geneva: World Health Organization; 2023 (<https://open.who.int/2020-21/contributors/overview/vcs>, accessed 11 February 2023, accessed 4 July 2023).
30. Contingency Fund for Emergencies (CFE). Geneva: World Health Organization; 2023 (<https://www.who.int/emergencies/funding/contingency-fund-for-emergencies>, accessed 4 July 2023).
31. United Nations Sustainable Development Cooperation Framework Guidance. New York: UN Sustainable Development Group; 2023 (<https://unsdg.un.org/resources/united-nations-sustainable-development-cooperation-framework-guidance>, accessed 4 July 2023).

Annex 1

Kuwait CCS Committe

A dedicated committee consisting of various institutions including the Ministry of Health and Ministry of Foreign Affairs, was setup to oversee the development of Kuwait's CCS 2023-2027.

وزارة الصحة
إدارة العلاقات الصحية الدولية
دولة الكويت

التاريخ: ٢٠٢٣ / ١١ / ١٤
الرجوع: -

وزارة الصحة
مبارك
٢٠٢٣-٠٥-١٢
وزارة العلاقات الصحية الدولية
2023-530-582

اللجنة الاستشارية العليا لوضع وتحديث ومتابعة تنفيذ
استراتيجية التعاون الثنائي (CCS) Country Cooperation Strategy

نرفق لكم المسودة الأخيرة من استراتيجية التعاون الثنائي Country Cooperation Strategy (CCS) بين وزارة الصحة بدولة الكويت ومنظمة الصحة العالمية، وذلك بعد عقد عدة اجتماعات قام بها أعضاء اللجنة المشكلة بالقرار الوزاري رقم (125) لسنة 2021.
يرجى التفضل بالاطلاع والاعتماد.

الاسم	المسمى الوظيفي	التوقيع
د. بثينة المضاف	الوكيل المساعد لشؤون الصحة العامة	
د. عبد الرحمن المطيري	الوكيل المساعد للشؤون الفنية - الأمين العام لمعهد الكويت للاختصاصات الطبية بالإنابة	
سعادة السفير/ عبد العزيز الجارالله	نائب وزير الخارجية لشؤون المنظمات مساعد	
د. قيس الدويري	مدير عام معهد دسمان للسكري	
د. منى الأحمد	عميد كلية الطب - جامعة الكويت	
د. أسد حفيظ	الممثل الدائم لمنظمة الصحة العالمية	
د. رحاب الوطيان	مدير إدارة العلاقات الصحية الدولية	
الأستاذ/ حسام الباطني	المستشار القانوني- مكتب وكيل الوزارة	

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Annex 2

COMPOSITION OF CCS COMMITTEE

1	Assistant Undersecretary for Public Health Affairs	Chair
2	Dean of Health Sciences Centre, Kuwait University	Member
3	WHO Representative to Kuwait	Member
4	Representative of the Ministry of Foreign Affairs	Member
5	Assistant Undersecretary for Technical Affairs	Member
6	Secretary-General of the Kuwait Institute for Medical Specializations	Member
7	Director of International Health Relations, Ministry of Health	Member
8	Director-General of Dasman Diabetes Institute	Member
9	Legal Consultant, Office of Undersecretary, Ministry of Health	Member

Annex 3

THE CCS RESULTS FRAMEWORK

Indicator	Baseline (year)	Target (2027)	Indicator alignment	Alignment with Kuwait's national development plan and other national strategies
Strategic priority 1 – Strengthening the health system to provide people-centred services based on comprehensive and innovative care strategies and health architecture optimized for efficiency				
Status of implementation of national health accounts	NHA (2014)	Health accounts produced annually, implemented with limited or no WHO support, in accordance with standard protocols	1.1, 1.2, 1.3	Upgrade health costing and financing with the aim of promoting social security
Status of the institutionalization of the health technology assessment (HTA) process in decision-making for the allocation of resources on technologies	The HTA structure exists in Kuwait but not all technologies are included in the process or are included in the allocation of resources for technologies (2022)	HTA integrated into the decision-making process for technology and resource allocation	1.1 / SDG 3.8	Revamp health care service delivery and adopt new health technology and treatments
Level of implementation of human resources in health strategy	Human resources in health strategy to be developed (2022)	Implementation in progress	1.1/SDG 3.c.1	Establish or strengthen regulatory frameworks Implement national skills formation system
Strategic priority 2 - Bolstering institutional capacities for emergency preparedness by integrating social determinants of health and climate-informed risk planning				
Status of the use of IHR monitoring and evaluation framework results to develop or update national action plans	Most recent is National Action Plan for Health Security (2018–2022) State Party Self-Assessment Annual Reporting score 83% (2021)	National Action Plan for Health Security to be updated IHR core capacity implementation weaknesses addressed	2.1, 2.2/SDG 3.d.1	Detect, prepare, and respond to the health impacts of climate change as part of an integrated health emergencies framework
Level of AMR national monitoring reports	National action plan on AMR available (2022) with operational and monitoring plan	AMR national monitoring report produced annually	2.2/SDG 3.d.2	
Strategic priority 3 - Empowering better health and well-being across the life course with focus on NCDs through whole-of-society approaches and health-in-all settings and sectors				
Status of the integration of cardiovascular risk factors into PHC	National guidelines are available, but indicators are not reported from PHC (2022)	NCD indicators reported from PHC	3.1, 3.2/SDG 3.4	Promote localized efforts to expand the number of healthy cities

Status of the implementation of the action programme on mental health gaps	Agreement for the implementation of an action plan on substance abuse (2023)	Ongoing implementation of the mental health action plan at national level	3.2, 3.3/SDG 3.4	Strengthen the prevention of substance abuse and reinforce tobacco control
Status of National Road Safety Strategy and Action Plan	Not available (2022)	National Road Safety Strategy and Action Plan under implementation	3.1/SDG 3.6.1	Strengthen road safety
Percentage of people protected by effective regulation on trans fats	Mandatory adoption of the Gulf Cooperation Council Standardization Organization standard and regulation pertinent to TFA (GSO 2483)	Increase the percentage of people protected by effective regulation	3.2/WHO66.10	Implement Sports for All Strategy
Status of the development and implementation of the roadmap on occupational health and its environment	Roadmap on health at work and in its environment not developed (2022)	Roadmap on health at work and in its environment developed and being established	3.3	Promote health literacy through behavioural interventions
Status of development and integration of a set of national school health services into the education system	Development/update of the national school health service package in line with the <u>Regional package</u>	National school health services package developed and integrated into the education system	3.2, 3.3	
Strategic priority 4 - Addressing immediate environmental health challenges and mitigating the future health effects of climate change				
Status of development and implementation of the national action plan on health resilience to climate change	Development of national action plan on health resilience to climate change is in progress (2022)	National action plan on health resilience to climate change developed and being implemented	2.1, 2.3/SDG 13.1	Expand green cover and open spaces
				Invest in carbon capture technology
				Develop sanitary landfills
				Employ energy conservation standards in buildings
Strategic priority 5 - Operationalizing an evidence ecosystem through high-quality national and global data linkages enabled by the strategic and innovative use of digital technologies				
Status of development and implementation of a health information system evaluation mechanism	Health information system assessment mechanism partially implemented (2022)	Actions included in the fully implemented health information system improvement plan	4.1	Launch national population health survey
Status of annual quality analytical reports required on health sector progress and performance, including a relevant breakdown of health-related SDG data	Quality annual analytical reports on health sector progress and performance available (2022)	Reports developed with relevant disaggregation of health-related SDG data	4.1	Enhance health information technology systems
Presence of a health research governance unit/body	Health systems research and policy unit to be established (2022)	Health research governing body established with operational plan	4.1	







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