

Oman





System/structure

Governance

A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated (2016 - 2025)



Adoption of a Health-in-All-Policies approach and existing mechanism for multisectoral governmental coordination (2016 - 2025)



Inclusion of indicators on relevant social, economic, environmental and commercial determinants of health in national health policies, strategies and plans (2016 - 2025)



(\$) Finance



PHC expenditure per capita in US\$ (2015)

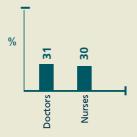


Percentage of domestic general government health expenditure on PHC from total GGHE-D (2015)

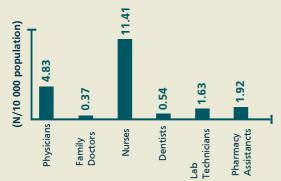
Inputs

Health workforce

Percentage of health workforce in PHC care by occupation (Annual Health report, 2018)



Density of PHC by occupation (N/10,000 population) (ASR, 2019)



Health information systems

Presence and use of unique patient identifiers



Use of patient health records follow a patient through their encounter with the health care system



Infrastructure



Percentage of population that have to travel more than 5 km or 1 hour to arrive at PHC facility (2015 - 2016)

Processes

Model of care

Percentage of patients who are registered at PHC facilities





Percentage of cases referred to secondary care

Gatekeeper role for general practitioners/family physicians



Formal process exists for referrals



Quality processes



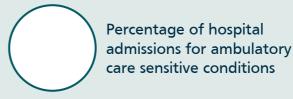
Percentage of facilities that monitor patient experience

Empowerment and engagement

Community/patient participation in facility management meetings

Outcomes

Effective coverage and quality of care





Average availability of 5 tracer reproductive, maternal, newborn and child health (RMNCH) services (2018)

Empowerment and engagement

Percentage of population who believe decision-making is inclusive [SDG 16.7.2]



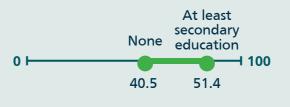


ប៉ុម្មិន Equity

Under-5 mortality by residence



Percentage coverage of RMNCH services by mother's education (MOH, 2014)



Impact

Financial protection



Percentage of population with impoverishing health Expenditure [3.8.2]

Mortality

Maternal mortality ratio [3.1.1]¹ (country reported, 2018)

per 100 000

Premature noncommunicable diseases (NCD) mortality [3.4.1]

17.8%

(WHO, 2016)

Country context

GDP per capita (PPP current international \$)

\$ 29 052.5

(World Bank, 2019)

Population living in poverty (Under \$1.90 int'l dollars/day)

0%

(2018/2019 Survey)

Life expectancy at birth

77 Years

REFERENCE KEY



Yellow fill indicates a Vital Signs Profile indicator

Purple fill indicates an SDG indicator. The numbers included in brackets refer to an SDG indicator number. Standard reporting sources or accepted United Nations estimates should be used.





Not available or not reported

Not available or not reported

INTEGRATED SERVICES/PRIMARY HEALTH CARE

System/structure

Governance

| Equity mainstreamed in health policy |
|---|
| Existence of regulatory authorities for (health workforce, |
| facilities, essential medicines and products) for both public |
| and private sectors |

Presence of quality improvement and assurance processes in the national health plan

Other sources of PHC expenditure (out of pocket, donor,

etc.) as percentage of total PHC expenditure

Participatory governance structures

Presence of UHC legislation inclusive of PHC



| Finance | |
|--|-------------|
| Government health spending as percentage of GDP | 4 % |
| PHC expenditure as percentage of current health expenditure | 27 % |
| Domestic general government expenditure on PHC as percentage of PHC spending | 7 1009 |

Inputs

Health workforce

| Percentage of primary care workforce specialized in practice (by doctors) | family 10% |
|--|------------|
| Proportion of health workforce in PHC who have re minimum continuous professional education accord | |
| national requirements in the last year | |
| Vacancy rate in PHC | 0% |
| | |

Health information systems

| • | |
|--|------|
| Percentage of births registered | 99% |
| Percentage of deaths registered | 95% |
| Explicit adoption of a set of PHC indicators for monitoring and evaluation | |
| Inclusion of section on PHC performance in annual health sector reporting | |
| Percentage of public sector PHC that reports performance data | 100% |
| Presence of a comprehensive individual patient record | |
| Presence of a comprehensive family record | |
| Is there a functioning electronic health information system (eHIS) in the country? | |
| Percentage of PHC facilities using an eHIS | 93% |

Infrastructure >

| Percentage of PHC facilities with adequate WASH | | | | |
|--|--------------------|-----------------|---------------------------|------|
| | 100 % water | 100% sanitation | 100 % hand hygiene | |
| Percentage of PHC facilities with rooms with auditory and visual privacy for patient consultations | | | | 100% |

Percentage of PHC facilities with communication equipment

| Percentage of PHC facilities with access to computer with email/internet access | 93% |
|---|------|
| Percentage of PHC facilities with standard precautions for infection prevention | 100% |
| Percentage of PHC facilities with all infection control items | 100% |
| Medicines < | |
| Percentage of PHC facilities with correlated package of services | 100% |
| Proportion of facilities in which essential medicines are available (no stock outs in one year) | 85% |
| Supplies ¬ | |
| Percentage of PHC facilities with standard priority diagnostics and equipment available | 93% |

Processes

Model of care

| | Annual outpatient department utilization rates per capita Percentage of PHC facilities that can provide mental health | 3.4 100% | |
|--|--|-------------|--|
| | services | | |
| Number of consultations per health worker (physician, nurse, etc.) per day | | | |
| | N/A Physicians Nurses | | |

Management/quality improvement

| Evidence-based national guidelines/protocols/standards exist for the management of all priority causes of morbidity and mortality | |
|---|------|
| Professionalized management at PHC level | |
| Proportion of facilities with up-to-date performance reports in the last 6 months to 1 year | 100% |
| Percentage of PHC facilities with systems to support quality improvement | 100% |

Outcomes

Effective coverage/quality of care

| Percentage of adverse events reported (immunization/ | 65% |
|---|-----|
| medication) ² | |
| Percentage of PHC prescriptions that include antibiotics in out patient clinics | 27% |
| Percentage of PHC prescriptions that include injectable medicines | N/A |
| | |
| | |

| Percentage of registered hypertension patients with blood pressure <90/140 at last 2 follow up visits | | | | 63% | | | |
|---|------------------------------------|----------------|--------------|--------------------|---------------|------|--|
| Percentage of registered diabetic patients with fasting blood sugar controlled at last 2 follow up visits/A1C <7% | | | | 47% | | | |
| _ | e of registered ular risk recor | • | • | | | N/A | |
| Percentage | e of women w natal care visit | ho delivered | d and receiv | ed at lea | st | 82% | |
| Percentage | e of substance brief intervent | users, inclu | - | | n | N/A | |
| | e of children i | | had weigh | t and hei | ght | 100% | |
| Children u | nder 5 who ar | e stunted, w | vasted, over | weight, | obese | | |
| | 11.4 | 9.3 | 3.1 | | 1.1 | | |
| | Stunted | Wasted | Overwe | eight | Obese | | |
| Children under 5 with diarrhoea receiving ORS | | | | | 58.7 % | % | |
| Exclusive breastfeeding 0-5months (%) | | | | 32.2 | | | |
| Cervical cancer screening rates | | | | | 7 N/A | | |
| Measles-containing-vaccine second-dose immunization coverage | | | | | 100% |) | |
| Diphtheria | -tetanus-pertu | ıssis (DTP3) i | mmunizatio | n covera | ge | 99% | |
| Average availability of services for 3 tracer communicable diseases (STI, TB, HIV) | | | 100% | | | | |
| | | | | 7 | | | |
| 92% 92% 74% DM CVD Asthma | | | | | | | |
| Care seeking for suspected child pneumonia | | | | > 56.3 % | % | | |
| | | | | | | | |

Equity **¬**

| DPT3 immunization coverage Perceived access barriers due to treatment costs Perceived access barriers due to distance | 7 99% 7 N/A 7 N/A |
|---|-------------------------|
| Percentage of households with adequate WASH: [6.2.1/6.1.1] | |
| 92% 100% Water Sanitation | |
| Percentage of households cooking with clean fuel [7.1.2] | 7 98.9% |
| Percentage of children under 5 years of age who are developmentally on track [4.2.1] | ₹ N/A |
| Malaria incidence [3.3.3] | ₹ N/A |
| Physical inactivity in adults | 38.6% |
| Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months [16.1.3] | ₹ N/A |

Use of insecticide-treated bed nets for malaria prevention

Impact

Health status

| Adult mortality rate 15–60 years | 0.76 per 1000 |
|---|-------------------------|
| Adolescent mortality rate | 7.08 per 100 000 |
| Under-5 mortality rate | 11 per 1000 live births |
| Infant mortality rate | 9 per 1000 live births |
| Neonatal mortality rate | 76 per 1000 live births |
| Total fertility rate | 3.9 children per woman |
| Met need for family planning [3.7.1] | 7 38.5% |
| DPT3 dropout rate | 7 0% |
| TB treatment success | > 52 % |
| Antenatal care quality score based on WHO guidelines | N/A |
| Antenatal care coverage (4+ visits) | 76.3 % |
| Family planning quality score based on WHO guidelines | N/A N/A |
| Demand for family planning satisfied with mode methods | ern 38.5% |
| Sick child quality score based on IMCI guidelines | 7 N/A |
| People living with HIV receiving anti-retroviral treatment | <mark>> 87</mark> % |
| Prevalence of raised blood pressure (age-standardized estimate) | <mark>₹ 33%</mark> |
| | |

Mortality by cause **▼**

| Household and ambig Road traffic injuries [Homicide [16.1.1] Suicide rate [3.4.2] | | pollution [3.9.1] | 22 per 100 000 13.8 per 100 000 0.3 per 100 000 0.4 per 100 000 |
|---|---------------------|------------------------------|---|
| Causes of death ² | | | |
| | 85 % NCDs | 11% Communicable diseases | 3.6% Injuries |

Efficiency

| Proportion of caregivers who were given sick child diagnosis | √N/A |
|---|--------|
| Proportion of family planning, antenatal care, and sick child visits over 10 minutes ¹ | N/A |
| Provider absence rate | N/A |
| Adherence to clinical guidelines | 7 100% |
| Diagnostic accuracy | 7 |
| Adequate waste disposal | 7 100% |

Risk factor/chronic disease prevalence

| Obesity prevalence | 27% | |
|------------------------------|--------------|--|
| Diabetes mellitus prevalence | 15.7% | |
| Hypertension prevalence | 33.3% | |
| Tobacco use [3.A.1] | 9.1 % | |

Resilience T

| Resilience | |
|--|------|
| International Health Regulations core capacity | 100% |
| index/joint external evaluation | 82% |
| Disaster-related death rate [1.5.1] | N/A |

Alternative indicators

Percentage of family planning, women screening and antenatal care, and children screening clinic visits scheduled 10 minutes apart

Notes

Global estiamtes 19 for 2017.
Only Adverse Events Following Immunization "AEFI".

The data presented here are either reported by countries, come from United Nations estimates, or are directly collected from publicly available sources such as demographic and household survey reports.

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Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

The Declaration of Astana reaffirms
the historic 1978 Declaration of Alma-Ata,
the first time world leaders committed to
primary health care.

Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.

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All data are country reported unless otherwise indicated