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PMB

Healthcare market study

The State of Private Clinics and hospitals in Kuwait 2026

What patient activity reveal about where private care is, who leads it, and where the gaps are.

A joint study by PMB and Tebaba

November 2026

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01

Section 01

Healthcare overview.

The headline findings, the shape of Kuwait's private healthcare market, and the data behind this study.

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Summary

Eight findings at a glance.

Private specialist care is concentrated in one governorate. Hawalli is home to about a fifth of Kuwait's residents but hosts 56% of the private specialists in this study. Farwaniya, the most populated governorate, hosts 6%. Salmiya has one private specialist for every 950 residents; Jleeb Al-Shuyoukh has one for every 94,000.

Several specialties are missing from whole governorates. No private neurologist practices in Ahmadi, Farwaniya or Jahra, and no private endocrinologist in Ahmadi, even though diabetes affects about a quarter of patients in Kuwait's healthcare market.

Two hospital groups lead patient preference. The Al Salam group and Dar Al Shifa together hold about a quarter of the Patient Preference Share, ahead of the Metro clinics and Royale Hayat.

Demand outpaces supply in specific specialties. Neurology draws about two and a half times the average patient demand per specialist, and pediatrics accounts for 38% of AI symptom searches against 12% of private specialists.

Families search after hours, and in Arabic. Four in ten AI searches happen between 8 pm and 2 am, and 84% of those with a detected language are in Arabic.

Interest turns into bookings. About one in ten patients who looked up a doctor went on to contact the clinic.

Demand peaks at midday and on Sundays. Patient demand is highest between 12 pm and 6 pm and stays above average until midnight. Sunday is the busiest day and Friday the quietest.

Clear explanations build trust. In patient surveys, explaining the condition and the treatment plan had the strongest link to recommending a doctor. Feeling taken seriously was the most common gap.

Context

Kuwait's private healthcare market.

The system is led by the state, but the private sector is growing faster and is where most families now go when they want a specific doctor, a shorter wait, or more choice.

USD 6.7B

Market value, 2025

Forecast to reach about USD 12.2 billion by 2032.

9%

Yearly growth

Expected average growth of the healthcare market to 2032.

15 to 20%

Private share of spending

Sixteen private hospitals provide about 1,200 beds, with 1,800 more planned.

5M+

Residents in 2025

About 70% are expatriates. Salmiya alone has more than 330,000 residents.

KD 100

Yearly public health fee

The expatriate scheme covers public facilities, not private ones.

1,665

Private sector doctors

Against more than 12,000 doctors in the Ministry of Health.

Patients pay a premium mainly to avoid waiting times. Private care is paid out of pocket or through private insurance, which pushes families who want choice toward private hospitals and clinics.

This study draws on a directory of 1,227 doctors, including 123 dentists, in 46 private hospitals and medical centers. Its size is comparable to the private workforce in official counts, although the two are defined differently.

Sources: MarkNtel Advisors; US International Trade Administration; Gulf News and Times Kuwait (PACI); Arab Times; Zawya.

About the data

Four sources, one picture.

This study combines four sources, all from Tebaba. Patient figures are reported as shares and indexes rather than raw counts.

01

The doctor directory

1,227 active doctor profiles across 16 specialties, in 46 private hospitals and medical centers in 18 areas. Profiles are compiled from hospitals' own public websites, then cleaned and written in Arabic and English.

02

Patient demand

Activity from people in Kuwait on Tebaba's website between 1 October and 15 November 2026, with automated traffic removed. It combines interest in doctors with requests to contact clinics.

03

AI symptom searches

Symptom descriptions entered into Tebaba's AI symptom tool over the same period, excluding internal tests. Only totals and shares are reported; no individual search is published.

04

Patient surveys

Short structured surveys completed by patients after a visit, May to November 2026, which feed the Patient Trust Index. Only responses that passed quality checks are used.

All shares refer to the private specialists covered by this study and to patient activity online. They describe private specialist care in the directory, not every doctor or patient in Kuwait. Public hospitals and individual private clinics are not included.

1,227 private doctors

46 facilities

16 specialties

18 areas

02

Section 02

The findings.

Where specialists practice, which specialties are missing, who leads patient preference, what patients look for and what makes them trust a doctor.

Specialists cluster far from where people live 08

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Who leads private specialist care 12

What patients look for 15

What makes patients trust a doctor 20

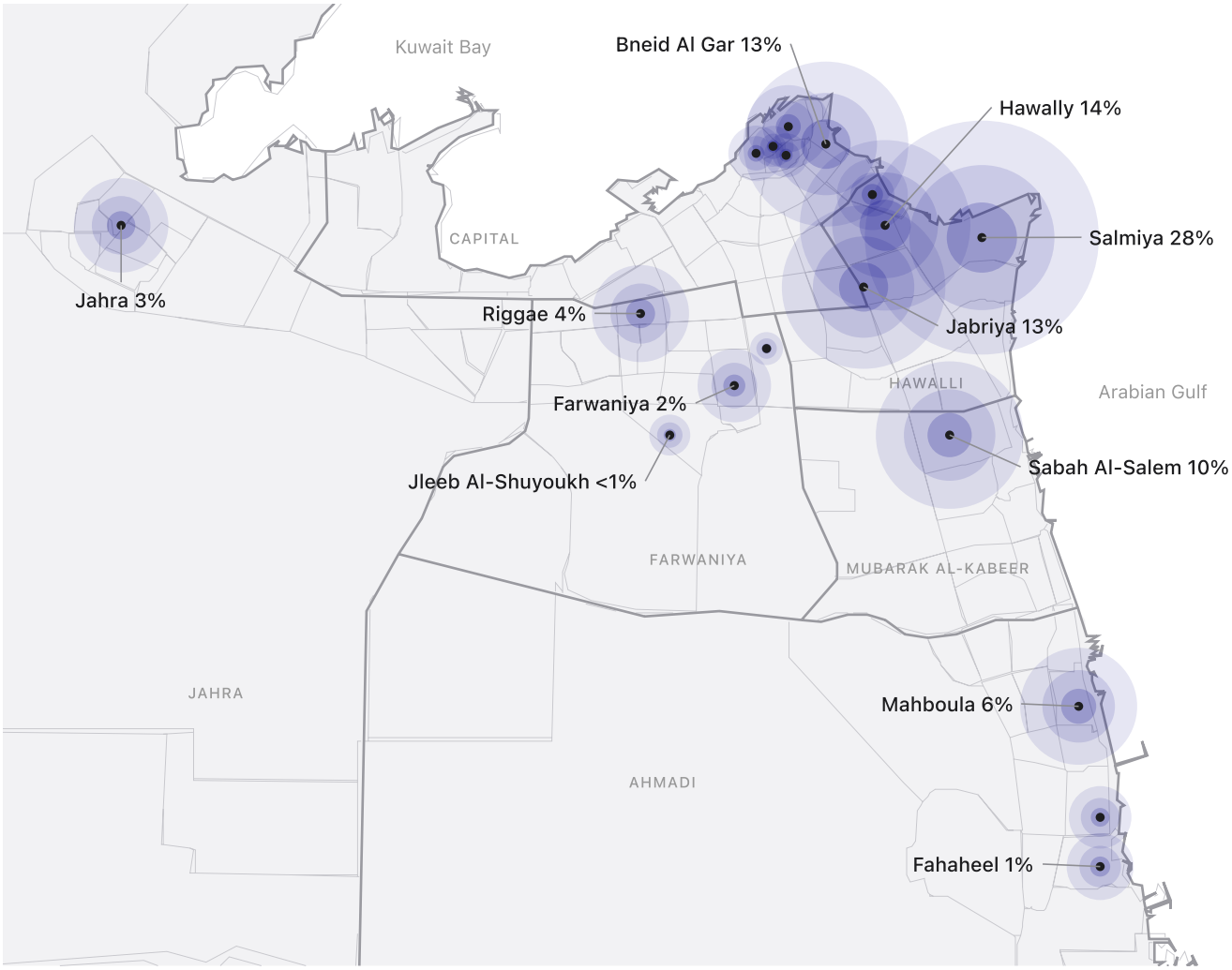
Finding 1

Private specialists cluster far from where most people live.

Farwaniya and Ahmadi are together home to almost half of Kuwait's residents, yet they host 14% of the private specialists in this study.

Specialists cluster along the coast from Kuwait City to Salmiya

Where private specialists practice. Glow shows the number of specialists; labels show each area's share of all private specialists.



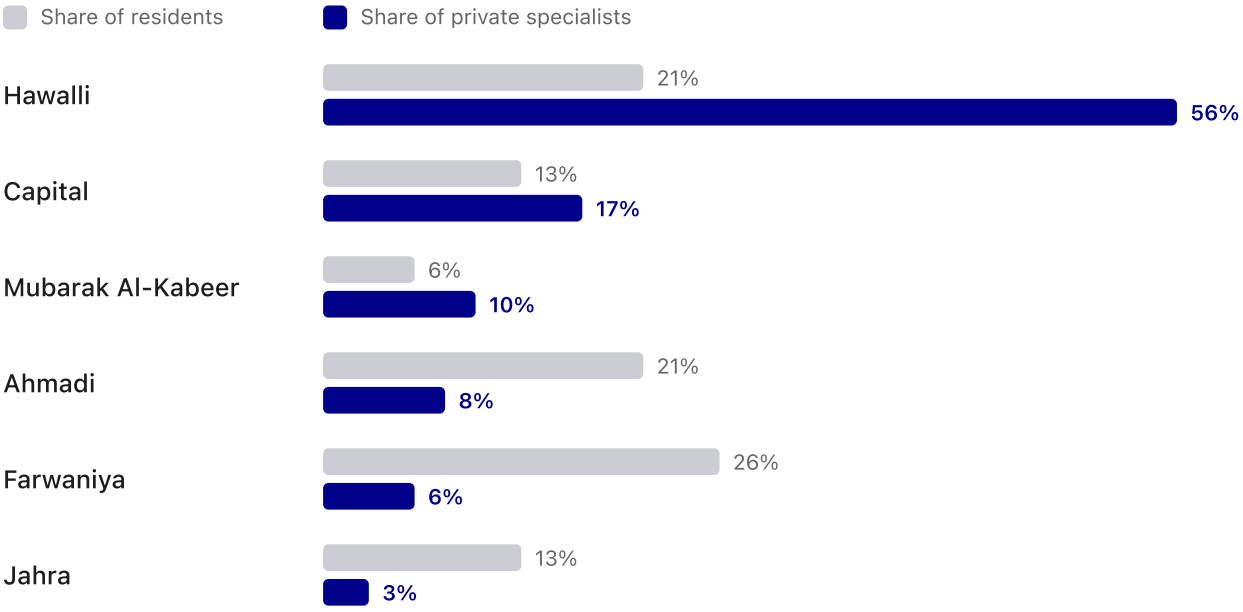
Thin lines: residential areas. Thick lines: governorates. Borders: geoBoundaries (CC BY 4.0). Doctors: Tebaba directory, 16 November 2026.

The concentration is even sharper by area. Salmiya, home to about 7% of residents, hosts 28% of all private specialists, and four areas (Salmiya, Hawally, Jabriya and Bneid Al Gar) account for about two thirds.

Finding 1, continued

Hawalli hosts 56% of private specialists but 21% of residents

Hawalli is the centre of private specialist care. Farwaniya, the most populated governorate, hosts 6% of private specialists.



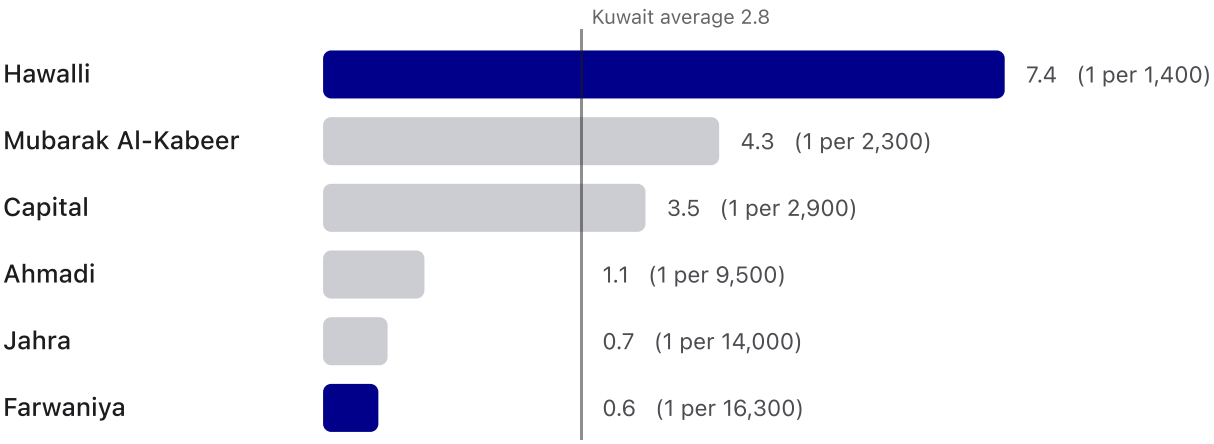
Residents: PACI census shares. Specialists: Tebaba directory, 16 November 2026.

Specialists per resident

Across all sectors, Kuwait has roughly 2.8 doctors for every 1,000 residents, based on Ministry of Health counts of public, private and oil-sector doctors. Private specialists are far scarcer, and far more unevenly spread.

Hawalli has 12 times more private specialists per resident than Farwaniya

Private specialists per 10,000 residents, and residents per specialist, by governorate



Residents: PACI census figures by governorate. Specialists: Tebaba directory, 16 November 2026.

Finding 1, continued

In the most populated areas, the gap is starker

Among Kuwait's five most populated areas, the number of residents for every private specialist ranges from under a thousand to almost a hundred thousand.

Area	Residents (PACI, mid-2025)	Private specialists	One specialist for every
Salmiya	331,000	347	950 residents
Hawally	242,000	171	1,400 residents
Mahboula	231,000	70	3,300 residents
Farwaniya	310,000	21	14,800 residents
Jleeb Al-Shuyoukh	282,000	3	94,000 residents

Jleeb Al-Shuyoukh, the third most populated area in Kuwait, has three private specialists in this study.

Patient demand follows the supply

Doctors in Hawalli governorate draw 62% of all patient demand. Measured per specialist, demand is highest in Hawalli and Mubarak Al-Kabeer and lowest in Ahmadi and Jahra.

Governorate	Share of patient demand	Patient Demand Index
Hawalli	62%	112
Capital	14%	85
Mubarak Al-Kabeer	10%	104
Ahmadi	6%	70
Farwaniya	5%	87
Jahra	2%	65

Patient Demand Index: demand per specialist per day, 100 = average across all specialists. 1 October to 15 November 2026.

Demand per specialist is lowest in Ahmadi and Jahra, the governorates furthest from the hub, while Farwaniya sits closer to the middle despite having the fewest specialists per resident. The numbers outside Hawalli are small, but the direction is consistent: for most families outside Hawalli and the Capital, seeing a specific private specialist still means a drive across the city.

Finding 2

Some specialties are missing from whole governorates.

The most common specialties (gynecology, pediatrics, internal medicine and general surgery) are present in every governorate. Less common ones are not.

0

Private neurologists

in Ahmadi, Farwaniya and Jahra.

2%

Endocrinologists

of private specialists, with none practicing in Ahmadi.

1

Hospital in Jahra

hosts every private specialist in the governorate.

Where specialties are missing

Specialty	Governorates with no private doctor in the study	Share of specialists
Neurology	Ahmadi, Farwaniya, Jahra	1%
Endocrinology and diabetes	Ahmadi	2%
Pulmonology	Jahra	2%
Dentistry (in medical centers)	Jahra, Mubarak Al-Kabeer	10%
Plastic surgery	Ahmadi, Capital	3%

Tebaba directory, 16 November 2026.

The gaps matter most where disease burden is high. Diabetes affects about a quarter of patients in Kuwait's healthcare market, yet endocrinologists make up 2% of private specialists and none practice in Ahmadi, home to about a fifth of residents. In Jahra, Kuwait's largest governorate by area, every private specialist in the study practices in a single hospital.

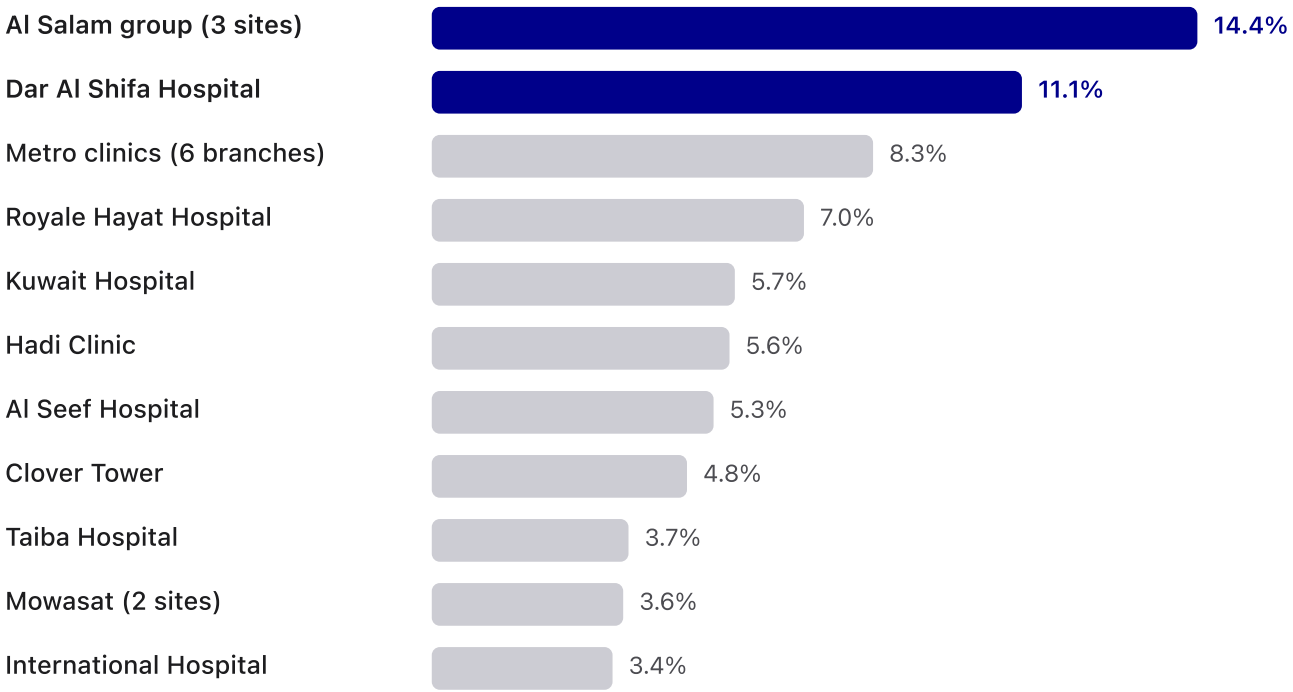
Finding 3

Who leads private specialist care.

There is no public data on private hospital revenues or patient volumes in Kuwait. As a proxy, this study measures each provider's Patient Preference Share, combining its specialist capacity with the patient demand it attracts.

The Al Salam group and Dar Al Shifa lead the Patient Preference Share

Patient Preference Share combining specialist capacity and patient demand, 1 October to 15 November 2026



All other providers together: about 27%

Tebaba directory and patient activity from Kuwait, automated traffic removed. Reflects visibility and demand, not revenue.

- **Two general hospital groups lead.** The Al Salam group and Dar Al Shifa together hold about a quarter of the Patient Preference Share, backed by large specialist teams.
- **Clinic networks compete with hospitals.** The Metro clinics, with six branches in residential areas, rank third, ahead of several large hospitals. Patients respond to care that is close to home and easy to reach.
- **Brand pulls patients beyond size.** Royale Hayat ranks fourth, drawing more patient demand than the size of its specialist team alone would suggest.

Finding 3, continued

The capacity behind the leaders

Inpatient beds show how much overnight and complex care a provider can take on. Patient Preference Share shows how strongly patients are drawn to it. Among the leaders, the two do not always move together.

Provider	Governorate	Inpatient beds	Share of beds	Preference share
Al Salam group (2 hospitals)	Capital, Ahmadi	278	23%	14.4%
Dar Al Shifa Hospital	Hawalli	130	11%	11.1%
Metro clinics (6 branches)	Several	Outpatient only		8.3%
Royale Hayat Hospital	Hawalli	80	7%	7.0%
Kuwait Hospital	Mubarak Al-Kabeer	100	8%	5.7%
Hadi Clinic	Hawalli	135	11%	5.6%
Al Seef Hospital	Hawalli	120	10%	5.3%
Clover Tower	Hawalli	Outpatient only		4.8%
Taiba Hospital	Mubarak Al-Kabeer	110	9%	3.7%
Mowasat (2 sites)	Hawalli	100	8%	3.6%
International Hospital	Hawalli	140	12%	3.4%

Beds: Kuwait Direct Investment Promotion Authority healthcare guide (2022); Al Salam Al Ahmadi (KFH, 2024) and Kuwait Hospital (hospital listing). Share of beds is among the hospitals listed. Some hospitals have expanded since these figures were published. Preference share as defined in this study.

- **Reputation beats size.** Royale Hayat and Dar Al Shifa win a share of patient demand equal to or above their share of beds, the best return on capacity among the leaders.
- **Size alone does not lead.** International Hospital holds about one in eight of the listed beds but about 3% of Patient Preference Share, the widest gap in the group.
- **Two leaders run no wards.** Metro and Clover reach the top ten through outpatient clinics alone, a sign of how much specialist demand is met without a hospital bed.

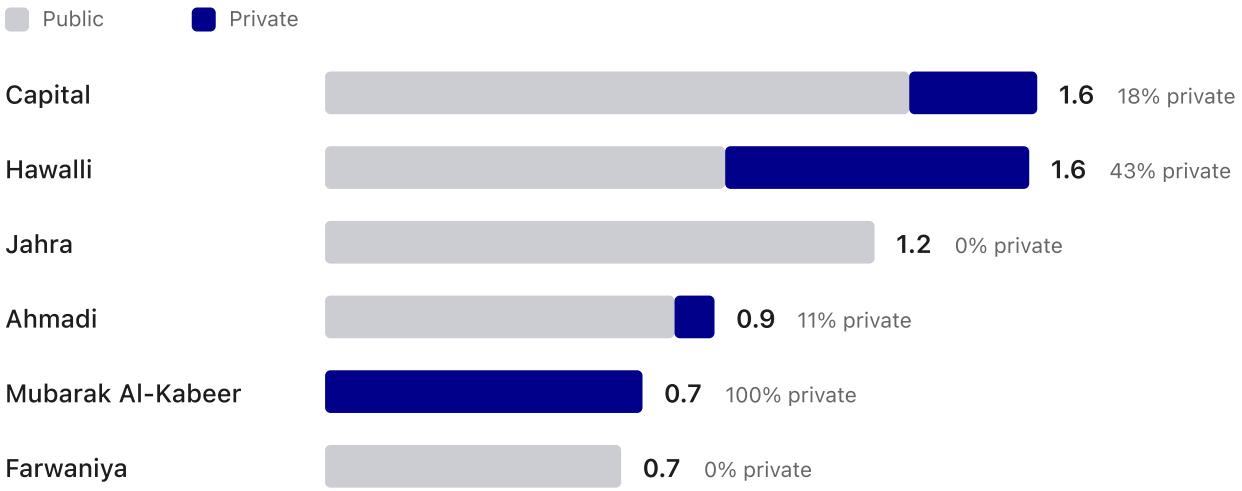
Finding 3, continued

Six in ten private beds are in Hawalli

Public general hospitals are spread fairly evenly, one for each health region. Private beds are not. Farwaniya and Jahra, home to almost two fifths of residents, have no private hospital beds in the published figures.

Hospital beds per 1,000 residents, public and private

General hospital beds by governorate, with the private share of each total



General hospitals only. Public: Ministry of Health general hospitals (KDIPA, 2022), each counted in the governorate where it stands. Private: hospitals with published bed counts. Residents: PACI census shares applied to 5 million. The 3,178 beds in specialised public hospitals, all in the Sabah medical area of the Capital, serve the whole country and are not included.

1 in 5

of Kuwait's hospital beds are in private or oil-sector hospitals. The rest are public.

- **Public wards in the south run fullest.** Al-Adan Hospital, which serves Ahmadi and Mubarak Al-Kabeer, had the highest bed occupancy of any Ministry general hospital in 2022 at 72%. Jaber Al-Ahmad Hospital in Hawalli had the lowest at 16%.
- **Mubarak Al-Kabeer depends on private beds.** The governorate has no Ministry general hospital within its borders. Its only hospital beds are private, at Taiba and Kuwait Hospital.
- **The private sector holds about one bed in five.** Private and oil-sector hospitals hold roughly 1,700 of Kuwait's hospital beds. The public system holds the rest, including every specialised referral hospital.
- **New public beds are going to the outer governorates.** Planned expansions add beds at Al-Adan, Jahra and Farwaniya hospitals, with a new hospital for Sabah Al-Ahmad City and two insurance-run hospitals for expatriates in Ahmadi and Jahra.

Finding 4

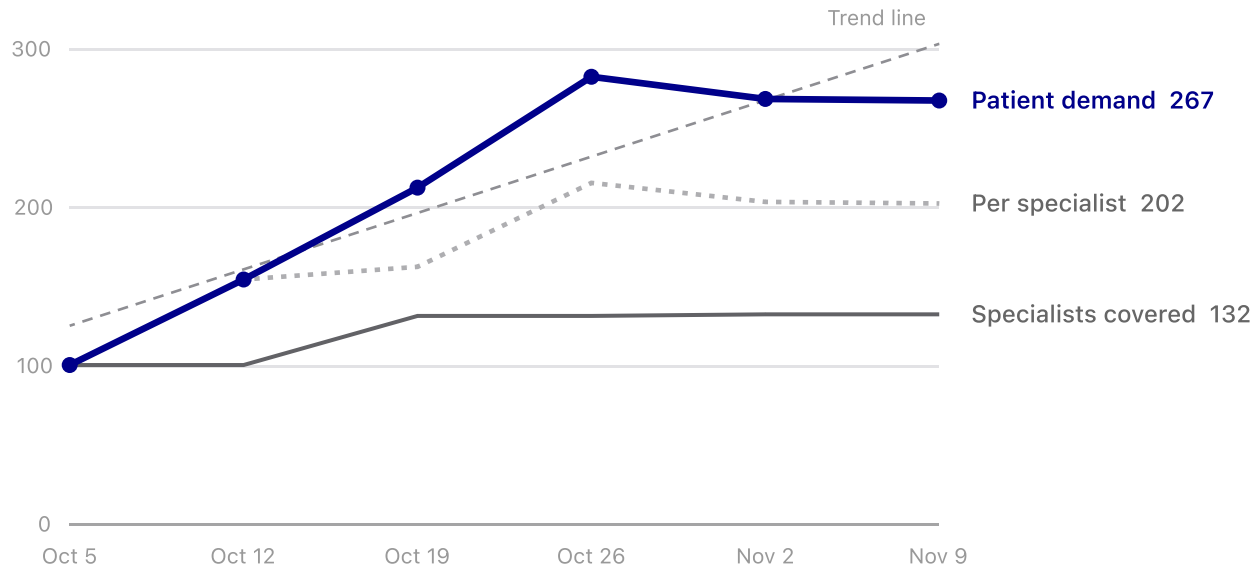
What patients look for.

Demand for private specialists online grew fast over six weeks, and it is not spread evenly across specialties, hours or days.

Demand over time

Patient demand rose more than two and a half times in six weeks, ahead of supply

Patient Demand Index by week, week of 5 October = 100. Patients in Kuwait, automated traffic removed.



Patient demand combines interest in doctors and requests to contact clinics. Weeks starting 5 October to 9 November 2026.

Patient demand rose more than two and a half times between early October and mid-November, while the number of specialists covered grew by about a third. Demand per specialist doubled, so growth is not only the result of covering more doctors: more families are using online tools to choose care.

Growth has eased since late October, and the latest week sits below the trend line, the usual pattern after a fast rise.

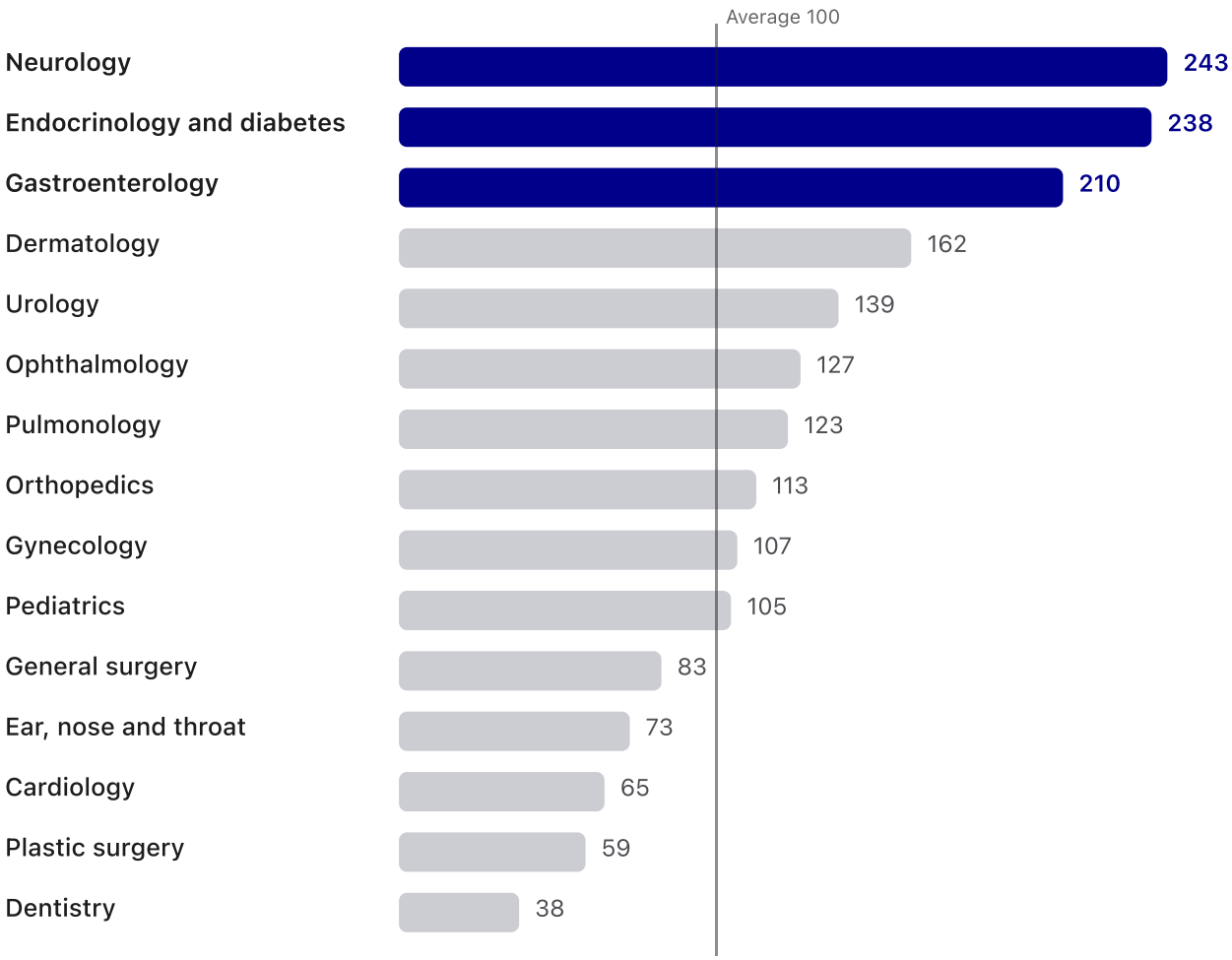
Finding 4, continued

Demand by specialty

To compare specialties fairly, the **Patient Demand Index** measures demand per specialist per day, combining interest in doctors with requests to contact clinics. 100 is the average across all specialists.

Neurology, endocrinology and gastroenterology draw more than twice the average demand

Patient Demand Index by specialty, 1 October to 15 November 2026



Internal medicine, added mostly in November, is left out. Specialties with few specialists move more from week to week.

Neurology and endocrinology are also among the scarcest specialties. Urology and ophthalmology sit well above average too. Dentistry sits lowest, likely because patients choose a dental center by brand and location rather than an individual dentist.

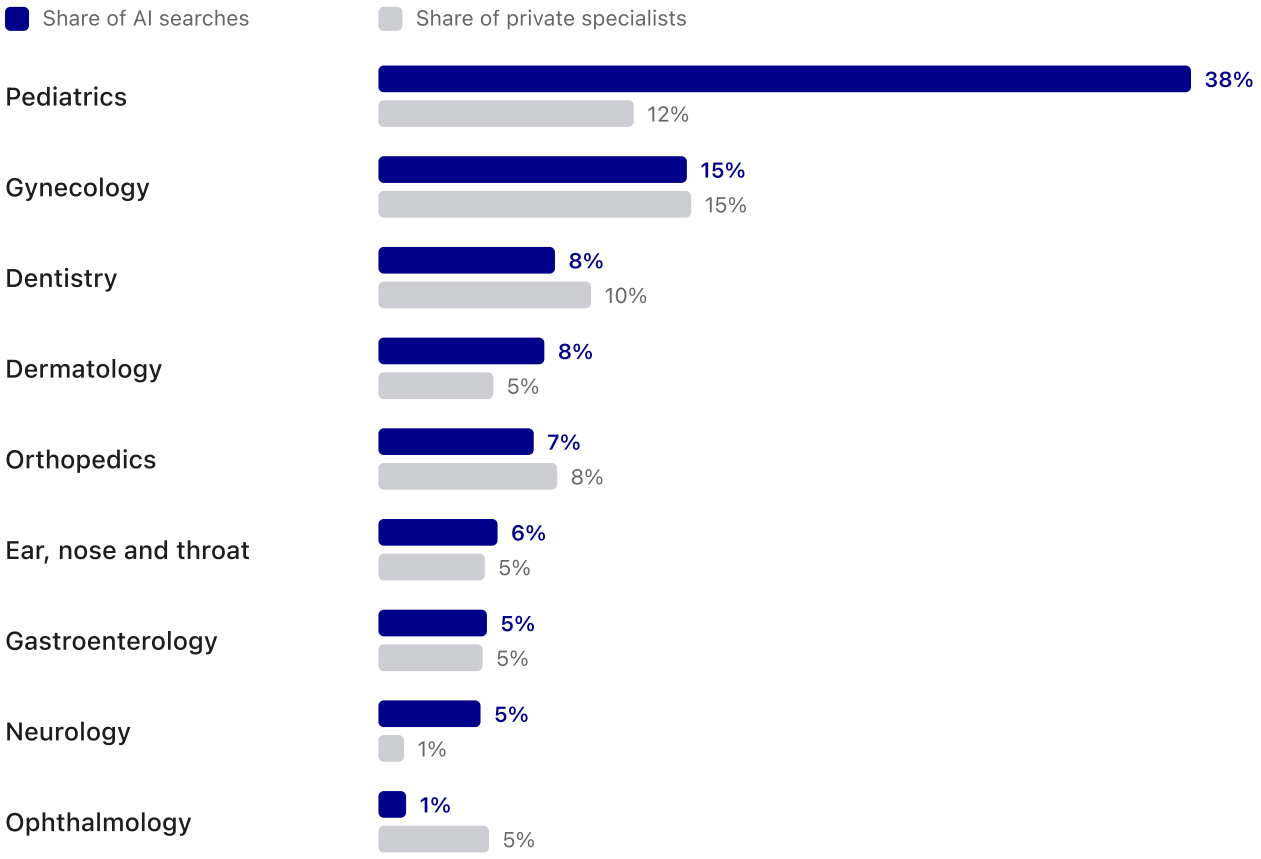
Finding 4, continued

What families ask the AI

Tebaba's AI symptom tool lets people describe a symptom in their own words and suggests the specialty to see. Comparing what people search for with where specialists are shows where demand runs ahead of supply.

Pediatrics draws 38% of AI searches but 12% of private specialists

Share of AI symptom searches matched to each specialty, against its share of private specialists, 1 October to 15 November 2026



Tebaba AI symptom tool, searches matched to a specialty, excluding internal tests. Specialists: Tebaba directory, 16 November 2026.

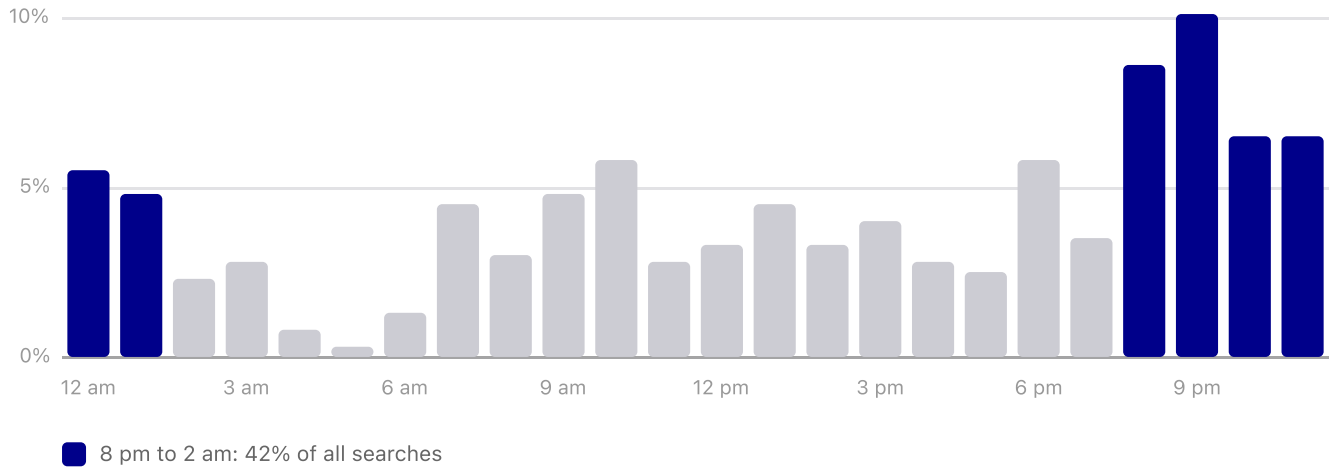
- **Children's health is the single biggest reason families use the AI symptom tool.** Pediatric searches outweigh the share of pediatricians by about three to one.
- **Neurology shows the widest gap of any specialty.** It is searched four times as often as its share of specialists, and it is the same specialty missing from three governorates.
- **Ophthalmology runs the other way.** About 5% of specialists but about 1% of searches, likely because eye problems are easy to name, so people look for an eye doctor directly.

Finding 4, continued

When and how people search

Four in ten AI searches happen between 8 pm and 2 am

Share of AI symptom searches by hour, Kuwait time, 1 October to 15 November 2026



Tebaba AI symptom tool, excluding internal tests.

- **After hours.** Four in ten AI searches happen between 8 pm and 2 am, when clinics are closed and there is no one to ask.
- **In Arabic.** About 84% of searches with a detected language are written in Arabic.
- **With care.** About 3% of descriptions sounded urgent; those patients were shown emergency guidance rather than a list of doctors.
- **Demand is even across female and male doctors.** Women make up 29% of private specialists in the study and draw 30% of patient demand.

These shares come from an early and growing sample, and the online audience leans toward parents, so they describe what these patients look for rather than all of Kuwait.

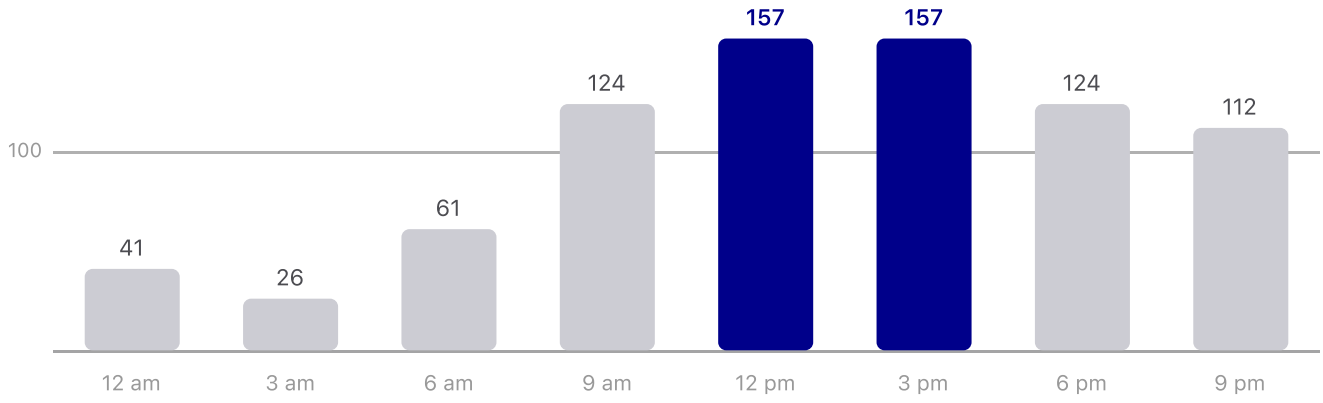
Finding 4, continued

Peak hours and days

Patient demand builds through the morning and peaks between 12 pm and 6 pm, when clinics are open and families can book. It stays above average until midnight, as families research doctors after work, then falls sharply overnight.

Patient demand peaks at midday

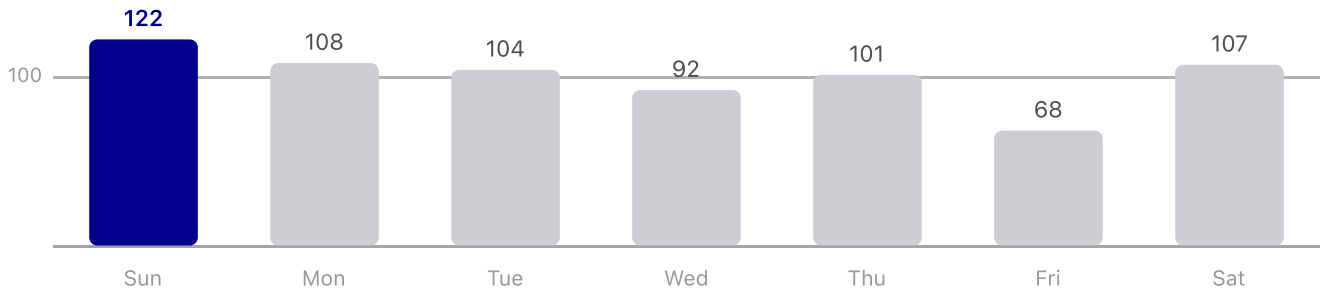
Patient Demand Index by three-hour slot, where 100 is an average slot. Kuwait time, 4 October to 14 November 2026



The week starts busy. Sunday is the strongest day, about a fifth above average, followed by Monday and Saturday, as families plan the week ahead. Friday is the quietest day, about a third below average.

Sunday is the busiest day and Friday the quietest

Patient Demand Index by day, where 100 is an average day. Six full weeks, each weighted equally



Patient demand combines interest in doctors and requests to contact clinics. Tebaba website, patients in Kuwait, automated traffic removed.

Finding 5

What makes patients trust a doctor.

Most online ratings of doctors in Kuwait are open star ratings and comments. They are easy to inflate and hard to compare from one doctor to the next.

To measure trust in a consistent way, Tebaba and PMB's research team designed the **Patient Trust Index (PTI)**. It is built from a short, structured survey that patients complete after a visit, and it looks at three things.

01

Care and respect

Whether the doctor listened, treated the patient with respect, took their concerns seriously and showed genuine care. This carries the most weight.

02

Clarity

Whether the doctor explained the condition and the treatment plan in a way the patient understood.

03

Loyalty

How likely the patient is to recommend the doctor and to come back.

How answers are checked

Surveys completed too quickly, answered in one repeated pattern, or sent from outside Kuwait are removed, and about one in seven submissions so far has been rejected. A doctor's index also stays close to the overall average until enough surveys come in, and older visits count for less over time, so a handful of answers cannot move a doctor to the top. Individual scores are not published while the sample grows.

The first results

The first results come from surveys collected between May and November 2026. Almost all come from parents describing a visit to their child's pediatrician, so they speak most directly to children's care.

66%

Would strongly recommend

their doctor, scoring 9 or 10 out of 10.

10%

Would not recommend

their doctor, scoring 6 or lower.

1 in 7

Submissions rejected

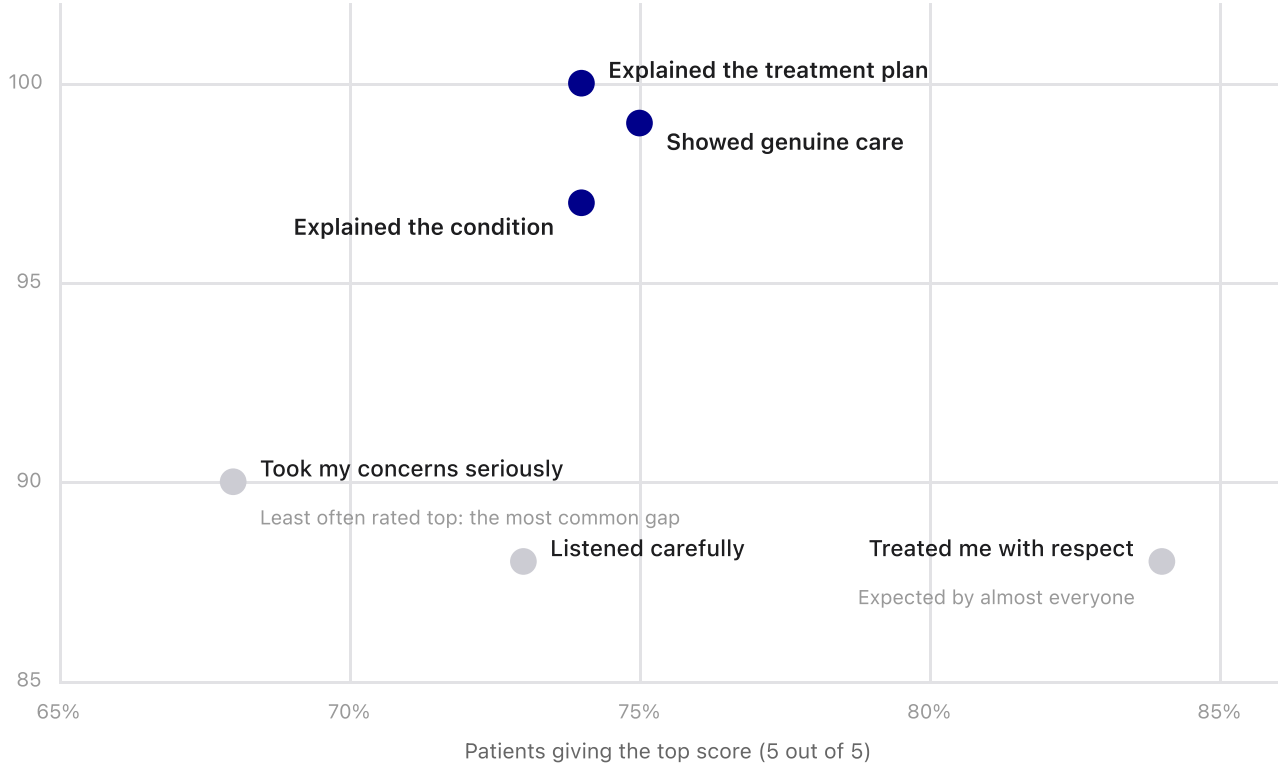
by the quality checks before counting.

Finding 5, continued

Explanation earns the recommendation

Clear explanations and genuine care do the most to earn a recommendation

Each dot is one survey question. Across: how often patients gave the top score. Up: how closely the answer moves with recommending the doctor (strongest = 100).



Tebaba patient surveys, May to November 2026, approved responses only, mostly parents rating pediatric visits. Links show which experiences go together with recommending a doctor; they do not prove cause.

- **Respect is expected, not what sets a doctor apart.** 84% of patients gave the top score for respect, more than for any other question, yet it has the weakest link to whether they would recommend the doctor.
- **Explanation earns the recommendation.** When patients gave the top score on both explanation questions, 85% were very likely to recommend the doctor (9 or 10 out of 10). When they did not, 27% were.
- **Being taken seriously is the most common gap.** It received the top score least often (68%), and one in eight patients rated it 3 or lower out of 5.
- **First visits are where trust is won.** First visits produced the fewest strong recommendations (62%).

Finding 5, continued

What research in Kuwait and the region says

These results match what other studies have found about trust between patients and doctors in Kuwait, the wider Gulf and beyond.

87%

Time with the doctor

of primary care patients in Kuwait felt they did not have enough time to talk with their doctor.

Alhashem and others, 2011

Loyalty

Communication shapes loyalty

Patients at private hospitals in Kuwait said how care providers communicate shapes their experience, which is closely tied to loyalty to the doctor and the hospital.

Jada, Jacob and Nasrallah, 2025

89%

Online reviews matter

of people in Saudi Arabia rated online reviews as important when choosing a practice, and 87% said the same of recommendations from family and friends.

Hariri and others, 2025

19%

Communication and treatment

Patients of doctors who communicate poorly are 19% more likely not to follow their treatment, across more than a hundred studies.

Zolnierek and DiMatteo, 2009

Together, the local survey results and the wider research point the same way: patients trust doctors who take time to explain, take their concerns seriously and show they care. Respect is expected; clear communication is what earns a recommendation.

Out of every ten surveyed patients



About 7 would strongly recommend their doctor · About 2 are neutral · 1 would not recommend

Tebaba patient surveys, May to November 2026. Strongly recommend: 9 or 10 out of 10. Would not recommend: 6 or lower.

Full references are listed in the Sources section.

03

Section 03

For doctors.

Practical lessons on how patients find, choose and come to trust a specialist in Kuwait.

Insights for doctors 24

Insights

What this means for doctors.

Patients choose you online before they book. About one in ten patients who looked up a doctor went on to contact the clinic. A complete profile, with a clear specialty, services, qualifications and languages, is now part of how patients decide.

Arabic is not optional. Most patients describe their needs in Arabic. Doctors whose profiles explain their services clearly in Arabic meet patients where they already are.

Be reachable after hours. Four in ten searches happen at night. A direct number, a WhatsApp line or a booking link that works the next morning turns late-night interest into an appointment. Demand peaks between 12 pm and 6 pm and on Sundays, which is when the front desk most needs to answer.

The short path wins. Clinic networks with direct lines in residential areas rank among the most preferred providers despite smaller teams. For patients, a short path from finding a doctor to booking matters.

There is room outside the hub. Doctors who practice, or open sessions, in Farwaniya, Ahmadi and Jahra face far less competition for patient attention.

Explain, and take concerns seriously. Patients who felt their doctor clearly explained both their condition and the treatment plan were about three times as likely to strongly recommend that doctor. Feeling taken seriously is the area patients rate lowest, so it is where most doctors have room to improve.

04

Section 04

For investors and operators.

Where the white space is, which specialties are underserved, and what is winning patient demand.

Insights for investors and operators 26

Insights

What this means for investors and operators.

The white space is geographic. Farwaniya and Ahmadi hold almost half of Kuwait's residents but host 14% of private specialists. Multi-specialty outpatient centers in these governorates face little private competition, and the population, much of it expatriate and outside private hospital networks, is large.

Specialty gaps follow disease burden. With diabetes affecting about a quarter of patients and endocrinologists at 2% of private specialists, chronic-care specialties (endocrinology, neurology, pulmonology) outside Hawalli are an underserved segment.

Clinic networks punch above their weight. Branch-based clinic groups rank among the most preferred providers. Accessible, mid-priced outpatient care in residential areas is winning patient demand.

Brand still matters. A few providers attract far more patient demand than the size of their teams would suggest. In a market forecast to grow about 9% a year, brand and visibility decide who captures that growth.

The digital front door is open. Families search at night, in Arabic and often for their children, mostly through search engines and AI assistants. Providers that are visible, complete and easy to reach online capture demand that others never see.

Data is the scarce asset. No public source tracks where private specialists practice or what patients look for. Structured, verified data on supply and demand is valuable to providers, insurers and investors planning where to build.

05

Section 05

About the study.

Who made this report, how the numbers were built, the sources used, and the notice that applies to its use.

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About this study

A shared picture of private care.

The aim is to give doctors, hospitals, investors and policymakers a shared picture of private specialist care: where it is, what patients look for, and what makes them trust a doctor.

PMB

A Kuwait-based strategy, research and design agency. PMB led the research design, analysis and writing.

poixel.com

Tebaba.io

A bilingual directory of private doctors in Kuwait. Tebaba provided the anonymised data used in this study.

tebaba.io

One common problem

The findings point to one common problem. Private specialist care in Kuwait is concentrated and fragmented, and the information families need to choose well is spread across dozens of hospital websites, mostly in English.

Clearer public information on where specialists practice, and on what patients experience, would help families choose and help providers plan where and how to serve them.

Method and limits

How the numbers were built.

01 **Coverage.** Doctor data covers private hospitals and medical centers in the Tebaba directory on 16 November 2026, compiled from their public websites. Public hospitals and individual private clinics are not included, so shares describe private specialist care in the directory, not every doctor in Kuwait. Hospitals whose doctors are not yet fully covered may be under-represented.

02 **Patient demand** combines two signals from people in Kuwait on Tebaba's website, 1 October to 15 November 2026, with automated traffic removed: interest in a doctor and requests to contact the clinic, each counted once per person per doctor and given equal weight. Because about 37% of today's specialists were added during this period, the Patient Demand Index is adjusted for the number of days each doctor was covered. Internal medicine, added mostly in November, is left out of specialty comparisons. An index of 100 equals the average across all specialists.

03 **Patient Preference Share is** the simple average of a provider's share of specialists and its shares of the two demand signals. It measures capacity and patient demand online, not revenue or patient volumes.

04 **AI searches** are aggregated from symptom descriptions entered between 1 October and 15 November 2026, excluding internal tests. No individual search is published.

05 **Peak hours and days** use visits from 4 October to 14 November 2026, six full weeks, in Kuwait time. Each week counts equally.

06 **Patient surveys** were collected from May to November 2026. Only responses that passed the quality checks are used. Most come from parents rating pediatric visits. Links between answers do not prove cause.

07 **Population shares** come from Kuwait's Public Authority for Civil Information: census figures for governorates and mid-2025 figures for areas. The all-sector figure of about 2.8 doctors per 1,000 residents combines Ministry of Health counts with a population of 5 million.

08 This report describes access to information and private care. It does not assess the quality of any hospital or doctor.

09 **Hospital beds** come from the Kuwait Direct Investment Promotion Authority's 2022 healthcare guide, with hospital-reported figures for two newer sites. Governorate comparisons count general hospitals only and place each in the governorate where it stands.

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