



**Country Cooperation Strategy
for WHO and Oman
2021–2025**



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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ABBREVIATIONS

CCS	Country Cooperation Strategy
CPHL	Central Public Health Laboratory
FAO	Food and Agriculture Organization of the United Nations
FENSA	Framework of Engagement with Non-State Actors
GCC	Gulf Cooperation Council
GIS	Geographic information system
GAVI	Gavi - the Vaccine Alliance
GDP	Gross domestic product
GPW 13	WHO's Thirteenth General Programme of Work
HAQ	Healthcare Access and Quality
ICD-11	International Classification of Diseases 11
ICHI	International Classification of Health Interventions
HIV	Human immuno-deficiency virus
IHR	International Health Regulations
JEE	Joint external evaluation
MMR	Maternal mortality ratio
NCDs	Noncommunicable diseases
OMASS	Oman Antimicrobial Resistance Surveillance System
OECD	Organisation for Economic Co-operation and Development
PHC	Primary health care
PSFHI	Patient Safety Friendly Hospital Initiative
RO	Omani Rials
SDGs	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal health coverage
UN	United Nations
UNGA	United Nations General Assembly
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

The Country Cooperation Strategy (CCS) is WHO's corporate framework strategy to implement the Thirteenth General Programme of Work (GPW 13) (1) in line with country needs and priorities. Moreover, it aligns with the regional Vision 2023, Health for All by All, while addressing the 2030 Agenda for Sustainable Development and the health-related Sustainable Development Goals (SDGs).

A mid-term review of the *Country Cooperation Strategy for WHO and Oman, 2018–2022*, was conducted to evaluate the first two years of implementation, and subsequently recommended a revision of the CCS to realign with the emerging context. Considering its first two years as a transition towards new global and national priorities, WHO and the Ministry of Health decided to develop a new CCS covering the period 2021–2025.

Oman has seen tremendous progress in the health status of its population. Most of the health achievements can be attributed to the dramatic socioeconomic development that has taken place over the past 40 years. Oman is committed to achieving the SDGs. The First Voluntary National Review of the Sultanate of Oman (2019) shows good progress across most of the SDGs and outlines plans to address challenges in achieving the goals by 2030.

Oman has achieved remarkable success and progress in controlling and eliminating major communicable diseases. The current burden of disease in Oman shows a clear epidemiological transition in which 67% of all deaths are from noncommunicable diseases (NCDs); nearly one in five Omani adults are dying before the age of 70 from NCDs.

Oman is committed to meeting its obligations under the International Health Regulations (IHR 2005) and its public health capacities for detection, preparedness and response to communicable diseases, and epidemic and pandemic-prone diseases, are relatively strong.

Following the rapid expansion of health infrastructure over the past five decades, improving the quality of health care has become a main focus for the Government and putting people at the centre of the health system is the strategic choice.

The aim of the *Country Cooperation Strategy for WHO and Oman, 2021–2025*, is to strengthen and guide cooperation between WHO and the Ministry of Health as the steward of all stakeholders operating in the health sector in mutually agreed upon priority areas to promote, maintain, recover and improve the health of all people living in Oman, guided by the priorities addressed in the 10th 5-year health and development plan. This will impact the overall health and well-being in the Eastern Mediterranean Region and beyond in line with Vision 2023 and GPW 13.

Strategic priorities

Strategic priority 1. Moving towards universal health coverage and an equitable, efficient and sustainable people-centred health system

- Promoting equitable, efficient and sustainable health services by reinforcing people-centred quality care, expanding the primary health care (PHC) service package, supporting the standardization and costing of service packages and linking them with programme-based budgeting, collaborating with the private sector, including on the introduction of a health insurance system and promoting health system leadership and governance.
- Strengthening the health workforce by supporting the review of health policies, strategies and plans for human resources for health to ensure the right skill mix,

enhancing the management and leadership skills, and developing the needed categories of health workers.

- Enhancing quality of services by providing support to reinforce the quality improvement system in both the public and private health sector, promote patient safety and risk management, implement a national accreditation system and engage patients, families and communities in planning, delivering and assessing health care.
- Improving access to quality medicines and health technologies by supporting the strengthening of best practices and standards on drug safety, storage, rational drug use and effectiveness in the public and private sector, and establishing and implementing a medical and health technology assessment policy.

Strategic priority 2. Protecting people from health emergencies and eliminating priority diseases

- Enhancing health security by supporting strategic work on building IHR core capacities in all hazards preparedness (including reviewing current preparedness plans), surveillance, adopting a “One Health” approach and strengthening risk communication.
- Building emergency risk management capacity by supporting strengthening of the response to disease outbreaks, enhancing the resilience of the health system and strengthening national capacity, such as in Geographic Information Systems (GIS) expertise and rapid response teams.
- Strengthening the national and regional role of the Central Public Health Laboratory by building national capacity in laboratory diagnostics.
- Eliminating priority diseases by supporting progress towards the elimination of tuberculosis (TB), malaria and mother-to-child transmission of HIV and syphilis and strengthening the antimicrobial surveillance system to improve its sustainability.

Strategic priority 3. Promoting healthier lifestyles and well-being and maximizing partnerships to address the social determinants of health

- Addressing this burden of NCDs by providing technical support for the adoption and implementation of the WHO ‘best buys’ and building an evidence base for the NCDs business case for non-health actors, especially in promoting exclusive breastfeeding and physical activity for health, reducing the consumption of unhealthy food high in sugar, fat and salt and tobacco use and addressing marketing of unhealthy foods to young people.
- Aligning policies with the SDGs by providing support to improving health over the life course, promoting mental health, addressing the social determinants of health, and strengthening substance abuse and disability programmes.
- Maximizing collaboration and partnership by supporting community-based initiatives under a healthy settings approach, such as the health-promoting schools and universities initiative, and strengthening multisectoral partnerships to address the social determinants of health and promote Health-in-All-Policies focusing not only on NCDs but also on environmental health and antimicrobial resistance.

Strategic priority 4. Accelerating and reinforcing the use of information technologies and data for policy-making and expanding digital health

- Strengthening the health information system by supporting the establishment of a national health information coordination mechanism, implementation of an integrated national health information system, including the transition to International Classification of Diseases, 11th revision (ICD-11) and incorporation of the International Classification of Health Interventions (ICHI) and other WHO standard platforms, and

building institutional capacity for data management and analysis, including the use of GIS, and strengthening mechanisms for data use and review.

- Strengthening knowledge translation by supporting the promotion of high quality public health research, conducting of national health surveys, including research on health financing, enhancing the functionality of the national health observatory, building national capacity for evidence-informed policy-making, including in the development of policy briefs and adaptation of WHO guidelines for national health priorities and promoting the production of policy-relevant research response to national health priorities.

Strategic priority 5. Broadening partnership with Oman for global and regional health diplomacy

- Strengthening Oman’s regional and global leadership by strengthening existing partnerships and building new alliances such as in the areas of public health laboratories and patient safety.
- Providing technical support by promoting the achievements of Oman’s health system and offering the country as a safe environment to carry out activities and interventions to strengthen the resilience of neighbouring health systems, including the Health as a Bridge for Peace initiative.

Note: This document, drafted between October 2020 and May 2021, does not address the COVID-19 pandemic and its impact on the health and well-being of people. The COVID-19 pandemic has highlighted critical strengths and weaknesses of the health system in countries around the world. Oman’s response to the pandemic is currently being reviewed; however, a more comprehensive understanding of the public health impact may not be known for years to come. Nevertheless, it is hoped that the strategic priorities currently identified are sufficiently broad to encompass the potential recommendations for this review.

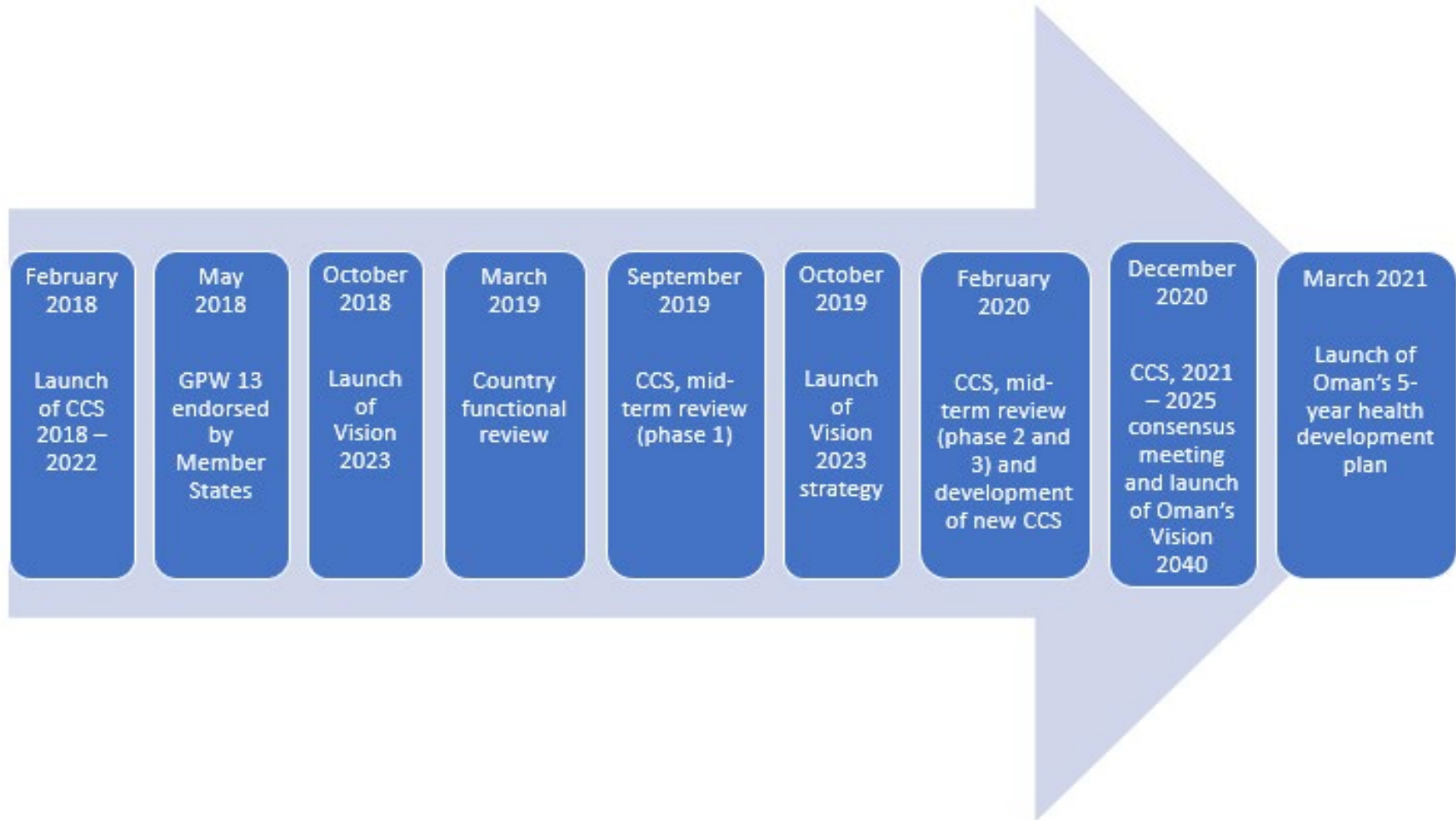
1. BACKGROUND

The Country Cooperation Strategy (CCS) is WHO's strategic framework to guide the Organization's work in and with a country; it is developed in response to country needs and priorities and identifies agreed joint priorities for WHO collaboration (2). Oman is currently implementing its third CCS, covering the period 2018–2022 and launched in February 2018. It was developed in 2016 and 2017 building on the results of an analysis of the situation at that time, considering Health Vision 2050's strategic pillars and *WHO's Twelfth General Programme of Work*. The second biennial country support plan covering the second biennium (2020–2021) of the period addressed by this CCS was signed and launched in Muscat on 20 February 2020.

As planned in the current CCS and as recommended by the latest CCS guidelines (2), the Oman Ministry of Health and the WHO Oman country office conducted a mid-term review from September 2019 to March 2020. It was undertaken in three phases: Preparation (September 2019), Field visits (February 2020) and Synthesis and Report Writing (February 2020). The mid-term review of the CCS focused on the first two years of implementation (2018–2019) looking at its performance in terms of relevance, effectiveness and sustainability. This MTR was also timely for several factors within WHO and in the Oman context. The 13th Global Programme of Work (GPW13) (1) was endorsed by Member States in May 2018 during the 71st World Health Assembly. In October, 2018 the region's *Vision 2023* was launched during the Regional Committee meeting. To adapt and ensure smooth transitioning from GPW12 to GPW13 a process of reprioritization was undertaken in 2018, incorporated into the CSP's mid-term review conducted in February 2019 and finalized in September 2019. The Regional Office, as part of the regional transformation agenda, conducted a Country Functional Review in March 2019. At the same time, the country launched Vision 2040 in 2020, completed the 9th 5-year health development plan and launched the 10th one in March 2021 (See Fig. 1).

The mid-term review found the collaborative programme being implemented in Oman relevant to global and national health priorities. It was adapting well to the changing strategic environment achieving full financial execution by the end of the first biennium in spite of some staffing deficiencies. While the WHO country office was well supported technically and financially by the global and regional levels, the review noted that there was room for improvement in terms of timeliness in the delivery of outputs. The role of WHO as a technical leader in the health sector was also greatly enhanced during the period reviewed with the WHO/Ministry of Health partnership being considered as a model to be followed by all United Nations agencies operating in Oman. The main recommendations from the review included undertaking a full revision of the CCS 2018–2022 to better align with new WHO global and regional priorities and promoting a flexible process by which ongoing contextual changes in Oman, including the impact of COVID-19 pandemic, are taken into consideration during its implementation. Having considered 2018–2019 as transitional years, it was recommended that the revised CCS covers the period 2021–2025 that aligns with the Ministry of Health's planning cycle.

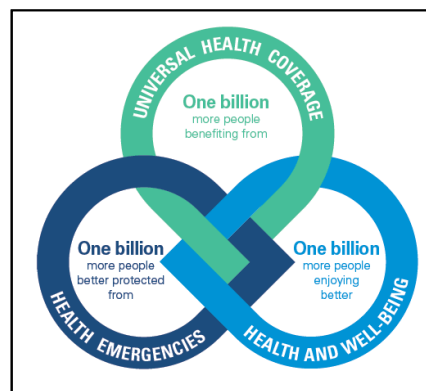
Fig. 1. Timeline of key events in the development of the CCS, 2021–2025



2. WORLD HEALTH ORGANIZATION: LEADING GLOBAL HEALTH AND SUPPORTING OMAN NATIONAL SYSTEM

The World Health Organization is the global independent leader in health and the directing and coordinating authority for public health within the United Nations system. WHO operates six regional offices supporting programmes in 195 signatory Member States through 150 country offices. The Eastern Mediterranean Region comprises 22 countries and territories covering a population of around 679 million.

To meet the goal of ensuring healthy lives and well-being for all at all ages, the strategic priorities of WHO's Thirteenth General Programme of Work (GPW 13) are structured around three thematic areas: 1) advancing universal health coverage; 2) addressing health emergencies; and 3) promoting healthier populations. These priorities are supported by three strategic shifts: stepping up leadership; driving impact in every country; and focusing global public goods on impact (*I*). The regional Vision 2023 – Health for all by all is anchored in and contributes towards the implementation of GPW 13 and to the SDGs.



Oman is one of the six members of the Gulf Cooperation Council (GCC). It is classified as a high-income country with a gross domestic product (GDP) per capita of around US\$ 47 000. The country has been through rapid development since 1970 when His Majesty late Sultan Qaboos led a process of modernization and economic development with strong investment in key sectors, namely education and health, which has made the country today among the 50 most developed countries in the world.

Soon after the ascension to the throne of His Majesty late Sultan Qaboos in 1970, Oman joined WHO as a Member State, opening its country office in 1971. Since then, WHO has worked together with the Ministry of Health in supporting strategic developments in health. In January 2020, His Majesty Sultan Qaboos died and was succeeded to the throne by His Majesty Sultan Haitham Bin Tariq Al Said who will continue leading the country towards economic diversification. The newly launched Vision 2040 constitutes the guide and key strategic planning reference for the country over the next two decades. The new approach in this vision revolves around reshaping the roles and relations between the public, private and civil sectors to ensure effective economic management moving towards a developed, diversified and sustainable Omani economy. Oman Vision 2040 is underpinned by values of equity, citizenship and Omani identity. The new direction in the health sector aims at diversifying health care financing and supporting decentralized decision-making, with the Ministry of Health strengthening its steering and policy-making role within the sector and promoting the principle of health as an individual responsibility.

3. HEALTH IN OMAN: ACOMPLISHMENTS, SOCIAL DETERMINANTS AND RISKS

Developments in education and basic service infrastructure (roads, communication, improved housing, water and sanitation) have clearly contributed to health and overall development and explains Oman's high Human Development Index ranking (0.821 in 2018 ranking 48/189). However, development comes with inherent health risks, such as eating unhealthy foods or physical inactivity. Better roads are tragically linked to more frequent and more severe traffic accidents resulting in increased death and disability.

Oman's ranking in the Gender Inequality Index (4) has improved substantially in the last decade, reducing from 0.389 in 2005 to 0.264 in 2017. Gender equity has been strongly promoted in education with universal primary education enrolment having been achieved, which is well known to have a positive influence in the health status not only of women but of the entire population. However, inequalities persist with some pockets of society being disadvantaged and more vulnerable to health risks. While Oman's health system moves towards universal health coverage (UHC), there are pockets of vulnerability. For example, within the expatriate community, unskilled workers living in poor conditions reportedly face difficulties in accessing health care; these groups also face a higher prevalence of TB (5). Another group facing difficulties and greater vulnerability is Yemeni refugees; although the numbers are estimated to be currently around 2500; this number could increase due to the volatility of the situation in Yemen. There are reports of this group living in precarious conditions and facing problems in accessing health care. Addressing these and other health inequities are a priority and require a more in-depth understanding of the social determinants of health to prioritize and advocate for multisectoral action.

Climate change is impacting human lives and health by threatening the essential determinants of good health in Oman – clean air, safe drinking-water, nutritious food supply, and safe shelter. It is also leading to extreme weather conditions that threaten water security and agricultural production and increase the risk of heat-related illness and an increasing number of emerging diseases and natural disasters. Together, they have the potential to undermine the decades of progress made in improving the health status of people living in Oman.

Oman has seen a rapid shift from a predominantly rural society to a highly urbanized population in the last four decades (6). This rapid urbanization is now challenging local infrastructure, resources, the environment, and consequently, health. While urban settings often offer better access to health services than more rural or remote settings, they can pose health challenges for less advantaged communities, such as those living in poor or overcrowded housing and unsanitary conditions, or exposed to extreme temperatures (7). The country is investing in building capacity in environmental health to tackle various environmental health issues, including air pollution, now known to be the cause of many respiratory chronic diseases, including lung cancer.

The country aims to address the social determinants of health across the life course through a whole-of-government approach to achieve the SDGs with a special emphasis on targets related to NCDs. The healthy settings approach is being substantiated through efforts towards a healthier environment more conducive to a healthier life. After the nomination of Sur as a healthy city the Government is developing a plan to achieve that status also for Muscat; the Nizwa healthy lifestyle project is yet another success story. Efforts within school and university settings, such as the health-promoting schools and universities initiative, peer education programmes, and adolescent health services are being emphasized as a strategic investment towards addressing NCDs and achieving a better degree of well-being as school-aged children and youth aged 5–24 years comprise 39% of the Omani population.

Oman's 2017 nutritional survey reported that early initiation of breastfeeding is reasonably good in Oman but that other indicators of infant and child feeding are suboptimal (8). The prevalence of wasting (9.3%) and stunting (11.4%), which have changed little in the past 10 years, are somewhat elevated given the socioeconomic level of the country with anaemia representing a moderate public health problem in children. These findings indicate specific gaps in breastfeeding and complementary feeding. Further research is needed to determine the causes of stunting and wasting so that targeted interventions can be implemented. Oman is progressing well on many of the SDG 3 targets. Almost all pregnant women (96.4%) receive at least four antenatal care visits. Skilled birth attendance in Oman has been almost universal since 2006 (99% in 2017) (9), which has contributed to a reduction in the maternal mortality ratio from 27.3 per 100 000 live births in 1990 to 17 in 2015. The under-5 mortality rate (35 per 1000 live births in 1990 to 10.2 in 2019) and infant mortality rates (36.3 per 1000 live births in 1990 to 8.0 in 2019) have dropped significantly. Approximately 15% of infant deaths occur during the first week of life and 79% during the first month, mainly due to congenital anomalies, birth defects and other causes related to the period of pregnancy. In fact, 83 newborns in every 1000 suffer from birth defects or disabilities every year, and hence early detection of anomalies and expanding newborn screening could further reduce childhood mortality and disability.

The current burden of disease in Oman shows a clear epidemiological transition in which NCDs are responsible for most illness and death (10). These diseases have grown significantly in the last decade. More than 4000 Omanis die each year from one of the four main NCDs representing 67% of all deaths; nearly one in five Omani adults are dying before the age of 70 from NCDs (11). A quarter of the Omani population over 18 years (23.1%) has high blood pressure and two thirds (66.6%) are overweight or obese (12). Unhealthy diet, physical inactivity and tobacco use is of increasing concern, particularly among younger populations. Significant efforts have been made in recent years to address this growing burden, including the establishment of a National Multisectoral Noncommunicable Disease Committee in 2012, development of a national NCD policy and action plan, the adoption of a national screening programme to detect NCDs in those of 40 years and above, the integration of the most common NCDs (diabetes, hypertension and asthma) in primary health care (PHC) and ensuring the availability of all essential medications, the introduction of standards for salt in bread, and most recently, the introduction of taxation on sugar sweetened beverages, energy drinks, tobacco product and soft drinks. Investing in effective salt reduction initiatives and scaling up tobacco control as cost-effective interventions are urgent priorities. Shifting subsidies from health-harming products to health-promoting ones, strengthening multisectoral, whole-of-society action on NCDs and their risk factors and implementing innovative solutions to promote healthy behaviour should be considered, especially among individuals under 25 years who comprise more than half of the population, if Oman is to meet SDG 3.4 (13). Efforts have been made to integrate mental health services in PHC and a national strategy for substance use disorders (2016–2020) has been finalized.

In the context of the increasing NCD burden, the Government of Oman, with support from WHO, is planning to apply the Health-in-All-Policies approach by putting health in a central position of the political agenda and recognizing that this problem transcends the health sector and requires a multisectoral approach, as presented in the NCD investment case study. WHO is supporting Government in developing regulatory frameworks and fiscal measures to address the problem and the use of m-technology to promote healthy behaviours, such as increasing physical activity and reducing tobacco use. Lessons learned from the whole-of-government approach used for the COVID-19 pandemic response, as well as multisectoral efforts such as in school health to address the needs of children, adolescents and young adults in schools and university will be useful not only for preparedness and response in emergencies but in addressing priority health issues, including NCDs.

Road traffic injury was a major problem with more than 4500 traffic injuries reported in 2011, which was contributing to premature death in Oman and adding to the increasing burden of disability due to other causes such as falls and congenital anomalies. However, these figures have been dramatically reduced after strict regulations introduced by the Royal Oman Police with 2815 cases reported in 2018, which shows how a multisectoral approach can address significant public health issues.

Addressing persons with disability by the health and social sectors is in line with Oman's commitment to the Convention on the Rights of Persons with Disabilities. Despite the Government's efforts to support and empower persons with disabilities, limited information is available on disability in the country and services are fragmented and limited in scope and coverage. Current efforts are focused on establishing standards and guidelines for diagnosis and assessment through the PHC system, in close collaboration with the Ministry of Social Development. Oman successfully piloted the implementation of the WHO Model Disability Survey in 2016 and thus, may wish to consider implementing it nationally or in selected regions in the coming years as it would provide the relevant information on functioning and disability for developing policies and allocating resources for health and social services.

Oman has achieved remarkable success in controlling or eradicating major communicable diseases. The Expanded Programme on Immunization (EPI) has successfully maintained a high coverage for an extended period remaining at 99% in 2017, which resulted in the elimination of vaccine-preventable diseases like poliomyelitis, neonatal tetanus and diphtheria. In 2012, Oman became the first country to eliminate trachoma and subsequent to this in May 2019 Oman was declared to have also eliminated measles and rubella following a successful nationwide vaccination measles campaign in September 2017 (14).

Potential diseases for elimination include hepatitis B and C, mother-to-child transmission of HIV and syphilis, TB and malaria. The country is now advancing solidly towards elimination of mother-to-child transmission of HIV and syphilis. Oman is classified as a country with low incidence of TB¹ (TB incidence 6.7 per 100 000) and is now committed to include TB elimination as an integral component of its national development agenda to reach the targets of the SDGs – a global flagship initiative. Similarly, there is commitment to achieve the End TB Strategy and United Nations General Assembly (UNGA) Political Declaration goals and targets (15). Oman, having achieved the status of being free of indigenous malaria and having reported only imported cases from 2011 to 2018, is preparing to embark with WHO on the process of certification of malaria elimination. In this regard, maintaining a strong surveillance system and close multisectoral action remain a high priority.

The Oman Antimicrobial Resistance Surveillance System launched in May 2016 focused on both antimicrobial resistance and usage. The system is one of the main pillars in Oman's national strategy for the containment of antimicrobial resistance. It is now producing information about antimicrobial resistance and usage on an annual basis and sharing it with all surveillance sites for its use in decision-making at the local level (16).

Globalization, international travel and climate change are increasing the threats of emerging and re-emerging zoonoses in the country. The first dengue outbreak in the Muscat governorate is an example of the country's vulnerability but also the strength of the surveillance system in identifying and controlling this outbreak (17). The introduction of Tarassud plus, a multilingual mobile application providing up-to-date COVID-19 statistics, guidelines and best practices during the COVID-19 pandemic is a good example of the system's agility in adopting powerful technological solutions (18). Strengthening collaboration and coordination mechanisms using a

¹ Low TB incidence: <100 cases (all forms) per million (<10/100,000); Pre-elimination <10 cases (all forms) per million by 2035; Elimination <1 case (all forms) per million by 2050.

“One Health” approach, including integrating zoonoses surveillance and vector-borne disease management will ensure more effective use of available resources (19).

4. THE HEALTH SYSTEM IN OMAN: PROGRESS AND CHALLENGES

Oman’s health system has gone through three phases of development since 1976. The first phase, which extended to 1990, was directed at building the country’s health infrastructure. The second phase, from 1991 to 2005, focused on the development of the various health system elements and their governance sub-systems, with plans developed at central, regional and local levels. The third phase, which began in 2005, is now targeted at providing comprehensive health care coverage using high-level strategic planning to pinpoint and address the specific needs of the sector.

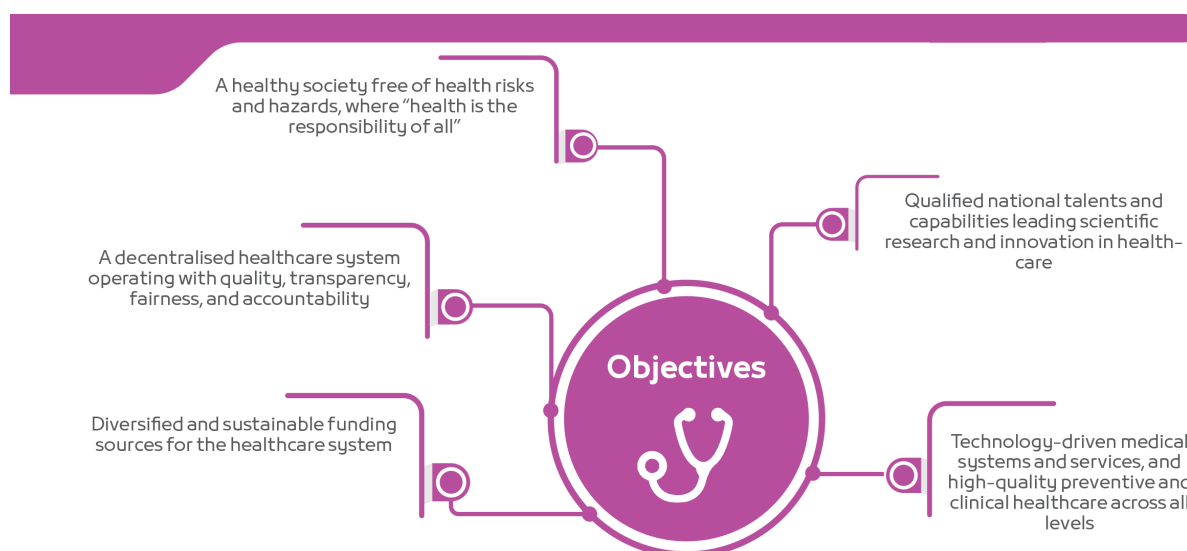


Fig. 2. Health objectives of Oman's Vision 2040

Oman Vision 2040¹ for the health sector aims at diversifying health care financing aimed at increased sustainability and decentralizing power and authority to increase fairness, responsiveness, and accountability with the Ministry of Health strengthening its steering and policy-making role and promoting the principle of health as an individual responsibility (Fig. 2). Innovation and high-quality research are meant to guide the development of the system using locally produced evidence for decision-making. Technology will continue contributing to strengthening the quality of health services at all levels of the system, from specialty centres to primary and community care. Considering human capital as the main asset of the health system, strengthening human capacity remains a priority. To achieve this, the priorities for the next five years revolve around: strengthening the people-centredness approach to the health system; establishing a health system that is based on decentralization, quality, transparency, equity and accountability, diversifying financing for sustainable health systems, developing an appropriate health workforce and pioneering in health research and innovation; developing health systems for health technology for quality prevention and treatment services as described in the 10th 5-year health development plan.

Achieving UHC through PHC constitutes the value-based aim underpinning the health system in Oman. Sustained investment and high political commitment to health, including PHC, has resulted in substantial progress towards universal access to health care. Access and quality of health care have improved substantially in the last decades as reflected in a

¹ Oman Vision 2040. Muscat; Government of Oman; 2013

(<https://www.national-day-of-oman.info/wp-content/uploads/2020/11/OmanVision2040-Preliminary-Vision-Document.pdf>, accessed 14 July 2021).

Healthcare Access and Quality (HAQ) Index, which increased from an estimated 52.5 in 1990 to 76.2 in 2016 (10). Consequently, life expectancy increased from 71.4 years and 66.9 in 1990 to 79.5 and 75.5 in 2017 in women and men, respectively. Oman's universal coverage index is currently estimated at 69%.¹

Health care services are delivered through a network of health facilities, including basic health centres, health centres with beds, extended health centres and local hospitals providing primary health care. *Wilayat* hospitals and governorate hospitals provide secondary care and national referral hospitals are providing tertiary and specialized care. While the health service network has expanded impressively in the last four decades there are some challenges. Tertiary care is currently overloaded whereby national referral hospitals are severely congested with cases that do not necessarily require that level of specialization compromising the quality of care delivered at these facilities. Health centres are meant to cover around 10 000 people. However, most health centres located in urban more densely populated areas cover more than 15 000 people.

The Government in Oman owned and operated around 60.2% of hospitals in the country in 2019 according to estimates, accounting for roughly 73.4% of all available hospital beds. However, with rising costs and increasing demand, the Government is expanding the role of the private sector and establishing a national accreditation system to strengthen the quality of care and patient safety in private institutions. The introduction of the insurance scheme for expatriates can ensure coverage for non-nationals but requires a strong regularly framework to guarantee good performance. A health road map that identifies strategies to address missing services and technologies (including treatment abroad) at the national and regional levels and encourage the development of a non-profit health care sector would provide guidance on how best to shape the growth of the private health care sector and complement the public sector. Such a plan would ensure the best outcome is achieved from the development of the private sector and safeguard the interests of the public.

Fiscal space for health has been relatively protected within an overall social safety net, including education, health, housing and social protection increasing up to a record level of 11% in 2019. However, falling oil prices may have an adverse effect on the overall fiscal space. Per capita government health expenditure has increased by 54% between 2010 and 2017 with all health expenditure indicators increasing despite revenue falling. However, current overall health expenditure represents around 3.8% of GDP, which is below the regional average of 9%, or the global average of 10%. Nevertheless, public services are nearly free at the point of delivery with the current proportion of total health expenditure coming from out-of-pocket payments kept relatively low at 6.4%, well below the Organisation for Economic Co-operation and Development (OECD)'s 8.6%, the regional 40%, or the global 32% averages (20), which provides strong financial protection to Omani citizens. Services are currently available at all levels for Omanis in the public service network while current initiatives for introducing compulsory health insurance for expatriates are synergistically moving the country closer to achieving UHC.

However, in the current socioeconomic landscape, maintaining progress towards UHC is an ongoing challenge. There are substantial differences in the quality of services provided by the public and the private sectors. The Government of Oman in Vision 2040 and the 5-year health

¹ Coverage index for essential health services (based on 16 tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access). It is presented on a scale of 0 to 100. Values greater than or equal to 80 are presented as 80 as the index does not provide fine resolution at high values. (World Bank, 2019). See also Monitoring health and health system performance in the Eastern Mediterranean Region, 2019 <https://apps.who.int/iris/handle/10665/331953>, accessed 14 June 2021).

plan envisages strengthening the diversification of funding sources for the health sector, giving greater participation to the private sector but maintaining the current strong social protection. Plans are being considered to establish a health care financing unit in the Ministry of Health sustainably staffed with health economists, which may contribute to strengthening and ensuring the continuity of efforts in this key area.

Oman had a density of key health workers (doctors, nurses and midwives) of 6.2 per 1000 population in 2017, well above the average in the Region of around 2 per 1000. Overall, more than half of the health workforce (56%), including public (Ministry of Health and other public sectors) and the private sector was Omani by the end of 2017. Among key cadres 30% of doctors (54% of consultants, 19% of specialists and 33% of general doctors), 48% of nurses, 27% of pharmacists and 26% of dentists were Omani by the end of 2017 (21). Out of all Omani health workers only 9% work in the private sector, which demonstrates the attractiveness of the public sector for Omani professionals.

The success in the Omanization process is a reflection of the extensive efforts made in training health professionals locally with only specialization in specific areas requiring education abroad. For example, in the 2018–2019 academic year, 559 students graduated from various undergraduate nursing and allied health disciplines and another 70 graduated with BSc and higher diplomas in the Ministry of Health education institutions; a comparatively smaller portion (65 health care nurses and allied health professionals) graduated from universities abroad. A new mix of health professionals is now required, including health economists, applied social scientists, specialized nurses, health promotion specialists, health system researchers, clinical pharmacists or occupational therapists. While there is accurate knowledge about current stocks and flows of health workers there is a gap in strategic intelligence about the health labour market and long-term human resources for health projections. The recent development of the National Health Workforce Accounts provides, for the first time, figures for policy decisions. However, the development of a national human resources for health strategy is critical to ensure appropriate human resources are in place to achieve UHC and improve the coordination, efficiency and accountability across the different units in the Ministry of Health, as well as with other relevant sectors in the country.

Within the overall national strategic direction towards e-government, a national e-health strategy is currently being implemented. At the centre of this e-health strategy is Al-Shifa, a comprehensive health care information management system developed as a complete solution for health care facility management comprising electronic medical records to elements for assets, medicines, supplies and human resource management. The system captures all aspects of patient information that has clinical significance, right from a patient's referral/walk-in to the health care facility to discharge. However, information about the private sector is not fully captured, which affects a large group of the population served by private providers. Despite the soundness of the e-health system and the advanced technology involved, recent research reports deficiencies in the overall health information management/governance. Issues related to the workforce dealing with the system are reported as critical. While Al-Shifa produces good quality data, translating this into information for decision-making needs to be strengthened.

The Government is committed to ensuring that only safe and potent medicines licensed by the Government are sold or distributed in the country. The Ministry of Health currently spends approximately 7.3% of recurrent expenditure on medicines. The per capita expenditure on drugs and medical supplies has more than doubled during the past 17 years, from Omani Rials (RO) 7.2 to RO 15.1. The country has a proactive policy on improving access to essential medicines by promoting the rational use of medicines, introducing clinical pharmacists for advanced practice, and has recently developed a plan of action to ensure good

governance in medicines. However, generic products account only for 15% while only 7.6% of pharmaceuticals are purchased in the local market. Efforts are under way to move towards self-reliance in pharmaceuticals and medical supplies, as described in the 10th 5-year health development plan. Such efforts would contribute to strengthening the sustainability of the health system.

Oman is committed to meeting its obligations under the IHR 2005. Addressing antimicrobial resistance is being placed high on the agenda. Public health capacities for detection, preparedness and response to communicable diseases, and epidemic and pandemic-prone diseases, are strong. The central public health laboratory serves as a reference laboratory for the Eastern Mediterranean Region for several pathogens. 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 the participation of all health partners. 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). A review of the health sector's response to COVID-19 will be critical in guiding how best to strengthen the health security system and protect people's health.

Oman is a pioneer in implementing patient safety within its health care institutions. Patient safety is central to Oman's health policy. The WHO Patient Safety Friendly Hospital Initiative (PSFHI) encourages safe health practices in health care facilities as a core element of services provided. The initiative introduces a comprehensive set of standards and a framework through which hospitals can deliver safer patient care. Sixteen of these hospitals are recognized by WHO as Patient Safety Friendly Hospitals, while another 10 in the pipeline to be designated as such. More recently, the Directorate General of Quality Assurance Center in collaboration with WHO, launched a patient safety standards framework for PHC settings. While the patient safety programme is considered a global and regional leader developing a supportive patient safety culture within health care organizations in Oman remains high on the quality of care agenda.

5. THE PARTNERSHIP ENVIRONMENT

The Ministry of Health is actively engaged in strengthening collaboration with bilateral partners, health and development partners and international universities; a priority highlighted in the 10th 5-year health development plan. Oman is a member of the Gulf Cooperation Council and collaborates closely with GCC countries on health issues. The country also has excellent technical relationships with United Nations agencies and bilateral partners although receives minimal financial support as it is a high-income country.

WHO is the main health partner in Oman and works closely with three other United Nations agencies in the country, the Food and Agriculture Organization of the United Nations (FAO), United Nations Children Fund (UNICEF) and United Nations Population Fund (UNFPA). Together these agencies support the work of the Ministry of Health in a harmonized manner such as the recent engagement with the Ministry of Health, UNFPA and the Omani Society of Obstetrics and Gynaecology to establish a hotline to respond to women's queries on the COVID-19 pandemic. There is potential to develop joint programmes with UNFPA on youth and women's health, and with UNICEF on early childhood development and nutrition. In addition, new projects and approaches could be further explored with FAO and UNICEF in engaging the private sector to improve the food system in Oman, and with FAO on the "One Health" approach.

WHO collaborates with other institutions, including education, higher education and municipality sectors and other public authorities to support the national health agenda. Collaboration with academia and professional associations is expanding to not only support national health priorities but to also engage regionally, such as in the close collaboration between Sultan Qaboos University and the University of Aden to support curriculum development in medicine and nursing and provide opportunities for postgraduate training. The initial engagements with the private sector have focused on nutrition; however, more work could be done with technical backstopping from the WHO Regional Office for the Eastern Mediterranean to explore engagement mechanisms to leverage potential engagement through corporate social responsibility within the Framework of Engagement with Non-State Actors (FENSA) framework. Strengthening collaboration with key stakeholders within the health sector has great potential to improve policy-making and strengthen the national health system.

6. COLLABORATION BETWEEN WHO AND OMAN

Oman plays an important role in the global and regional health agenda most recently reflected in their 2018 initiative to declare 17 September as Patient Safety Day, which was adopted globally at the 72nd World Health Assembly (WHA) in May 2019. Because of its strategic location and stable environment, Oman is increasingly hosting regional and global events, such as the Global Meeting to Accelerate Progress on SDG Target 3.4 on NCDs and Mental Health in Muscat in December 2019, which was organized as part of the GCC Health Council's agenda. Prior to the declaration of the COVID-19 pandemic in February 2020, Oman regularly hosted intercountry meetings with the numbers doubling between issuance of Programme Budget (2016–2017) and Programme Budget (2018–2020).

WHO, following guidance from GPW 13, is assuming a new role within the partnership with the Government of Oman. Health diplomacy plays an important role in this shift using WHO's legitimacy, reputation, expertise and convening power to help the Ministry of Health and other related sectors to position themselves strategically at national, regional and global levels to obtain the support required. This is further facilitated by Oman's neutrality and wide acceptance across Member States, especially within the Region.

Instead of covering all areas of the health system, the 'new WHO' should first prioritize and focus on a few areas of technical support where it clearly and specifically can add the unique value that no other institution can. Then, WHO should increasingly shift resources and efforts towards facilitating processes leading to new partnerships and alliances. In order to enable that, WHO should create an environment where locally generated and external evidence is used through discussion with partners and thorough comparative analyses to make bold decisions for the health sector. Some initiatives are already being consolidated in this regard. The United States Centers for Disease Control and Prevention, Atlanta, capitalizing on the strong position of WHO within the Ministry of Health, is currently planning to establish a regional hub that will benefit not only Oman but additional countries by strengthening its Central Public Health Laboratory.

Oman's public health expertise is increasingly benefiting the Region. The Central Public Health Laboratory – the regional reference laboratory for influenza and polio – is being recommended as a regional reference laboratory for emerging and reemerging diseases and provides support for countries with limited or no capacity to detect other pathogens, such as Yemen. In addition it contributes to capacity-building and offering fellowships to individuals in the Region. In 2018, Oman was designated as a WHO Collaborating Centre on Quality and Patient Safety Training and is fulfilling its mandated role in supporting other countries; this serves as yet another platform whereby Oman shares its experience in patient safety initiatives, especially the designation and implementation of Patient Safety Friendly Hospitals. Oman's capacity in immunization management has been broadly recognized at regional level having been recently proposed as a centre of excellence to facilitate capacity-building for neighbouring countries. Such contributions are increasingly being appreciated and paving the way for new collaborating centres that could serve the Region, such as the one for NCDs.

The strategic location of Oman as a stable and neutral country within a region affected by conflict has strengthened its role and increased its potential as an agent for peace and reconciliation. In November 2019, during a multilateral consultation led by Oman and Switzerland, in collaboration with the WHO Regional Office a Health for Peace Initiative proposed by Oman was discussed. One of the main conclusions was that the "health community" can do more and better in positioning health as a contributor to peace and improve health and well-being in conflict-affected countries, particularly those in WHO's

Eastern Mediterranean Region. The WHO country office in Oman, in close collaboration with the Ministry of Health, is offering logistic support for managing humanitarian supplies, such as in Yemen and Somalia. Oman is a reliable base for the Health as a Bridge for Peace initiative from where support can be offered to countries in conflict to consolidate agreements and strengthen collaboration beyond the causes of the conflict. Health professionals operate within a global ethical mandate offering help to all without discrimination that can build links between contenders and establish initiatives conducive towards peace and stability.

7. STRATEGIC AGENDA FOR COOPERATION

The development of the strategic agenda of cooperation between the Ministry of Health, Oman and WHO for 2021–2025 began with the mid-term review of the previous CCS conducted between September 2019 and February 2020. Given the changes at the national and global level, it was agreed to develop a new CCS that would align with the 10th 5-year national health development plan launched in April 2021. Development of the CCS was greatly facilitated by the robust CCS mid-term review, good collaborative work through the biennial planning process and the country functional review conducted in March 2019.

A joint meeting was held in December 2020 between WHO and senior level Ministry of Health officials, led by the Minister of Health, and the WHO Representative reviewed and agreed to the proposed priorities. Further consultations with decision-makers and a careful review by programme managers further finetuned the CCS to ensure that it was fully aligned with national needs and priorities identified in the national plan.

Strategic priority 1. Moving towards universal health coverage and an equitable, efficient and sustainable people-centred health system

- Promoting equitable, efficient and sustainable health services by reinforcing people-centred quality care, expanding the PHC service package, supporting the standardization and costing of service packages and linking them with programme-based budgeting, collaborating with the private sector, including on the introduction of the health insurance system and promoting health system leadership and governance.
- Strengthening the health workforce by supporting the review of health policies, strategies and plans of human resources for health to ensure the right skills mix, enhancing the management and leadership skills, and developing the needed categories of health workers.
- Enhancing quality of services by providing support to reinforce the quality improvement system in both the public and private health care sector, promoting patient safety and risk management, implementing a national accreditation system and engaging patients, families and communities in planning, delivering and assessing health care.
- Improving access to quality medicines and health technologies by supporting the strengthening of best practices and standards on drug safety, storage, rational medicine use and effectiveness in the public and private sector and establishing and implementing a medical and health technology assessment policy.

Strategic priority 2. Protecting people from health emergencies and eliminating priority diseases

- Enhancing health security by supporting strategic work on building IHR core capacities in all hazards preparedness (including reviewing current preparedness plans), improving surveillance, adopting the “One health approach” and enhancing risk communication.
- Building emergency risk management capacity by supporting the strengthening of response to disease outbreaks, enhancing the resilience of the health system, and strengthening national capacity, such as in GIS expertise and rapid response teams.
- Strengthening the national and regional role of the Central Public Health Laboratory by building national capacity in laboratory diagnostics.
- Eliminating priority diseases by supporting progress towards the elimination of TB, malaria and mother-to-child transmission of HIV and syphilis and strengthening the antimicrobial surveillance system to improve its sustainability.

Strategic priority 3. Promoting healthier lifestyles and well-being and maximizing partnerships to address the determinants of health

- Addressing the burden of NCDs by providing technical support for the adoption and implementation of the WHO ‘best buys’ and building an evidence base for the NCDs business case for non-health actors, especially in promoting exclusive breastfeeding and physical activity for health, reducing the consumption of unhealthy food high in sugar, fat and salt and tobacco use and addressing marketing of unhealthy foods to young people.
- Aligning policies with the SDGs by providing support to improving health over the life course, promoting mental health, addressing the social determinants of health, and strengthening substance abuse and disability programmes.
- Maximizing collaboration and partnership by supporting community-based initiatives under a healthy settings approach, such as the health-promoting schools and universities initiative, and strengthening multisectoral partnerships to address the social determinants of health and promote Health-in-All-Policies focusing not only on NCDs but also on environmental health and antimicrobial resistance.

Strategic priority 4. Accelerating and reinforcing the use of information technologies and data for policy-making and expanding digital health

- Strengthening the health information system by supporting the establishment of a national health information coordination mechanism, implementation of an integrated national health information system, including the transition to International Classification of Diseases, 11th revision (ICD-11) and incorporation of the International Classification of Health Interventions (ICHI) and other WHO standard platforms, and building institutional capacity for data management and analysis, including the use of GIS, and strengthening mechanisms for data use and review.
- Strengthening knowledge translation by supporting the promotion of high quality public health research, conducting of national health surveys, including research on health financing, enhancing the functionality of the national health observatory, building national capacity for evidence-informed policy-making, including in the development of policy briefs and adaptation of WHO guidelines for national health priorities and promoting the production of policy-relevant research response to national health priorities.

Strategic priority 5. Broadening partnership with Oman for global and regional health diplomacy

- Strengthening Oman’s regional and global leadership by strengthening existing partnerships and building new alliances, such as in the areas of public health laboratories and patient safety. Providing technical support by promoting the achievements of Oman’s health system and offering the country as a safe environment to carry out activities and interventions to strengthen the resilience of neighbouring health systems, including the Health as a Bridge for Peace initiative.

8. IMPLEMENTING THE STRATEGIC AGENDA: IMPLICATIONS FOR THE SECRETARIAT

The strategic priorities for WHO support to Oman during the period 2021–2025 will require close coordinated support between the three levels of the Organization. The collaboration between WHO and Oman is a strong two-way partnership that involves strategic and technical support to the country and the active contribution by Oman to the regional and global health agenda. Oman has a well developed health system that often serves as a model for new and novel interventions. At the same time, as a stable country in a strategic location, Oman may continue its role in hosting regional and global meetings and providing humanitarian support to neighbouring countries, including, but not limited to, the nascent Health as a Bridge to Peace initiative. Bearing these in mind, the support needed has implications for all levels of WHO.

The country office infrastructure, although adequate and fully compliant with minimum operating security standards as per the country functional review report, still requires that staffing issues are addressed. The country office is small in relation to the amount of in-country work required and the increasing demands and associated risks of outbreak and humanitarian needs emanating from the conflict in Yemen and the additional work expected in holding regional events and meetings. Although the number of meetings has been reduced during the pandemic, they are likely to increase during implementation of activities for the period of the CCS given the regional security situation. Together, this requires additional administrative and logistical support, which requires good planning, redistribution of roles and additional support personnel in the country office. The country office manages additional support through alternative mechanisms, including secondment from the Ministry of Health; however, a clear plan is needed to address the need for additional staffing, as per the recommendations of the country functional review.

Support from the Regional Office and headquarters needs to align with the priorities identified in this CCS. The support required from WHO is technical and specialized for a well developed health system, including, but not limited to, health system development (particularly in the area of human resources for health, health financing and health technology) and promoting healthier populations, including addressing the determinants of health, both within the health sector as well as with partners. Due to the importance of intersectoral partnership and collaboration, it is vital that technical expertise is available in Arabic. All technical collaboration should be channelled through the country office to ensure proper coordination and partnership and to support the country as ‘One WHO’. The strategic priority on partnership and health diplomacy needs WHO to support Oman’s efforts to share their good experiences and expertise regionally and globally.

9. MONITORING AND REVIEWING THE CCS

Under the leadership of the WHO Representative, the *Country Cooperation Strategy for WHO and Oman 2021–2025* will be monitored during its implementation by the Ministry of Health/WHO Joint Collaborative Programme Committee and partners, as needed. This committee includes senior decision-makers from the Ministry of Health and WHO. It will also be monitored regularly as part of the biennial WHO country support plan planning cycle conducted in collaboration with all programmes at the Ministry of Health and representatives from subnational levels, overseen by the joint collaborative programme and approved by HE the Minister of Health and the WHO Representative. This planning cycle includes the mid-term reviews and end of biennium reviews for the current biennium and the subsequent ones for 2022–2023 and 2024–2025.

During the Joint Collaborative Programme Committee's periodic meetings (minimum of twice per year) the Committee agrees on effective/practical solutions to address any challenges, including joint assessments of technical capacity required to address them. In addition, critical policy and strategic issues related to health are discussed to identify options to address them and identify where WHO has a comparative advantage and can provide added value. Progress in CCS implementation will be reviewed by the Committee at least once every year and whenever there are significant changes affecting health or national priorities, a change in health situation or risks or if new evidence or information comes to light concerning national public health needs.

A mid-term review should be undertaken in 2023 by members of the Committee, in collaboration with additional government officials and partners, and ensuring participation of the three levels of WHO as using a monitoring framework (see Annex 1 and 2), identifying the lessons learnt, impediments and potential risks or contextual determinants requiring adjustments during the second half of the CCS cycle. A final summative evaluation will be undertaken at the end of the CCS cycle to assess achievements, gaps, challenges, lessons learnt and to develop recommendations upon which to build the next CCS (2). Plans are under way to develop a more detailed monitoring plan in collaboration with the Ministry of Health.

At the time of developing this CCS, the world is experiencing the devastating impact of the COVID-19 pandemic, and discounting its impact will only deter further progress. It is therefore essential that its effects are considered during both the biennial planning cycles and in future reviews.

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ANNEX 1. GPW 13 IMPACT/OUTCOME FRAMEWORK COUNTRY TARGET INDICATORS FOR OMAN, 2019–2023

Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
Policy area WHO GPW 13 - Billion 1/UHC						
1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases	20% relative reduction in the premature mortality (age 30–70 years) from NCDs (cardiovascular, cancer, diabetes, or chronic respiratory diseases) through prevention and treatment	105.2 per 100 000 population. Source: Annual health report 2019. Table A3.		1.1	SDG 3.4.1	6. Increase coverage with screening services for early detection (breast and cervical cancer, premarital, NCDs, cancer, congenital diseases) 11. Reduce morbidity and mortality from NCDs (surveillance, PHC, cancer care, diabetes care)
2. Suicide mortality rate	Reduce suicide mortality rate by 15%	0.8 per 100 000 population. Source: Annual health report 2019. Table A3.	0.25	1.1	SDG 3.4.2	33. Provide comprehensive health care in all specializations in line with increasing caseloads (multidisciplinary clinics, virtual clinics, referral system, LEAN management and rehabilitation, mental health, reducing treatment abroad) 34. Expand specialized care services in PHC (mental health services in PHC, advanced care at PHC)
3. Proportion of women of reproductive age (aged 15–49 years) who have their need for	Increase the proportion of women of reproductive age (aged 15–49 years) who have	39.6% Source: Multiple Indicator	70%	1.1	SDG 3.7.1	2. Implement health promotion initiatives for young women and girls during the

¹ The table details the global milestones for GPW 13 by 2023 as outlined in the WHO Country Cooperation Strategy Guide 2020. Implementing the 13th General Programme of Work for driving impact in every country.

² Data for baseline derived from the WHO Global Health Observatory and/or SDG Global Statistics unless otherwise stated.

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
family planning satisfied with modern methods	their need for family planning satisfied with modern methods to 66%	Cluster Survey, 2014.				reproductive age and post-reproductive age
4. Tuberculosis incidence per 100 000 population	Reduce by 27% the number of new tuberculosis cases per 100 000 population	7.97 per 100 000 population. Source: Annual health report 2019. Table A3.		1.1	SDG 3.3.2	7. Reduce morbidity and mortality from communicable diseases
5. Maternal mortality ratio	Reduce the global maternal mortality ratio by 30%	10.3 per 100 000 live births Source: Annual health report 2019. Table A3.	14%	1.1	SDG 3.1.1	2. Implement health promotion initiatives for young women and girls during the reproductive age and post-reproductive age
6. Hepatitis B incidence per 100 000 population	Reduce hepatitis B incidence to 0.5% for children under 5 years of age (estimated HBsAg prevalence (%; 95% CI))	0.4 Source: Annual health report 2019. Table A3.		1.1	SDG 3.3.4	7. Reduce morbidity and mortality from communicable diseases
7. Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Reduce number of new HIV infections per 1000 uninfected population by sex, age and key populations by 73%	0.06 per 1000 population Source: Annual health report 2019. Table A3.		1.1	SDG 3.3.1	7. Reduce morbidity and mortality from communicable diseases
8. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure	20% relative reduction in the prevalence of raised blood pressure	33.3% Source: Oman national NCD and risk factors survey, 2017.		1.1	WHA 66.10	11. Reduce morbidity and mortality from NCDs (surveillance, PHC, cancer care, diabetes care)
9. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Increase service coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders to xx%	No data		1.1	SDG 3.5.1	33. Provide comprehensive health care in all specializations in line with increasing caseloads (multidisciplinary clinics, virtual clinics, referral system,

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
						<p>LEAN management and rehabilitation, mental health, reducing treatment abroad)</p> <p>34. Expand specialized care services in PHC (mental health services in PHC, advanced care at PHC)</p> <p>37. Promote quality of care and safety for care providers and their patients (PSFHI, incident management, patients' experiences)</p>
10. Health worker density and distribution	Increase health workforce density, with improved distribution per 10 000 population	<p>Doctors = 20.8</p> <p>Nurses = 44.0</p> <p>Dentists = 3.2</p> <p>Pharmacists = 5.7</p> <p>Source: Annual health report 2019. Table A3.</p>		1.1	SDG 3.c.1	<p>26. Increase the health workforce in number and skills mix</p> <p>27. Provide training opportunities and capacity-building for all cadres in different specializations</p> <p>28. Increase the number of jobs for health and allied health professions as part of the Omanization process</p> <p>29. Attract and retain health workforce capacity (incentivization, etc.)</p>
11. Coverage of essential health services (defined as the average	Increase coverage of essential health services (Universal	<p>74%</p> <p>Source: Annual health report</p>		1.1	SDG 3.8.1	1. Develop a sustainable essential health care package

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)	Health Coverage Service Coverage Index ³)	2019. Table A3.				for family and community health to achieve UHC 2. Implement health promotion initiatives for young women and girls during the reproductive age and post-reproductive age 5. Enhance promotive health services for vulnerable groups (elderly, disability) 7. Reduce morbidity and mortality from communicable diseases 11. Reduce morbidity and mortality from NCDs (surveillance, PHC, cancer care, diabetes care)
12. Proportion of births attended by skilled health personnel	Reduce the global maternal mortality ratio by 30% (Proportion of births attended by skilled health personnel (%))	98.6% Source: Annual health report 2019. Table A3.		1.1	SDG 3.1.2	2. Implement health promotion initiatives for young women and girls during the reproductive age and post-reproductive age
13. Under-5 mortality rate	Reduce the preventable deaths of newborns (neonatal mortality rate), and children under 5 yrs. of age (under-five mortality rate) by 17% and 30%, respectively per 1000 live births	Neonatal = 5.1 under five = 10.2 Source: Annual health report 2019. Table A3.		1.1	SDG 3.2.1	3. Implement health promotion initiatives for children under-5 years 10. Strengthen the system for emergency care in facilities (product on emergency care for children)

³. The indicator is an index reported on a unitless scale of 0 to 100, which is computed as the geometric mean of 14 tracer indicators of health service coverage. More details on SDG 3.8.1 metadata source: <https://unstats.un.org/sdgs/metadata/>

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
14. Neonatal mortality rate	Reduce the preventable deaths of newborns (neonatal mortality rate) by 17%	5.1		1.1	SDG 3.2.2.	3. Implement health promotion initiatives for children under-5 years
15. Proportion of the target population covered by all vaccines included in their national programme	Increase coverage of second dose of measles-containing vaccine to 85%	100% Source: Annual health report 2019. Table A3.		1.1	SDG 3.b.1	7. Reduce morbidity and mortality from communicable diseases
16. Number of people requiring interventions against neglected tropical diseases	Reduce by 400 million the number of people requiring interventions	111 Source: Annual health report 2019. Table A3.		1.1	SDG 3.3.5	7. Reduce morbidity and mortality from communicable diseases
17. Malaria incidence per 1000 population	Reduce malaria case incidence by 50%	0.009 Source: Annual health report 2019. Table A3.		1.1	SDG 3.3.3	7. Reduce morbidity and mortality from communicable diseases
18. Proportion of population with large household expenditures on health as a share of total household expenditures or income	Stop the rise in percent of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services	No data		1.2	SDG 3.8.2	22. Increase coverage with health insurance (health insurance) 24. Establish a system for national health accounts (health financing studies, one health approach, burden of disease)
19. Proportion of total government spending on essential services (education, health and social protection)	Increase the share of public spending on health by 10% (current 6.2%)	22% is the proportion of total government spending on essential services (education, health and social protection) Source: NCSI Portal https://sdg.ncsi.gov.om/ 7.6%		1.2	SDG1.a.2	24. Establish a system for national health accounts (health financing studies, one health approach, burden of disease)
20. Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	Increase the availability of essential medicines for primary health care, including those free of charge, to 80%	90%	95%	1.3	SDG 3.b.3	39. Improve the capacity of pharmaceutical care in all health facilities at all levels (safety, medicines, toxicology, rational use)

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
						40. Improve the quality of the medications and their safety according to international standards (laboratory for drug standards, medication awareness) 41. Enhance local production of medicines (drugs, herbal medicines, equipment and consumables)
21. Patterns of antibiotic consumption at national level	ACCESS group antibiotics at ≥60% of overall antibiotic consumption	No data		1.3	WHA 68.7	39. Improve the capacity of pharmaceutical care in all health facilities at all levels (safety, medicines, toxicology, rational use)
Policy area WHO GPW 13 - Billion 2/Addressing emergencies						
1. International Health Regulations (IHR 2005) capacity and health emergency preparedness	Increase in Member States' IHR capacities	86% Source: Annual health report 2019. Table A3.		2.1	SDG 3.d.1	8. Conduct epidemic surveillance and enhance early preparedness and response for diseases and pandemics 9. Strengthen the system for managing health emergencies
2. Vaccine coverage of at-risk groups for epidemic- or pandemic-prone diseases	Increase immunization coverage for cholera, yellow fever, meningococcal meningitis and pandemic influenza			2.2	WHE	7. Reduce morbidity and mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections)
3. Number of cases of poliomyelitis caused by wild poliovirus (WPV)	Eradicate poliomyelitis to zero cases of poliomyelitis caused by wild poliovirus and establish a clear timetable for the global withdrawal of oral			2.2	WHA68.3	7. Reduce morbidity and mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections)

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
	polio vaccines in order to stop outbreaks caused by vaccine-derived poliovirus					
4. Number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population	Reduce the number of deaths, missing persons and persons affected by disasters per 100 000 population			2.3	SDG 1.5.1	
5. Proportion of vulnerable people in fragile settings provided with essential health services	Increase the number of vulnerable people in fragile settings provided with essential health services to at least 80%			2.3	WHE	
Policy area WHO GPW 13 – Billion 3/Promoting healthier populations						
1. Mortality rate attributed to household and ambient air pollution	Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination (Age-standardized mortality rate attributed to ambient air pollution (deaths per 100,000 population))	Household = 1.2 Ambient air = 10.8 Total = 11.9 per 100 000 population Source: Ministry of Health		3.1	SDG 3.9.1	7. Reduce morbidity and mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections)
2. Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (overweight)	Halt and begin to reverse the rise in childhood overweight (0-4 years)	3.1 Source: Oman national nutrition survey, 2017		3.1	SDG 2.2.2	3. Implement health promotion initiatives for children under-5 years
3. Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial	Increase the proportion of children under 5 years of age who are developmentally on track in health, learning and	68.3% Health (M = 91.9, F = 93.2) Learning (M = 82.0, F = 85.7)		3.1	SDG 4.2.1	3. Implement health promotion initiatives for children under-5 years

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
well-being, by sex	psychosocial well-being to 80%	Psychological (M = 65.9, 71.0) Source: NCSI portal https://sdg.ncsi.gov.om/				
4. Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	Decrease the number of children subjected to violence in the past 12 months, including physical and psychological violence by caregivers in the past month, by 20%	No data		3.1	SDG 16.2.1	4. Implement initiatives to promote the health of adolescents and youth
5. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	Decrease the proportion of ever-partnered women and girls aged 15-49 years subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months from 20% to 15%	No data		3.1	SDG 5.2.1	35. Increase coverage with services to reduce complications from diseases and injuries to improve quality of life (rehabilitation, prosthesis and orthotics)
6. Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	Increase the proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care to 68%	Contraceptive use = 29.5 Source: NCSI portal https://sdg.ncsi.gov.om/		3.1	SDG 5.6.1	2. Implement health promotion initiatives for young women and girls during the reproductive age and post-reproductive age
7. Death rate due to road traffic injuries (per 100,000 population)	Reduce the number of global deaths and injuries from road traffic accidents by 20%	11.0 Source: Annual health report 2019. Table A3.	11.3	3.1	SDG 3.6.1	35. Increase coverage with services to reduce complications from diseases and injuries to improve quality of life (rehabilitation, prosthesis and orthotics)
8. Mortality rate attributed to unsafe	Reduce the number of deaths	0.02		3.1	SDG 3.9.2	7. Reduce morbidity and

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) (deaths per 100,000 population)	and illnesses from hazardous chemicals and air, water and soil pollution and contamination	Source: Annual health report 2019. Table A3.				mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections)
9. Mortality rate attributed to unintentional poisoning (deaths per 100,000 population)	Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	0 Source: Annual health report 2019. Table A3.		3.1	SDG 3.9.3	7. Reduce morbidity and mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections)
10. Proportion of population with primary reliance on clean fuels and technology	Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	clean fuels = 98.9 % technology = 99.3 % Source: NCSI portal https://sdg.ncsi.gov.om		3.1	SDG 7.1.2	
11. Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted) (micrograms per cubic meter)	Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	36.2% urban		3.1	SDG 11.6.2	7. Reduce morbidity and mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections)
12. Proportion of population using safely managed drinking water services	Provide access to safely managed drinking water services for 1 billion more people	99.8 Source: NCSI portal https://sdg.ncsi.gov.om		3.1	SDG 6.1.1	7. Reduce morbidity and mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections)
13. Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water	Provide access to safely managed sanitation services for 800 million more people	99% Source: Multiple indicator cluster survey, 2014	100%	3.1	SDG 6.2.1	7. Reduce morbidity and mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections)

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Indicator	2023 milestone GPW13 ¹	Baseline data ²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
						sexually transmitted infections)
14. Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	Reduce the number of stunted children under 5 years of age by 30%	11.4% Oman national nutrition survey, 2017		3.1	SDG 2.2.1	3. Implement health promotion initiatives for children under-5 years
15. Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (wasting)	Reduce the prevalence of wasting among children under 5 years of age to less than 5% Halt the increase in overweight among children under 5 years of age	9.3% Oman national nutrition survey, 2017		3.1	SDG 2.2.2	3. Implement health promotion initiatives for children under-5 years
16. Age-standardized prevalence of current tobacco use among persons aged 15 years and older	25% relative reduction in prevalence of current tobacco use in persons aged 15+ yrs	8% Source: Oman national NCD and risk factors survey 2017	6%	3.2	SDG 3.a.1	4. Implement initiatives to promote the health of adolescents and youth 11. Reduce morbidity and mortality from NCDs (surveillance, PHC, cancer care, diabetes care)
17. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	7% relative reduction in the harmful use of alcohol as appropriate, within the national context	No data		3.2	SDG 3.5.2	4. Implement initiatives to promote the health of adolescents and youth
18. Percentage of people protected by effective regulation on trans-fats	Eliminate industrially produced trans fats (increase the percentage of people protected by effective	2%		3.2	WHA 66.10	12. Promote healthy nutrition and lifestyles and reduce risk factors to promote the health and well-being of individuals

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Indicator	2023 milestone GPW13¹	Baseline data²	Target 2023	GPW 13	SDG/WHA	Oman 10th 5-year health development plan
	regulation)					and the community (physical activity, dietary intake, oral health)
19. Prevalence of obesity among adults	Halt and begin to reverse the rise in obesity	30.7% Source: Oman national NCD and risk factors survey, 2017.		3.2	WHA 66.10	12. Promote healthy nutrition and lifestyles and reduce risk factors to promote the health and well-being of individuals and the community (physical activity, dietary intake, oral health)
20. Percentage of bloodstream infections due to antimicrobial resistant organisms	Reduce the percentage of bloodstream infections due to selected antimicrobial resistant organisms by 10%	No data		3.2	WHA67.25, WHA 68.7	

ANNEX 2: MONITORING FRAMEWORK FOR THE CCS STRATEGIC AGENDA FOR OMAN, 2020–2025

Strategic priorities, 2021–2025	Regional core indicators (75 total)	Regional key performance indicators (77 total)	Alignment with Oman’s 10th 5-year health development plan
Strategic priority 1. Moving towards universal health coverage and a people-centred health system			
<ul style="list-style-type: none"> Promoting equitable, efficient and sustainable health services by reinforcing people-centred quality care, expanding the PHC service package, supporting the standardization and costing of service packages and linking them with programme-based budgeting, collaborating with the private sector, including on the introduction of health insurance system and promoting health system leadership and governance 	<p>Per capita current health expenditure (CHE)</p> <p>Out-of-pocket expenditure (OOPS) as percentage of CHE</p> <p>Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE)</p> <p>Coverage indicators:</p> <p>Demand for family planning satisfied with modern methods</p> <p>Antenatal care coverage (1+; 4+)</p> <p>Births attended by skilled health personnel</p> <p>Children under 5 with diarrhoea receiving oral rehydration therapy</p> <p>DTP3/pentavalent immunization coverage rate among children under 1 year of age</p> <p>Measles immunization coverage rate (MCV1)</p> <p>Tuberculosis treatment success rate</p> <p>Percentage of suspected malaria cases that have had a diagnostic test</p> <p>Antiretroviral therapy (ART) coverage among all adults and children living with HIV</p> <p>Percentage of key populations at higher risk who have received an HIV test in the past 12 months and know their results</p> <p>UHC service coverage index</p>	<p>1.2.A: Status of development of the health financing strategy</p> <p>1.2.B: Status of implementation of national health accounts</p> <p>1.2.C: Status of the explicit national Universal Health Coverage Priority Benefits Package (UHC-PBP), tailored to country needs and level of socioeconomic development and by involving all stakeholders</p>	<p>1. Create a sustainable essential health care package according to family and community health to achieve UHC</p> <p>16. Strengthen the systems for legislative, policies and strategy for the health system (management system, legislative department, law for documentation, health observatory, health planning)</p> <p>22. Increase coverage with health insurance (health insurance)</p> <p>24. Establish a system for national health accounts (health financing studies, using of one health, burden of disease)</p> <p>33. Provide comprehensive health care in all specializations in all in line with increasing case loads (multidisciplinary clinics, virtual clinics, referral system, LEAN management and rehabilitation, mental health, reducing treatment abroad)</p> <p>34. Expand specialized care services in PHC</p> <p>35. Increase coverage with services to reduce complications from diseases and injuries to improve quality of life</p> <p>36. Support the governance of the private</p>

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Strategic priorities, 2021–2025	Regional core indicators (75 total)	Regional key performance indicators (77 total)	Alignment with Oman’s 10th 5-year health development plan
	<p>Coverage of essential health services</p> <p>Proportion of population with large household expenditures on health as a share of total household expenditure or income</p> <p>Delivery indicators: Primary health care Facilities, Hospital beds, Surgical wound infection per 10,000 population</p> <p>Annual outpatient visits per capita</p>		health care sector
<ul style="list-style-type: none"> Strengthening the health workforce by supporting the review of health policies, strategies and plans of human resources for health to ensure the right skill mix, enhancing the management and leadership skills, and developing the needed categories of health workers 	<p>Personnel per 10 000 population (Physicians, Nursing and midwifery, Dentists, Pharmacists)</p> <p>Registered recent graduates of health profession educational institutions per 100 000 population (Physicians, Nursing and midwifery, Dentists, Pharmacists)</p>	1.1.K: Status of implementation of the health workforce strategic plan	<p>26. Increase the health workforce in number and skill mix (WISN)</p> <p>27. Provide training opportunities and capacity-building for all cadres in different specializations</p> <p>28. Increase the number of jobs for health and allied health professions in the process of Omanization</p> <p>29. Attract and retain health workforce capacity (incentivization, etc.)</p>
<ul style="list-style-type: none"> Improving access to quality medicines and health technologies by supporting strengthening best practices and standards on drug safety, storage, rational drug use and effectiveness in the public and private sector and establishing and implementing a medical and health technology assessment policy. 		1.1.G: Status of implementation of the WHO primary health care quality indicators	<p>17. Establish national accreditation system for the health sector (accreditation at second and third level care, aligning all levels of care with global standards)</p> <p>37. Promote the quality of care and safety for care providers and their patients (PSFHI, incident management, patients’ experiences)</p>
<ul style="list-style-type: none"> Improving access to quality medicines and health technologies by supporting strengthening best practices and standards on drug safety, storage, 	<p>Availability of selected essential medicines in public and private health facilities</p> <p>Medical devices (density per million population of selected medical devices in</p>	1.2.D: Status of institutionalization of HTA process in the decision-making for allocation of resources on technologies	<p>38. Sustain access to supply of medications and medical supplies to all health facilities</p> <p>39. Improve capacity of pharmaceutical care in all health facilities at all levels</p>

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Strategic priorities, 2021–2025	Regional core indicators (75 total)	Regional key performance indicators (77 total)	Alignment with Oman’s 10th 5-year health development plan
rational drug use and effectiveness in the public and private sector and establishing and implementing a medical and health technology assessment policy	public and private health facilities)	1.3.C: Existence of an institutional development plan for drug regulation 1.3.D: Status of development of national control testing policy for medical products 1.3.E: Status of medicines pricing policies and monitoring systems. 1.3.H: Status of National list of Priority Medical Devices.	(safety drugs, toxicology, rational use) 40. Improve the quality of the medications and their safety according to international standards (drug laboratory for drug standards, medication awareness) 42. Establish a system for medical and health technology assessments
Strategic priority 2 Preparing and responding to protect people from health emergencies			
<ul style="list-style-type: none"> Enhancing health security by supporting strategic work on building IHR core capacities in all hazards preparedness (including reviewing current preparedness plans), surveillance, One health approach and risk communication 	IHR technical areas (Detect, Prevent, Respond, POE, and Annual report)	2.1.A: Status of implementation of simulation exercises using WHO tools and guidelines 2.1.B: Availability of rapid response teams at all levels (national, regional) 2.1.D: Status of adaptation and implementation of the real-time early warning surveillance framework 2.1.F: Status of country State Party Self-Assessment Annual Reporting (SPAR) on IHR implementation. 2.1.G: Status of using findings from the IHR monitoring and evaluation framework to develop or update the national action plans	8. Strengthen epidemic surveillance, early preparedness and response for diseases and pandemics 9. Strengthen the system for managing health emergencies
<ul style="list-style-type: none"> Building emergency risk management capacity by supporting strengthening the response to disease outbreaks, enhancing the resilience of the health system and strengthening national 	IHR technical areas (Detect, Prevent, Respond, POE, and Annual report)	2.2.F: Status of implementation of novel epidemiological Tools (techniques and forecasting) to prevent and respond to high-threat pathogens, including One Health	8. Strengthen epidemic surveillance, early preparedness and response for diseases and pandemics 9. Strengthen the system for managing health emergencies

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Strategic priorities, 2021–2025	Regional core indicators (75 total)	Regional key performance indicators (77 total)	Alignment with Oman’s 10th 5-year health development plan
<p>capacity in GIS expertise, rapid response teams, and laboratory diagnostics.</p>		<p>for priority zoonotic diseases.</p> <p>2.2.G: Status of the National agenda to implement innovative research for the prevention and control of high-threat pathogens.</p> <p>2.2.H: Status of implementation of capacity building on Field Epidemiology (such as RRT training) to prevent potential disease outbreaks caused by high-threat pathogens.</p> <p>2.2.I Percentage of health facilities covered by the implementation of the national prevention strategic plans for priority pandemic and epidemic prone diseases (e.g. cholera, Dengue fever, influenza...)</p>	
<ul style="list-style-type: none"> Strengthening the national and regional role of the Central Public Health Laboratory by supporting building national capacity in laboratory diagnostics. 	<p>IHR technical areas (Detect, Prevent, Respond, POE, and Annual report)</p>	<p>2.2.J: Status of National Plan for laboratory systems and networks strengthening especially for quality diagnostic testing of high-threat pathogens adhering to biosafety and biosecurity standards.</p>	<p>8. Strengthen epidemic surveillance, early preparedness and response for diseases and pandemics</p> <p>9. Strengthen the system for managing health emergencies</p>
<ul style="list-style-type: none"> Eliminating priority diseases by supporting progress towards the elimination of TB, malaria and EMTCT of HIV and syphilis and strengthening the antimicrobial surveillance system to improve its sustainability. 	<p>Morbidity indicators:</p> <p>Tuberculosis notification rate</p> <p>Estimated number of new HIV infections cases</p> <p>Incidence of hepatitis B</p> <p>Incidence of confirmed malaria cases</p> <p>Incidence of measles cases</p> <p>Neglected tropical diseases, especially number of Dengue diseases per year</p>	<p>1.3.A: Status of national AMR surveillance reports</p>	<p>2. Implement health promotion initiatives for young women and girls during the reproductive age and post-reproductive age</p> <p>7. Reduce morbidity and mortality from communicable diseases</p>

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Strategic priorities, 2021–2025	Regional core indicators (75 total)	Regional key performance indicators (77 total)	Alignment with Oman’s 10th 5-year health development plan
Strategic priority 3 Promoting healthier lifestyle and wellbeing			
<ul style="list-style-type: none"> Addressing the burden of NCDs, by providing technical support for the adoption and implementation of the WHO best buys and building evidence base for the NCDs’ business case for non-health actors especially in promoting exclusive breast feeding and physical activity for health and reducing the consumption of unhealthy food high in sugar, fat and salt and tobacco use and addressing marketing of unhealthy foods to young people 	<p>Risk factor indicators:</p> <p>Exclusive breastfeeding rate 0–5 months of age</p> <p>Children under 5 who are stunted</p> <p>Children under 5 who are wasted</p> <p>Children under 5 who are overweight</p> <p>Children under 5 who are obese</p> <p>Overweight (13–18 years)</p> <p>Obesity (13–18 years)</p> <p>Overweight (18+ years)</p> <p>Obesity (18+ years)</p> <p>Tobacco use among persons 13–15 years</p> <p>Tobacco use among persons 15+ years</p> <p>Harmful use of alcohol (15+ years)</p> <p>Insufficient physical activity (18+years)</p> <p>Raised blood glucose among persons 18+ years</p> <p>Raised blood pressure among persons 18+ years</p> <p>Mortality indicators:</p> <p>Mortality between ages 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</p>	<p>1.1.D: Status of integration of cardiovascular risk factors assessment and management at primary health care level</p> <p>3.1.A: Status of development/review of national strategies and action plans on nutrition and diet-related risk factors</p>	<p>11. Reduce morbidity and mortality from NCDs</p> <p>12. Promote healthy nutrition and lifestyles and reduce risk factors to promote the health of individuals and the community</p>
<ul style="list-style-type: none"> Aligning policies with the SDGs by providing support to improving health over the life course, promoting mental health, addressing the social determinants of health, and strengthening the substance abuse and disability programmes 	<p>Service coverage:</p> <p>Coverage of service for severe mental health disorders</p> <p>Treatment coverage for opioid dependence</p> <p>Risk Factors:</p>	<p>1.1.I: Status of implementation of the mental health gap action programme</p>	<p>2. Implement health promotion initiatives for young women and girls during the reproductive age and post-reproductive age</p> <p>3. Implement health promotion</p>

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Strategic priorities, 2021–2025	Regional core indicators (75 total)	Regional key performance indicators (77 total)	Alignment with Oman’s 10th 5-year health development plan
	Exclusive breastfeeding rate 0–5 months of age Children under 5 who are stunted Children under 5 who are wasted Children under 5 who are overweight Children under 5 who are obese Anaemia among women of reproductive age Morbidity: Cancer incidence by type of cancer Mortality: Neonatal mortality rate Infant mortality rate Under-five mortality rate Maternal mortality ratio Suicide mortality rate		initiatives for children under-5 years 5. Enhance promotive health services for vulnerable groups (elderly, disability) 6. Increase coverage with screening services for early detection (breast and cervical cancer, premarital, NCDs, cancer, congenital diseases)
<ul style="list-style-type: none"> Maximize collaboration and partnership by supporting community-based initiatives, the health settings approach such as health promoting schools and universities and multisectoral partnerships to address the social determinants of health and promote Health in all policies focusing not only on NCDs but also environmental health and antimicrobial resistance. 	Risk factors: Overweight (13–18 years) Obesity (13–18 years) Tobacco use among persons 13–15 years Morbidity indicators: Tuberculosis notification rate Estimated number of new HIV infections cases Incidence of hepatitis B Incidence of confirmed malaria cases Incidence of measles cases Mortality:	3.1.C: Status of development and implementation of the national action plan on health resilience to climate change 3.1.E: Status of implementation of the health impact assessment of air pollution 3.1.E: Status of implementation of the health impact assessment of air pollution 3.2.D: Status of introduction of the regional package of inter-sectoral policies and interventions into their national health systems	4. Implement initiatives to promote the health of adolescents and youth 7. Reduce morbidity and mortality from communicable diseases (TB, malaria, HIV and sexually transmitted infections) 13. Promote/develop partnerships with all concerned sectors for Health-in-All Policies 14. Expand healthy settings to address social determinants of health (health-promoting schools)

Country Cooperation Strategy for WHO and Oman 2021–2025

Strategic priorities, 2021–2025	Regional core indicators (75 total)	Regional key performance indicators (77 total)	Alignment with Oman’s 10th 5-year health development plan
	Mortality rate from road traffic injuries Mortality rate attributed to household and ambient air pollution Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene	3.3.A: Status of establishment of the needs, priorities and plans of action for HiAP	
Strategic priority 4 Accelerating and reinforcing the use of information technologies and data for policy making and expanding digital health			
<ul style="list-style-type: none"> Strengthening the health information system by supporting the establishment of a national health information coordination mechanism, implementation of an integrated national health information system including the transition to ICD-11 and incorporation of the International Classification of Health Interventions (ICHI) and other WHO standard platforms, build institutional capacity for data management and analysis including the use of Geographic Information Systems (GIS), and strengthen mechanisms for data use and review 	Health Information system, birth and death registration coverage and completeness of cause-of-death data	4.1.B: Status of implementation of actions included in the health information system improvement plan based on the assessment findings. 4.1.C: Status of required high quality annual analytical reports of health sector progress and performance that includes relevant disaggregation of health-related SDG data.	18. Strengthen the health information system in terms of quality and sustainability (quality information system, managing data) 19. Strengthen health information and statistics (routine reporting, monitoring Vision 2040) 43. Establish a central database as a reference for the health system (health observatory, Shifa system, digitalization)
<ul style="list-style-type: none"> Strengthening knowledge translation by supporting the promotion of high quality public health research, conduction of national health surveys, including research on health financing, enhancing the functionality of the national health observatory, building national capacity for evidence-informed policy-making, including in the development of policy briefs and adaptation of WHO guidelines for national health priorities 		4.1.A: Number of published public health research papers in peer-reviewed journal	31. Increase number of research and studies based on national health priorities 43. Establish a central database as a reference for the health system (health observatory, Shifa system, digitalization)

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Strategic priorities, 2021–2025	Regional core indicators (75 total)	Regional key performance indicators (77 total)	Alignment with Oman’s 10th 5-year health development plan
and promoting the production of policy-relevant research response to the national health priorities			
Strategic priority 5 WHO-Oman partnership: broadening partnership with Oman for global and regional health diplomacy			
<ul style="list-style-type: none"> Strengthening Oman’s regional and global leadership by strengthening existing partnerships and building new alliances, especially in the areas of public health laboratories, patient safety and NCDs 			9. Strengthen the system for managing health emergencies 11. Reduce morbidity and mortality from NCDs 15. Enhance coordination and partnership with all communication channels and media agencies
<ul style="list-style-type: none"> Providing technical support by promoting the achievements of the Oman’s health system and offering the country as a safe environment to carry out activities and interventions to strengthen the resilience of neighbouring health systems, including the Health as a Bridge for Peace Initiative. 			15. Enhance coordination and partnership with all communication channels and media agencies

ANNEX 3. SIGNATURE PAGE

COUNTRY COOPERATION STRATEGY 2021-2025
MINISTRY OF HEALTH, SULTANATE OF OMAN
AND
WORLD HEALTH ORGANIZATION COUNTRY OFFICE,
SULTANATE OF OMAN



Dr Jean Yaacoub Jabbour
WHO Representative, Sultanate of Oman



H.E. Dr Ahmed Bin Mohamed Al Saidi
Minister of Health, Sultanate of Oman



Signed on 28/06/2021

