

# Country cooperation strategy for WHO and Oman 2018–2022



**World Health  
Organization**

Regional Office for the Eastern Mediterranean



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WHO and Oman  
2018–2022**

**OMAN**



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# Contents

<b>Executive summary</b>	<b>5</b>
<b>1. Introduction</b>	<b>9</b>
<b>2. Health and development situation</b>	<b>11</b>
2.1 Political, social and macroeconomic context	11
2.2 Health status	12
2.3 Health system response	15
2.4 Cross-cutting issues	17
2.5 Development partners' environment	18
2.6 Review of WHO's cooperation over the past CCS cycle	19
<b>3. Setting the strategic agenda for WHO cooperation</b>	<b>24</b>
3.1 Supporting the achievements in the prevention and control of communicable diseases, including the elimination of priority diseases and aligning national targets with the 2030 Agenda for Sustainable Development and the SDGs (including tuberculosis and malaria)	25
3.2 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 programme	25
3.3 Building on achievements from the MDGs, anchoring the improvements of health over the life course, addressing the social determinants of health and aligning policies to the SDGs	26
3.4 Accompanying the country's efforts in strengthening the health system to ensure universal health coverage	26
3.5 Assisting in strengthening the country's institutional capacity for emergency preparedness, surveillance and effective response to disease outbreaks	27
<b>4. Implementing the strategic agenda: implications for the Secretariat</b>	<b>28</b>
4.1 Implications for the country office	28
4.2 Implications for the Regional Office and headquarters	29
4.3 Risk management strategy	29
<b>5. Monitoring and evaluation of the CCS</b>	<b>30</b>
5.1 Participation in CCS monitoring and evaluation	30
5.2 Timing	30
5.3 Evaluation methodology	30
<b>References</b>	<b>32</b>
<b>Annex 1. Matrix of the Ninth Five Year Health Development Plan, CCS Strategic Agenda, WHO Global Programme of Work and the Sustainable Development Goals</b>	<b>35</b>



## Executive summary

The Country Cooperation Strategy (CCS) reflects the medium-term vision of WHO for technical cooperation with a given country and defines a strategic framework for working in and with the country. The CCS aims to bring together the strength of WHO support at country office, Regional Office and headquarters levels in a coherent manner to address the country's health priorities and challenges.

This CCS for Oman is the result of analysis of the health and development situation and of WHO's current programme of activities; it was carried out by a seven-member working group representing both the Ministry of Health and WHO. Health Vision 2050, the country's long-term vision for the development of the health system, prepared in close collaboration with partners, was a major resource. Key officials within the Ministry of Health were consulted during the preparation of the CCS.

The country 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. Per capita gross domestic product has nearly doubled over the past 10 years, and Oman has been recognized for its impressive achievements in health and education. The country is committed to sustaining the success of its socioeconomic development of the past 45 years including taking responsibility for health and education and ensuring social security for those in need.

Key challenges to the health system include the demographic and epidemiological transition, limited non-health sector involvement to address social determinants of health and changing behaviours and lifestyles, demand for better quality health care, maintenance of available health assets, and the rapid and unregulated growth of the private sector. Health Vision 2050, currently operationalized in the Ninth Five Year Health Development Plan (2016–2020), and the new organizational structure of the Ministry of Health, both respond to these challenges. Based on these identified challenges, the working group identified the following strategic agenda for 2018–2022.

### **Supporting the achievements in the prevention and control of communicable diseases, including the elimination of priority diseases and aligning national targets with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (including tuberculosis and malaria)**

- Tuberculosis: Providing support to eliminate tuberculosis in line with the WHO End TB Strategy.
- Malaria: Supporting the strengthening of interventions to eliminate malaria in line with the Global Technical Strategy for Malaria (2016–2030).

- Vaccine preventable diseases: Supporting progress towards elimination of vaccine preventable diseases, including measles and rubella, as well as strengthening vaccine management in line with the Global Vaccine Action Plan (2011–2020).

**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 programme**

- Noncommunicable diseases: Providing support to translate noncommunicable disease policy and strategy into an action plan, in line with Global Action Plan for the Prevention and Control of NCDs 2013–2020, and to implement it, focusing particularly on addressing 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 and incorporating self-management of noncommunicable diseases.
- Mental health: Assisting with integration of mental health services in primary health care, 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).
- Disability: Providing support for the establishment of a disability programme including conducting a national disability survey (to include blindness and deafness), expanding rehabilitation services, and the integration of disability and rehabilitation services into primary health care, including improving access to assistive health technology.

**Building on achievements from the Millennium Development Goals and anchoring the improvements of health over the life course, addressing the social determinants of health and aligning policies to the Sustainable Development Goals**

- Child, adolescent and women’s health: Providing support to improve and expand interventions, including development assessment for children, expanded services for adolescents and school health, and improving the quality of care for women.
- Health of the elderly: Supporting the expansion of interventions and the improvement of quality of health care for older people.
- Intersectoral partnerships: 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.

**Accompanying the country’s efforts in strengthening the health system to ensure universal health coverage**

- Health governance and financing: Supporting the strengthening of public health regulations, laws and policies, assessment of and collaboration with the private sector, and financing approaches to enhance the sustainability, efficiency and equity of the health system.



- Health services development: Providing support to improve quality and safety, ensure continuity of care, and improve the performance of health care delivery, community services, and the development and management of human resources for health.
- Health information: 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.

**Assisting in strengthening the country's institutional capacity for emergency preparedness, surveillance and effective response to disease outbreaks**

- International Health Regulations (2005): Strengthening core capacity in surveillance, biosafety/biosecurity, points of entry, laboratory quality management, infection control, and chemical/radiological events, in compliance with the International Health Regulations (2005).
- Emergency preparedness: Providing technical guidance to strengthen and improve preparedness and response plans for all hazards.
- Disaster risk management: Supporting the strengthening of national capacity in managing risks, including emergency preparedness and health sector response.



# 1. Introduction

The Country Cooperation Strategy (CCS) reflects the medium-term vision of the World Health Organization (WHO) for technical cooperation with a given country and defines a strategic framework for working in and with the country. The CCS aims to bring the strength of WHO support at country office, Regional Office and headquarters levels together in a coherent manner to address the country's health priorities and challenges. The CCS process examines the health situation in the country within a holistic approach that encompasses the health sector, socioeconomic status, determinants of health and national policies and strategies that have a major bearing on health. The exercise aims to identify the health priorities in the country and place WHO support within a framework of 4–6 years, in order to strengthen the impact on health policy and health system development, as well as the linkages between health and cross-cutting issues at the country level.

The CCS takes into consideration the WHO policy framework. At the global level, the Twelfth General Programme of Work (GPW) (2014–2018) identified six leadership priorities: universal health coverage, International Health Regulations (2005), increasing access to medical products, addressing social, economic and environmental determinants, noncommunicable diseases and the health-related Sustainable Development Goals (SDGs). Furthermore, the draft Thirteenth GPW (2019–2023)<sup>1</sup> prioritizes maximizing WHO's contribution to achieving the SDGs by championing universal health and focusing on country-level impact through a "multisectoral approach" to addressing health issues. Regionally, the Roadmap of WHO's work for the Eastern Mediterranean Region 2017–2021 is aligned with the SDGs, focusing on five priorities: emergencies and health security; communicable diseases; noncommunicable diseases; maternal, neonatal, child and adolescent health; and health system strengthening (1). WHO's strength as a United Nations technical agency centres around five areas: providing leadership on matters critical to health, shaping the health research agenda, defining norms and standards for health, articulating policy options for health, and providing technical support and building capacity to monitor health trends.

The CCS also takes into consideration the work of all other partners and stakeholders in health and health-related areas. The process is sensitive to evolutions in policy or strategic exercises that have been undertaken by the national health sector and other related partners. The overall purpose is to provide a foundation and strategic basis for planning as well as to improve WHO's collaboration with Member States.

This CCS for Oman is the result of analysis of the health and development situation and of WHO's current programme of activities. It was carried out by a seven-member team representing both the Ministry of Health (including the Director-General of Planning, Director-General of Primary Health Care, Director-General of Disease Surveillance and Control, Director, Health Information and Statistics, Advisor, Health Information and Statistics and Director of

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<sup>1</sup> Draft 13th WHO Global Programme of Work as discussed at the Executive Board Special Session, 22-23 November 2017

International Health) and WHO (WHO Representative and Technical Officer). Health Vision 2050, the country's long-term vision for the development of the health system, prepared in close collaboration with partnership agencies, was a major resource (2), as were the WHO Oman health profile (3) and various WHO mission reports. During its preparation, key officials within the Ministry of Health were consulted and the critical challenges for health development identified.

Based on the Health Vision 2050 and the health priorities of the country outlined in the national Ninth Five Year Health Development Plan (2016–2020) (4) a strategic agenda for WHO collaboration was developed in early 2016. Since then, the draft version has been the basis of WHO work in Oman. Minor changes were made before its publication in January 2018. The implications of implementation of the CCS for all three levels of the Organization (country, regional and headquarters) were also articulated.

WHO has provided technical support to Oman since the ascent to the throne of His Majesty Sultan Qaboos bin Said Al-Said in 1970. The WHO Representative's Office was established in 1974. This is the third CCS developed for Oman.

## 2. Health and development situation

### 2.1 Political, social and macroeconomic context

Oman is located in the south-eastern corner of the Arabian Peninsula with Saudi Arabia, United Arab Emirates and Yemen at its borders. Its coastal line extends 3165 kilometers from the Strait of Hormuz in the north to the borders of Yemen. Due to the long coastline, fisheries and sea trade have been important parts of Oman's history. Its geographical location, including the long coastline, makes the country vulnerable to the spillover effects from conflict and insecurity experienced in neighbouring countries (5), extreme weather conditions (6) and the importation of diseases due to frequent travel with endemic countries (7). Understanding these risks and vulnerabilities can guide action to mitigate their effects.

The total population nearly reached 4 million in 2014 and is projected to increase by about 39% in the next 25 years (2). The concentration of the population in urban areas and along the northern coastline contributes to near universal accessibility to services. The recent establishment of municipal councils demonstrates the government's commitment to addressing local socioeconomic development needs. Although the population remains relatively young, with 56% below the age of 25 years (8), strategies to address the aging of the population, estimated to double to 13% by 2050, are outlined in Health Vision 2050 (2).

Oman hosts a large expatriate population (2). The proportion of expatriates has increased rapidly in recent years due to several large infrastructure projects and currently stands at 43% (8); however, it is projected that they will be about one third of the population in 2050 (2). The government is committed to Omanization to ensure the sustainability of the health system.

The country 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. Per capita gross domestic product (GDP) has nearly doubled over the past 10 years (8). Oman has been recognized for its impressive achievements in health and education (9, 10), has a high human development index, ranking 56 out of 187 countries (10), and has largely met the Millennium Development Goals (MDGs) (11). It is hoped that this success can be replicated in meeting the post-2015 agenda, namely the Sustainable Development Goals (SDGs) (12). A national committee to oversee the SDG agenda in Oman has been established, although national goals and targets, and a plan to meet them, have not yet been set. Although SDG 3 is the main goal related with health, all SDGs are important for health development. Thus, greater efforts are needed to institutionalize the SDGs within the national health agenda.

Oman is committed to sustaining the success of its socioeconomic development of the past 45 years, including taking responsibility for health and education and providing social support for those in need. The recent decline in oil prices requires the government to contain expenditure and increase non-oil revenues, while at the same time continue economic diversification, industrialization and foreign investment (13) to avoid any negative effects on the country. The

rising role of trade and investment agreements in its efforts to strengthen and diversify the economy will have increasing influence on the country; ensuring coherence in health and trade policy will be important to protect the health of the population.

Rapid economic development has implications on health, including overuse of groundwater, increased water salinity and contaminated agricultural products due to pesticides. In addition, climate change has not only raised the frequencies of extreme weather conditions, but is likely to worsen drought and desertification, threaten water security, disrupt agricultural production and increase risk of heat-related morbidity and mortality, and the incidence and severity of natural disasters (6). Environmental health and climate change are key issues addressed by the SDGs (12). A national strategy on environmental health has been drafted in response to many of these issues (14), and there are several opportunities for action, including building institutional and technical capacities to work on climate change, building climate resilient health infrastructure, strengthening health surveillance to detect potential effects of climate change on health, and including health implications of climate change mitigating actions in the national strategy on climate change (6).

## 2.2 Health status

The rapid demographic and epidemiological transition in Oman has resulted in noncommunicable diseases, mental health, substance use disorders and injuries forming a major burden of disease (15). The burden of noncommunicable diseases is responsible for two-thirds (67.7%) of all deaths in Oman (3). A quarter (25.4%) of the adult population over 18 years has high blood pressure and one in five are obese (20.9%) (3). Unhealthy diet, physical inactivity and tobacco use is of increasing concern, particularly for younger populations (16). Accelerated action is required if Oman is to adhere to the regional framework for action to implement the United Nations Political Declaration on Prevention and Control of Noncommunicable Diseases (17), including the requirements for the WHO Framework Convention on Tobacco Control (FCTC). Although a national policy and plan of action have been drafted and plans are underway to conduct a national noncommunicable diseases survey and national nutrition survey, greater efforts are needed to ensure that the country is able to report on their achievements in the nine voluntary global targets and 25 indicators on noncommunicable diseases (18).

Efforts have been made to integrate mental health services in primary health care and a national strategy for drug abuse disorders (2016–2020) has been finalized (3). The government is also expanding its human resources capacity to address mental health disorders, including in the area of illicit substance use.

Road traffic injury is the top cause of premature death in Oman (15), although declines have been observed in recent years (19). Efforts are being made to strengthen the injury surveillance system and establish a trauma registry (20) to have a better understanding of causes beyond road traffic injuries. New road safety legislation strengthens the current regulatory framework, but could be more comprehensive (3). Further work is also needed to ensure the health system

addresses violence prevention, including strengthening data collection and developing a comprehensive action plan (21).

Road traffic injuries, largely seen among young men, add to the increasing burden of disability due to other causes, such as falls and congenital anomalies. Given the limited information available on persons with disability in Oman, plans are underway to conduct a national survey in 2016 based on the WHO Model Disability Survey. Data derived from this will guide the consolidation of various health initiatives into one national plan in line with the WHO Global Disability Action Plan (2014–2021) (3).

Oman has achieved remarkable success in controlling or eradicating major communicable diseases. The multisectoral approach to disease elimination, including for malaria and schistosomiasis, is key to this success. Developing a matrix of achievements would help highlight successful examples and lessons learnt from the Oman experience, and also be useful for developing a plan to address the unfinished agenda.

The Expanded Programme on Immunization has successfully maintained high coverage, resulting in the elimination of poliomyelitis, neonatal tetanus and diphtheria (3) and near elimination of measles and rubella (22). The focus is now on strengthening adult immunization (3). Oman is considered to be a low to middle tuberculosis burden country with a total of 330 cases reported in 2013; strengthening the control programme in line with the End TB Strategy is key to tuberculosis elimination (3). The high proportion of imported malaria cases (98.9% of 2051 reported in 2012) demonstrates Oman's continued vulnerability and calls for a consolidation of efforts aimed at achieving malaria-free status (3). The burden of neglected tropical diseases is characterized as low. Maintaining a strong surveillance system and close multisectoral action remains a high priority (3). A strong surveillance system should include the ability to monitor antimicrobial resistance, one of the five key areas of work in the Global Action Plan on Antimicrobial Resistance approved by the Sixty-eighth World Health Assembly in 2015 (23).

HIV prevalence is low (0.07%). While antiretroviral therapy (ART) coverage to prevent mother-to-child transmission is very high (98%), the overall estimated ART coverage (45%) is a concern (3). Efforts are needed to improve HIV prevalence estimates among most-at-risk groups and specific groups of the general population who may be at increased risk due to changing sexual norms and practices, substance use, international travel and increased exposure to cultures that may place young people at increased risk (24). Similar efforts could also be made to better understand the prevalence of sexually transmitted infections (25). Although immunization coverage of hepatitis B is high (97%) (3), efforts are being made to improve prevention and control measures for viral hepatitis (26).

Oman achieved the targets of MDG 4. The under-5 mortality rate dropped from 35 per 1000 live births in 1990 to 9.7 in 2014, and a similar reduction was seen in infant mortality rates from 29 per 1000 live births in 1990 to 7.9 per 1000 live births in 2014 (8). Given the reduction in infant mortality, more attention is needed to control congenital anomalies, the leading cause of death of infants, and to neonatal health (8).

Nearly one in five Omanis are adolescents (10) and a large majority of these are within the education system. Lifestyles and behaviours chosen at this stage of life have life-long consequences. Surveys point to issues of concern. Eight in 10 are physically inactive and more than half drink at least one soft drink every day (27). There is interest in establishing a school mental health programme as a result of concerns about mental health issues such as bullying (27). Adolescent health is largely addressed through the well-established school health programme and an active health promoting schools initiative. The focus now is on building on these achievements by addressing priority issues among the school-aged population and establishing adolescent health friendly services (27).

Oman faced challenges in achieving the targets of MDG 5. The maternal mortality ratio was reduced from 27.3 in 1990 to 12.3 per 100 000 live births in 2013 (12), less than three-quarters, despite other targets under this goal being successfully met, such as 96.4% of pregnant women having at least four antenatal visits (3). Maternal deaths have not exceeded 10 to 16 deaths annually over the past decade. Current efforts to integrate maternal near-miss surveillance within the maternal mortality surveillance system aims to improve the national system and clinical policies as they relate to maternal and child health. Developing a national strategy on preconception care (28) and assessing the use of contraceptives (29) are the most recent efforts in strengthening the women's health programme. Updating the Women's Health Strategy, developed in 2007, to be a comprehensive strategy addressing all aspects of women's health through an integrated life course approach and focusing on prevention, would ensure that all aspects of women's health are addressed (30).

Although the size of the elderly population is comparatively low (6.1%), the country is witnessing a demographic change towards the aging of the population. The number of the elderly is expected to be more than 616 000 by 2050; that is almost five times the current number. Accordingly, the health of the elderly was identified as a priority in Health Vision 2050 (2). An Elderly Health Programme has been established, complementing efforts being made to address vulnerable groups and expand primary health care services into the community, including the delivery of home-based health services for all age groups (3).

Despite the great development advances in Oman, health inequity is still a problem (2). For example, differences in the prevalence of obesity, hypertension, anaemia and diabetes, according to social determinants of health (such as gender, education and wealth) and by region, were reported in the Oman World Health Survey 2008 (31). Similar variations can also be seen for a variety of other issues, such as infant/child mortality (32), metabolic syndrome (33), the prevalence of adverse events following immunization (34), seroprevalence of hepatitis B (35), Caesarean sections (36), and dietary intake in children (37) and adults (31). More in-depth understanding of these social determinants of health can be used to prioritize and advocate for multisectoral action, which could have the greatest impact (3).



## 2.3 Health system response

The Ministry of Health is responsible for leadership and governance of the health sector and is the main provider of health care services. The health policy is based on the principles of primary health care, universal health care, equity in distribution and fairness in financial contribution. These principles align well with core elements of the SDGs. Oman's commitment to universal health coverage, a key element of SDG 3, remains a high priority.

The well-established evidence-based five-year decentralized planning process, using a results-based approach, good infrastructure based on primary health care, commitment to building national human resource capacity and a strong health information system are some of the key strengths of the health system (2). The system has been recognized for its efficiency (38), particularly for its commitment to primary health care (9). Key challenges include the demographic and epidemiological transition, weak intersectoral collaboration to address social determinants of health and changing behaviours and lifestyles, demand for better quality care, maintenance of available health assets, and the rapid and unregulated growth of the private sector (3).

Health Vision 2050 (2) and the new organizational structure respond to these and other challenges. In summary, the Ministry of Health is assisted by three Undersecretaries (Planning, Health Affairs and Administrative and Financial Affairs), as well as several advisers and key Directorates-General, including one on Quality Assurance. The Office of the Undersecretary of Health Affairs is supported by six national Directorates-General (Primary Health Care, Private Health Establishments, Nursing Affairs, Specialized Medical Care, Pharmaceutical Affairs and Drug Control, and Disease Control), 11 regional Directorates-General, and one for Khawla Hospital, the national trauma centre. Through this structure, the policies, procedures and national programmes are developed and implemented for the entire health system. Planning for health is the responsibility of the Undersecretary for Planning Affairs, with support from the Directorates-General of Planning and Studies, Human Resources Development and Information Technology. All administrative and financial responsibilities are managed by the Undersecretary for Administrative and Financial Affairs through four Directorates-General, including for Administrative Affairs, Financial Affairs, Medical Supply, and Projects and Engineering Affairs.

Health Vision 2050 is currently being operationalized in the Ninth Five Year Health Development Plan (2016–2020). Strengthening the quantity and quality mix of health professionals and developing a quality assurance system are key health system priorities. Given the epidemiological and demographic changes, an integrated package of wider preventive and curative interventions needs to be considered, with an emphasis on injuries, mental health, lifestyle factors, HIV and substance abuse (3).

Per capita expenditure on health increased from US\$ 319 to US\$ 605 between 2005 and 2012. However, total expenditure on health as a percentage of GDP has remained constant at 2.7%, and the share of out-of-pocket expenditure increased from 9.7% in 2005 to 12.0% in 2012 (39). In addition, although Oman is committed to providing free health care services to its citizens,

anecdotal evidence points to possible inequities in access, especially for some groups in the expatriate population. A comprehensive national health account system would provide greater detail on public and private health expenditures and guide the development of the health system (2, 40).

The proposal to establish a health insurance system starting with expatriates (41) is the most recent example of the government's commitment to universal health care. In addition, public-private partnership is seen as essential for the sustainability of the health system (2). Challenges in working with the private sector include quality and regulation, rapid and uncontrolled growth of the informal market, and unbalanced geographical distribution of private facilities (42). Major regulatory and policy changes are required to promote private sector involvement (43). To safeguard the public interest, a detailed planning exercise based on anticipated needs is a key step in Health Vision 2050 (2).

Oman has a good health infrastructure, with primary health care services as the backbone of the system. Much work has been done in the past five years in improving the quality of services and patient safety, culminating in the recent establishment of a Centre for Quality Assurance (3) and clearly articulated in Health Vision 2050 (2). The Ministry of Health plans to address the issues of suboptimal productivity in service delivery and the maldistribution of human resources and equipment by strengthening the finance, performance and accountability system so that it is responsive to the needs of the population. This would also require revising the functions of health facilities and improving the quality of the health workforce (2).

Oman has done well in health workforce development with a clear plan for human resources for health, including the Omanization process. However, shortages remain, particularly in view of the epidemiological transition to chronic diseases that requires a new mix of health professionals, including new skills in health economics, health promotion, health system research, clinical pharmacy and occupational therapy (2).

The government is committed to ensuring that only safe and potent medicines licensed by the government are sold or distributed in the country. The country has a proactive policy on promoting the rational use of medicines and has recently developed a plan of action to ensure good governance in medicines (3). Efforts are underway to strengthen the regulatory system for medicines, including for blood transfusion services, and to move towards self-reliance in pharmaceuticals to ensure the sustainability of the health system (2). The Ministry of Health intends to introduce regulations for medical devices, which will expand on current internal procedures and practices, but will require incorporating relevant clauses in the existing regulations for medicines (44). Establishing a national regulatory authority for biomedical technology to ensure a sustainable supply and maintain these devices is a key action contained in Health Vision 2050 (2).

The national health information system is well developed. The International Classification of Diseases is part of the system, but concerns remain about the quality of the data, utilization of available information to influence decision-making, differing needs in hospitals and health

centres, and the implementation of the International Classification of Health Interventions (ICHI). A research agenda was recently developed, identifying research priorities related to the six building blocks of the health system, as well as priority diseases, risk factors and vulnerable populations (45). The Ministry of Health collaborates closely with the National Centre for Statistics and Information (3). Although Oman is committed to achieving the SDGs, and a national committee has been established to monitor progress, national targets have not yet been identified. Greater efforts are needed to improve the quality of vital statistics, the analysis and use of routinely collected data for decision-making, research to better understand health problems, the linkages and extent of information sources, and knowledge translation and evidence-informed policy-making at all levels of the system (2).

Oman is committed to meeting its obligations under the International Health Regulations (2005). The public health capacities for detection, preparedness and response to communicable disease, and epidemic and pandemic-prone diseases, are strong (3). The Central Public Health Laboratory collaborates closely with WHO in supporting countries of the Region as a regional reference laboratory and training facility. Some of the key areas for strengthening the surveillance system are at points of entry and cross-border (45), and for foodborne diseases (46). Enhancing linkages and accessibility of data across key stakeholders, ensuring a more integrated efficient system, and harmonization of standards and practices, are also priorities (3).

The Ministry of Health leads the national medical and public health sector response during national emergencies. A road map for emergency preparedness and response was drafted in 2014 with all health partners (47). A recently established emergency operations centre provides a mechanism for dissemination of national policy and the development of plans for public health emergency preparedness and response at all levels (hospital, *wilayat*, regional and national).

## 2.4 Cross-cutting issues

Much of the health accomplishments in Oman can be attributed to the dramatic socioeconomic developments in the past 40 years. Developments in education and basic service infrastructure (roads, communication, water and sanitation) have clearly contributed to health and overall development, which explains Oman's high human development value of 0.783 (10). Oman is committed to meeting the SDGs and institutional arrangements are currently being set, although national goals and targets are not yet in place. Greater efforts are needed to institutionalize the SDGs within the national health agenda since all goals are important for health.

Oman ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 2006. Marked improvements are taking place as reflected in key indicators. For example, the Gender Inequality Index value (0.348) is better than the average value for Arab States (0.545) (10). Oman achieved MDG Goal 3 on gender equity in education. Gender ratios in employment and in parliament are also improving (12).

Protecting and promoting health is not just the responsibility of health but of various other sectors. The Ministry of Health is a member of several national multisectoral committees focusing on a diverse range of topics, including civil defense, food safety, narcotics and psychotropics, noncommunicable diseases, research, road safety and tobacco control. The number of active nongovernment organizations is limited; nevertheless, several are members of national committees and partner with the Ministry of Health occasionally.

A key aim of Health Vision 2050 is to expand the range of in-country collaboration, both by including more partners, including the private sector, and broadening the areas of work (3). This expansion is particularly important if the country is to address the SDGs, including the 13 targets of Goal 3 related to health. A national health council, currently being discussed, may provide a more systematic approach for intersectoral action than what is currently available (3).

## 2.5 Development partners' environment

### 2.5.1 Partnership and development cooperation

Oman is a member of the Gulf Cooperation Council (GCC) and collaborates closely with GCC countries on health issues. The country has developed excellent technical exchange relationships with United Nations agencies and bilateral partners, but receives minimal support for international aid due to its high income status. The Ministry of Health is active in building good collaboration with various bilateral partners and international universities. Opportunities for expanding collaboration for health within the country could be further exploited.

### 2.5.2 Collaboration with the United Nations system at country level

WHO is the major partner in health in Oman. The country is an attractive health system model in which to pilot global health strategies and WHO initiatives, and this is expected to continue to expand. Oman is also a place for training and study tours for WHO fellows; during the 2014–2015 biennium, the Ministry of Health hosted a 10-member Iraqi delegation and four-member Iranian team to learn about the Omani primary health care experience, as well as an 18-member Iraqi team to exchange experience about maternal deaths surveillance and response.

In addition to WHO, three other United Nations agencies are present in Oman and work with the Ministry of Health, namely the Food and Agriculture Organization (FAO), United Nations Children Fund (UNICEF) and United Nations Population Fund (UNFPA). These agencies work closely with the Ministry of Health and ensure harmonization of work in the country by all United Nations agencies, including through programme planning meetings and review missions.

The UNFPA subregional office for the GCC focuses on capacity-building and strategy development in the fields of sexual and reproductive health, and evidence-based policy-making (48). In recent years, UNFPA has given WHO nearly US\$ 100 000 to support jointly planned activities related to women's health. The UNICEF programme's focus is on addressing persistent gaps in children's development, developing a child protection system and strengthening the information base on the most vulnerable children (49). FAO is the most recent United Nations agency to establish an office in Oman. Their key areas of support to

Oman are related to enhancing agricultural and fisheries production and productivity, sustainable management of natural resources, rural development, and food and nutrition security (50).

### 2.5.3 Country contributions to the global health agenda

Oman plays an increasingly important role within WHO and in contributing to global health. Their most notable recent contribution was hosting the 60th session of the WHO Regional Committee for the Eastern Mediterranean in October 2013 and hosting the first and second WHO leadership for health programmes in 2014 and 2015. Given the numerous conflicts within the Region, hosting WHO regional events in Oman is becoming more frequent, from two to three meetings a year several years ago, to 16 in 2015, including the high-level WHO Global Policy Group meeting in March 2015.

The country also functions as a regional reference laboratory for poliomyelitis, measles and quality assurance, and the Central Public Health Laboratory hosts WHO regional laboratory training. Oman actively participates in WHO regional and global consultations on specific health issues, such as the Consultative Expert Working Group on Research and Development in 2012 and the WHO global disability action plan (2014–2021), endorsed at the Sixty-seventh session of the World Health Assembly in 2014.

Oman took the lead in bringing road safety to the forefront of the global agenda by bringing it to the United Nations General Assembly in 2004 and playing a major role in raising global awareness on the growing impact of deadly road traffic injuries. The country is taking an increasing interest in leading on issues of regional concern. Establishing WHO Collaborating Centres in Oman will enhance collaboration with WHO and contribute to the regional and global health agenda. Oman is an attractive health system model in which to pilot global health strategies and initiatives by WHO and other agencies, and such initiatives are expected to continue to expand in the future.

The country is actively involved in the governing bodies of WHO, including the World Health Assembly, Programme Budget Assessment Committee, Executive Board and the Regional Committee for the Eastern Mediterranean. At the same time, public health experts in Oman contribute to the work of WHO as members of standing committees, technical advisors at regional and global meetings, and short term consultants to countries in the Region.

Oman has also responded to WHO calls for financial support. Recognizing that two-thirds of poliomyelitis cases globally are found in the Eastern Mediterranean Region, the Government of Oman pledged US\$ 5 million in support of the WHO polio programme in October 2013. This financial support builds on the annual donation of US\$ 50 000 to the WHO Yellow Fever Initiative from 2010 to 2014.

## 2.6 Review of WHO's cooperation over the past CCS cycle

As part of the preparations for renewing the CCS, a joint Ministry of Health and WHO team reviewed the achievements made during the past CCS cycle. The review involved a desk review

of the achievements of the strategic priorities during 2010–2015 and a review of stakeholder perceptions of WHO support to national priorities (WHO, unpublished data, 2015). The desk review aimed to determine the relevance, effectiveness, efficiency and impact of the achievements. It involved mapping outputs of the five strategic priorities with the Global Programme of Work and the Eighth Five Year Health Development Plan for Oman, and assessing implementation of the biennial workplans. The review of partner perceptions was obtained through a questionnaire and by conducting a wide consultative process involving nearly 60 Ministry of Health experts, representing 29 different programme areas and higher management.

### 2.6.1 Desk review of achievements

The mapping of the achievements demonstrated a close alignment with the Global Programme of Work, WHO leadership priorities and national health priorities. Achievements were made in all focus areas of the CCS except that related to finalizing the Public Health Law. They can be summarized as follows.

Strategic priority 1: Strengthening leadership and building alliances for health promotion, social determinants of health and partnership. The main achievements were reduced mortality due to road traffic crashes, strengthened capacity at all levels to advocate and monitor community-based initiatives, including the establishment of indicators to identify priority action and measure change, the piloting of an injury surveillance system in two hospitals and the establishment of a trauma registry, and the initiation of plans of action to reduce salt intake, promote physical activity and address marketing of foods to children, which will result in lower rates of hypertension in adults, and obesity and dental caries in children, within the next few years.

Strategic priority 2: Providing technical input for developing public health law, setting policies, strengthening normative capacity and monitoring implementation. The main achievements were reduced rates of protein energy malnutrition for children under the age of 5 years, the establishment of a medical waste management programme, and improved surveillance of foodborne outbreaks due to closer collaboration between relevant sectors.

Strategic priority 3: Providing technical support for development of human resources for health and sustainable institutional capacity. The main achievements were enhanced capacity in strategic planning evidenced by Health Vision 2050, the establishment of a centre for quality assurance and patient safety, and a centre for professional development, the upgrading of faculty and curricula for degree programmes for when the educational institutes of the Ministry of Health are consolidated into a college, primary health care services for elderly care serving as a basis for the establishment of the integration of disability and home health care in primary health care, increased accessibility of rehabilitation services, and a broader regulatory framework for medical technologies.

Strategic priority 4: Supporting country achievements for communicable disease prevention and control, and the new focus on health promotion and noncommunicable diseases, and injury

prevention and control. The main achievements were the expansion of noncommunicable diseases services in primary health care to include noncommunicable diseases screening of older adults, chronic respiratory diseases and mental health, the establishment of environmental and safety programmes in secondary and tertiary institutions, the expansion of voluntary testing and counselling for HIV to five clinics in three regions, lowered incidence of tuberculosis among Omanis (after 10 years of stagnation), and Oman being certified for the elimination of blinding trachoma.

Strategic priority 5: Promoting health security and strengthening emergency preparedness. The main achievements were the establishment of a Department of Emergency and Crisis within the Ministry of Health and incident command centres at national and regional levels, a national medical and public health emergency response plan, the adoption of an all-hazards approach at national and regional levels, and the establishment of a laboratory biosafety programme.

Mapping the four biennial workplans to the five strategic priorities of the CCS according to funding allocation and financial implementation, demonstrated that the CCS had informed the biennial planning process. A large majority of total funds were allocated (86%) and implemented (86%) in the main focus areas under the five strategic priorities. This distribution is within the biennial planning guidelines of allocating at least 80% of the budget to the 10 priority programme areas.

When looking at specific strategic priorities, the distribution between priority and non-priority areas were within the 80/20 percentage distribution, except for strategic priority 3. For this strategic priority, a large percentage of funds were planned and implemented in areas not identified as focus areas in the Oman CCS for 2010–2015 (strategic planning, women's health, blood transfusion services, essential medicines and the national health information system). The distribution of funds across the five strategic priorities reflects the changing needs, priorities and absorption capacity of the Ministry of Health, as well as fund availability. Better monitoring is needed to improve the linkage between biennial workplans and the next CCS.

WHO was able to use the Oman CCS for 2010–2015 to advocate and mobilize resources. The European Union/WHO/Ministry of Health biosafety and biosecurity project and UNAIDS-funded project are two examples. WHO comparative advantage facilitated obtaining US\$ 96 903 from UNFPA to support the majority of activities planned in the area of women's health, including on maternal death surveillance, birth spacing and preconception care. On the other hand, the small number of nongovernmental organizations at country level and challenges in meeting with ministries from non-health sectors impeded development of partnerships in Oman.

The achievements made during 2010–2015 were made despite the limited skills and competencies available in the WHO country office. A permanent post for one technical staff member was established halfway through the time period. Given the considerable technical inputs expected by health programmes, additional long-term technical staffing is required, as indicated in the CCS for 2010–2015. Short-term staff assignments to the country office, as suggested in the CCS for 2010–2015, did not materialize.

The technical, managerial and administrative support provided by the WHO Regional Office and WHO headquarters was in general adequate. However, administrative and bureaucratic procedures in WHO consumed staff time, jeopardizing timely implementation and WHO's credibility.

### 2.6.2 Partner perceptions

A large majority of national experts appreciated the support received from all levels of WHO, recognized as a key player in advancing public health in Oman. Some saw the collaboration becoming progressively stronger and see WHO as part of the Ministry of Health team, in contrast to the Ministry's relationship with other United Nations agencies. Many experts felt that communication with WHO was very smooth and there was always an open channel with the WHO country office. In addition, they appreciated the flexibility in the implementation of planned activities.

This success was attributed to several factors including close collaboration between the Ministry of Health and WHO, priorities being in line with the national five-year development plan, a young, committed and enthusiastic team of experts in the Ministry of Health, and high political support. In addition, experts see WHO as very accessible in responding to queries, concerns and needs, as well as in providing high-level technical support, particularly by fielding a high calibre of consultants.

The main challenge related to WHO support to national health priorities mentioned by a large proportion of respondents was in implementing consultant recommendations, despite these being useful and relevant. In addition to having broader access to consultant reports, most agreed that a mechanism for following up mission recommendations within the Ministry of Health would be useful. However, many also looked to WHO support to follow-up and advocate implementation.

There were other concerns about the biennial planning process. Some noted that it changes every biennium, which can be confusing and some questioned how and who determined the 10 priorities for WHO support. Others had limited involvement in developing the country workplan or noted the short time frame to develop the workplan.

In addition, although a large majority found WHO missions very useful and constructive, many stressed the importance of experts being able to work in Arabic, especially for those missions involving non-health sectors. In addition, concern was raised regarding the low remuneration rates for experts.

The main suggestion for strengthening WHO collaborative support was to increase WHO capacity in monitoring and evaluation. This suggestion not only related to the consultant recommendations mentioned above, but also to having a more comprehensive monitoring system for workplans and their outcomes to better identify barriers and challenges for activity implementation and impact. Other suggestions included establishing a calendar of regional meetings to allow for better planning, increasing WHO technical capacity, including in the areas



of child and adolescent health, substance abuse and hospital management, and increasing awareness in Oman on WHO's role in supporting national priorities.

Several people also looked to WHO not only for support to national priorities, but to share success stories and good experiences from Oman regionally and globally, and to utilize national expertise to serve the Region. In addition, given the support Oman provides to the Region, such as the reference laboratories and laboratory external quality assurance programme, the delineation of the roles and responsibilities of WHO and the Ministry of Health should be documented and/or formalized.

### 3. Setting the strategic agenda for WHO cooperation

The CCS for Oman was prepared through a wide consultative process with health stakeholders, guided by a seven-member team representing the Ministry of Health and WHO. The process involved a review of WHO support during the past CCS cycle (2010–2015) and a critical analysis of the country context, and it drew upon the strategies, policies and plans of the Ministry of Health. A series of meetings with nearly 60 Ministry of Health experts representing 29 different programme areas, as well as higher management, were held to review achievements made during the past CCS cycle. During this review, suggestions for improvement in WHO collaboration and needs for WHO support in the coming years were also discussed (See Section 2.6).

A workshop to agree the strategic agenda was held on 27 September 2016. Participants included experts from United Nations agencies, Director-Generals from the Ministry of Health at national and regional levels, national programme managers and WHO staff. During the workshop, participants were briefed about the strategic and operational planning processes of WHO, the development of the CCS for WHO and Oman (the CCS was initially planned to cover the period 2016–2020 and was later revised to cover 2018–2022 in order to align with the regional and global WHO strategies) and the health situation in Oman in the context of the SDGs. This was followed by group work to review and finalize the proposed strategic agenda.

The CCS preparation was greatly facilitated by the extensive country level work already done in developing Health Vision 2050 and the Ninth Five Year Health Development Plan (2016–2020). The review and in-country development plans and strategies formed a basis for identifying the new strategic priorities for WHO's cooperation with the Government of Oman. The strategic priorities take into consideration WHO's global and regional priorities endorsed by Member States (see Annex 1 for a matrix of the strategic agenda, national plans and global priorities). They focus on the following five areas, which are in line with the WHO Twelfth General Programme of Work (2014–2018) and the draft Thirteenth GPW (2019–2023).

- Supporting the achievements in the prevention and control of communicable diseases, including the elimination of priority diseases and aligning national targets with the 2030 Agenda for Sustainable Development and the SDGs (including tuberculosis and malaria).
- 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 programme.
- Building on achievements from the MDGs, anchoring the improvements of health over the life course, addressing the social determinants of health and aligning policies to the SDGs.
- Accompanying the country's efforts in strengthening the health system to ensure universal health coverage.
- Assisting in strengthening the country's institutional capacity for emergency preparedness, surveillance and effective response to disease outbreaks.

These priorities should be seen in the light of two key cross-cutting issues. First, the priorities are over-lapping; work in one area requires coordination in other areas. Thus, successful implementation of the strategic agenda is only possible through close collaboration between all health and non-health partners. Since health reflects the success of the other SDG goals, it should be used as a tool for building partnerships. It is this synergistic intersectoral approach that should be institutionalized to prevent disease, promote population health, and at the same time address the broader issues of equity and sustainable development.

Second, the strategic priorities are limited to the technical support required from WHO to improve health in Oman. The country serves as a model health system and an example of multisectoral collaboration with numerous successes that could be shared. Showcasing the unique successful experiences described in Chapter 2 with other Member States and providing assistance for emulation is an important approach to sustaining this exemplary status.

### **3.1 Supporting the achievements in the prevention and control of communicable diseases, including the elimination of priority diseases and aligning national targets with the 2030 Agenda for Sustainable Development and the SDGs (including tuberculosis and malaria)**

- Tuberculosis: Providing support to eliminate tuberculosis in line with the WHO End TB Strategy.
- Malaria: Supporting the strengthening of interventions to eliminate malaria in line with the Global Technical Strategy for Malaria (2016–2030).
- Vaccine preventable diseases: Supporting progress towards elimination of vaccine preventable diseases, including measles and rubella, as well as strengthening vaccine management in line with the Global Vaccine Action Plan (2011–2020).

### **3.2 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 programme**

- Noncommunicable diseases: Providing support to translate noncommunicable disease policy and strategy into an action plan in line with the Global Action Plan for the Prevention and Control of NCDs 2013–2020, and to 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 and incorporating self-management of noncommunicable diseases.

- **Mental health:** Assisting with the integration of mental health services in primary health care, 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).
- **Disability:** Providing support for the establishment of a disability programme, including conducting a national disability survey (to include blindness and deafness), expanding rehabilitation services, and the integration of disability and rehabilitation services into primary health care, including improving access to assistive health technology.

### **3.3 Building on achievements from the MDGs, anchoring the improvements of health over the life course, addressing the social determinants of health and aligning policies to the SDGs**

- **Child, adolescent and women’s health:** 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.
- **Health of the elderly:** Supporting the expansion of interventions and the improvement of quality of health care for older people.
- **Intersectoral partnerships:** 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.

### **3.4 Accompanying the country’s efforts in strengthening the health system to ensure universal health coverage**

- **Health governance and financing:** Supporting the strengthening of public health regulations, laws and policies, assessment of and collaboration with the private sector, and financing approaches to enhance the sustainability, efficiency and equity of the health system.
- **Health services development:** Providing support to improve quality and safety, ensure continuity of care, and improve the performance of health care delivery, community services, and the development and management of human resources for health.
- **Health information:** Providing support to strengthen the health information and research systems to enable the monitoring of health indicators to support decision-making, including the incorporation of the International Classification of Health Interventions (ICHI) and geographical information systems (GIS) in the national health information system and building capacity in knowledge translation.

### **3.5 Assisting in strengthening the country’s institutional capacity for emergency preparedness, surveillance and effective response to disease outbreaks**

- International Health Regulations (2005): Strengthening core capacity in surveillance, biosafety/biosecurity, points of entry, laboratory quality management, infection control and chemical/radiological events, in compliance with the International Health Regulations (2005).
- Emergency preparedness: Providing technical guidance to strengthen and improve preparedness and response plans for all hazards.
- Disaster risk management: Supporting strengthening national capacity in managing risks, including emergency preparedness and health sector response.

## 4. Implementing the strategic agenda: implications for the Secretariat

The strategic priorities for WHO support for the period 2018–2022 will require well planned and coordinated support from the WHO country office, Regional Office and headquarters. The implications for WHO are based on the following assumptions.

- Collaboration between WHO and Oman involves not only technical support to the country but, just as importantly, active contribution by Oman to the global and regional health agenda.
- Oman is a high-income country with few possibilities for attracting external financial support to strengthen WHO country presence.
- Oman has a well-developed health system, often serving as a model for the Region, and the support required from WHO is technical and specialized beyond the basic assistance associated with less-developed health systems.

The review of WHO support and the strategic priorities set for the coming five years has implications for all levels of WHO.

### 4.1 Implications for the country office

The country office infrastructure is adequate and fully compliant with minimum operating security standards. The only key concern is the low internet connectivity. The slow connection has implications for the work of the office, including challenges when conducting video conferences, especially when they include slide presentations.

Although country office staff members are dedicated and professional, staffing issues need to be addressed. The close collaboration between WHO and the Ministry of Health, and the country's high expectations for WHO continued support, require considerable efforts from the country office. Although the strategic priorities cut across all five categories of the Global Programme of Work, the priority is health system development and noncommunicable diseases. For the latter, partnership and collaboration with other sectors is critical and was identified as a priority in Health Vision 2050. For WHO to provide specialized expert and catalytic support, technical capacity at the country level needs to be strengthened, as it is currently limited to one technical officer.

The review of WHO support identified the need to strengthen the office's capacity in monitoring and evaluation, as well as to increase WHO visibility to ensure that the support provided is catalytic and strategic. At the same time, the country looks to WHO to share success stories and good experiences from Oman regionally and globally, and to utilize national expertise to serve the Region. Given the support Oman provides to the Region, including through the reference laboratories, external quality assurance programme and vaccine management, it is important that these initiatives are documented appropriately. Due to this

close collaboration, there is need for additional long-term staff to add value to WHO's collaboration at the country level.

Staff development is essential for the work of the country office. New modes of learning, including Webex and iLearn, have greatly facilitated staff development and learning. However, it is essential that country office staff also participate in regional activities to strengthen their skills and competencies. At the same time, technical staff involvement in regional activities ensures familiarity with programmes and facilitates their support and follow-up with national counterparts.

## **4.2 Implications for the Regional Office and headquarters**

The provision of support by the Regional Office and headquarters in the different technical areas needs to be in line with the priorities identified in this CCS. It is important that they are able to mobilize high-level expertise and technical support to meet the needs of a well-developed health care system. For some areas, like communication and intersectoral partnership and collaboration, it is vital that technical expertise is available in Arabic. All technical collaboration should be channeled through the country office. This is vital to ensure proper coordination and partnership across all three levels of WHO.

Given that Oman often serves as a role model or pilots new WHO initiatives, a well-coordinated plan of support needs to be developed. Oman's aim in sharing their good experiences and expertise regionally and globally should be supported. Better planning is required in terms of WHO regional meetings, to ensure that Omani participants are available to attend and can plan national activities based on a regional calendar. At the same time, the Regional Office and headquarters are requested to promote the Omani experience.

## **4.3 Risk management strategy**

Oman, a high-income politically stable country that collaborates closely the WHO, has few external risks to WHO operations. Thus, the key risks related to CCS implementation are related to governance, finances and WHO systems. The limited awareness of non-health partners of their role in promoting health, such as in emergency preparedness and response, International Health Regulations (2005), and the prevention of noncommunicable diseases, can delay implementation. Supporting the Ministry of Health's vision of intersectoral partnership, including with civil society, can help mitigate this risk. During the biennial planning process, outputs and deliverables should not only be clearly defined, but should be in areas where WHO can provide the most catalytic support. This will ensure efficient use of the limited budget provided by WHO. WHO reform has led to new administrative and bureaucratic procedures to improve the transparency and effectiveness of the Organization. As a result, careful advanced planning is required to ensure timely implementation of biennial plans.

## **5. Monitoring and evaluation of the CCS**

### **5.1 Participation in CCS monitoring and evaluation**

The country office, under the leadership of the WHO Representative, and in coordination with the Ministry of Health and other partners in Oman, will monitor and evaluate the implementation of the CCS. WHO will collaborate closely with a dedicated team in the Ministry of Health to monitor the implementation of the CCS.

### **5.2 Timing**

The CCS will be monitored regularly during implementation, firstly as part of the biennium planning and monitoring milestones. This includes operational planning, validation and launching of the Programme Budget 2018–2019, the midterm review and end of biennium reporting for 2018–2019, and preparations for the next General Programme of Work. Specifically, monitoring will involve a mid-term (2020), which coincides with reviews related to national plans and an end-of-term review (2022).

### **5.3 Evaluation methodology**

Both internal and external evaluations will be conducted. The process for the internal evaluation will be led by the WHO Representative and conducted in close collaboration with a national working group that includes WHO country staff and decision-makers from the Ministry of Health.

A framework for monitoring and evaluation will be developed during initial implementation of the Strategic Agenda to showcase how WHO contributes to the progress made in the country. It will include agreeing on the key objectives, targets and indicators in harmony with the national Five Year Health Development Plan and the national SDGs. Based on the objectives specified, two to three CCS indicators should be identified, including baselines and well-defined targets. Linkages between the Strategic Agenda and biennial plans should also be clearly defined. In addition, they should link to the monitoring framework for the SDGs, including well-defined targets to measure the health contribution.

#### **5.3.1 Regular monitoring**

Regular monitoring will involve continuous review to ensure that the CCS priorities and strategic focus areas are reflected in the biennial workplans, and that country office staff have the appropriate core competencies for delivering the relevant results.

#### **5.3.2 Mid-term evaluation**

The focus of the mid-term evaluation is to determine the progress in the focus areas, to identify impediments and potential risks that may require changes to the strategic priorities or focus areas, and to identify actions required to improve progress for the second half of the CCS cycle. This mid-term evaluation is a risk management tool to alert the national working group to



focus areas that might require special attention, corrective action or revision of the strategic priorities. It will be aligned with the evaluation of the national Five Year Health Development Plan.

### **5.3.3 Final evaluation**

The final evaluation will be a more comprehensive assessment than the mid-term review. The focus will be on measuring the achievement of the selected national SDGs and identifying the key achievements and gaps in implementation, critical success factors and impediments, and lessons learnt that can feed into the next CCS.

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## Annex 1. Matrix of the Ninth Five Year Health Development Plan, CCS Strategic Agenda, WHO Global Programme of Work and the Sustainable Development Goals

Ninth Five Year Health Development Plan	CCS Strategic Agenda	WHO Global Programme of Work outcome	Sustainable Development Goals
<i>Supporting the achievements in the prevention and control of communicable diseases, including the elimination of priority diseases (including tuberculosis and malaria)</i>			
National Health Plan Directorate of Communicable Disease Control Result 1	Providing support to eliminate tuberculosis in line with the WHO End TB Strategy	Increased number of successfully treated tuberculosis patients	Goal 3. Especially 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
National Health Plan Directorate of Communicable Disease Control Result 6	Supporting strengthening interventions to eliminate malaria in line with the Global Strategy for Malaria Control and Elimination (2016–2030)	Increased access to first-line antimalarial treatment for confirmed malaria cases	
National Health Plan Directorate of Communicable Disease Control Result 4	Supporting progress towards elimination of vaccine preventable diseases, including measles and rubella, as well as strengthening vaccine management in line with the Global Vaccine Action Plan (2011–2020)	Increased vaccination coverage for hard- to-reach populations and communities	Goal 3. Especially 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
<i>Supporting the prevention and control of noncommunicable diseases, mental health and substance abuse and the provision of services for persons with disabilities</i>			
National Health Plan Directorate of Primary Health Care Results 1,2,3,4	Providing support to translate the noncommunicable diseases 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, STEPS and SARA), and strengthening management through the integration of all standard operating procedures into primary health care and incorporating self-management of noncommunicable diseases	Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors	Goal 3. Especially 3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being; 3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate Goal 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

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National Health Plan Directorate of Primary Health care Result 1	Assisting with integration of mental health services in primary health care, 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)	Increased access to services for mental health and substance use disorders	Goal 11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities Goal 3. Especially 3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being; 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
National Health Plan Directorate of Primary Health care Result 1	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	Increased access to services for people with disabilities	Goal 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable 10.2. By 2030 empower and promote the social, economic and political inclusion of all irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
<i>Supporting the improvement of health during the neonatal period, childhood and adolescence, pregnancy and childbirth, taking into account the need to address the social determinants of health and the Sustainable Development Goals</i>			
National Health Plan Directorate of Primary Health Care Result 4	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	Increased access to interventions for improving health of women, newborns, children and adolescents	Goal 3. Especially 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births; 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births; 3.7 By 2030, ensure universal access to sexual and reproductive health care services, including for family

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National Health Plan Directorate of Primary Health Care Result 1	Supporting the expansion of interventions and the improvement of quality of health care for older people	Increased proportion of older people who can maintain an independent life	<p>planning, information and education, and the integration of reproductive health into national strategies and programmes</p> <p>Goal 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences</p> <p>Goal 3. Especially 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p> <p>Goal 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable</p>
National Health Plan Directorate of Primary Health Care Result 3	Assisting with building sustainable and effective multisectoral partnerships and promoting Health in all Policies, with a focus on injury prevention, road traffic injuries, environmental health and antimicrobial resistance	<p>Increased intersectoral policy coordination to address the social determinants of health and reduced environmental threats to health</p> <p>Reduced risk factors for violence and injuries, with a focus on road safety, child injuries, and violence against children, women and youth</p>	<p>Goal 3. Especially 3.6 By 2020 halve the number of global deaths and injuries from road traffic accidents</p> <p>All other Goals</p>

Ninth Five Year Health Development Plan	CCS Strategic Agenda	WHO Global Programme of Work outcome	Sustainable Development Goals
<i>Providing support in strengthening the health system to ensure universal health coverage</i>			
National Health Plan Directorate of Health Care Financing and Investment Result 1 Directorate of Private Health Care Facilities Results 1,2	Supporting strengthening public health regulations, laws and policies, and financing approaches to enhance sustainability, efficiency and equity of the health system	All countries have comprehensive national health policies, strategies and plans updated within the last five years	Goal 3. Especially 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all Goal 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable
National Health Plan Directorates of Primary Health Care Services, Private Health Care Facilities, Specialized Health Care, Health Planning, Human Resources, Nursing National Health Institute	Providing support to improve quality and 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	Policies, financing and human resources are in place to increase access to people-centered integrated health services	Goal 3. Especially 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all; 3.c. Substantially increase health financing and recruitment, development, training and retention of the health workforce in developing countries
National Health Plan Directorate of Health Information System Results 1,2,3	Providing support to strengthen the health information and research systems, including the incorporation of International Classification of Health Interventions (ICHI) and geographical information systems in the national health information system and building capacity in knowledge translation	All countries have properly functioning civil registration and vital statistics systems	Goal 17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts
<i>Supporting the country in strengthening emergency preparedness, surveillance and effective response to disease outbreaks</i>			
National Health Plan Directorate of Communicable	Providing support to build national capacity for public health events of potential international concern in	All countries have the minimum core capacities	Goal 3. Especially 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous



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Diseases Results 5,7,8 Directorate of Emergencies and Crises Result 1	compliance with International Health Regulations (2005), with a focus on strengthening core capacity in surveillance, biosafety/biosecurity, points of entry, laboratory quality management, infection control and chemical/radiological events	required by the International Health Regulations (2005) for all-hazard alert and response	chemicals and air, water and soil pollution and contamination; 3.d Strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks Goal 9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and cross-border infrastructure, to support economic development and human well-being with a focus on affordable and equitable access for all Goal 11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters and implement holistic disaster risk management at all levels Goal 13. Take urgent action to combat climate change and its impacts Goal 3. Especially 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination; 3.d Strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks Goal 9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being with a focus on affordable and equitable access for all Goal 11.b By 2020, substantially increase the number of
	Providing support to strengthen and improve preparedness and response plans for all hazards	Countries have the capacity to manage public health risks associated with emergencies	

Ninth Five Year Health Development Plan	CCS Strategic Agenda	WHO Global Programme of Work outcome	Sustainable Development Goals
Supporting strengthening national capacity in managing risks including emergency preparedness and health sector response	All countries adequately respond to threats and emergencies with public health consequences	cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels	<p>Goal 13. Take urgent action to combat climate change and its impacts</p> <p>Goal 3. Especially 3.d Strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks</p> <p>Goal 1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters</p> <p>Goal 9. Build resilient infrastructure promote inclusive and sustainable industrialization and foster innovation</p> <p>Goal 11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels</p> <p>Goal 13. Take urgent action to combat climate change and its impacts</p>



