



Chronicling the Coronavirus: Perspective on Kuwait's Response



West Asia-North Africa Institute, June 2020



The West Asia-North Africa (WANA) Institute recorded a nation's response as it told the story of COVID-19 in the State of Kuwait. The WANA team put together a chronology of the outbreak of the COVID-19 pandemic as it unfolded in Kuwait. This document is accompanied by reflections that touches on questions of epidemiology as well as issues of governance and policymaking.

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1 State Profile

The State of Kuwait (*Dawlat al-Kuwait*) is a constitutional monarchy founded in 1961. It has both an executive branch – an emir – and a parliament, the National Assembly. Its economy depends heavily on exporting natural energy. Petroleum accounts for over half of GDP, 92 per cent of export revenues, and 90% of government income. Otherwise, it exports refined products and fertiliser. About 74 per cent of its citizens work in the public sector, although it has planned since 2010 to diversify its economy and boost its private sector. Kuwait ranks 11th best in workforce participation, with only 1.1 per cent unemployment. It enjoys a USD 65,800 GDP/capita, making it the 15th highest in the world.¹ In 2017 the public deficit was reduced to 7.2 per cent of GDP from 16.5 in the previous year, and the government raised USD 8 billion by issuing international bonds. Despite Kuwait's dependence on oil, the government has cushioned itself against the impact of lower oil prices. Since 1976, it has transferred at least 10 per cent of government revenue annually to the Fund for Future Generations. Kuwait has a population of about 4.8 million people, 3.8 million of whom – approximately 70 per cent – are non-Kuwaitis. Kuwait also has a sizeable stateless population of 92,000 people known as 'Bidun', having lost out on citizenship rights in 1961 due to a number of technicalities. As of 2014, Kuwait has 2 hospital beds per 1,000 people.²

2 Travel

In response to the global COVID-19 pandemic, the first step that West Asia-North Africa states typically took was regulating the flow of persons through their borders. As a small state with roughly 70 per cent of its residents non-nationals, Kuwait was no exception. On February 24, 2020, it announced that it was quarantining all incoming travellers, typically for a two-week duration. However, from its first reported case on that day, the bane of Kuwait's prevention measures was the heavy traffic of passengers between itself and Iran. On the day the virus was first reported, all five of the persons carrying it had come off flights from Iran, where at least three had been visiting the pilgrimage hubs of Qom and Mashhad. While Kuwait immediately barred the docking of ships and cruises coming from Iran, it was not committed to stopping air traffic from the biggest source of COVID-19 into the state. Iran figures prominently in Kuwait's approach to travel regulation because until March 8 – two weeks or 64 cases after the virus had first been reported – all of its cases had originated from the neighbouring state. While Azerbaijan, Egypt, the United Kingdom, and France would later provide significant sources of incoming cases, Iran consistently represented the largest share.

On the second day that the virus had appeared in Kuwait, the Kuwaiti Foreign Ministry had warned its citizens not to travel to coronavirus-hit countries and to delay travel until further notice. But while leaving that warning vague, the Kuwait Civil Aviation Authority took direct action to stem the flow of travel from potential – i.e. unreported – sources of COVID-19, mainly East Asia. By

¹ "The World Factbook: Kuwait." *Central Intelligence Agency*, Central Intelligence Agency, 1 Feb. 2018, www.cia.gov/library/publications/the-world-factbook/geos/ku.html.

² "Hospital Beds (per 1,000 People)." *Data*, The World Bank Group, 2014, data.worldbank.org/indicator/sh.med.beds.zs.

the next day, Kuwait's Civil Aviation Authority suspended all departing and arriving flights from South Korea, Thailand, Singapore, Japan, and Italy.³

Kuwait's Civil Aviation Authority then decided on March 8 that passengers from ten states must produce certificates issued by the Kuwaiti embassy in their own countries showing that they were coronavirus-free. In a press statement, the Authority listed the states as the Philippines, India, Bangladesh, Egypt, Syria, Azerbaijan, Turkey, Sri Lanka, Georgia, and Lebanon.⁴ Thus two weeks into the crisis, Kuwait still avoided taking direct measures against travel to and from Iran. One of the biggest obstacles in the way of Kuwait carrying out such measures was the fact that most of those on incoming flights from Iran were Kuwaiti citizens and many others were visa-holding residents.

However, relatively soon into the crisis, Kuwait adopted a more absolute travel ban, rendering the need for targeted travel restrictions unnecessary. With a total of 72 confirmed COVID-19 cases, the Kuwait International Airport announced on March 11th that it would suspend all incoming and outgoing flights by the 13th – save for Kuwaiti citizens and their first-degree relatives – as well as cargo.⁵ A month later, Kuwait made a concerted effort to repatriate its citizens. According to the Directorate General of Civil Aviation, 29,168 citizens were repatriated between April 19 and May 6 through four phases according to international regions. In a statement, head of repatriation flights' operations at DGCA Saad Al-Otaibi said that 81.37 per cent of citizens who expressed the wish to return were repatriated, and that the remainder did not follow through with repatriation because they either changed their minds or wished to continue treatment abroad.⁶ In all, Kuwait International Airport was among the first airports in the world to prevent the entry of passengers coming from infected areas and then suspend flights completely.⁷

³ "Kuwait Suspends All Flights to, from Singapore, Japan." *KUNA*, Kuwait News Agency, 26 Feb. 2020, www.kuna.net.kw/ArticleDetails.aspx?id=2866732&Language=en.

⁴ "Zero Coronavirus Cases in Kuwait in Last 24 Hrs. - MoH." *KUNA*, Kuwait News Agency, 3 Mar. 2020, www.kuna.net.kw/ArticleDetails.aspx?id=2871836&Language=en.

⁵ "Circular." *Civil Aviation*, Directorate General of Civil Aviation, 11 Mar. 2020, www.dgca.gov.kw/NewsDetails/Index/55.

⁶ "DGCA: 29,168 Citizens Repatriated through Four Phases." *Civil Aviation*, Directorate General of Civil Aviation, 7 Mar. 2020, www.dgca.gov.kw/NewsDetails/Index/94.

⁷ "Meeting of the Higher Committee." *Civil Aviation*, Directorate General of Civil Aviation, 18 Mar. 2020, www.dgca.gov.kw/NewsDetails/Index/70.

3 Public Spaces

Days after reporting its first infection, Kuwait swiftly took measures to curb its spread by limiting public space activity. On February 26, Kuwait's Ministry of Commerce and Industry announced that all planned exhibitions and events were cancelled and that public gatherings could only take place by permission.⁸ On March 1, Kuwait's Prime Minister convened a cabinet to address the emerging crisis. Among the cabinet's decisions were to suspend all government and private schools, colleges, universities and military colleges, and Awqaf and Islamic Affairs educational centres.⁹ On the same day, as part of precautionary measures, the Public Authority for Food and Nutrition announced that staff and workers at all restaurants, cafes, cafeterias, food facilities, stands, and warehouses had to wear medical face masks and gloves at work.¹⁰ Consequently, scores

of facilities that did not abide by those standards were closed down. On March 11, all cinemas and theatres as well as public and private wedding halls and makeshift wedding reception tents were to be closed until further notice. Then, on March 13 Kuwait joined a chorus of neighbouring states by amending the call to prayer to 'pray in your homes', thereby suspending all prayers in houses of worship.¹¹ Kuwait then imposed a dawn-to-dusk

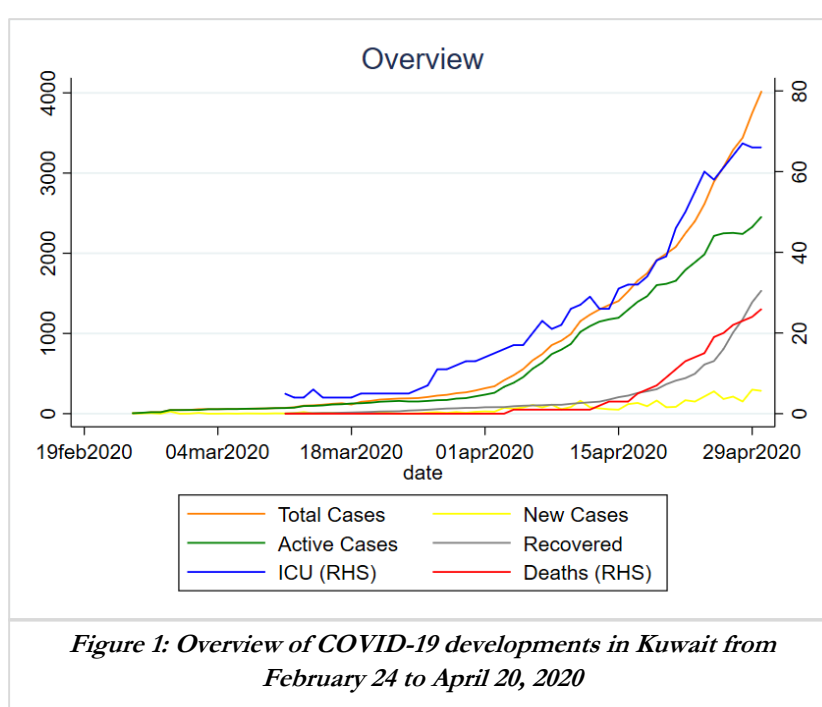


Figure 1: Overview of COVID-19 developments in Kuwait from February 24 to April 20, 2020

curfew on March 22, sealing off some of the more social corners of public space – cafes and restaurants. Ironically, it was shortly after this point that Kuwait's daily cases began to increase considerably, not to dip below the double digits after March 26. This increase appears to have come about mainly from discovering cases in travellers quarantined since the last incoming flight nearly two weeks earlier and – to a lesser extent – improvements in the Ministry of Health's reporting system.

⁸ "Ministry of Commerce Cancels Exhibitions, Events Due to Coronavirus." *KUNA*, Kuwait News Agency, 26 Feb. 2020, 19:56, www.kuna.net.kw/ArticleDetails.aspx?id=2868867&Language=en.

⁹ "Official: Kuwait's Schools, Universities Suspended for 2 Weeks Starting March 1." *KUNA*, Kuwait News Agency, 26 Feb. 2020, 16:53, www.kuna.net.kw/ArticleDetails.aspx?id=2868841&Language=en.

¹⁰ "Restaurants, Cafes in Kuwait Ordered to Heed Health Instructions." *KUNA*, Kuwait News Agency, 1 Mar. 2020, 14:19, www.kuna.net.kw/ArticleDetails.aspx?id=2871478&Language=en.

¹¹ Ibrahim, Bassel. "Kuwait Mosques Amend Call to Prayer to Curb Coronavirus." *Anadolu Agency*, 14 Mar. 2020, www.aa.com.tr/en/health/kuwait-mosques-amend-call-to-prayer-to-curb-coronavirus/1766130.

4 Medical Supplies

Kuwait's government was quick to ensure a smooth line of medical supplies. Among the measures the Prime Minister's cabinet took as early as February 26 was tasking the Kuwait Supply Company with supplying local markets with sufficient quantities of face-masks for all citizens and expats. The cabinet also tasked the Social Affairs Ministry – in coordination with the Union of Consumer Cooperative Societies – to make available all sterilisation products in all cooperative stores. These measures were taken in the context of strict price controls to prevent profiteering. Leading up to these measures, the Kuwaiti Ministry of Trade had shut down 19 pharmacies for failing to adhere to the mandated price of face masks.¹² The government's resolve early on in the crisis deterred attempts to exploit the need for medical supplies in a state highly dependent on imports. In what

was perhaps Kuwait's greatest feat of coordination and inter-ministerial mobilisation, the Ministry of Commerce and Industry used Ministry of Defence aircraft to import 3.6 million face masks on March 2. Kuwait's aim was to secure for its citizens what was increasingly considered as an essential health commodity, which it was able to do with incredible planning and foresight at a critical, pre-crisis juncture;¹³ by the first week of March, consumer protection reports had published that the price of surgical masks had become

166 per cent higher than their 90-day average price on some online sale platforms.¹⁴ Through its early action, the Kuwaiti government was thus able to shield its residents from prices brought about through increased demand and price gauging. The government's proactive public prevention measures largely shielded Kuwaitis from infection.

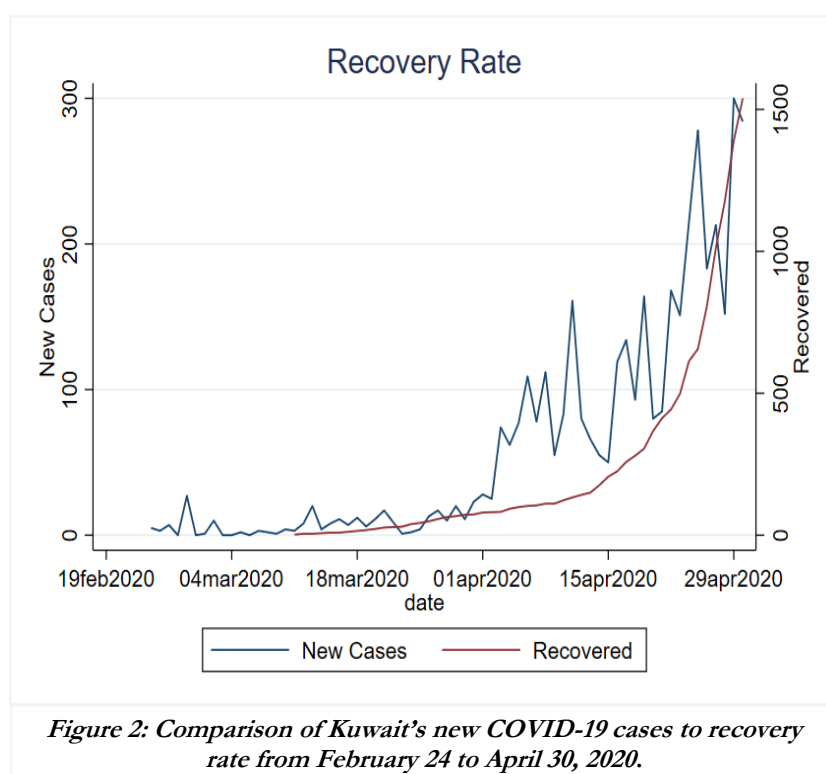


Figure 2: Comparison of Kuwait's new COVID-19 cases to recovery rate from February 24 to April 30, 2020.

¹² "Kuwait Shuts down 14 New Pharmacies to Control Mask Prices." *KUNA*, Kuwait News Agency, 26 Feb. 2020, 12:25, www.kuna.net.kw/ArticleDetails.aspx?id=2866780&Language=en.

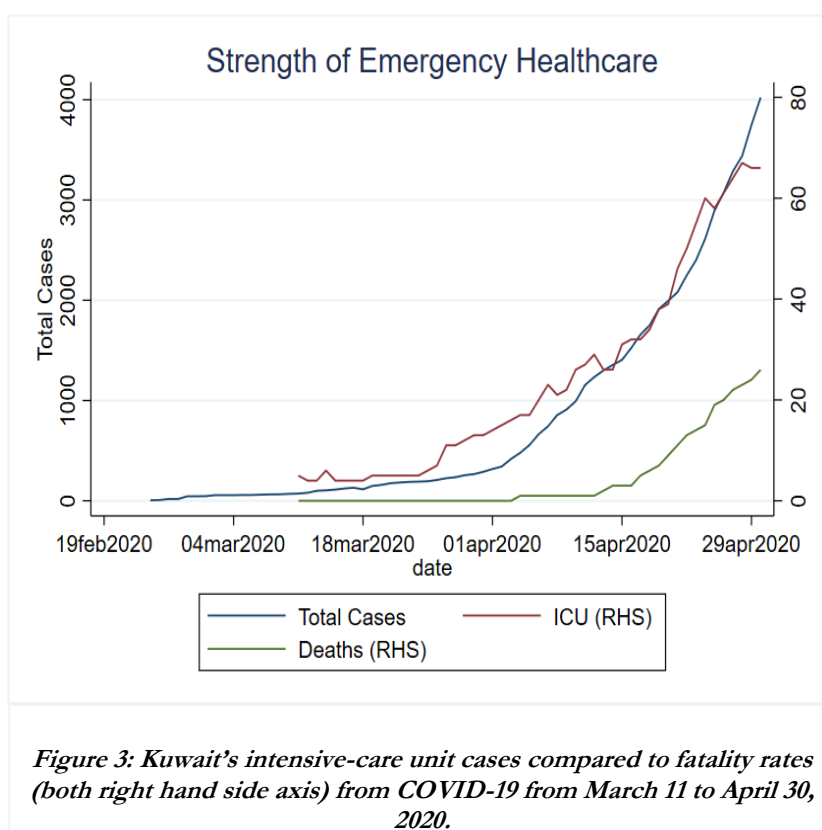
¹³ "Kuwait Imports 3.6 Mln Face Masks." *KUNA*, Kuwait News Agency, 2 Mar. 2020, 15:13, www.kuna.net.kw/ArticleDetails.aspx?id=2871693&Language=en.

¹⁴ "Coronavirus Worry Triggers Most Surgical Mask, Sanitizer Prices to Spike at Least 50% on Amazon." *Coronavirus Worry Triggers Most Surgical Mask, Sanitizer Prices to Spike at Least 50% on Amazon* | U.S. PIRG, 11 Mar. 2020, uspig.org/news/usp/coronavirus-worry-triggers-most-surgical-mask-sanitizer-prices-spike-least-50-amazon.

5 Medical Services

As for those infected with the virus, the Kuwaiti healthcare had to deal with steep intakes. The rate of infection climbed steadily from early March until accelerating in early April – jumping by 84 per cent on the sixth of that month. While on an upward trend, the number of new cases fluctuated drastically, sometimes doubling from day to day – as was the case from April 15 (55 cases) to April 16 (119 cases) – until eventually stabilising in the triple digits beginning on April 22. By the same token, the recovery rate increased steadily and then accelerated roughly at the same points in time, but without downward fluctuation. This trend is indicative of the Kuwaiti healthcare system's ability to intake surges of patients – with all the requirements of staff, beds, and equipment – without being overburdened.

In terms of the mortality rate, there were no reported fatalities from February 24 to April 2, 2020. There were similarly no cases of intensive-care patients registered before March 10, but this could be because – as is common in many COVID-19 cases – patients sometimes do not show symptoms for up to two weeks after infection. Nonetheless, as the rate of infection increased so too did the number of ICU cases and fatalities. By April 17, the percentage of fatalities relative to ICU cases went into the double digits and continued to rise for the rest of the month. By April 30,



nearly half the number of ICU cases were resulting in deaths. While this trend may be alarming, it must be read in light of the broader percentage of ICU cases relative to active cases, which even at its peak on April 23 – did not reach beyond 3 per cent. Thus, while the high correlation between ICU cases and fatality rates might be indicative of gaps in Kuwait's emergency healthcare, it must also be kept in mind that the relatively low number of infections that do result in ICU cases are often fatal beyond the pale of recovery. For a more determinate affirmation, Kuwait's ICU-fatality relationship would have to be compared to those of other states, many of which do not make available the exact data.

6 Curfew

The most drastic – and usually the last – measure that states take is imposing curfew. This is especially the case for Kuwait. While Kuwait pioneered the absolute travel restriction relative to other WANA states, it was also one of the last states to impose a complete domestic curfew. On March 22, it had imposed a dawn-to-dusk curfew but to mixed results. For a month thereafter, the rate of new cases fluctuated daily until reaching a record high of 168 on April 23, not to dip below the triple digits thereafter. As a result, the government resolved to take more absolute measures. On May 8 – the same day that the Ministry of Health reported a jump of 363 new cases – the Kuwaiti Ministry of Interior announced that it was imposing a complete curfew across the state beginning at 4 pm on May 10 until May 30, a date resolutely beyond the Eid al-Fitr celebrations at the end of Ramadan, when social interaction booms as a result of visitation.

The only exception to the curfew was that people would be allowed to walk on foot for two hours inside residential areas daily from 4:30 to 6:30 pm while observing social distancing rules and wearing face masks.¹⁵ Aside from its earlier experience with curfew, Kuwait was able to formulate this two-hour curfew window by observing the various precedents established by WANA states up until that point. These ranged from 24 hours – such as in Jordan and Saudi Arabia – and dawn-to-dusk such as in Algeria, Egypt, and Sudan.¹⁶ Perhaps observing the high number of violations that took place in Jordan over the first 72 hours of curfew in Jordan due to ‘cabin fever’ and other reasons related to complete domicile confinement, Kuwait allowed the window to allow for mental health purposes. While doing so, however, it made sure to restrict any non-essential commercial activity and gatherings, all of which was likely to provide exposure. Like Jordan and Saudi Arabia, Kuwait also adopted a governorate-based approach whereby it formed emergency teams according to its six governorates, thus being able to localise and contain the development of new cases.

7 Migrant Labour

In tandem with COVID prevention efforts, Kuwaiti authorities also stepped up efforts to repatriate immigrant labourers who had overstayed their residency permits. With 70 per cent of residents being non-nationals, Kuwait boosted repatriation efforts in order to prevent the overwhelming of its healthcare system. Seeing that many of the recorded cases come from crowded migrant housing areas – especially Jeleeb al-Shuyukh and al-Farwaniya – Kuwait is trying to reduce the infection rate. On April 18, Kuwait offered a general amnesty to labourers who had overstayed their residency permits by waiving penalties and providing them with free airline tickets to return home as well as guarantees of future re-entry. Perhaps the reasoning was that, without health insurance, labourers who overstayed their residencies and got infected with the virus would burden the healthcare system. Those who voluntarily identified themselves to authorities under the amnesty – some 23,500 people as of May 15 – were mainly Egyptian, Indian, Bangladeshi,

¹⁵al Sherbini, Ramadan. “COVID-19: Kuwait Allows 2-Hour Walk under Total Curfew.” *Kuwait – Gulf News*, Gulf News, 9 May 2020, 16:11, gulfnews.com/world/gulf/kuwait/covid-19-kuwait-allows-2-hour-walk-under-total-curfew-1.1589026532818.

¹⁶ Jakarta Post. “Saudi Imposes 24-Hour Virus Curfew in Five Cities.” *The Jakarta Post*, 7 Apr. 2020, 09:58, www.thejakartapost.com/news/2020/04/07/saudi-imposes-24-hour-virus-curfew-in-five-cities.html.

Ethiopian, Sri Lankan, Sudanese, and Nepali nationalities – the first three of which make up the most cases of non-Kuwaiti patients.

Matters were complicated, however, when some of these states were either unable or unwilling to repatriate their nationals because of their own bans on international flights. With the exception of Egypt, all of the states mentioned have experienced considerable delays repatriating their citizens. As a result, many of the 23,500 people have been interred for prolonged stays in the four detention camps of Abdallia, Khoslar, Mangaf, and Sebde, located on the outskirts of Kuwait City. According to footage shot inside the camps, housing conditions are cramped, with some rooms hosting 20-50 people at once, making social distancing nearly impossible.¹⁷ While the presence of such camps has shielded the general Kuwaiti healthcare system from being further overwhelmed, it has compromised the health and safety of Kuwait's migrant labourers and, upon repatriation, risked exacerbating the COVID situation in their countries of origin.

8 Summary

Kuwait's response has met with mixed results. On the one hand, its proactiveness in imposing an absolute travel ban on March 13 afforded it some leeway in delaying the implementation of its absolute curfew on May 8. By the same token, the accelerated increase in daily infection rates leading up that curfew suggests that the partial curfew measures imposed on March 22 had not been effective enough at disrupting social interactions. Nonetheless, Kuwait's healthcare system and – in particular its Ministry of Health – has proven to be robust and highly resilient, both reflected in the recovery rate of cases and its daily reporting system. While on June 5, Kuwait's infection rate stood at 30,644, nearly 60 per cent had recovered, placing Kuwait just within the ten per cent range of recovery common amongst Gulf States.¹⁸

Kuwait's efforts to repatriate migrant labour must be seen in light of economic trends prevailing before the current crisis. Kuwait has long been anxious over its dependence on migrant labour and oil exports – the latter becoming a bigger concern with the recent global slump in oil prices. Although Kuwait ran one of the Gulf's smallest COVID-19 stimulus packages, the National Bank of Kuwait predicted the state's shortfall would reach 40 per cent of GDP in the fiscal year that started on April 1, the highest since the 1991 Gulf War and its aftermath. On June 3, Prime Minister Sabah al-Khaled al-Sabah stated that Kuwait should reduce its migrant labour from 70 to 30 per cent, calling the current ratio a “big imbalance” that would require “a future challenge to redress”. This call came in response to Kuwaiti parliamentarians' early efforts to reduce foreign representation both in desirable government jobs as well as unskilled labour, election points popular amongst Kuwaitis.¹⁹ In line with broader Gulf trends, Kuwait is thus looking towards the

¹⁷ Ullah, Areeb. “Like Sardines’: Migrant Workers Suffering in Kuwait's Desert Detention Camps.” Middle East Eye. Middle East Eye, May 15, 2020. <https://www.middleeasteye.net/news/coronavirus-kuwait-migrant-workers-bangladesh-detention-camps>.

¹⁸ “COVID-19 Pandemic: Latest Updates.” Kuwait Ministry of Health: Health Media Office, June 5, 2020. https://twitter.com/KUWAIT_MOH/status/1268872284456071170/photo/2.

¹⁹ MacDonald, Fiona. “Kuwait Doesn't Want to Be an Expat-Majority Nation Anymore.” Bloomberg.com. Bloomberg, June 3, 2020. <https://www.bloomberg.com/news/articles/2020-06-03/kuwait-needs-to-slash-expatriate-population-to-30-premier-says>.

nationalisation of its labour force as a means of more gainfully employing its nationals as well as reducing the outflow of capital. While Kuwait's exceptional measures to reduce migrant labour may have been because of the crisis, it is likely that they will continue to take a protectionist approach long after the situation has stabilised.



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