

# COVID-19 in Kuwait: how poor urban planning and divisive policies helped the virus spread

*Despite draconian quarantines of COVID-19 hotspots, Kuwait has failed to control the spread of COVID-19. **Sharifa Alshalfan (LSE)** explains how the country's divisive policies and poor urban planning contributed to the problems.*

Kuwait took draconian steps to combat COVID-19 – but six months into the pandemic the country finds itself [among the top ten](#) in terms of cases per million people. The initial response received [praise](#) from the World Health Organization, and Kuwait's success with COVID-19 patients ensured it could [welcome critically ill United Nations staff](#) in surrounding countries into Kuwaiti hospitals. But the geographical and social inequalities that Kuwait suffers, and failures in urban planning, management and policy, have failed to contain the pandemic.

As an oil-dependent Gulf state with a total population of 4.7 million, Kuwait has long prioritised the interests of its citizens (30% of the population) over those of its transient, foreign majority. The trinity of free healthcare, education and housing, coupled with public employment and extensive subsidies, are among the promised benefits for citizens. This has created an over-extended system which struggles to fulfill the promise of an oil-rich welfare state. When it comes to housing, the difficulty of securing ownership is considered a 'crisis' for citizens, with long waiting times for public housing and an unaffordable real estate market. But the real crisis is among non-Kuwaiti low-income migrant workers. Overcrowding and poor service provision coupled with limited transport options and discriminatory residency requirements are some of the inequalities that have been amplified by COVID-19.

[Housing and urban planning policies in Kuwait](#) have long neglected male, low-income migrant workers. Three housing categories exist in the Kuwait Third Master Plan Review: Kuwaiti family dwelling, non-Kuwaiti family dwelling and non-Kuwaiti collective dwelling. The first two house most of the middle- to high-income groups, while the third category mainly houses Arab and Asian male migrant workers. Although the first two types of dwellings are formally described as 'villa' and 'apartment' respectively, and located by and large in separate residential districts, the latter is an informal subdivision of both types and is located in various areas across the city such as Khaitan, Jleeb Alshuyoukh and Farwaniya.

Official overcrowding rates are not published, but in the 99% non-Kuwaiti district Jleeb Alshuyoukh the population divided by the number of housing units produces an average of [16 people per unit](#). [According to the Alqabas newspaper](#), in the same area between six and 10 people occupy a room, while beds are rented in eight-hour shifts to multiple sleepers per day, amid unhygienic environments and sewage-filled streets.

This dire housing situation has been exacerbated by the onset of COVID-19. Social distancing and handwashing directives were undermined by overcrowding and limited incomes. In addition, an 11-hour curfew imposed on 22 March, one month after the first confirmed COVID-19 case in Kuwait, effectively created a petri dish for the spread of the disease. In response, the authorities focused on protecting Kuwaiti citizens from uncontrolled transmission – notwithstanding their reliance on those with the highest risk of exposure for their essential needs, in part by working in supermarkets. The government mandated the repurposing of schools, closed due to the virus, into living quarters and relocated people closer to their workplaces in order to minimise overcrowding in their existing housing. It implemented mixed-use strategies and socio-economic integration in its Kuwaiti residential districts – policies conducive to sustainable and resilient development, and that have long been overlooked. Yet the policy did not affect the majority of these people, who work in cleaning and construction.

In fact, lockdowns seem to have expedited the spread of the virus. Whereas most cases at the beginning of the epidemic were among Kuwaitis arriving from abroad, one month on community transmission prevailed, after commercial flights were suspended (Figure 1). Comparing transmission rates (Figure 2), the seven-day average of cases during the 24-hour lockdown that took place between 10 and 31 May shows a significant difference between Kuwaitis (160 cases) and non-Kuwaitis (654 cases). (Kuwaitis make up 30% of the population.)

**Figure 1: Graph comparing travel-related transmission to local community transmission. Source: [CoronaMaps Kuwait, 2020](#)**

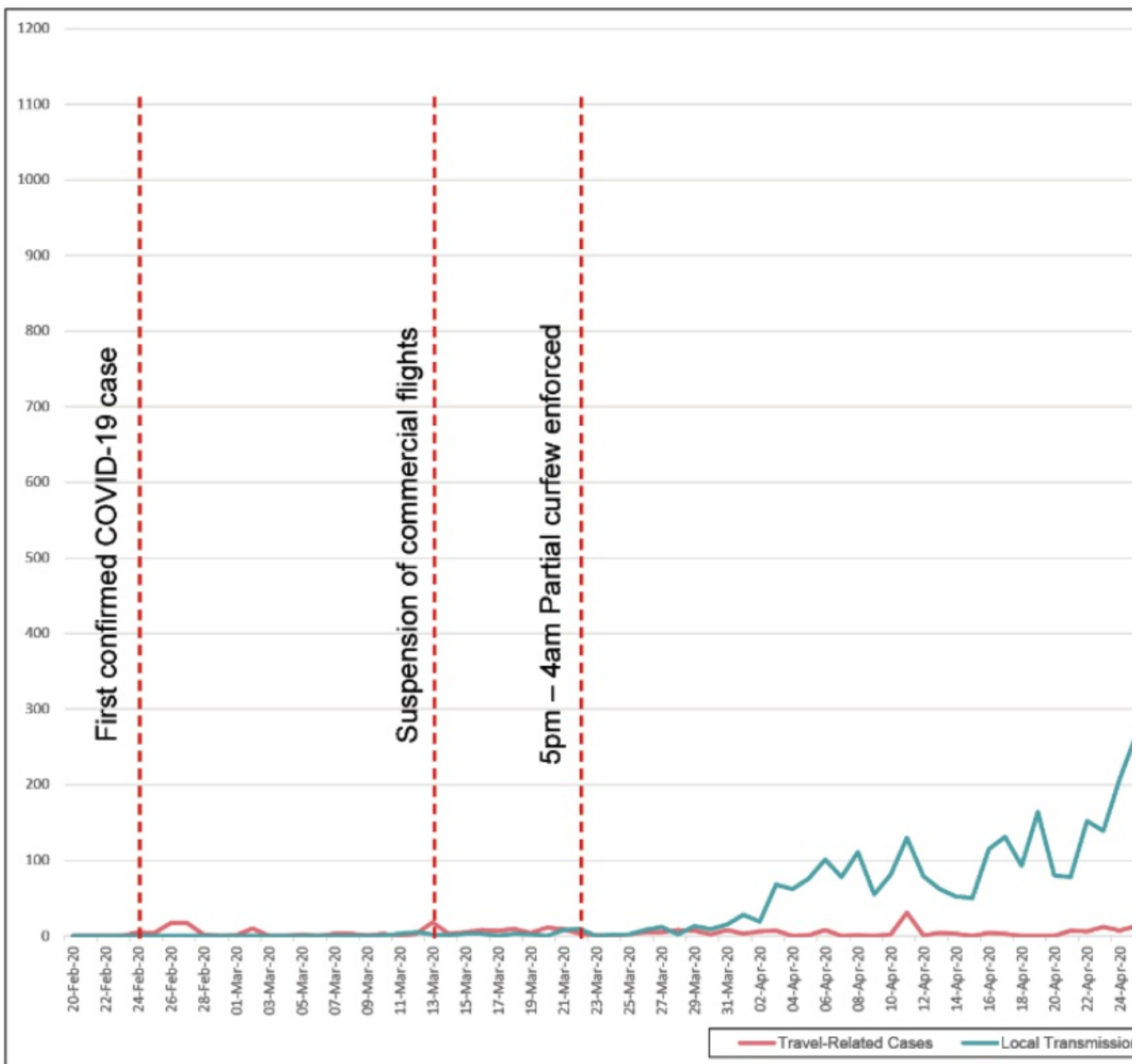
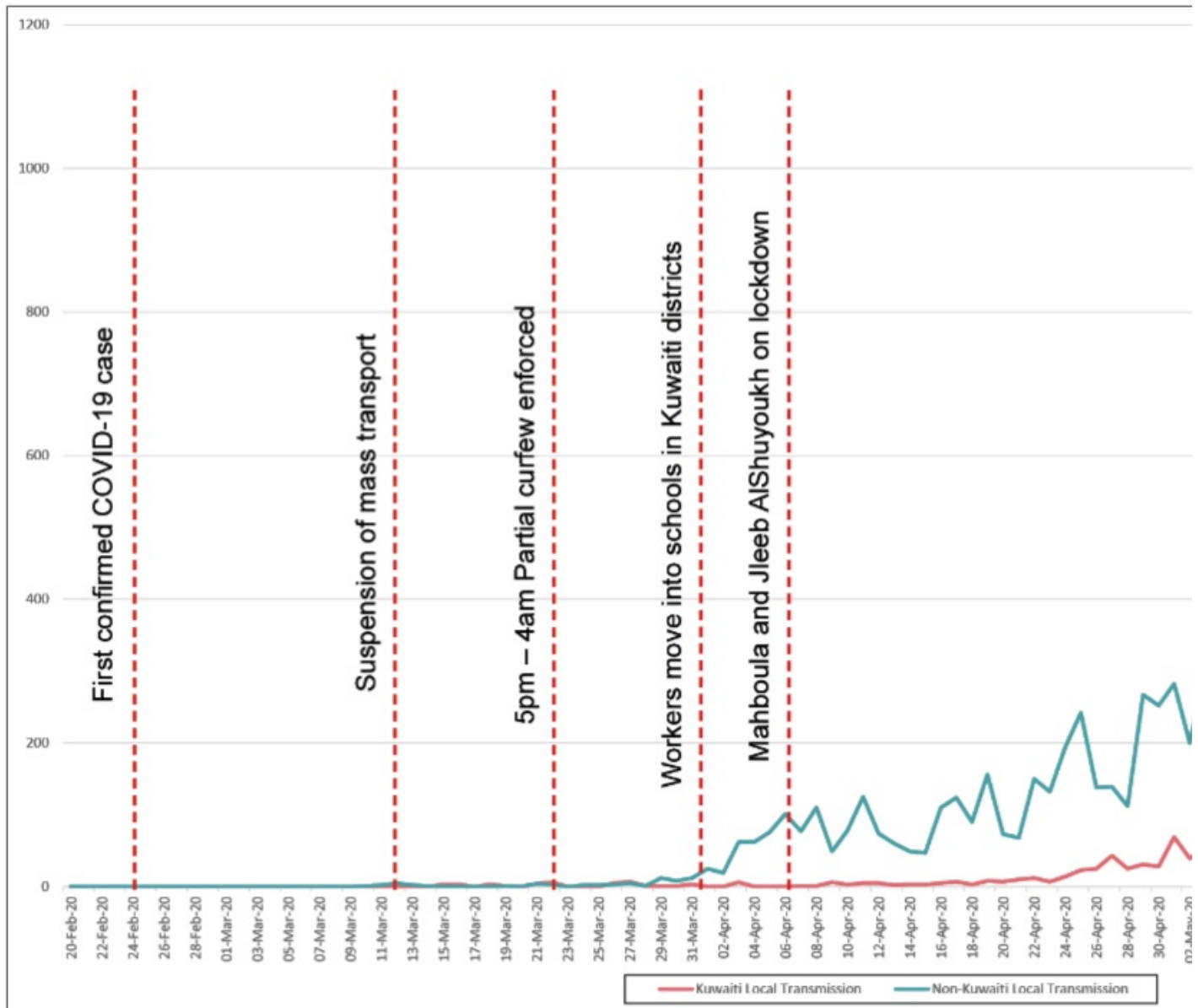


Figure 2: Graph comparing the transmission of the virus in the Kuwaiti versus non-Kuwaiti populations in relation to measures taken to combat its spread. Source: [CoronaMaps Kuwait](#), 2020



Other measures taken to combat the epidemic also affected the populations differently. On 13 March, the state declared a public holiday and all non-essential government workers were asked to stay at home. For the majority of the local population this entailed no financial loss, as the state employs 78% of the Kuwaiti workforce. The situation for the non-Kuwaitis was very different. Only 4.7% of the expat workforce is employed by the government, putting over 2.4 million workers in a state of uncertainty. Their livelihoods were threatened by both the economic standstill and restrictions on travel, with public transport halted. Due to the way Kuwait is planned, with work zones separated from those for living, halting public transport means employees cannot reach their workplaces except by private vehicle. The state has long neglected alternative modes of transport such as adequate footpaths and bike lanes, and prioritised building roads instead. Public transport infrastructure is often neglected with fewer bus routes available and [falling ridership over the years](#). Bus stops usually lack shade or seating and are sometimes appropriated for other uses. Again, the decision to halt public transport affected mostly the non-Kuwaiti population, as [99% of trips taken by Kuwaitis](#) are by private vehicles. Migrants are already [restricted from getting a driver's licence](#), or sponsoring their families to live with them: COVID-19 further restricted their mobility.



A bus stop in Mahboula taken over by a drive-through cafe. Photo: Sharifa Alshalfan, 2020

When COVID-19 hotspots across the city were put under complete lockdown, migrant workers were hit even harder. On 6 April both Jleeb AlShuyoukh and Mahboula (see photos below), were fenced off banning any exit or entry. This was followed by four other areas considered virus hotbeds, also mostly populated by non-Kuwaitis. Barbed wire circled the districts, which are surrounded by major roads and highways, and barricades were used as barriers. Urban planning played a role in facilitating their isolation, as most districts in Kuwait are surrounded by major roads and are already isolated from one another, hardly accessible without a car. Employers started to stop the wages of migrant workers, which not only affected their dependent families back home but meant they struggled to secure daily needs for survival. Civil society groups, with the help of the government, distributed food and essential needs to the residents, creating crowds and long lines. This defeated any efforts to social distance while increasing transmission rates, entering into a vicious cycle of unplanned and unwarranted herd immunity. As a result, both Mahboula and Jleeb AlShuyoukh were on lockdown for more than three months. These lockdowns revealed a growing informal sector that has come to a halt, leaving individuals without jobs or a safety net. The alarming [increase in suicide rates](#) among this vulnerable community has, at least, prompted criticism of the controversial sponsorship system that allows migrant workers to be exploited and abused. District lockdowns did not only isolate the residents from their livelihoods, but imprisoned them in an enclave of emotional and physical distress.



A typical building in Mahboula. Photo: Sharifa Alshalfan, 2020.



Barbed wire surrounding Mahboula, installed during the lockdown of the district and still in place one month after it was lifted. Photo: Sharifa Alshalfan, 2020.

The pandemic demands a reassessment of the way cities are planned and managed. Policymakers have been urged to create greener, more inclusive and equitable cities, and many city leaders around the world have [readjusted](#) their plans in that direction. In Kuwait, the epidemic has exposed the failings of planning and housing policies that have long prioritised the needs of citizens over those of the migrant majority. Even though the state offered free healthcare, quarantine centres and testing for locals and non-Kuwaitis alike, during the epidemic divisive policies disadvantaged one group over another and hindered national efforts to contain it. The Council of Ministers in Kuwait has called for [changes to laws on migration](#) to limit the number of low-income workers coming to the country. Its latest decision to [expedite the construction of planned labour cities](#) fails to address the problem of isolating particular groups to certain geographies, and may only make them even more invisible. Kuwait needs policies that are inclusive rather than divisive, and acknowledge the role of marginalised groups and the value of integrating them into society.

*This post represents the views of the author and not those of the COVID-19 blog, nor LSE.*