

## Oman



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Oman has an area of 309 500 km<sup>2</sup>. Half of the populations live in two Regions, Muscat and Al-Batinah. Under the leadership of H.R.H Sultan Qaboos bin Said, Oman began Modernization in the early 1970s and enjoys a stable political, economic and social system. The per capita GDP has doubled since 2000 to \$ 15,800 in 2007. The government's Vision 2020 is actively pursuing the economic diversification, to reduce the economic dependency on the oil sector and sustainable development. The government continues to take full responsibility for the health, education. Oman has progressed well towards achieving the Millennium Development Goals (MDGs), especially in reaching near universal education (including gender equity), and excellent health coverage. The World Health Report 2008, thirty years after the Declaration of Alma Ata, highlights the impressive achievements of the primary health care-based system in Oman. The Human Development Index ranking has improved reflecting equitable progress across the different regions of the country.

Total population (2007)	<b>2.743 million</b>
Population distribution % urban (2007)	<b>71</b>
Life expectancy at birth (2007)	
Total	<b>72</b>
Male	<b>71.0</b>
Female	<b>73.6</b>
Maternal mortality rate per 100 000 live births (2007)	<b>23</b>
Infant mortality rate per 1000 live births(2007)	<b>10.1</b>
Total expenditure on health as % of GDP (2007)	<b>2.4</b>
General government expenditure on health as % of general government expenditure (2007)	<b>4.8</b>
Human Development Index Rank (2009)	<b>56</b>
Human Poverty Index Rank for Developing Countries (HPI-1) (2009)	<b>64</b>
Gross Domestic Product (GDP) per capita USD (2007)	<b>15,229</b>
Adult (15+) literacy rate (2003)	
Total	<b>81</b>
Male	<b>87</b>
Female	<b>74</b>
% Population with access to improved drinking water source (2003)	<b>75</b>
% population with improved access to sanitation (2003)	<b>89</b>

Sources:

WHO/EMRO, Regional Director's Report, 2008  
UNDP, Human Development Report, 2009

### HEALTH & DEVELOPMENT

**Ministry of Health (MoH) is the main health care provider;** the Ministry of Defense, Royal Oman Police, Petroleum Development of Oman and Sultan Qaboos University Hospital also provide services. The Government is supporting the development of the private health sector but the public health care is available for whoever needs it. The expatriates who are working the private sector by law are covered by employers.

**Social determinants of health and partnership:** In just 38 years, infant mortality rate has dropped to less than one tenth of its value, and under-five mortality rate fell by 14 folds. This is fastest decline in under-five mortality ever recorded globally. However, Anemia among children (42%) and women is a public health issue. The government has invested heavily in education and health. Also direct financial support is provided to the disadvantaged people. Gender equity is valued and the Government has taken firm measures to deal with health and environmental impact of climate change.

**Health system:** Oman needs additional health manpower with more specialties, and proper skill mix, especially enhancing the leadership and management skills of health staff. Building on the outstanding PHC achievements of the past 38 years, Oman is focusing on Continuous Quality Improvement (CQI), patient safety, hospital autonomy and rehabilitation services. The MOH is supporting the expansion of private sector with proper oversight and standards. The hospital autonomy initiative is implemented in all regional referral hospitals which are run by management boards with a reasonable degree of decision-making authority. To improve the quality and effectiveness of the hospital autonomy initiative, further work is being carried out in the areas of hospital management, performance, organization and quality assurance/patient safety.

**Communicable diseases have been successfully controlled.** A comprehensive disease surveillance system is in place and immunization coverage is almost universal. Malaria, TB, Measles, and blinding Trachoma are on different stages of elimination. The HIV/AIDS control programme and other sexually transmitted infections remains a priority. In 2007, only 17.2% of in-hospital deaths were due to communicable diseases.

**Noncommunicable diseases cause most deaths in adults.** The changing age structure and lifestyle of the population have begun to reveal new morbidity patterns. Cardiovascular diseases are the leading cause of mortality. Diabetes and hypertension prevalence is currently stands at 11.6% and 35.7% respectively. Cancer is the third leading cause of mortality. There is an increasing level of tobacco use among male and female adolescents and a high level of exposure of children to passive smoking at home. Injuries (road traffic injuries, falls and occupational injuries) and poisoning are the sixth leading cause of hospital mortality and third leading cause of morbidity in Oman. Oman is among countries reporting highest mortality rates related to road traffic crashes.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Highest level of political commitment and sustained investment in development.</li> <li>• Economic Stability.</li> <li>• 30 Year-success story of implementing PHC.</li> <li>• Mechanisms in place for inter-sectoral collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient non-health involvement in health</li> <li>• Changing behavior and lifestyle</li> <li>• Reducing further peri-natal mortality</li> <li>• Increasing demand of health services among adolescents</li> </ul>

## PARTNERS

Oman receives minimal support from international aid and external partners in health due to its upper middle-income status. Nevertheless, the country has developed excellent technical exchange relationship with UN agencies and a few bilateral partners. Oman is also a prominent member of the Gulf Cooperation Council (GCC) and maintains regular collaboration with the GCC countries. In addition to WHO, two other UN agencies are present in Oman and work with the Ministry of Health namely, UNFPA and UNICEF. The three organizations work closely in supporting country programmes.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Excellent interagency UN collaboration</li> <li>• Government 's contribution to the UN Funds</li> <li>• Government and nongovernmental bodies are interested in health.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited resources spread too thinly over many programmes</li> <li>• Need to provide technical support focused on long-term development in strategic areas and advanced needs.</li> </ul>

## WHO STRATEGIC AGENDA

1. **Leadership, health promotion, social determinants of health and partnership:** strengthening partnership for health, gender-sensitive health care delivery, optimizing the healthy life style initiatives and MOH input into National programme for safety promotion, violence and road traffic injury prevention.
2. **Developing health law, setting policies, strengthening normative capacity and monitoring implementation:** finalizing the Public Health Law, enhancing the capacity of MOH to set health standards for environmental hazards, food safety, and supporting MOH for anemia, malnutrition, including micro-nutrient deficiencies.
3. **Technical support for development of human resources for health and sustainable institutional capacity:** Developing the right skill mix of human resources, specialized skills, enhancing the management and leadership skills, strengthening the secondary and tertiary service delivery levels: effective public private partnership, health technology development, health research system, emergency and rehabilitation services, adolescents health and active aging congenital anomalies and hereditary diseases.
4. **Disease Control:** Expanding PHC to include NCDs, strengthening mental health, substance abuse, health care associated infection control, scaling up HIV/AIDS and STIs surveillance, eliminating TB, Measles, certification for blinding trachoma elimination and Malaria eradication.
5. **Health security and Emergency preparedness:** supporting MOH in developing health emergency preparedness and response plan and the implementation of International Health Regulation 2005.

## ADDITIONAL INFORMATION

WHO Country Page : <http://www.who.int/countries/omn/en/>

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