

# Oman : Health Systems Profile

## Key health system indicators

### Health status

Life expectancy at birth in years	<b>total</b>	<b>76</b>
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	<b>males</b>	<b>157</b>
	<b>females</b>	<b>78</b>
	<b>total</b>	<b>130</b>

### Communicable diseases

Tuberculosis notification rate per 100 000	<b>12</b>
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	...

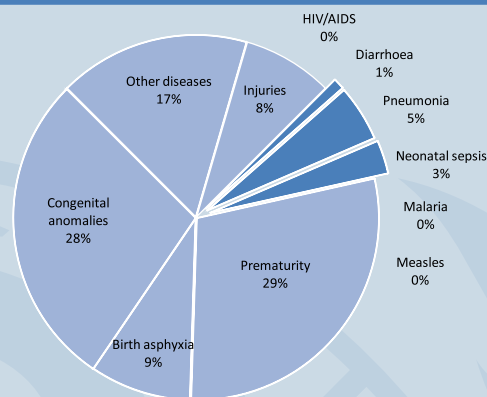
### Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	12	<1	6
Physical inactivity	...	...	...

### Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	32.4 [21.7-44.6]	27.5 [17.6-38.4]	30.5 [22.8-38.9]
Raised blood glucose	12.0 [6.4-19.1]	12.3 [6.8-19.2]	12.2 [8.1-16.9]
Overweight	57.8 [47.8-66.1]	57.2 [46.0-66.1]	57.5 [50.1-63.8]
Obesity	19.4 [13.2-25.7]	25.9 [17.2-33.9]	22.0 [16.8-26.9]
Raised cholesterol	48.4 [26.0-70.9]	50.7 [26.1-72.9]	49.6 [33.1-66.3]

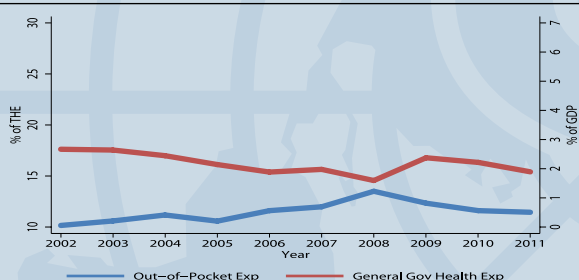
### Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 9% of all deaths among children aged <5 years

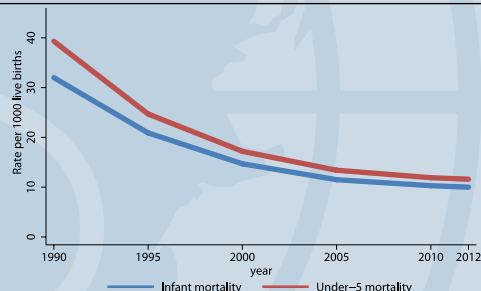
### Expenditure and mortality trends

#### Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)  
 The out-of-pocket expenditure as % of Total Health Expenditure (THE)

#### Infant and under 5 mortality rates per 1000 live births



### Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2011-2015)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	Yes

### Health system: information

#### Functioning civil registration and vital statistics

Percentage of births registered	...
Percentage of causes of death recorded	75
Year most recent use of ICD in mortality classification reported	2010
Year most recent annual health statistics report published	2009

### Health system: health workforce

#### Health workforce per 10 000 population (2011)

Physicians	19.5
Nurses/midwives	43.1
Dentists	2.2
Pharmacists	4.6

#### Health professions education institutions

Medical	...
Nursing	...

Percentage of doctors working in rural settings: ...

### Health system: service provision

#### Infrastructure

Primary health care facilities per 10 000 population	0.8
Hospital beds per 10 000 population	16.5

#### Service delivery

Access to local health services (%)	84
Contraceptive prevalence (%)	24.4
Antenatal care visits (4+ visits) (%)	85.3
Measles immunization coverage among 1-year-olds (%)	100
Smear-positive tuberculosis treatment success (%)	97
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

### Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	(1 ; 1998)
General government expenditure on health as % of GDP (2011)	1.9
Out-of-pocket expenditure as % of total health expenditure (2011)	11.4
General government expenditure on health as % of total government expenditure (2011)	4.9

### Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes (2011)
Existence of a functional national regulatory authority (NRA)	Yes (medicines and blood products)
Number of MRI/CT scanners (in public facilities) per million population	4.2 / 8.4

## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Sustained investment in economic development and high level of political commitment to health</li> <li>• Good health infrastructure based on primary health care with near universal access</li> <li>• Well-established evidence-based 5-year planning process involving all levels of health personnel</li> <li>• Existence of a national drug policy, a commitment to rational use of medicines and good governance, an efficient government supply system and general availability of essential medicines/technologies at all levels of care</li> <li>• Well-established health information system including a strong surveillance system and a commitment to research</li> </ul>	<ul style="list-style-type: none"> <li>• High dependence on non-nationals, particularly in specialized areas</li> <li>• Gaps and maldistribution of health personnel (in actual numbers and competencies/skill mix)</li> <li>• Performance/accountability measures (i.e., extent of coverage, compliance to treatment, quality outcomes, etc.) needs improvement</li> <li>• Health services, particularly at second and third level, are provider friendly rather than patient-friendly</li> <li>• Weak referral system with sub-optimal distribution of resources (both human resources as well as equipment)</li> <li>• Limited capacity for pharmacovigilance (human resources, regulatory framework, information management, etc.)</li> <li>• Institution-based information with limited ability to monitor disease trends and service provision at the regional and wilayat levels</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• Commitment to long-term planning (Health Vision 2050 currently under development), strengthening and expanding health service provision</li> <li>• Expansion in the production of various cadres of health professionals both nationally and internationally and with it possibility to promote the “professionalization” of a various cadres of health workers</li> <li>• Potential to build on existing examples of intersectoral collaboration/partnership</li> <li>• Commitment to decentralization</li> <li>• Establishment of a central public health laboratory and commitment to ensuring implementation of International Health Regulations</li> <li>• Building on efforts to strengthen public health emergency preparedness and response system</li> <li>• Development of a medical city will enhance advanced specialized health care delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Demographic and epidemiological transition with increased burden of noncommunicable diseases and an ageing population</li> <li>• Limited non-health sector involvement in efforts to address social determinants of health and the changing behaviours and lifestyles</li> <li>• Strengthening human resource capacity to meet increasing demand for better quality of health care services</li> <li>• Insufficient use of health financing tools such as national health accounts analysis</li> <li>• Growing unregulated private health care sector</li> <li>• Awareness on the strategic planning process and up-to-date health system thinking requires more attention</li> <li>• Sub-optimal productivity in service delivery based on available resources</li> <li>• Co-ordination between levels of care and service provision as well as between institutions needs strengthening</li> </ul>

### Priorities

- Restructure health institutions and organizational chart of the Ministry of Health (within Health Vision 2050)
- Develop an evidenced based health financing strategy that ensures protection to nationals and non-nationals
- Developing an appropriate mix and distribution of skilled health professionals based on a national human resource development plan and career path for all cadres of health professionals
- Strengthen capacity in formulating, monitoring and evaluating policies and plans including regulating the private health care sector
- Developing a quality management/health performance system to ensure provision of quality services at all levels of care
- Strengthen health information system to monitor disease trends, risk behaviors and health system performance at national and regional levels and ensure evidence-based policies and plans
- Establishing a national health accounting system including improving allocation of resources based on need

#### Jointly developed by:

Department of Health Systems Development (HSD) and  
Department of Information, Evidence and Research (IER)