

Assessment of the Efficiency and Flexibility of Health Systems in the State of Kuwait in Responding to Public Health Emergencies (SDG Target 3.d)



ديوان المحاسبة
State Audit Bureau
الكويت منذ عام 1964



Introduction

Within the post-audit mandate of the State Audit Bureau of Kuwait (SAB), this report was prepared on the “Assessment of the Efficiency and Flexibility of Health Systems in the State of Kuwait in Responding to Public Health Emergencies (SDG Target 3.d) ” as well as the problems and obstacles encountered by the relevant entities. The report includes a number of audit results and recommendations for improving the performance and efficiency of the national public health systems in responding to regional and international emergencies and crises in a flexible and robust manner.

The audit was carried out according to the audit guides adopted by SAB, in alignment with the ISSAIs’ Fundamental Principles of Performance Auditing.

Legal Mandate of the State Audit Bureau

The State Audit Bureau carries out its audit functions based on the provisions of SAB Establishment Law No. (30) of 1964 and its amendments. In addition, it performs its mandates in accordance with Article (151) of the Constitution of Kuwait, which stipulates that “The Law shall establish an audit bureau and shall guarantee its autonomy. The bureau shall be an adjunct of the National Assembly, shall assist the Government and the National Assembly in controlling and supervising the collection of the State’s revenues and the incurrence of its expenditures within the limits of the budget, and shall submit to the Government and the National Assembly an annual report on its activities accompanied by its remarks.”

Audit Methodology

In performing the audit, the Audit Team developed a main audit question, broken down into increasingly more detailed questions.

Main Audit Question: Building on the lessons learned from the recent public health events, how far does the Government enhance the health system's capacities in predicting, preventing, and preparing for public health emergencies?

Audit Objective and Questions:

1

Are there legal frameworks, policies, and institutional arrangements in place that help in building on the lessons learned from recent public health events to enhance the health systems' capacities in predicting, preventing, and preparing for public health emergencies?

2

Does the Government ensure the provision of resources needed for enhancing the health systems' capacities in predicting, preventing, and preparing for public health emergencies?

3

Does the Government regularly perform risk assessments; and evaluate, assess, and report on its current capacities in predicting, preventing, and preparing for public health emergencies?

Audit Methodology

The work plan included conducting a preliminary survey as well as preparing and executing the audit plan and program in accordance with the audit guides adopted by SAB. The audit relied on the disaggregated data obtained from the sectors and departments of the Ministry of Health (MoH); the approaches include the following:

1. Meeting with executives from the concerned departments to verify the efficiency of pandemic preparedness plans;
2. Conducting field visits to the concerned MoH departments to collect and compile all data necessary for performing the audit task; and
3. Developing the audit program in alignment with the set plan and the results of the preliminary survey.

Audit Methodology

The audit program was developed and executed in line with the findings of the preliminary review of the MoH's activities, policies, and work procedures in relation to the subject matter of this report. The audit report included four main sections, as follows:

Section (1)

Assessing the efficiency of pandemic preparedness plans and the extent to which they can be implemented.

Section (2)

Assessing the effectiveness of the government's actions toward providing the resources needed for enhancing the health systems' capacities in the delivery of their different services.

Section (3)

Assessing the pandemic implications and their impact on enhancing the capacity and flexibility of health systems and government entities in monitoring, predicting, and responding to future crises and emergencies.

Section (4)

Findings and recommendations.

Audit Risks (Types of Risks)

Sr.	Type of Risk	Probability	Impact
1	Possible difficulties in obtaining quality information in a timely manner.	Almost certain	Medium
2	Incorrect or incomplete conclusions.	Possible	Medium
3	Provision of imbalanced information.	Likely	High
4	The audit task adds no value for the beneficiaries or merely provides a limited value added.	Likely	Medium
5	Insufficient analysis.	Possible	High
6	Deletion of relevant information or arguments.	Possible	Medium
7	Results may not be useful for decision-making.	Likely	High
8	Policy sensitivities and material complications.	Possible	Medium

I. Laws, resolutions, policies, and institutional arrangements relevant to the Public Health System in the State of Kuwait:

1. Emiri Decree No. (33) of 1960 on Health Control Measures for Monitoring Individuals Arriving to Kuwait from Areas Infected with Contagious Diseases: this decree stipulates that the Ministry of Health is to undertake necessary measures for monitoring or isolating travelers arriving from areas affected by any of the following contagious diseases: (Cholera, Yellow Fever, Plague, Smallpox, Typhus, and Relapsing Fever).

I. Laws, resolutions, policies, and institutional arrangements relevant to the Public Health System in the State of Kuwait:

2. Law No. (8) of 1969 on Health Precautions Against Communicable Diseases:

The Law has added other communicable diseases, which are indicated in the following table. It also gave the Minister of Public Health the authority to decide on adding and eliminating any other communicable diseases referred to in the table, or relocating a disease between the two sections.

Section (1)	Section (2)
Quarantinable Diseases: Typhus – Smallpox – Relapsing Fever – Yellow Fever – Plague – Cholera.	Pneumonia – Neonatal Conjunctivitis (Ophthalmia Neonatorum) – Hepatitis – Encephalitis – Epidemic Infantile Diarrhea– Influenza – Child Poisoning – Leprosy (Hansen’s Disease) – Rubella (German Measles) – Erysipelas – Leishmaniasis – Acute Rheumatic Fever – Brucellosis – Vibrio Cholerae (Comma-shaped Cholerae)– Dengue – Dysentery – Acute Trachoma – Syphilis – Pertussis (Whooping Cough) – Salmonellosis – Gonorrhea – Chancroid – Rabies –Leptospirosis – Malaria – Mumps.
Non-quarantinable Diseases: Paratyphoid – Typhoid – Chickenpox – Anthrax – Measles - Scarlet Fever – Meningitis – Tuberculosis – Diphtheria – Glanders – Poliomyelitis – Psittacosis (Parrot Fever) – Puerperal Fever (Childbed Fever).	

I. Laws, resolutions, policies, and institutional arrangements relevant to the Public Health System in the State of Kuwait:

3. Ministerial Resolution No. (49) of 2020 regarding the addition of COVID-19 to the table attached to Law No. (8) of 1969 under the category of Quarantinable Diseases which shall be subject to isolation procedures.

4. MoH's resolutions on the Ministry's plans and procedures in responding to emergencies and crises facing the country (e.g., Ministerial Resolution No. (71) of 2015) in relation to:

- Reviewing and updating MoH's plan in responding to disasters and crises.
- Preparing the regulations and instructions to be followed in case of emergencies.
- Supervising the implementation of the contingency plan and its committees.
- Coordinating with all of the State's government and non-government bodies to provide all necessary materials during disasters.

II. Readiness and preparedness:

The MoH has taken the following plans for disaster management :

1. MoH's Disaster and Crisis Response Plan (2015).
2. Kuwait's brief contingency plan for epidemic control (updated in 2017).
3. Various plans for responding to the COVID-19 pandemic, i.e.,
 - Major Incident Plan (2020);
 - COVID-19 Medical Contingency Plan;
 - COVID-19 Medical Contingency Plan (updated in April 2020);
 - Major Incident and Disaster Contingency Plan, April 2021; and
 - A plan set on the level of MoH's various departments and sectors in 2021.

III. Responsiveness:

Actions taken in response to the pandemic in accordance with WHO's classification of epidemics:

A number of plans have been set for each phase of the pandemic; each plan has its own key measures (according to WHO's classification of epidemics), as follows:

Phase of the pandemic	Measure
No cases reported	Prevent the importation of the virus
Sporadic contact cases are reported	Prevent the transmission of the virus within the community
Cluster cases, concentrated in specific geographical areas, are reported	Limit the spread of the virus
Community-level Outbreak	Protect the community and the healthcare system

III. Responsiveness:

Action 1: Preventing COVID-19's importation to Kuwait through:
suspending flights, from and to Kuwait, and bringing back citizens stranded in endemic areas.



III. Responsiveness:

Action 2: Handling the outbreak of the COVID-19 pandemic through the following:

1. Assessing the health situation in the State using the available data.
2. Testing (PCR tests).
3. Isolation and quarantine.
4. Educating the community on the importance of physical distancing through publishing more than (40) guides.



III. Responsiveness:

5. Vaccination:

A committee was formed in order to set the following criteria for the process of selecting the vaccine:

- ☐ The vaccine's availability.
- ☐ The vaccine's safety.
- ☐ The vaccine's manufacturing and production companies.
- ☐ The vaccine's regulatory and international approvals.
- ☐ The reputation of the country and the company manufacturing the vaccine.

III. Responsiveness:

- **The National COVID-19 Vaccination Strategy:**

- ☐ Launching a COVID-19 vaccination campaign on December 24, 2020.
- ☐ Allocating a total of (103) locations for COVID-19 vaccination, in addition to 10 field vaccination units.
- ☐ Assigning (10) mobile vaccination units for individuals who are physically unable to visit the vaccination centers.
- ☐ Scheduling vaccination appointments within a day of registering via the platform.

III. Responsiveness:

- Number of COVID-19 Vaccinations Administered as of the End of August 2022:

Nationality	Number of Vaccinated Individuals							
	1 st Dose	Materiality %	2 nd Dose	Materiality %	3 rd Dose	Materiality %	4 th Dose	Materiality %
Kuwaiti	959,642	30%	911,770	29%	236,968	17%	1,089	21%
Non-Kuwaiti	2,255,534	70%	2,187,570	71%	1,161,965	83%	4,012	79%
Total	3,215,176	100%	3,099,340	100%	1,398,933	100%	5,101	100%

IV. Efforts of MoH in responding to COVID-19 pandemic:

- The Ministry of Health (MoH) medically equipped emergency rooms, internal medicine departments, and ICUs across all government hospitals.
- MoH ensured the qualification and training of medical staff.
- MoH developed a plan for containing the outbreak of COVID-19, which includes setting up field hospitals to accommodate the increasing number of COVID-19 patients.
- MoH assigned (10) primary healthcare centers to be in charge of the proper application of the home quarantine protocol and to follow up on the COVID-19 cases.
- MoH established a number of central advisory and technical teams (i.e., a technical inspection team, a team for transferring COVID-19 patients between hospitals and quarantines, a treatment protocol team, a psychological support team, and a health personnel training team.)

V. Main protocols and mechanisms taken in response to the COVID-19 pandemic:

Date	Action Taken
January 21, 2020	Meeting of the MoH's Central Emergency and Crisis Management Committee
January 23, 2020	Testing individuals with COVID-19 symptoms via RT-PCR tests
March 1, 2020	Suspending schools and work at government departments for two weeks
March 13, 2020	<ul style="list-style-type: none"> Suspending all international flights from and to COVID-19-endemic countries Temporarily closing mosques (people were asked to pray at home, while mosques were only open for broadcasting the "adhan", the Muslim call to prayer)
March 14, 2020	Temporarily closing ballrooms, fitness centers, public parks, and shopping malls
March 22, 2020	Imposing a partial curfew, starting from 5:00 PM to 4:00 AM
March 25, 2020	Imposing a mandatory 14-day institutional quarantine for all travelers arriving in Kuwait
May 10, 2020	Imposing a full curfew
May 31, 2020	Imposing a partial curfew, starting from 6:00 PM to 6:00 AM
December 26, 2020	Launching a COVID-19 vaccination campaign
October 22, 2021	Releasing the ban on all activities in the country
January 4, 2022	Requiring all travelers arriving in Kuwait to have a negative PCR test
March 13, 2022	Officially resuming work at full-capacity across all government sectors

VI. Meeting requirements of sustainable development:

1. Participating in the preparation of the circular issued on COVID-19 measures.
2. Participating in the development of the National Plan for the Preparedness and Response to COVID-19.
3. Setting several guidelines.
4. Establishing field testing teams to visit the COVID-19 field hospitals and ensure the application of health guidelines.
5. Establishing a number of COVID-19 testing centers.

VII. Concerned government entities:

Government Entities		
Council of Ministers	Ministry of Health	Ministry of Interior
Ministry of Finance	Directorate General of Civil Aviation	General Administration of Customs
Ministry of Foreign Affairs	Kuwait Ports Authority	Public Authority for Food and Nutrition
Ministry of Information	Center for Government Communication	Ministry of Commerce and Industry

VIII. Financial support of the concerned government entities:

No.	Entities	Total Expenses
		Kuwaiti Dinars
1.	Government Departments and Ministries	532,549,034
2.	Public Entities with an Attached Budget	240,756,700
3.	Public Entities with an Independent Budget	22,030,778
4.	Companies affiliated with the Kuwait Investment Authority (KIA) and the Public Institution for Social Security (PIFSS)	1,378,208
Total		796,714,720

IX. Community support for the government's efforts in facing the pandemic:

The Council of Ministers has established a temporary fund to receive community contributions under the Council's resolution No. (313), which was issued in its extraordinary meeting No. (16/2020) on March 14th, 2020. The resolution was made to establish a temporary fund at the General Secretariat of the Council of Ministers to receive cash contributions from community members to combat the repercussions of the COVID-19 pandemic. Such contributions reflect the community's engagement in the government's efforts to tackle public health crises and emergencies. The total contributions reached **44,169,144** Kuwaiti Dinars.

X. Infrastructure, field preparedness, and human resources:

Government Hospitals

1

Medical Emergencies Departments

Adopting screening policy at the hospital entrance and isolating suspected infectious cases in separate rooms.

2

Internal Medicine and Intensive Care Departments

The bed capacity of internal medicine wards has been increased from (200) to (500) beds, and intensive care units from (331) to (886) beds per hospital.

3

Surgical Departments

Some wards of the surgical departments were used for patients of internal medicine department; to avoid shortage of in-patient hospital beds, it was decided to transfer surgeries related to diseases of the urinary tract, nose, ear, and throat operations, and orthopedic surgeries across all Kuwait hospitals to specialized centers.

X. Infrastructure, field preparedness, and human resources:

Main Field Hospitals

1 Al Tadamun Sports Club

2 Kuwait Field Hospital

3 Jaber Stadium Quarantine Center

X. Infrastructure, field preparedness and human resources:

Specialized Human Resources

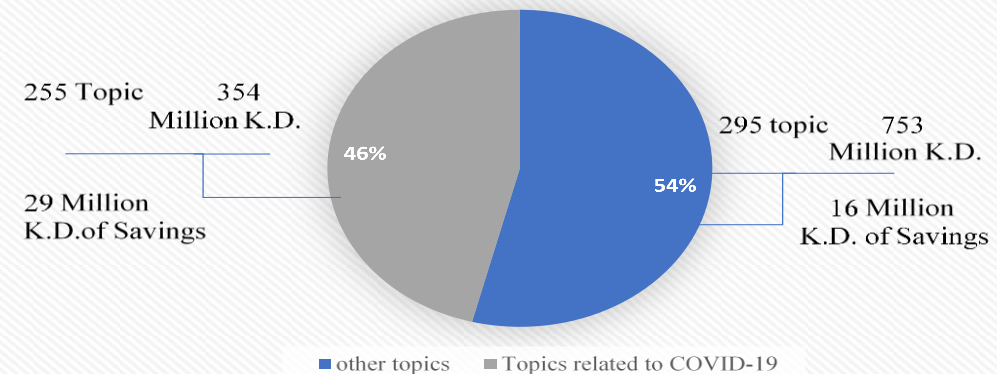
To maintain workers, the rotational isolation strategy was imposed:

- The number of cadres (e.g., medical, technical, administrative, service, and others) is limited to the minimum needed to complete work and deal with patients.
- The remaining number of temporarily dismissed medical staff is divided into work teams as a backup for the team assigned to carry out the work.
- The work of the team shall be at a specific time and location on a daily basis, without engaging with any other work team.
- In the event that any member of any team is exposed to infection, the necessary preventive measures are taken, which may reach to replacing the entire team.

XI. SAB`s role in auditing the expenses of the government entities during the pandemic:

A team was formed to follow up on the developments of the novel Coronavirus (COVID-19) to take all necessary measures and steps to deal with the repercussions of the spread of the disease; to study the issues presented to SAB as prompt as possible, which are in accordance with Articles (13 and 14) of the SAB Establishment Law. No. (30) of 1964 and its amendments; and to coordinate with the relevant audit authorities regarding the subject matter.

Chart indicating the amount , the number of the topics and the saving approved



Topics total
550 topic

Contracts Total
1,107 Billion
K.D.

Savings total
45 Million
K.D.

XII. The role of the National Center in implementing the International Health Regulations (IHR):

At the Global and Regional Level (2020 – 2021)

- Following up, on a daily basis, on the emergency reports issued by the WHO through its official website and circulating such data among the relevant authorities.
- Providing the WHO with data on confirmed COVID-19 cases in the State of Kuwait on a weekly basis.

At the GCC Level (2020 – 2021)

- Coordinating and communicating with the International Health Regulations implementation centers across all GCC countries to find out about the latest decisions and developments.
- Participating in the technical team meetings concerned with developing solutions and mechanisms to deal with regional risks.

At the National Level (2020 – 2021)

- Issuing a daily assessment of the global epidemiological situation regarding the number of infected cases.
- Issuing weekly and monthly reports on the number of infected cases coming to Kuwait through the land and air ports.

XIII. Efforts to “Leave No One Behind”:

1. “Fazaa Al Kuwait”, a fundraising campaign, was launched to urge governmental and non-governmental charities to cooperate with the government in supporting the families largely affected by the COVID-19 pandemic. This campaign targeted citizens and residents who lost their jobs due to suspending activities during the pandemic. It resulted in raising approximately 9 million Kuwaiti dinars on the first day, which were then spent on families in need.
2. The principles of justice and non-discrimination between citizens and residents were taken into account in providing and distributing the vaccines against COVID-19; the priority groups for vaccinations are defined in conformity with the relevant international standards.

Findings and Recommendations

Main Findings

- The Government's ability to manage emergency cases is demonstrated in its positive, timely response to the crises and the issuance of legislation regulating such emergencies. However, it turns out that no legislation was issued to handle such emergencies with a broader scope.
- There was a clear mechanism in place for linking the goals of sustainable development (SDGs) with the goals of strategic and contingency plans, which helped in achieving the SDGs and keeping pace with the world's efforts in implementing the SDGs in facing disasters.
- The Kuwaiti government guaranteed the necessary financial resources to strengthen the capabilities of health systems to face the COVID-19 pandemic.
- The absence of a central authority to be responsible for purchasing the government entities' COVID-19-related supplies led to a discrepancy in the purchase prices of supplies from one entity to another, although purchased during the same period; this resulted in incurring the State's budget with large sums.

Main Findings

- The inaccuracy in estimating needs and exaggerating the demand for materials and medical supplies (i.e., masks, gloves, and sterilizers) led to additional financial burdens on the State's budget.
- The lack of coordination, at times, between the government entities and the failure to define responsibilities in managing some places related to the pandemic (such as quarantines) made it difficult to clearly set the responsibility of entities concerned for providing the relevant data and information.
- The pandemic affected delivering basic health services within MoH; elective surgeries were suspended and some health centers were closed.
- The MoH has protocols for epidemiological studies and monitoring. It has issued many guidelines for dealing with COVID-19-infected people and potential contacts, in addition to daily reports prepared in line with the relevant international standards.

Main Findings

- The National Center for the Implementation of International Health Regulations (IHR) maintains communication with international and regional medical organizations to determine the medical protocol needed to curb the outbreak of the pandemic.
- The State of Kuwait has become a pioneer in providing internationally approved vaccines, despite their limited availability.
- There is a fair distribution of vaccines, among all segments of society, including citizens and residents. An initiative was launched to urge individuals and charities to cooperate with the government to support affected families who lost their jobs during the pandemic. The principle of leaving no one behind was established.

Main Recommendations

Establish a government agency for crisis management, which shall be in charge of developing general plans and policies for managing crises and disasters, as well as harnessing the available national capacities through coordinating efforts between the government entities and the private sector institutions.

Find a mechanism for government contracting during times of crisis by identifying the needs and requirements necessary for all government entities to reach the best competitive prices to preserve public funds.

Main Recommendations

Define the cost estimates and the technical specifications of items to be purchased, in a professional and scientific manner, to ensure that the best offers are obtained.

Activate the framework agreements for the collective procurement of government entities to provide the basic needs that are common to these entities (e.g., medicines, medical supplies, etc.).

Main Recommendations

Establish and support local industries for primary medical supplies, in accordance with the approved international standards, to meet the basic needs of the healthcare system.

Support the healthcare sector by cooperating with the Ministry of Higher Education (MoHE) to provide a broader range of medical specialties to meet the different needs of the sector in Kuwait. This entails reconsidering the university admission policies to address the shortage in the required medical specialties.

Thank you!



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