

Oman



<http://www.who.int/countries/en/>

WHO region	Eastern Mediterranean
World Bank income group	High-income
CURRENT HEALTH INDICATORS¹	
Total population in thousands (2016) ²	4414
% Population under 15 (2016) ²	36.1
% Population over 60 (2016) ²	5.9
Life expectancy at birth(2016) ²	79.3 (Female) 76.9 (Total) 74.7 (Male)
Neonatal mortality rate per 1000 live births (2015)	5
Under-5 mortality rate per 1000 live births (2016) ²	11.7
Maternal mortality ratio per 100 000 live births (2016) ²	13.4
% DPT3 Immunization coverage among 1-year olds (2016) ²	99.9
% Births attended by skilled health workers (2014)	99.7
Density of physicians per 1,000 population (2016) ²	1.95
Density of nurses and midwives per 1000 population (2013)	4.5
Total expenditure on health as % of GDP (2011) ³	2.3
General government expenditure on health as % of total government expenditure	4.8
Out-of-pocket expenditure % of total health expenditure	12.3
Adult (15+) literacy rate (2010) ³	86
Population using improved drinking-water sources (%)	93
Population using improved sanitation facilities (%)	97
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender-related Development Index rank out of 188 countries (2015) ⁴	52
Human Development Index rank out of 187 countries (2016) ⁵	52

Sources of data:

1 Unless otherwise noted, all data is from WHO-EMRO Demographic, Social and Health Indicators for Countries of the EMR, 2015

2 Ministry of Health (2017), Annual Health Report, 2016

3 Global Health Observatory, April 2014 <http://apps.who.int/gho/data/node.cco>

4 Gender Development Index, 2015 <http://hdr.undp.org/en/composite/GDI>

5. UNDP (2016) Human Development Report 2014

HEALTH SITUATION

The Sultanate of Oman enjoys a stable political, economic and social system. Sustained investment in economic development and high political commitment to health has resulted in near universal access to health care. The country achieved all the health-related MDGs except for maternal mortality which did not quite reduce by three quarters; it went from 27.3 in 1990 to 12.3 per 100,000 live births in 2013.

The country is experiencing the epidemiological and demographic transition and rapidly growing private sector which is challenging the current PHC system. NCDs and injuries are among the leading causes of hospital mortality and morbidity. Rapid lifestyle changes in Oman are leading to unhealthy dietary habits, limited physical activity and the spread of tobacco use. Risky behaviors such as reckless driving and substance abuse add to the dramatic rise of NCDs.

HEALTH POLICIES AND SYSTEMS

The majority of the health services are provided by the Ministry of Health (MOH); however, there is a growing private sector. Primary health care is the basic building block of the health system with provision of near free-of-charge service in the public sector and near universal access. Key areas of focus are improving cost efficiency and quality of services, strengthening the quantity, quality and appropriate mix of human resource capacity and involving non-health sectors to address the social and behavioral determinants of health particularly as they relate to Noncommunicable disease prevention. The *Health Vision 2050* sets out the strategic framework for health development over the next forty years and was operationalized in the 9th 5-year Health Development Plan, 2016-2020. A national team has been put in place to oversee the implementation of the Sustainable Development Goals.

The Ministry of Health is actively working towards the implementation of the International Health Regulations (IHR), an important activity given Oman's strategic geographical location and population dynamics. Oman ratified the Framework Convention on Tobacco Control in 2005. Tobacco control rules and regulations including ban on tobacco advertising and smoking in the workplace and public places are spread between many sub-national laws. A comprehensive tobacco law is required.

Per capita GDP has doubled within the past 10 years and the World Health Report 2008 highlighted the impressive achievements of the primary health care-based system in Oman while the Human Development Report 2010 listed Oman as a leading country in making the greatest progress in education and public health.

COOPERATION FOR HEALTH

Oman receives minimal support from international aid and external partners in health due to its high income status. Oman is also a prominent member of the Gulf Cooperation Council (GCC). WHO, FAO, UNICEF and UNFPA are present in Oman and work closely in supporting WHO country programmes.

Exemplary collaboration between WHO and the Ministry of Health. MOH expects WHO to provide high quality advice and advanced expertise with speed and ease. Oman plays an active role in WHO governance at the global and regional levels which demonstrates Oman commitment to global health; this subsequently contributes to the national health agenda.

As part of the preparations for CCS, 2018 - 2022 a joint Ministry of Health and WHO team reviewed the achievements made during the past CCS cycle. The mapping of the achievements demonstrated a close alignment with the GPW, the WHO leadership priorities and the national health priorities. Achievements were made in all focus areas of the CCS. Oman plays an increasingly important role in WHO and contributing to global health. The country office was able to use the CCS, 2010-2015 to advocate and mobilize resources.

WHO CCS STRATEGIC AGENDA (2018 – 2022)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Supporting the achievements in the prevention and control of communicable diseases including the elimination of priority diseases and aligning national targets with the agenda 2030 and the SDGs (including TB and malaria)	Providing support to eliminate tuberculosis in line with the WHO End TB Strategy
	Supporting strengthening interventions to eliminate malaria in line with the Global Strategy for malaria control and elimination, 2016- 2030
	Supporting progress towards elimination of vaccine preventable diseases including measles and rubella as well as strengthening vaccine management in line with the Vaccine Action Plan, 2011 - 2020
STRATEGIC PRIORITY 2: Responding to Oman’s national drive to address the prevention and control of Noncommunicable diseases, mental health and substance abuse and to establish and implement the Oman disability program	Providing support to translate the NCD policy and strategy into an action plan in-line with the Global Plan of Action and implement it focusing particularly on addressing the key risk factors (unhealthy diet, physical inactivity and tobacco use), strengthening surveillance (including electronic registers, quality indicators, and relevant national surveys) and strengthening management through the integration of all standard operating procedures into primary health care (PHC) and incorporating self- management of NCD
	Assisting with integration of mental health services in PHC, assessment of the prevalence and services related to autism and the finalization and implementation of the National Plan of Action on Substance Abuse, 2016 - 2020
	Providing support for the establishment of a disability programme including conducting a national disability survey (to include eye and ear), expanding rehabilitation services and the integration of disability and rehabilitation services into primary health care including improving access to assistive health technology
STRATEGIC PRIORITY 3: Building on achievements from the MDGs and anchoring the improvements of health over the life course, addressing the social determinants of health and aligning policies to the SDGs	Providing support to improve and expand interventions including development assessment for children, expanded services for adolescents and school health and quality of care for women
	Supporting the expansion of interventions and the improvement of quality of health care for older people
	Assisting with building sustainable and effective multisectoral partnerships to address the social determinants of health and promoting Health in all Policies with a focus on injury prevention, road traffic injuries, environmental health and antimicrobial resistance
STRATEGIC PRIORITY 4: Accompanying the country’s efforts in strengthening the health system to ensure universal health coverage	Supporting strengthening public health regulations/law and policies, assessment of and collaboration with private sector, and financing approaches to enhance sustainability, efficiency and equity of the health system
	Providing support to improve quality, safety and ensure continuity of care and improve performance of health care delivery, community services and the development and management of human resources for health
	Providing support to strengthen the health information and research systems to enable monitoring of health indicators to support decision-making including the incorporation of International Classification of Health Interventions (ICHI) and Geographical Information Systems (GIS) in the National Health Information System and building capacity in knowledge translation
STRATEGIC PRIORITY 5: Assisting in strengthening the country’s institutional capacity for emergency preparedness, surveillance and effective response to disease outbreaks	In compliance with International Health Regulations, 2005 (IHR) focus on strengthening the core capacity in surveillance, biosafety/biosecurity, points of entry, laboratory quality management, infection control and chemical/radiological events
	Technical Guidance to strengthen and improve preparedness and response plans for all hazards
	Supporting strengthening national capacity in managing risks including emergency preparedness and health sector response