

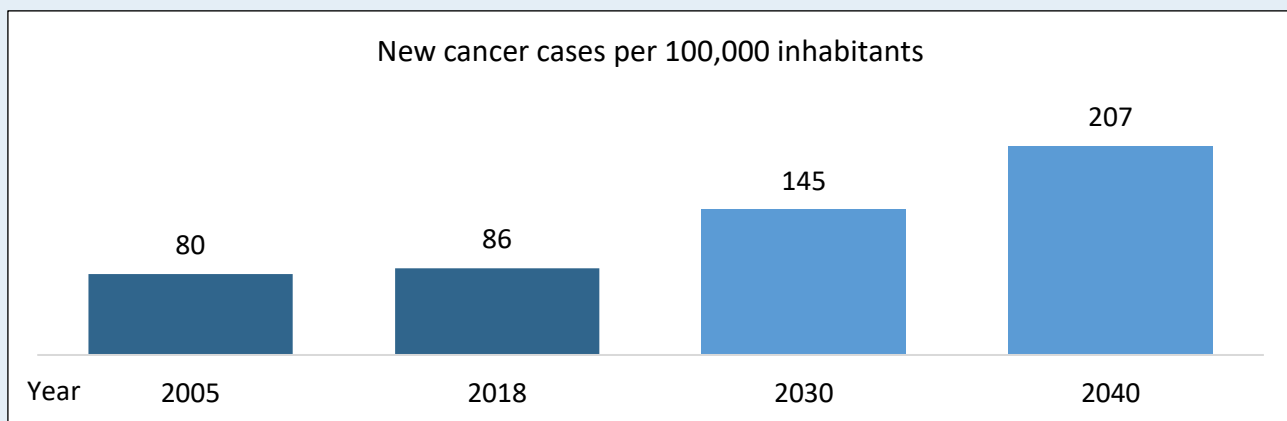


# KUWAIT

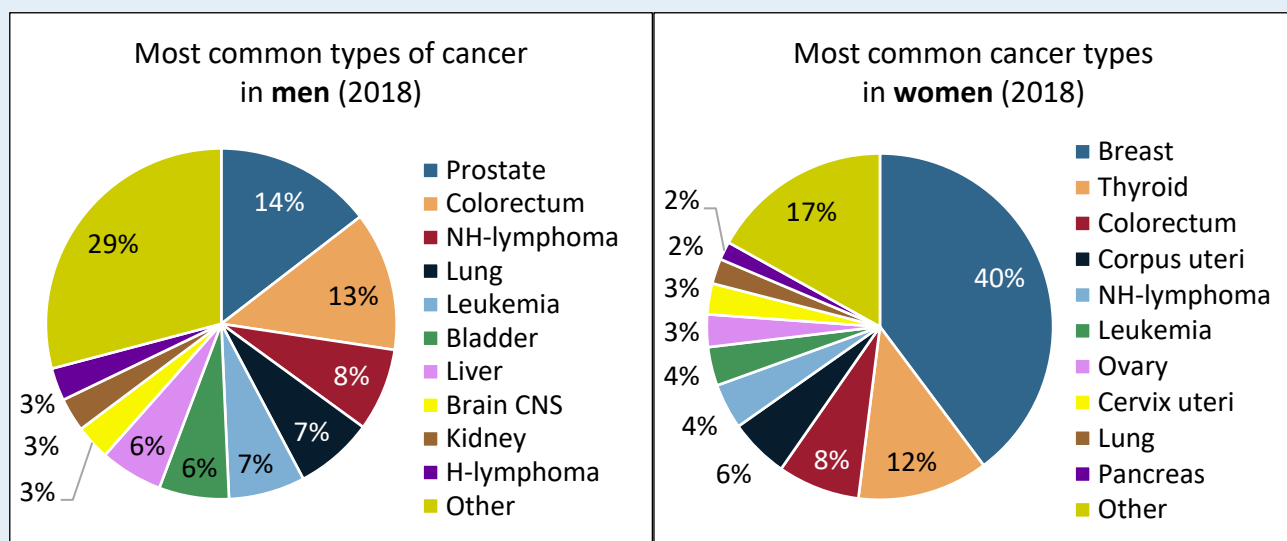
Population: 4.2 million  
 GDP per capita: USD 32,373  
 Life expectancy: 75.3 years  
 Total health expenditure: 5.0% of GDP  
 (in 2018)

## Cancer epidemiology

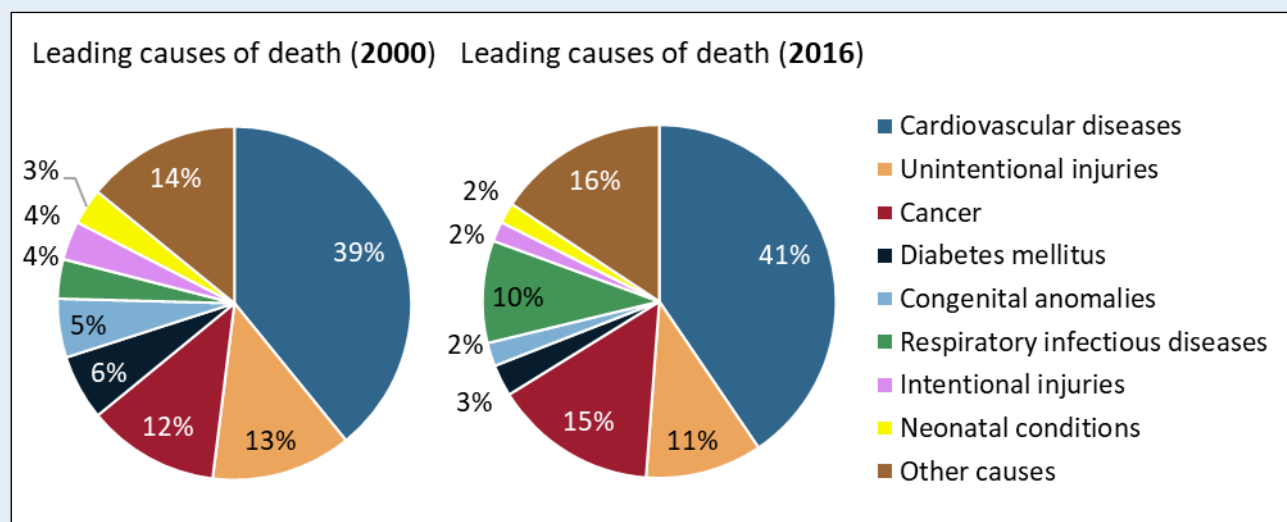
- The number of newly diagnosed cancer cases (incidence) has been increasing and is expected to increase further in the coming decades.



- There are many different cancer types diagnosed in men and women.



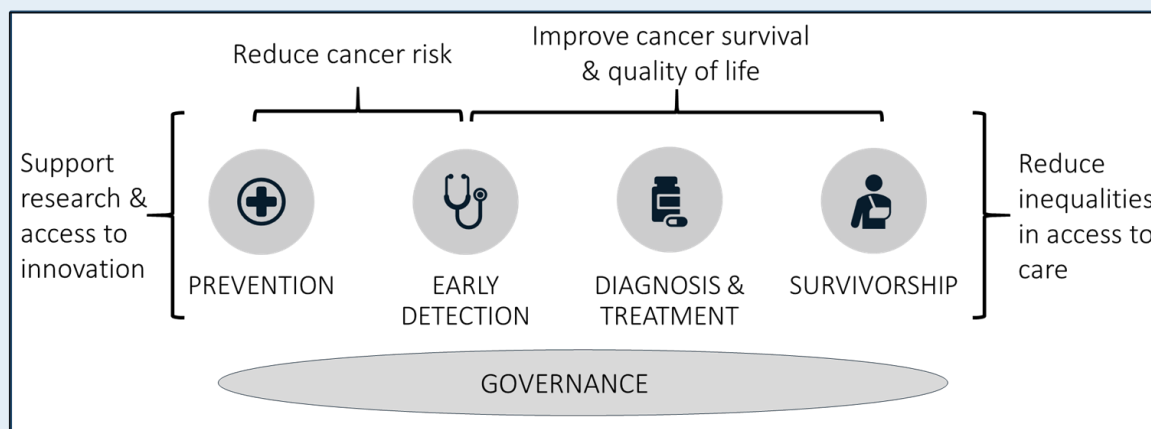
- Cancer is gradually becoming one of the leading causes of death.



## Economic burden of cancer

- **Direct costs** within the health care system: USD 48 per capita in 2018 ( $\approx 2.8\%$  of total health expenditure)
- **Indirect costs** of productivity losses (premature death, sick leave, early retirement): USD 11 per capita in 2018
- **Informal care costs**: not quantifiable

## Areas of cancer control and overarching goals



## Recommendations to improve cancer care

General steps to improve cancer care:

1. **Measure and understand** the magnitude and the development of the disease burden of cancer
2. **Plan, coordinate, and implement** – financial and non-financial – actions to address cancer
3. **Monitor and evaluate** actions on cancer control

### Governance of cancer care

- The latest cancer plan for 2013–2018 was developed by the MoH together with the KCCC. The KCCC as the sole provider of cancer treatment in the country was responsible for its implementation. There was no dedicated funding plan for all planned actions and an evaluation of the cancer plan after its conclusion has not been published publicly. A thorough evaluation of the plan would be needed to draw lessons from it. Afterwards, the establishment of a new cancer plan needs to be a priority.

### Organization and financing of health care and cancer care

- Public spending on health care exceeds 4% of GDP and is almost in line with the informal WHO spending target of 5% of GDP. Additional spending on cost-effective measures to increase the quality of care needs to be done. A closer analysis of health spending by disease category could help the MoH to evaluate priorities in its health budget.
- All local citizens are covered by health insurance, while expatriates need to obtain a public or a private health insurance. The minimum care package covered by different insurance schemes for expatriates could be raised to bring it more in line with the one available for local citizens.
- Expatriates may be required to be at their workplace physically and find it difficult to get time off for cancer treatment. More flexible work arrangements to enable expatriates to get their treatment during regular working hours could be considered.

### Cancer registration

- Continuing to improve cancer registration and its analysis in the national cancer registry is important. The annual cancer reports by the KCCC should be made publicly available.

- The provision of survival estimates based on the national registry needs to be prioritized. This would need to help monitor the quality of care.

## Prevention

- The fight against tobacco consumption needs to be stepped up. The recent establishment of smoking cessation clinics in all regions is a move in the right direction. Existing age limits for tobacco purchase need to be enforced. Existing partial smoking bans in public indoor places also need to be extended and enforced. Excise taxes on cigarettes could be increased further.
- Obesity needs to be addressed. Existing media campaigns by the MoH to raise awareness do not reached enough people. Partnering with NGOs and use of social media could be ways to increase outreach. Measures need to be taken to encourage changing dietary habits away from a Western diet with fast food. Excise taxes on sugary drinks could be introduced. Ways to increase physical activity also need to be encouraged.
- A strategy to roll out a vaccination program against HPV in children could be considered, as cervical cancer is the eighth most common cancer type in women.

## Early detection

- Health literacy in the general population on early symptoms of cancer needs to be improved.
- The separation of breast cancer screening activities in polyclinics and treatment activities at the KCCC works well. Future screening programs need to follow this example of separation of competences.
- Ways to improve the low participation rate in the breast cancer screening program need to be explored.
- The introduction of an organized cervical cancer screening program is planned, but its cost-effectiveness would need to be evaluated first – also in relation to a possible introduction of an HPV vaccination program.
- Given the increasing obesity rates, steps to turn opportunistic colorectal cancer screening into an organized program could be taken to improve participation.

## Diagnosis and treatment

- The KCCC as the sole provider of cancer treatment in the country occupies a central role in shaping cancer care. Participation in international accreditation programs is important to ensure that local care provision and treatment guidelines advance in line with global standards.
- A current challenge is adequate staffing of cancer treatment services at the KCCC. While the number of specialized oncologists has improved considerably, there is a lack of specialized nursing staff and general administration staff. Recruiting the latter staff categories needs to be prioritized.
- The number of radiation therapy machines has improved and is now close to recommended standards. The increasing patient numbers require planning for the installation of additional machines to meet patient needs.
- The regulatory approval process for new drugs can be lengthy and bureaucratic. Ways to streamline this process could be considered.
- The availability of modern cancer drugs (targeted therapies and immunotherapies) is good and similar as in Saudi Arabia but lower than in the UAE. Current drug assessments are focused on the price of drugs instead of also taking into account the value that they provide to patients. A shift towards a more value-based assessment using HTA is on its way to support reimbursement decisions.
- Some challenges exist in the steady supply of already reimbursed drugs, even for older drugs with generic availability. A review of the drug procurement process could be considered to avoid long waiting times for patients to start treatment.

## Survivorship

- Rehabilitation with psycho-oncology services exist at the KCCC, but this is still an area under progress and ways to increase access for more patients could be considered.
- Informal caregivers with regular jobs could be better supported, such as through a right to flexible working arrangements and paid leave.

- The reintegration in the labor market of cancer survivors could be supported by flexible working arrangements.
- Cancer survivors could be protected from discrimination in the acquisition of certain services (e.g., health insurance, life insurance, loans, mortgages), by imposing time limits up to which a previous cancer diagnosis needs to be disclosed.