EM

Kuwait

General data

POPULATION, 2024
4,973,861

PHYSICIANS/1000 INH, 2020-2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2023
52

GDP PER CAPITA (US$), 2023
33,729.8

HEALTH EXPENDITURE, 2021
1,860.78

UNIVERSAL HEALTH COVERAGE, 2021
78

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
Ⓑ POLICIES
Ⓒ RESEARCH
Ⓓ USE OF ESSENTIAL MEDICINES
Ⓔ EDUCATION AND TRAINING
Ⓕ PROVISION OF PC

LEVEL OF DEVELOPMENT

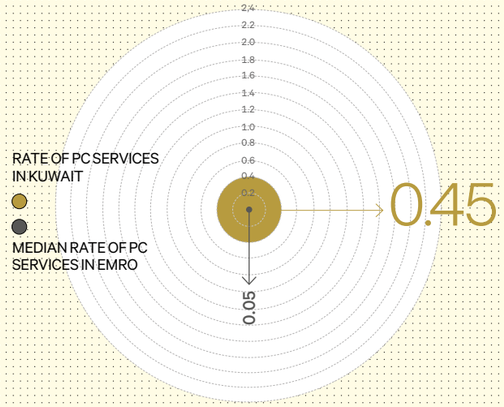
1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

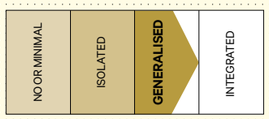
Total number of Specialized PC services **22**

Rate of PC services per 100,000 inhabitants **0.45**

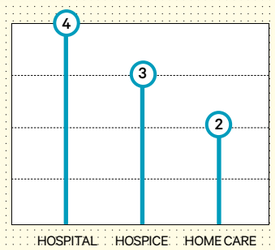
Kuwait in the context of EMRO



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 3

TOTAL NUMBER: **7**

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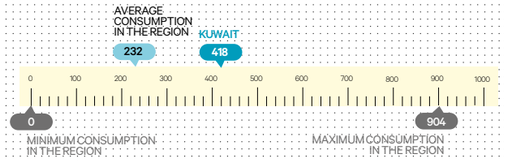
Ⓓ Use of essential medicines

Opiods consumption (excluding methadone) **418** S-DDD/MILL INHABITANTS/DAY

Kuwait in the context of EMRO



Overall availability of essential medicines for pain and PC at the primary level

General availability of immediate-release oral morphine at the primary level

Ⓒ Research

PC-related research articles: 3

Existence of PC congresses or scientific meetings: 3

National Association: Palliative Medicine Association in Kuwait.
Consultants: Abdel R. Arkandi; Qutaibah Alotaibi.

Data collected: January-June 2025.
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching **0/1**

Nursing schools with mandatory PC teaching **0/2**

Recognition of PC specialty: 4

Ⓑ Policies

National PC plan or strategy: 3

Responsible authority for PC in the Ministry of Health: 4

Inclusion of PC in the basic health package at the primary care level: 3

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: 4

Advanced care planning-related policies: 4

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People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

4

Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).

In Kuwait, various organisations support the rights of patients needing palliative care, their caregivers, and disease survivors. The Kuwait Cancer Control Center (KCCC) offers integrated oncology and palliative care addressing medical, psychosocial, spiritual, and nutritional needs. The Bayt Abdullah Children's Hospice (BACCH), under the Kuwait Association for the Care of Children in Hospital (KACCH), advocates for children with life-limiting conditions and their families, while KACCH also promotes the psychosocial rights of hospitalised children. The Palliative Medicine Association focuses on adult care and professional education, and the Al-Sidra Association provides psychological and home hospice support for cancer patients. Patients' end-of-life rights are outlined in Kuwait's Code of Ethics for Medical and Allied Healthcare Professionals.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

4

There is a national policy on advance care planning.

In Kuwait, the legal and policy framework includes provisions related to advance care planning (ACP) and end-of-life patient rights. Medical Practice Law No. 70 (2020) permits patients to appoint a surrogate and express healthcare preferences. ACP is also referenced in MoH Decree No. 57 (2022) and Ministry of Justice regulations. The Operational and Management Policy and Guide for Adults with Terminal Illness, last updated in July 2024, supports patient autonomy and informed consent. While patients may refuse life-sustaining treatment, its withdrawal remains prohibited. However, a unified national policy for ACP, living wills, or advance directives has yet to be established.

Policies

Ind 3

3.1. There is a current national PC plan, program, policy, or strategy.

3

Actualized in last 5 years, but not actively evaluated or audited.

3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.

4

Yes, there is a standalone national palliative care plan and/or there is national palliative care law/legislation/ government decrees on PC.

Kuwait's MoH has published standalone palliative care policies for both cancer and non-cancer conditions, updated biennially. In 2021, a specific policy focused on palliative care for adults with terminal illnesses, especially non-cancer cases, was released. Since 2016, palliative care has been integrated into the national cancer program, contributing to the accreditation of the KCCC by the European Society for Medical Oncology (ESMO). In 2022, a home healthcare program for bedridden terminal patients was introduced, managed by the Palliative Care Center (PCC) in collaboration with the Primary Healthcare Directorate. Palliative care is also included in legal and ethical frameworks such as patient rights laws and the Code of Ethics. While the PCC monitors and evaluates progress using indicators across multiple service levels, including inpatient care and outpatient services, no indicators are evaluated for non-cancer

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Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

2

The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.

care. Kuwait lacks a cohesive national palliative care framework with measurable targets.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

3

Included in the essential list of services recognized by a government decree or law but not in the General Health Law.

Since 2017, palliative care has been integrated into primary healthcare services in Kuwait. The Family Medicine Residency program began sending residents to the PCC for training in palliative care, with palliative medicine included in their board exams. In 2022, the MoH launched a home healthcare program for bedridden patients with terminal illnesses, managed by the Primary Healthcare Directorate. This program, developed with the PCC's support, involves training primary healthcare providers and providing home visits. While the service is established within primary healthcare, its capacity currently serves less than 50% of the community. Despite these initiatives, palliative care services are not listed as a priority within Kuwait's UHC package at the primary care level.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

4

The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).

5.2. The national authority has concrete functions, budget and staff.

4

There are concrete functions, staff and budget.

In Kuwait, palliative care is overseen by the Director of Technical Affairs within the MoH, under the Assistant Undersecretary for Technical Affairs. The Palliative Medicine Department at the PCC serves as the national authority, responsible for service provision, staffing, and technical leadership. It participates in all relevant national committees and task forces. Palliative care governance is coordinated at secondary and tertiary levels through the Committee on Hospital Clinical Services and Policies, and at the primary care level through the Primary healthcare Directorate. The MoH funds and delivers palliative care services nationwide, including home care.

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Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

3

At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years (and no national conference specifically dedicated to PC).

The PCC in Kuwait held its first national conference dedicated to palliative care in 2018. Following the COVID-19 pandemic, the PCC has continued to organize annual two-day workshops focusing on both cancer and non-cancer palliative care. Additionally, the PCC consistently participates in broader national healthcare conferences by leading dedicated PC sessions each year. These initiatives aim to enhance awareness, education, and capacity building in palliative medicine across Kuwait's healthcare system. However, publicly available sources providing detailed documentation on the PCC's annual workshops and conference sessions remain limited. Kuwait is hosted the International Conference on Palliative Care and Ethics, Medicine (ICPCEM) on 11 March 2025, in Kuwait City.

Ind 7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.

3

Represents a considerable amount of articles published.

Over the past five years, there have been significant contributions to palliative care research authored by local stakeholders in Kuwait. These publications highlight important progress in the field, though the overall output remains limited compared to countries with more established palliative care research programs. A search of PubMed identified 14 peer-reviewed articles authored by Kuwaiti researchers or collaborators.

Medicines

Ind 8

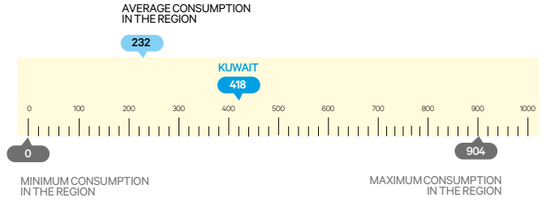
Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.

418

S-DDD PER MILLION INHAB /DAY

COUNTRY VS REGION



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Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

The country has over 100 primary healthcare centers across six regions, providing basic medical services. However, access to specific palliative care medications is limited, as stronger opioids and certain drugs are only available through hospital pharmacies. This centralized distribution system impacts rural areas, where patients may need to travel to urban hospitals to obtain specialized medications. Common drugs like paracetamol and NSAIDs are accessible, but medications listed on the WHO Model List of Essential Medicines for palliative care are rarely available at the primary level. Some studies report that underutilization continues due to prescribing practices and cultural factors.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

In Kuwait, immediate-release oral morphine, whether in liquid or tablet form, is not typically available at the primary healthcare level, whether in urban or rural areas. Strong opioids, including morphine, are not accessible for palliative pain management at primary care centers. The availability of these medications is centralized, with morphine being prescribed and dispensed only through hospital pharmacies under strict regulations. Primary healthcare physicians, while trained in palliative care and supervising home healthcare services, do not have direct access to strong opioids for managing pain at the primary care level.

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Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)

0/1

11.2. The proportion of medical schools with OPTIONAL teaching in PC.

0/1

11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).

0/2

11.4. The proportion of nursing schools with OPTIONAL teaching in PC.

0/2

In Kuwait, the Faculty of Medicine at Kuwait University, the primary institution for medical education, does not include palliative care in its undergraduate curriculum, either as a compulsory or optional subject. Despite efforts to advocate for its inclusion, palliative care remains absent from the curriculum. Similarly, the College of Nursing at Kuwait University, the country's main nursing school, does not include palliative care as a compulsory part of its nursing programs but is available on an optional basis through elective clinical rotations. These rotations are supported by palliative care facilities such as Bayt Abdullah Children's Hospice, which provides opportunities for nursing students to gain experience in palliative care practice. However, this training is not formally incorporated into the undergraduate nursing curriculum and is infrequently accessed by students.

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.

4

Palliative medicine is a specialty or subspeciality (another denomination equivalent) recognized by competent national authorities.

In Kuwait, Palliative Medicine is officially recognized as a subspecialty by the MoH, although it remains uncommon. Physicians seeking specialization must complete a postgraduate fellowship in palliative care from accredited institutions—primarily university hospitals in Western countries or recognized programs in Saudi Arabia. These fellowships require an equivalency evaluation before final approval by the MoH. Once recognized, specialists are formally authorized to practice and lead palliative care services across the country. As of 2024, five physicians are specialized in adult palliative care, and four in pediatric palliative care—including one recently appointed at BACCH.

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Provision of PC / Specialized Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.

3

Generalized provision: Exists in many parts of the country but with some gaps.

13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.

4

Are part of most/all hospitals in some form.

13.3. Free-standing HOSPICES (including hospices with inpatient beds).

3

Found in many parts of the country.

13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

2

Ad hoc/ in some parts of the country.

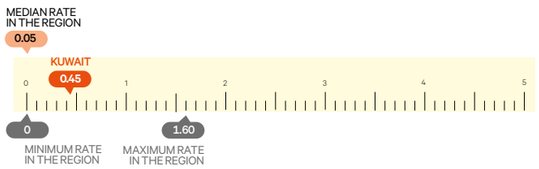
13.5. Total number of specialized PC services or teams in the country.

22

← SPECIALIZED PALLIATIVE CARE SERVICES

As of 2023, Kuwait has a total of 22 specialized palliative care services integrated within the national cancer care system. The KCCC provides comprehensive cancer services, including palliative care. The adult PCC offers both inpatient and outpatient services. Inpatient consultation teams operate in seven general hospitals: Adan, Amiri, Jaber, Jahra, Mubarak, Farwaniyah, and Sabah. Home healthcare services are also available for adult patients. pediatric palliative care is provided through five inpatient services located in major hospitals, one outpatient clinic, and one home care program delivered by BACCH, an independent non-profit organization. In the private sector, three palliative care consultants offer outpatient services, and two provide home-based care.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.

3

Generalized provision: palliative care specialized services or teams for children exist in many parts of the country but with some gaps.

14.2. Number of pediatric specialized PC services or teams in the country.

7

PPC TEAMS

Kuwait has a total of seven specialized pediatric palliative care services. BACCH is the region's first dedicated pediatric hospice, offering inpatient, outpatient, home-based, and hospice care. BACCH provides comprehensive services, including pain and symptom management, end-of-life care, respite, and bereavement support. Additional inpatient pediatric palliative care services are available at Adan, Farwaniyah, Jahra, and NBK Hospitals, the latter specialising in pediatric hematological malignancies. These hospital units integrate complex care and hospice support within pediatric wards. Of the seven services, three are located at BACCH (inpatient, outpatient, and home care), while four correspond to inpatient services in public hospitals. Despite this infrastructure at the secondary and tertiary levels, primary care integration remains limited, and home-based services are not yet widely available across the country.