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REGULATION OF HEALTHCARE ADVERTISEMENTS

COMPARING MEDIA REGULATION OF THE PHARMACEUTICAL INDUSTRY IN KUWAIT AND THE GCC

Mariam Alkazemi

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Abstract

This paper examines the laws and media regulations pertaining to the advertisement of pharmaceutical products in Kuwait and the Gulf Cooperation Council (GCC), comparing them to those of the UK and US. The findings suggest that Kuwaiti and GCC cultural communication styles result in more ambiguous regulations than in the West. Recommendations are made for positive behavioural modifications to promote health and health literacy, with an emphasis on fatalistic attitudes found in the cultural environment of Arab Gulf states.

Introduction

For safety purposes, communication related to the promotion of pharmaceuticals and foods is regulated globally. Individuals seeking medications have an ailment from which they desire relief, which makes them particularly vulnerable. To protect them, the laws of many countries place ‘specific restrictions’ on the promotion and sales of pharmaceutical products because medication should not be treated as ‘an ordinary general commodity’.¹ While the vulnerability of some patients must be considered in the advertising of medications, it is also important for regulatory bodies to promote healthy living and ensure that individuals have the ability to self-medicate.²

There is no internationally recognised standard for regulating the promotion of health-related products such as pharmaceuticals. This paper contributes to the existing knowledge on pharmaceutical promotion in Kuwait in several ways. First, it explains the effects of different policies for the promotion of pharmaceuticals in the UK and the US. Second, it highlights the importance of examining healthcare promotion in Kuwait and the Gulf Cooperation Council (GCC). Third, it offers an analysis of existing laws related to healthcare promotion from the GCC Health Ministers’ Council, Kuwait’s Parliament and Kuwait’s Ministry of Health. Finally, it concludes on the underlying differences between the policies for the promotion of pharmaceuticals in Kuwait and the Gulf as compared to the UK and the US.

Kuwaiti regulations were compared to those of the US and the UK because the amount of knowledge on health literacy and its promotion in those two countries far outweighs the knowledge generated on the same topic in developing nations.³ Research examining health literacy and promotion clearly points to the importance of culture and social context.⁴ However, some studies conducted in the US and the UK examine how particular subgroups – such as Arabs and Muslims – with sociocultural similarities to individuals in the Arab Gulf states receive information with regard to physical⁵ and psychological⁶ health. Furthermore, the UK, the US and the GCC states are considered nations with high gross national incomes. Gross national income is a better predictor of measurements of

¹ Medicines and Healthcare Products Regulatory Agency (MRHA), ‘The Blue Guide: Advertising and Promotion of Medicines in the UK’, p. 9. Available at <https://www.gov.uk/government/publications/blue-guide-advertising-and-promoting-medicines> (accessed 25 August 2016).

² *Ibid.*, p. 25.

³ Andrew Pleasant, ‘Health Literacy Around the World: Part 1. Health Literacy Efforts Outside of the United States’, in Lyla M. Hernandez et al., *Health Literacy* (Washington, DC: National Academies Press [US], 2013), pp. 97–206. Available at https://www.ncbi.nlm.nih.gov/books/NBK202438/pdf/Bookshelf_NBK202438.pdf#page=114 (accessed 2 July 2017).

⁴ Mayagah Kanj and Wayne Mitic, ‘Promoting Health and Development: Closing the Implementation Gap’, unpublished conference document, 7th Global Conference on Health Promotion, Nairobi, October 2009.

⁵ Aasim I. Padela and Afrah Raza, ‘American Muslim Health Disparities: The State of the Medline Literature’, *Journal of Health Disparities Research and Practice* 8/1 (2015), article 1.

⁶ Sobia Ali-Faisal, ‘What’s Sex Got to Do With It? The Role of Sexual Experience in the Sexual Attitudes, and Sexual Guilt and Anxiety, of Young Muslim Adults in Canada and the United States’, *Journal of Muslim Mental Health* 10/2 (2016), pp. 27–41. DOI: 10.3998/jmmh.10381607.0010.202.

societal health, such as maternal and infant mortality, than other sociocultural factors, such as whether a nation is inhabited by a majority of Muslims or otherwise.⁷ For these reasons, the US and the UK provide a useful reference point for comparison.

Different Approaches to Regulating Health Promotion

European and British laws regulate medications, medical devices and herbal and/or homeopathic products to ensure they are not endangering consumer safety.⁸ In the UK, organisations such as the Medicines and Health Products Regulatory Agency (MHRA) regulate the sales of such products by licensing medications on the basis of safety according to a prepared Summary of Product Characteristics (SPC). Legislation demonstrates a commitment to consumer protection when advertising medications to healthcare professionals for the purposes of enabling consumers' self-medication.⁹

Although advertising prescription medications to consumers is prohibited in Europe and the UK,¹⁰ over-the-counter medications advertisements are regulated by the Propriety Association of Great Britain (PAGB) in the UK. Other organisations regulate the promotion of such products, including Ofcom and the Advertising Standards Authority (ASA). Ofcom is the UK's independent regulator of broadcast media. Its statutory role allows it to ensure that broadcast media meet a certain professional standard. Ofcom is responsible for 'sponsorship and product placement'.¹¹ Non-broadcast advertising materials, such as billboards and print ads, are then regulated by the ASA. Newer media, such as social media, are regulated in ways similar to magazine advertising by the ASA.¹² The ASA ensures that advertisements are 'legal, decent, honest and truthful',¹³ and helps the advertising industry maintain such a standard through a similar organisation, the Committee of Advertising Practice (CAP). Thus, UK regulators consider the medium in which an advertisement appears when deciding on the institution that regulates it, even if regulators try to focus solely on content.

Across the Atlantic, the US Food and Drug Administration (FDA) provides different requirements for print and broadcast advertisements of prescription drugs directly to consumers.¹⁴ Print ads must include a brief description of the drug, risks of the prescription, and a call for patients to report negative side effects to the FDA.¹⁵ This information for

⁷ Junaid Abdul Razzak, Uzma Rahim Khan, Iqbal Azam, Muazzam Nasrullah, Omrana Pasha, M. Malik and A. Ghaffar, 'Health Disparities Between Muslim and Non-Muslim Countries', *Eastern Mediterranean Health Journal* 17/9 (2011), pp. 654–64, at p. 659.

⁸ MHRA, 'Blue Guide: Advertising and Promotion of Medicines in the UK', p. 9.

⁹ *Ibid.*, p. 10.

¹⁰ *Ibid.*

¹¹ *Ibid.*, p. 56.

¹² *Ibid.*, p. 101.

¹³ *Ibid.*, p. 56.

¹⁴ FDA, 'Prescription Drug Advertising'. Available at <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/PrescriptionDrugAdvertising/ucm072077.htm> (accessed 26 July 2016).

¹⁵ *Ibid.*

FDA-approved usage must be communicated in a way that is consumer-friendly.¹⁶ Broadcast media, on the other hand, must present the drug's most important risks in the audio component and must – at minimum – provide resources for determining secondary risks.¹⁷ Broadcast media may direct consumers to a company's website for further information.

The Effects of Health Promotion Policy on Consumers

In the US, physicians often support the regulation of direct-to-consumer (DTC) advertisements. Huh and Langteau¹⁸ found that physicians recognise that DTC advertising can educate patients about medical conditions and treatment options, although they support its regulation. Physicians are concerned that DTC advertising can negatively affect the physician–patient relationship by undermining the expertise of the medical professional when a patient makes 'demands for unnecessary or inappropriate drugs'.¹⁹

Patients' demands are welcomed by the pharmaceutical and healthcare industry, whose practices have led to many analyses of DTC advertisements and their customers' perceptions. For example, consumers are more likely to respond favourably to advertised drugs when the risks are communicated orally, creating differences in the interpretations of the ads depending on the media in which they appear.²⁰ Similarly, Huh and Cude found that while all prescription drug websites revealed the drugs' benefits, not all websites provided navigational tools to find risks.²¹

The digital era presents more concerns relating to communicating about prescription medications. Approximately 35 percent of patients conduct an online search for treatment and prescription medications, which can compromise patient privacy as third-party tracking elements are often employed to obtain user information anonymously.²² Further, some patients can be susceptible to low-quality information, and physicians' recommendations of websites can be helpful to patients.²³ As an example, Kareklas, Muehling and Weber confirmed that source credibility affects both the attitude and behavioural intention of individuals exposed to promotional messages about vaccinations.²⁴ Therefore, there is a

¹⁶ Wendy Macias, Liza Stavchansky Lewis and Tae Hyun Baek, 'The Changing Face of Direct-to-Consumer Print Advertising', *Pharmaceutical Medicine* 24/3 (2010), pp. 165–77.

¹⁷ FDA, 'Prescription Drug Advertising'.

¹⁸ Jisu Huh and Rita Langteau, 'Presumed Influence of Direct-to-Consumer (DTC) Prescription Drug Advertising on Patients: The Physician's Perspective', *Journal of Advertising* 36/3 (2007), pp. 151–72.

¹⁹ *Ibid.*, p. 166.

²⁰ Joel J. Davis and Aimee Meader, 'Beyond Content Analysis: Assessing Fair Balance in DTC Pharmaceutical Advertising', *Journal of Medical Marketing: Device, Diagnostic and Pharmaceutical Marketing* 9/1 (2009), pp. 57–66.

²¹ Jisu Huh and Brenda J. Cude, 'Is the Information "Fair and Balanced" in Direct-to-Consumer Prescription Drug Websites?', *Journal of Health Communication* 9/6 (2004), pp. 529–40.

²² Scott Monteith, Tasha Glenn and Michael Bauer, 'Searching the Internet for Health Information about Bipolar Disorder: Some Cautionary Issues', *International Journal of Bipolar Disorders* 1/1 (2013), article 22, p. 3.

²³ *Ibid.*, p. 1.

²⁴ Ioannis Kareklas, Darrel D. Muehling and T. J. Weber, 'Reexamining Health Messages in the Digital Age: A Fresh Look at Source Credibility Effects', *Journal of Advertising* 44/2 (2015), pp. 88–104.

need for discerning credible sources in digital media to protect consumer safety when it comes to healthcare products.

While some of these concerns are global, there is an ‘urgent need for moving cross-cultural advertising research forward’.²⁵ Kuwait provides a robust case study because the country imports many pharmaceutical products, which are then registered with the Kuwait Drug and Food Control Administration (a division of the Ministry of Health).²⁶ Kuwait also spends the most per capita on the pharmaceutical industry in the region. Healthcare policy experts expect that number to rise with the incidence of chronic diseases.²⁷ Fortunately, Kuwait has a strongly regulated healthcare promotion policy²⁸ and is a member of the GCC committee to harmonise product registration regionally in the pharmaceutical industry.²⁹ Like the UK, Kuwait and the GCC do not allow for advertising prescription drugs to consumers, unlike the US. Kuwait is also home to a ‘techno-savvy culture’³⁰ and has the greatest media freedom of all the GCC states.³¹

The Case for Studying Kuwaiti Regulation of the Promotion of Pharmaceuticals

Although Kuwait already spends a great deal of resources to provide pharmaceuticals and healthcare services to its citizens and expatriates,³² an increase in expenditure due to rising rates of chronic illnesses is expected.³³ Several cultural and lifestyle factors have been examined for their impact on the state of public health in Kuwait, and a national programme to improve public health explicitly states the need for media regulation that supports the national health policies.³⁴ While the regulation of mass media in Kuwait has been analysed with regard to media law,³⁵ media ownership models³⁶ and public opinion

²⁵ Hye-Jin Paek, Jay Yu and Beom Jun Bae, ‘Is On-Line Health Promotion Culture-Bound? Cultural Characteristics Manifested in US and South Korean Antismoking Web Sites’, *Journal of Advertising* 38/1 (2009), pp. 35–48, at p. 42.

²⁶ Dalia A. Badawi, Yousif Alkhamis, Mohammad Qaddoumi and Kazem Behbehani, ‘National Transparency Assessment of Kuwait’s Pharmaceutical Sector’, *Health Policy* 119/9 (2015), pp. 1275–83, at p. 1276.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid., p. 1278.

³⁰ Eisa Al Nashmi, Johanna Cleary, Juan-Carlos Molleda and Melinda McAdams, ‘Internet Political Discussions in the Arab World: A Look at Online Forums from Kuwait, Saudi Arabia, Egypt and Jordan’, *International Communication Gazette* 72/8 (2010), pp. 719–38, at p. 723.

³¹ Matt J. Duffy, ‘Arab Media Regulations: Identifying Restraints on Freedom of the Press in the Laws of Six Arabian Peninsula Countries’, *Berkeley Journal of Middle Eastern & Islamic Law* 6/1 (2014), article 2, p. 1.

³² Badawi et al., ‘National Transparency Assessment’.

³³ Kazem Behbehani, ‘Kuwait National Programme for Healthy Living: First 5-Year Plan (2013–2017)’, *Medical Principles and Practice* 23/1 (2014), pp. 32–42.

³⁴ Ibid.

³⁵ Duffy, ‘Arab Media Regulations’, p. 1.

³⁶ Kjetil Selvik, ‘Elite Rivalry in a Semi-Democracy: The Kuwaiti Press Scene’, *Middle Eastern Studies* 47/3

regarding elections,³⁷ religious issues³⁸ and tribalism,³⁹ there is a gap in the literature that examines media regulation in the context of healthcare communication.

In addition to the direct impact on healthcare policy in Kuwait, examining media regulation in the context of health communication contributes to an improved understanding of Kuwaiti media and public health. Although Amin claims that Arab scholars have long 'been encouraged to conduct media research that promotes the politically established goals of national development and national unity',⁴⁰ a lack of such research in healthcare communication literature persists. Amin states that Arab researchers would be discouraged from voicing criticism relating to the 'principles, struggle, values, and national traditions of Arab society',⁴¹ yet criticisms of religious attitudes,⁴² cultural customs, nepotism⁴³ and other traditions related to the Kuwaiti lifestyle have been published by Kuwaiti health policy researchers. Moreover, criticisms of media practices are not uncommon in academic literature; an example is Onyebadi and Alajmi's documentation of gift solicitation behaviour among journalists in a nation with one of the highest per capita incomes in the world.⁴⁴

While there is a distance between media practices and media regulation, the tolerance for criticism of media regulation in the context of Kuwait could be explained by the country's unique national character, which Herb describes as a type of political participation in which power is negotiated with members of the political elite.⁴⁵ Tétrault argues that this power-sharing strategy can be partially attributed to Kuwait's size, because rulers of small states are more exposed to the different demands of citizens and cannot suppress cultural pluralism as larger Middle Eastern states have done to develop a sense of unity.⁴⁶ Elements of this national character are 'embedded in the reality of legal and economic

(2011), pp. 477–96.

³⁷ Anastasia Kononova and Mohammad Akbar, 'Interpersonal Communication, Media Exposure, Opinion Leadership, and Perceived Credibility of News and Advertising During December 2012 Parliamentary Election in Kuwait', *International Journal of Communication* 9 (2015), pp. 1206–28.

³⁸ Ali A. J. Al-Kandari, 'Predicting the Clash of Civilizations: The Use and Impact of Religious Media in Kuwait', *Journal of Media and Religion* 10/4 (2011), pp. 206–23.

³⁹ Ali A. Dashti, Ali A. Al-Kandari and Hamed H. Al-Abdullah, 'The Influence of Sectarian and Tribal Discourse in Newspapers Readers' Online Comments About Freedom of Expression, Censorship and National Unity in Kuwait', *Telematics and Informatics* 32/2 (2015), pp. 245–53.

⁴⁰ Hussein Amin, 'Freedom As a Value in Arab Media: Perceptions and Attitudes Among Journalists', *Political Communication* 19/2 (2002), pp. 125–35, at p. 129.

⁴¹ *Ibid.*

⁴² Behbehani, 'Kuwait National Programme for Healthy Living'.

⁴³ Nasra M. Shah, Makhdoom A. Shah and Behbehani Jaafar, 'Predictors of Non-Urgent Utilization of Hospital Emergency Services in Kuwait', *Social Science & Medicine* 42/9 (1996), pp. 1313–23.

⁴⁴ Uche Onyebadi and Fawaz Alajmi, 'Gift Solicitation and Acceptance in Journalism Practice: An Assessment of Kuwaiti Journalists' Perspective', *Journalism* 17/3 (2014), pp. 348–65. DOI: 10.1177/1464884914557924.

⁴⁵ Michael Herb, 'The Origins of Kuwait's National Assembly', *LSE Kuwait Programme Paper Series* 39 (London, 2016).

⁴⁶ Mary Ann Tétrault, *Stories of Democracy: Politics and Society in Contemporary Kuwait* (New York: Columbia University Press, 2000), p. 16.

dominance'⁴⁷ by which citizens are favoured through policies such as those requiring the private sector to hire Kuwaitis. Al-Sumait notes that the political liberalisations that began with the establishment of Kuwait's first political consultative council in the 1930s and the first constitution among the Arab Gulf states in the 1960s have developed 'with little violence or continuous external pressures to democratize'.⁴⁸ Several scholars recognise this national character as a factor contributing to Kuwait's position as the most democratised Arab Gulf state.⁴⁹ Although Ottaway explains that other Arab Gulf states point to the parliamentary procedures of Kuwait as an example of democracy's inefficiency,⁵⁰ the Kuwaiti national character is encouraging because Kuwaitis can use criticisms of media regulation that relate to healthcare to create positive change and improve their quality of life.

Improved communication between government officials and healthcare professionals is called for in Al-Rubaie, Salek and Walker's analysis of efficiency in the GCC pharmaceutical industry to maximise benefits from medical treatment.⁵¹ Currently, health communication examinations are welcomed given the rise of regional universities since the early 2000s.⁵² While some scholarship has explored cultural obstacles that face the region's communication industry⁵³ and the research agendas of scholars,⁵⁴ fewer education and research programmes focus on communication as it applies to health promotion regionally.

The purpose of this paper is to explore regulation as it applies to advertising and promotion of the healthcare industry in Kuwait and the GCC, taking into consideration the type of medium, type of medication and type of audience. It then compares how regulations in Kuwait differ from those agreed upon by the GCC Health Ministers' Council.

⁴⁷ Anh Nga Longva, *Walls Built On Sand: Migration, Exclusion, and Society in Kuwait* (Boulder, CO: Perseus, 1997), pp. 144–5.

⁴⁸ Fahed Al-Sumait, 'Communicating Politics in Kuwait', in Philip M. Howard and Muzammil M. Hussain (eds), *State Power 2.0: Authoritarian Entrenchment and Political Engagement Worldwide* (London: Routledge, 2014), p. 101.

⁴⁹ Herb, 'Origins of Kuwait's National Assembly'; Tétreault, *Stories of Democracy*; Longva, *Walls Built On Sand*; Al-Sumait, 'Communicating Politics in Kuwait'.

⁵⁰ Marina Ottaway, 'Bahrain: Between the US and Saudi Arabia', *Carnegie Endowment for International Peace* (Washington, DC, 2011).

⁵¹ Mohamed H. Al-Rubaie, Sam Salek and Stuart Walker, 'An Evaluation of the Efficiency of the Gulf Cooperation Council's Centralized Procedure by the Gulf Regulatory Authorities and Pharmaceutical Companies: Recommendations for an Improved Model', *Therapeutic Innovation & Regulatory Science* 49/4 (2015), pp. 560–8.

⁵² Megan Knight and Caroline Hawtin, 'The New Global J-School: Issues Arising from the Internationalization and Monetization of Journalism Education', *Journalism & Mass Communication Educator* 65/3–4 (2010), pp. 250–64.

⁵³ Badreya Al-Jenaibi, 'Disparities Between UAE and Other Public Relations Professionals: Challenges, Opportunities, and Cultural Obstacles', *Review of Journalism and Mass Communication* 2/2 (2014), pp. 19–40.

⁵⁴ Awadh K. Al-Enezi, 'Why Academics Fail to Utilize Academic-Funded Research Opportunities? An Empirical Study', *International Journal of Management* 24/4 (2007), pp. 712–26, at p. 712.

Method

Data was collected using primary qualitative research techniques. In-depth textual analysis was selected to examine regulation regarding the promotion of pharmaceuticals in the mass media of Kuwait and the GCC. Consultations with librarians at the British Library in London and at the Library of Congress in the US capital, with Kuwaiti lawyers and with members of the Office of the Secretariat General of the GCC concluded with a decision involving the inclusion of three primary documents in this analysis.

The first document is Law 38 of 2002, which was published in the official gazette of the Kuwaiti government, *AlKuwait Alyoum*, on 5 May 2002. According to Article 79 of the Kuwaiti Constitution,⁵⁵ the necessary conditions for a law to be published in *AlKuwait Alyoum* include receiving sufficient votes in Parliament and securing the authorisation of the Emir. Kuwaiti laws typically call upon ministers to create bylaws to decide how the law should be implemented. Since it is the official implementation of Law 38 of 2002, the second document is Decree 437 of 2002, decided upon by the Minister of Health and published in *AlKuwait Alyoum* on 27 October 2002.

The third document, ‘Gulf Code of Pharmaceutical Promotional Practices in the GCC’, was compiled by the Gulf Central Drug Registration Committee as a part of an initiative called for by the GCC Health Ministers’ Council.⁵⁶ Regulations developed by the GCC committees are not compulsory for member states; rather, they are seen as recommendations.

These documents were collected and analysed in Arabic, a task which was facilitated by the qualitative data management software AtlasTi. Categorisations and analysis were reached through examination of the literature review of US and British laws, and other emergent categories were created as patterns appeared.

Results

Kuwait

Medium Used

First, the two Kuwaiti regulations were examined for specific considerations with regard to the medium in which promotional material appears. Law 38 of 2002 includes an article⁵⁷ which states that products must be licensed by the Ministry of Health to be advertised in the mass media in a way that allows the advertisement to be read, seen, heard or disseminated in any other type of media. Another article of the law delegates the regulation of promotional material related to healthcare to the Minister of Health.⁵⁸

Article 8 of the bylaws contains eight separate clauses that set the criteria for the advertisement of licensed pharmaceuticals. The first clause states that obtaining a licence from the relevant authorities within the Ministry of Health is a necessary condition for advertisement.

⁵⁵ ‘Article 79’, *Kuwaiti Constitution*. Available at <http://www.kuwaitconstitution.org/kuwaitconstitutionenglish.html> (accessed 16 October 2017).

⁵⁶ Tawfik Khoja (ed.), *Gulf Code of Pharmaceutical Promotional Practices in the GCC* (Riyadh, 2011).

⁵⁷ Law 38 of 2002, *AlKuwait Alyoum*.

⁵⁸ *Ibid.*

The second clause of Article 8 states that text advertising the product must be consistent with the uses submitted as a part of the licensing process. Further, advertisements must not contain claims that are inconsistent with the information contained in the submitted documents through which the product was registered and licensed with the relevant authorities within the Ministry of Health. The second clause also stipulates that some products require the inclusion of the statement, 'You should consult a physician before us[ing the product].'⁵⁹ Further details on which products this condition is necessary for are not included.

The third clause states that advertisements must not contain any phrases or images that contradict the teachings of Islam or social customs, outrage public decency, or challenge public systems that manage morality and order within the country.

The fourth clause states that advertisements must describe the product they are advertising with clearly pictured or written evidence that can be understood by the consumers. It prohibits the inclusion of terms or phrases that harm similar products (i.e. competitors) that are licensed to be advertised.

The fifth clause states that a product being advertised must not be described as a substitute for any other substance, through either text or images. Similarly, advertisements must not describe the product in a way that may confuse it with others.

The sixth clause states that tools for creating incentive and encouragement in the advertisement must not contradict any of the regulations and legislations set by other governing institutions. For example, health advertisements may not encourage the consumption of alcohol because other regulations would prohibit that.

The seventh clause states that the person providing the advertising material must obtain consent from the appropriate commission prior to execution of the advertisement. Further details about when prior consent is required within the process of developing advertisements are not clearly indicated.

Finally, the eighth clause states that any other standards and regulations related to health advertisements must be considered by additional committees.

Article 13 of the bylaws makes Law 38 of 2002 applicable to various types of advertisements through three provisions. First, the law applies to any kind of information that can affect the public, regardless of whether it can be seen, heard or read, for the purposes of promoting health-related products and services. Second, the law applies to all methods of advertising, including those used to promote prohibited health-related items. Finally, the law applies to any advertisement that contains images, graphics, signs and symbols that relate to health in printed media.

⁵⁹ Minister of Health Decree no. 437 of 2002, *AlKuwait Alyoum*.

Medication Advertised

Second, the legal codes were examined for references to type of medication. Article 1 of Law 38 of 2002 prohibits certain types of medications from being advertised through mass media. Prohibited medications include pharmaceuticals for human medicine, veterinary medicine, mixtures and compound substances – whether they are composed of plants, animals or chemicals. This law also applies to specialised foods that make health claims to treat or influence the general shape or appearance of the body, provide energy and vitality, cause weight loss or gain, prevent diseases, provide cosmetic effects, or change the composition of parts of the body.

In the bylaws, there are two references to the regulation on advertising that applies to different types of medications. These references appear in Articles 1 and 13. Article 1 states that the laws apply to pharmaceuticals to be used on humans, animals and plants. It continues to include herbal and plant-based medications, mixtures or compounds, cosmetics with medical properties, health foods and dietary supplements. The article also contains a clause that enables it to be applied to any other items, such as medical devices and equipment that are not included in these categories

Moreover, Article 13 explicitly states that regulations must be implemented on products mentioned in the first clause which can affect human health physically or psychologically. The inclusion of the term ‘psychologically’ implies that regulation of health promotion applies in a holistic way that includes various types of health, including mental health.

Intended Audience

Third, the legal codes were examined for references to the intended audiences of the promotional materials. Law 38 of 2002 does not make such references; however, the bylaws make several direct and indirect references to the intended audiences.

The first clause of Article 13 implies that all health-related products or services that can impact human health either physically or psychologically are to be regulated if they address the public. Similarly, the fourth clause of Article 8 references the likelihood of both ‘the public’ and ‘consumers’ misunderstanding unclear and implicit words or phrases that may be abused in the content of the advertisement. Clearly, the end-consumer is an intended audience for the promotional material of pharmaceuticals.

In addition, medical staff are another intended audience for the advertisements according to the bylaws. The third clause of Article 6 gives the Ministry of Health the authority to examine the medical language contained in advertisements. Medical language must be explicit and consistent with the licensed use of the medications. The clause is concerned with the impact of these advertisements on public health. In fact, the clause authorises a relevant committee within the Ministry of Health to revise text it considers either ambiguous or as having the potential for misinterpretation, in order to ensure that its medical effects are less damaging.

Furthermore, communication practitioners, such as employees of advertising agencies, are another intended audience of the law. For example, Article 7 states that the owner of the advertisement must provide documentation required for the approval of the medication by relevant stakeholders within the Ministry of Health. Further, this article refers to a clause in the previous article that states that the relevant committee within the Ministry of Health has the right to cancel licences for advertisements that fail to meet outlined criteria without the consideration of objections or the provision of compensation. While professionals in the communication industry are among the intended audience of the regulation, the law does not imply that they are intended audiences of the promotional materials.

Finally, the bylaws specify parties that may be held liable for violating the regulation by a criminal court. These parties are vaguely referred to as ‘all violators’ in Article 12, which potentially refers to individuals employed in the pharmaceutical industry, communications industry, medical industry or administrative staff that may specialise in the registration of healthcare products. Noteworthy is the fact that Article 12 authorises the General Prosecutor’s Office to investigate and regulate all crimes related to the failure to adhere to these regulations. Such a clause clarifies that failure to adhere to these regulations would result in judiciary procedures handled by the criminal justice system, as opposed to the civil court system. Thus, there are high stakes involved in understanding the process of regulation.

The GCC States

Medium Used

The GCC Health Ministers’ recommendations for the regulation of advertising pharmaceuticals make several references to the type of media used. Article 1 mandates that all materials used for the purposes of advertising and promotion must obtain prior approval and certification by the Health Ministers’ Council. These various materials used for advertising and promotion are further explained in Article 2, which makes the most references to the types of media.

In one of its clauses, Article 2 states that advertisements must provide consistent information regarding the approved use of the medication, dosage, administration, warnings, side effects and possible drug interactions or dangerous circumstances pertaining to the consumption of the drug. In another clause, it places a price limit on educational media that can be provided to healthcare professionals and clarifies that these media can include books, as long as they are scientific. The article also limits other kinds of donations to hospitals, gifts or in-kind contributions, by setting a price limit and stipulating that gifts are to be labelled with product names. However, no cash payments can be made to healthcare professionals in exchange for their encouragement to patients to take certain medications.

Article 2 also outlines other specifications for the content of advertising and promotional messages. For instance, the article requires all medical claims made in an advertisement to be supported by scientific evidence. This scientific study must be explained in an accurate and transparent way. The words ‘safe’ or ‘effective’ must only be used if published medical research supports such a claim. Comparisons of products, including generics, must be

both relevant to the product and presented in a medical format with statistics about their use. The original intent of information provided by a specialised medical source must not be distorted or misinterpreted in the content of advertising and promotional messages. Advertisers must not exaggerate characteristics of medications, and information about special ingredients in pharmaceuticals must be scientifically substantiated. Only moderate usage of pharmaceutical products may be encouraged.

There are particular conditions for which Article 2 also regulates the media content of advertising and promotional messages. In the case of a product recall, announcements are required to include contact information for the company marketing the pharmaceutical products.

Article 4 further regulates the use of quotations in advertisements and promotional communications. Quotes from scientific literature or personal communications must be verbatim. Adapting or modifying the quote is acceptable in some circumstances if three conditions are met. First, the quote must be labelled as adapted. Second, the source must be identified. Further, the original intention must not be changed.

Article 5 regulates the use of the postal system for sending advertising and promotional purposes by giving health professionals the right to opt out of receiving advertisements and promotions. It also requires that the materials sent should be 'reasonable'⁶⁰ and must include precautionary information, with risks associated with pharmaceuticals as they are revealed. Article 9 requires sponsored scientific and/or educational activities delivered by a lecturer to be reported in printed materials distributed in meetings, naming brochures, advertisements and posters.

Thus, the GCC regulations of pharmaceutical products and services are conceived of in a wide-ranging manner that does not limit the regulations to the mass media. In comparison to the Kuwaiti regulation of advertising, GCC regulations encompass a wider scope and specifically mention various practices that are prohibited or conditionally allowed, for example, when regulating the use of quoted information. If similar regulations exist in Kuwait, their provisions were not located in Law 38 of 2002 or its bylaws.

Medication Advertised

The GCC regulations for promoting pharmaceuticals begin by emphasising the importance of adhering to the ethics of pharmacology and medicine. However, there are few references to the type of medications regulated by the codes. Although the first article explains that promoted medications must first be authorised for marketing via a licence, further details in the advertising and promotion guidelines do not specify which kinds of medications these regulations apply to. One notable exception lies in Article 6, which states that samples may not be provided if the pharmaceutical product contains a mind-altering substance, such as a narcotic or psychotropic medication. The article then refers to laws on narcotic and psychotropic substances in the GCC states.

⁶⁰ Khoja, *Gulf Code*, pp. 11–12.

Intended Audience

Like the Kuwaiti regulations for the advertising of pharmaceuticals, the GCC regulations imply that there are multiple intended audiences for the advertisement and promotion of pharmaceuticals. The consumer is one such example of an intended audience. Article 3 of the GCC regulations places the responsibility for educating patients, or potential consumers of medications, on the pharmaceutical companies and healthcare professionals. Further, the third article adds conditions for this public education responsibility: truthfulness, accuracy, balance and conformity with other regulations. In addition to focusing on these ethical expectations to deliver information to the public, the third article expands the responsibility beyond just pharmaceutical products and services to public education relating to health conditions, such as particular diseases.

Moreover, the GCC regulation targets multiple stakeholders. Several articles of the GCC regulations set a standard for advertising and promotion to members of pharmaceutical corporations, healthcare professionals, sales and advertising representatives, as well as others whose work may relate to the provision of medical or scientific expertise, including researchers, consultants and educators.

Pharmaceutical corporations are subject to questioning from the public in addition to governing authorities, according to Article 2 of the GCC regulations. The article states that companies in the pharmaceutical industry are required to provide medical information that is referenced in promotional materials to anyone who asks for it, and the public is expected to 'evaluate'⁶¹ this information.

Healthcare professionals are also targeted by advertising and promotion regulation in several ways. For example, the provision of samples of pharmaceutical products to those qualified to prescribe medications is limited to certain 'small quantities'⁶² and must be labelled as a free sample that is not to be sold. Further, an informational leaflet must accompany the sample. Healthcare professionals are able to opt out of advertising and promotional communications that are delivered by post, according to Article 5. This article also requires advertisers to send newsletters to update healthcare professionals on risks such as drug interactions, side effects or health conditions that may affect consumers.

Article 10 of the GCC regulations prevents sales and advertising representatives from disturbing healthcare professionals at pharmacies, hospitals or other types of healthcare facilities. Those selling and advertising pharmaceuticals, also referred to as third parties in Article 10, are required to understand scientific principles pertaining to the products they promote. All regulations pertaining to the pharmaceutical industry are applicable to those entrusted with advertising and sales. Training is required in order to ensure a 'precise and complete'⁶³ understanding of their clients' products. Clause 11 of Article 2 states that any advertisements where competing products are mentioned must be limited to points related to the advertiser's product. Clause 2 of Article 2 states that statistical information

⁶¹ *Ibid.*, p. 9.

⁶² *Ibid.*, p. 12.

⁶³ *Ibid.*, pp. 14–15.

from scientific studies comparing different drugs is required when a comparison is made to another product or a similar generic. In Clause 12 of Article 2, a 30-day time limit is set for advertisers to provide this information to produce comparative advertisements.

GCC regulations also contain requirements for other types of stakeholders, such as researchers, consultants and educators. Article 7 sets limits on hospitality offered to healthcare professionals to encourage their attendance at scientific meetings. Article 7 sets standards for these expressions of hospitality, including requiring educational value, time dedicated to scientific endeavours and the application of local standards of modesty. Similarly, Article 8 allows healthcare professionals and consultants to be compensated for travel, lodging and meals conditionally. The conditions include a written contract that demonstrates that the expertise and services of the healthcare professional match those required for the consultation. Other healthcare professionals attending such consultations are required to be reported as well. Finally, Article 9 sets standards for the selection, payment and transparent communication of lecturers. While lecturers may be compensated for travel, these payments must not be 'exaggerated'⁶⁴ and lecturers' qualifications must be relevant to the information presented at the lecture. Further, any sponsorship of participants, either directly or indirectly, must be announced by the pharmaceutical company in printed materials distributed at lectures. Due to the inclusion of medical experts as stakeholders of the advertising regulation of pharmaceuticals, the GCC regulations include more information about stakeholders than the Kuwaiti regulation.

A final difference between Kuwaiti and GCC regulations deals with punitive measures for failure to comply. Article 11 of the GCC regulation requires that pharmaceutical corporations identify a representative who handles infringements of the regulations 'in the Gulf country'.⁶⁵ Each country can punish infringements of the regulation according to its own national laws and procedures. However, the GCC regulation encourages each company to provide corporate procedures for dealing with infringements.

In Kuwait, the GCC regulations are considered recommendations. The General Prosecutor's Office is a specific judicial authority that is assigned authority to deal with infringements of regulations. Thus, two factors make the Kuwaiti regulation more applicable to Kuwaiti society: its specificity and its legitimacy granted through the legislative process and the constitution.

⁶⁴ Ibid., p. 14.

⁶⁵ Ibid., p. 16.

Conclusions and Implications

In examining Kuwaiti and GCC regulations on the advertising of pharmaceuticals with regard to the medium type, intended audience and type of medication, findings indicate that some cultural factors affect health communication and its regulation.

Kuwaiti and Gulf regulations are less tailored to specific media types than those of the UK, which regulate broadcast and print ads through different organisations, and the US, which set out different criteria for communicating risks and benefits of medications based on the medium employed. Kononova and Akbar's finding that Kuwaiti oral tradition persists despite modernisation and a tendency to utilise communication technologies⁶⁶ provides one possible explanation for this difference. Their findings, which the authors characterise as a feature of the Arab media landscape, demonstrate that interpersonal communication is a more effective way to exchange information than through the media, despite the latter's perceived credibility. Similarly, interpersonal communications between governmental officials and parties advertising pharmaceuticals may drive the way regulations apply to various media.

Noteworthy is the regulations' emphasis on the adherence to certain ethical standards regardless of how the mediated message is disseminated. As Kuwaiti and GCC laws do not mention specific media and there are minimal references to the risks and benefits of medications, these laws are worded with fewer specifics. Such vaguely worded laws can be interpreted through cultural lenses that Lisa Wedeen⁶⁷ describes as a tendency towards ambiguity due to an understanding that communication is often more symbolic than literal. Applying Wedeen's perspective to the regulation of communication related to health promotion suggests that ambiguity can be subversive. For instance, a gap between performance of regulation and belief in the ethical protection of public health pushes participants in the health promotion system to uphold the system, while leaving health communication regulators 'in the predicament of having to evaluate popular sentiment through the prism of enforced public dissimulation'.⁶⁸ Although this tendency to communicate with ambiguity can lessen the belief in the ethical protection of public health through the regulation of health promotion advertisements, Arab communication patterns can be described as indirect, which is typical of cultures that are collectivistic as opposed to individualistic.⁶⁹ Individualistic cultures tend to engage in communication patterns that are verbal and directly show thoughts and feelings, whereas collectivistic cultures tend to rely on contextual social cues to interpret messages.⁷⁰

⁶⁶ Kononova and Akbar, 'Interpersonal Communication'.

⁶⁷ Lisa Wedeen, 'Acting "As If": Symbolic Politics and Social Control in Syria', *Comparative Studies in Society and History* 40/3 (1998), pp. 503–23.

⁶⁸ *Ibid.*, p. 517.

⁶⁹ Ellen Feghali, 'Arab Cultural Communication Patterns', *International Journal of Intercultural Relations* 21/3 (1997), pp. 345–78.

⁷⁰ Suraj Kapoor, Patrick C. Hughes, John R. Baldwin and Janet Blue, 'The Relationship of Individualism–Collectivism and Self-Construals to Communication Styles in India and the United States', *International Journal of Intercultural Relations* 27/6 (2003), pp. 683–700.

The cultural approach to communication does not preclude regulations of advertising from upholding values of truthfulness or transparency. This approach to communication sometimes manifests itself in the form of ambiguous wording, such as in references to values of truthfulness. For example, the GCC regulations call for accuracy and transparency, while the regulations by the US FDA specifically require communicating a balance between risks and benefits of the medication. This finding is consistent with the idea that universal values may appear in different forms, which Hafez⁷¹ demonstrated in an analysis of journalism ethics codes in several Muslim and non-Muslim nations.

The intended audiences of advertisements are secondary to other stakeholders affected by the Kuwaiti and GCC laws, indicating that health policies manage competition among pharmaceuticals more than they depend on consumer demands – two complementary policy approaches that do not need to be viewed in opposition.⁷² While the laws specifically recognise the role of advertisements in educating the public and protecting consumers, they emphasise that the end-consumers of pharmaceutical products are likely to be influenced by healthcare professionals and those with relevant scientific expertise. This difference may be an effect of systematic differences, as the US is one of only two nations that allow pharmaceuticals to advertise prescription medications directly to consumers.⁷³ In nations where DTC advertising of prescription medications is prohibited by law, Shir-Raz and Avraham⁷⁴ found other public relations techniques utilised – including the use of press releases to members of medical associations or physicians, who would then deliver the message to consumers in a way that did not appear commercial. Approximately 75 percent of Kuwait University students studying preclinical medicine and pharmacy report having been exposed to at least one promotional activity of a pharmaceutical corporation.⁷⁵ Kuwaiti students enrolled in pharmacy and medical colleges reported less training to deal with ethical issues surrounding the promotion of products by pharmaceutical corporations.⁷⁶ Awad and Abahussain⁷⁷ explain that Kuwaiti consumers may perceive pharmacists as a source of counsel for non-prescription medications.

Systematic differences in the healthcare sector may also reflect a cultural difference in the approach to power in different societies. Power distance is one factor that differentiates various cultures, and it is concerned with the distance at which individuals with power are treated.⁷⁸ The attainment of education is one way social mobility occurs around the

⁷¹ Kai Hafez, 'Journalism Ethics Revisited: A Comparison of Ethics Codes in Europe, North Africa, the Middle East, and Muslim Asia', *Political Communication* 19/2 (2002), pp. 225–50.

⁷² James C. Robinson, 'Managed Consumerism in Health Care', *Health Affairs* 24/6 (2005), pp. 1478–89.

⁷³ Simon Gilbody, P. Wilson and I. Watt, 'Benefits and Harms of Direct to Consumer Advertising: A Systematic Review', *Quality and Safety in Health Care* 14/4 (2005), pp. 246–50.

⁷⁴ Yaffa Shir-Raz and Eli Avraham, "Under the Regulation Radar": PR Strategies of Pharmaceutical Companies in Countries Where Direct Advertising of Prescription Drugs Is Banned; The Israeli Case', *Public Relations Review* 43/2 (2017), pp. 382–91.

⁷⁵ Douglas E. Ball and Sara A. Al-Meneea, 'Exposure and Attitudes to Pharmaceutical Promotion Among Pharmacy and Medical Students in Kuwait', *Pharmacy Education* 7 (2007), pp. 303–13, at p. 310.

⁷⁶ *Ibid.*, p. 309.

⁷⁷ Abdelmoneim Awad and Eman Abahussain, 'Health Promotion and Education Activities of Community Pharmacists in Kuwait', *Pharmacy World & Science* 32/2 (2010), pp. 146–53, at p. 150.

⁷⁸ Gennadi Gevorgyan, 'Does Culture Matter? Using Accommodation, Framing, and Hofstede Theories to

world and Kuwait is in general no exception.⁷⁹ Thus, individuals equipped with an education – including medical doctors and scientific researchers – may be more important stakeholders given the cultural context. This effect is amplified by the two-step flow of communication in Kuwait from educated opinion leaders to other members of society.⁸⁰

Finally, the types of pharmaceutical products are labelled in the Kuwaiti and GCC regulations differently from the ways in which they are analysed in the health communication literature. For example, Kuwaiti regulations distinguish between pharmaceuticals that may manage symptoms pertaining to veterinary, medical or herbal medicine. Along the same lines, GCC regulations make special provisions for mood-altering substances, such as narcotics and psychotropic medications. Similar provisions exist in the British regulations. However, health communication scholars make the distinction between medications that would be administered in the short term and the long term.⁸¹ This temporal element relating to the use of pharmaceuticals is largely absent from the GCC and Kuwaiti regulations.

Provisions related to time are referenced when consumers request medical information in both the UK and GCC regulations. GCC regulations allow any person to request medical information, a provision made in the context of avoiding misleading communication about medication. In comparison, different lengths of time are provided for similar requests to examine the quality of medical information in British advertisements. For example, 30 days are required for the MHRA to investigate a complaint. Vetting advertising materials can take up to several months and any materials submitted to the MHRA can take up to 5 business days. When a complaint is written about a specific advertisement, 4–6 weeks are set aside for an oral hearing.

In other words, the theme of specificity once again emerges in relation to time, which is consistent with Douai's findings⁸² that time is perceived with more fluidity than in Western societies. He suggests that time is managed differently and the advertising regulation reflects this due to the differences in the specificity regarding different types of deadlines for dealing with complaints.⁸³

The differences in the cultural perceptions of time were reflected in the vaguer phrasing of the Arabic-language regulations analysed compared to the Western regulations. Nevertheless, risks of medications for long-term conditions were less likely to be reported on the websites of pharmaceutical companies in the US than those of short-term conditions.⁸⁴ Thus, time as a culturally specific construct is factored in when developing communications strategies for pharmaceutical products.

Predict Chinese Voters' Perceptions and Attitudes Toward Culturally Oriented Online Political Advertising', *China Media Research* 6/1 (2010), pp. 91–103.

⁷⁹ Shafeeq Ghabra, 'Kuwait and the Dynamics of Socio-Economic Change', *The Middle East Journal* 51/3 (1997), pp. 358–72.

⁸⁰ Kononova and Akbar, 'Interpersonal Communication'.

⁸¹ Huh and Cude, 'Is the Information "Fair and Balanced"?'.

⁸² Aziz Douai, 'Media Research in the Arab World and the Audience Challenge: Lessons from the Field', *Journal of Arab & Muslim Media Research* 3/1–2 (2010), pp. 77–88.

⁸³ Ibid.

⁸⁴ Huh and Cude, 'Is the Information "Fair and Balanced"?'.

It is important to account for cultural differences when examining regulations of medicinal advertisements because regulations need to be enforced by actors that follow certain cultural norms. Behbehani⁸⁵ cites religious and fatalistic attitudes used as justification among older Kuwaiti women as a reason to neglect one's health. This is not unique to Kuwait, as Ypinazar and Margolis⁸⁶ found it to be true in other Arab Gulf states as well.

Several adjustments can be made to improve the current advertising regulation of pharmaceutical products in Kuwait and the Gulf. Firstly, health literacy⁸⁷ can be promoted to improve communication practices that allow individuals to learn how to interpret health-related information with more accuracy and efficiency. Nutbeam defines health literacy as a combination of health-related education and communication that enables individuals to make decisions that give them more control over the circumstances of their health.⁸⁸ He goes on to demonstrate the usefulness of the concept, observing that even the same medications can be less effective when they are not administered properly.

Secondly, the development of health communication programmes can help with improving health literacy among Kuwaitis and citizens of the GCC. While many academic communication programmes are emerging around the Gulf, few, if any, offer health communication certificates or degrees. In an effort to promote health literacy in Kuwait, a public relations campaign focusing on food safety utilised an innovative communication strategy, providing translations into five commonly-used languages: Arabic, English, Hindi, Malayam and Tagalog.⁸⁹ Similar efforts should be examined for effectiveness and studied in other health-related communication contexts.

Finally, health communication researchers cite issues with data privacy and the protection of consumers of pharmaceuticals around the world. Few provisions in the Kuwaiti and GCC regulations address data privacy issues, which may occur when search engines are used to learn more about medications and illnesses. The fact that many search engines are run by multinational corporations also raises the issue of how to regulate health-related information coming from points of origin outside of the receiving country's jurisdiction.

This study's contributions are in its examination of media regulations of health-related products in Kuwait and the comparison with norms in the GCC. Although the three regulatory documents were analysed in some depth, the study's conclusions are restricted by the number of regulations investigated. Further, this study examines regulatory standards, not the actual practice of the regulation of pharmaceutical advertisements. Future studies could examine regulations in the remaining Gulf states, and also the effects of pharmaceutical advertisements on populations in Kuwait and the Gulf.

⁸⁵ Behbehani, 'Kuwait National Programme for Healthy Living'.

⁸⁶ Valmae Anne Ypinazar and Stephen Andrew Margolis, 'Delivering Culturally Sensitive Care: The Perceptions of Older Arabian Gulf Arabs Concerning Religion, Health, and Disease', *Qualitative Health Research* 16/6 (2006), pp. 773–87.

⁸⁷ Don Nutbeam, 'The Evolving Concept of Health Literacy', *Social Science & Medicine* 67/12 (2008), pp. 2072–8.

⁸⁸ Ibid.

⁸⁹ Mariam F. Alkazemi, Fahed Al-Sumait and Cristina Navarro, 'Communicating Food Safety in the Highly Multicultural Country of Kuwait', in Judy VanSlyke Turk and Jean Valin (eds), *Public Relations Case Studies from Around the World*, 2nd edition (New York: Peter Lang, 2017).

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