

Oman Primary Health Care Vital Signs Profile



\$ FINANCING

Oman National Health Accounts (2015)

PHC spending:



Prioritization of PHC:

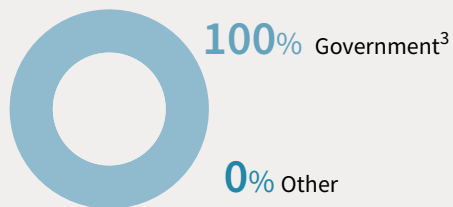
Overall health spending¹

27% on PHC

Government health spending²

27% on PHC

Sources of PHC spending:



CAPACITY

Primary Health Care Progression Model⁴

Governance



Inputs



Population Health & Facility Management



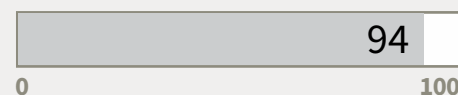
PERFORMANCE

Access Index⁵



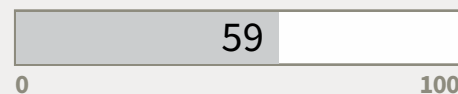
Quality Index⁵

DG NCD (2018), DG CD(2018), DG PHC(2018), WHO/UNICEF (2018), WHO TB programme (2018), DG PHC Supporting Services (2020), DG Information technology (2020)



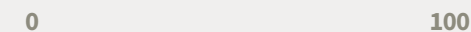
Service Coverage Index

MICS (2014), 2020 Regional core indicators booklet (2018, 2019), UHC Global Monitoring Report (2017), 2018 Regional core indicators booklet (2018)



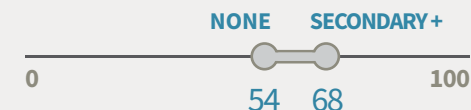
EQUITY

Access: % with perceived barriers due to cost, by wealth quintile



Coverage of RMNCH⁶ services, by mother's education

MOH Dept. of Statistics (2014)



Outcomes: Under-five mortality⁷, by residence



COUNTRY CONTEXT AT-A-GLANCE

GDP per capita

(PPP int'l dollars)
WDI (2019)

\$29,052

Living in poverty

(Under \$1.90 int'l dollars / day)

—%

Government health spending as % of GDP⁸

WHO GHED (2018)

4%

Life expectancy at birth

(Years) WHO (2016)

77

Maternal mortality⁹

(Per 100,000 live births)
WHO est. (2017)

19

Neonatal mortality

(Per 1,000 live births)
WHO est. (2018)

5

Premature NCD mortality¹⁰

(Probability)
WHO est. (2016)

18%

Causes of death

WHO est. (2016)



Note: Indicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. See Indicator Description Sheet for details.

Note: Scores for the Capacity, Performance, and Equity domains are color-coded to reflect good (green), medium (yellow), and poor (red) performance, where comparable data are available. Cut-offs can be found in the Indicator Description Sheet. Scores based on data from non-comparable sources are colored gray. Finance indicators are not color-coded because these indicators lack common targets.

1. Current PHC expenditure as % of Current Health Expenditure (CHE)
2. Domestic general government PHC expenditure as % of domestic general government health expenditure
3. Domestic general government PHC expenditure as % of current PHC expenditure
4. The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low) to 4 (high)
5. Because different data/indicators are used in each country, composite index values may not be comparable across countries. See page 2 for the specific indicators used in this VSP.

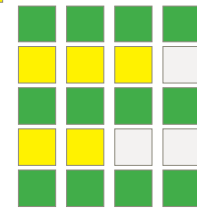
6. The composite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuum of care (http://www.who.int/gho/health_equity/report_2015/en/)
7. Deaths of children before age 5, per 1,000 live births
8. Domestic general government health expenditure as % of gross domestic product (GDP)
9. Maternal mortality: 11.6; HIC annual statistic report 2016
10. Probability of dying between ages 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease
11. Communicable, maternal, perinatal, and nutritional conditions

Last updated 9/2021

OMAN	SCORE
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GOVERNANCE
3.4
Governance and Leadership
3.4

- Measure 1: Primary health care policies (1/2)
- Measure 2: Primary health care policies (2/2)
- Measure 3: Quality management infrastructure
- Measure 4: Social accountability (1/2)
- Measure 5: Social accountability (2/2)


Adjustment to Population Health Needs
3.3

- Measure 6: Surveillance
- Measure 7: Priority setting
- Measure 8: Innovation and learning


INPUTS
3.8
Drugs and Supplies
4.0

- Measure 9: Stock-out of essential medicines
- Measure 10: Basic equipment availability
- Measure 11: Diagnostic supplies


Facility Infrastructure
3.7

- Measure 12: Facility distribution
- Measure 13: Facility amenities
- Measure 14: Standard safety precautions and equipment


Information Systems
4.0

- Measure 15: Civil Registration and Vital Statistics
- Measure 16: Health Management Information Systems
- Measure 17: Personal care records


Workforce
3.3

- Measure 18: Workforce density and distribution
- Measure 19: Quality assurance of primary health care workforce
- Measure 20: Primary health care workforce competencies
- Measure 21: Community health workers


Funds
4.0

- Measure 22: Facility budgets
- Measure 23: Financial Management Information System
- Measure 24: Salary payment


POPULATION HEALTH AND FACILITY MANAGEMENT
3.8
Population Health Management
3.5

- Measure 25: Local priority setting
- Measure 26: Community engagement
- Measure 27: Empanelment
- Measure 28: Proactive population outreach


Facility Organization and Management
4.0

- Measure 29: Team-based care organization
- Measure 30: Facility management capability and leadership
- Measure 31: Information system use
- Measure 32: Performance measurement and management (1/2)
- Measure 33: Performance measurement and management (2/2)



World Health Organization <small>REGIONAL OFFICE FOR THE Eastern Mediterranean</small>	unicef <small>for every child</small>		SCORE	PERCENTAGE	SOURCE	YEAR
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Oman
ACCESS
Financial

No recent indicator available from international or national data sources

Geographic

No recent indicator available from international or national data sources

QUALITY

94

Comprehensiveness

Avg. availability of 5 tracer RMNCH services	100%	<i>Directorate General of Primary Health Care</i>	2018
Avg. availability of services for 3 tracer communicable diseases	100%	<i>Directorate General of communicable disease surveillance & control, MOH</i>	2018
Avg. availability of diagnosis & management for 3 tracer NCDs	86%	<i>Directorate General of noncommunicable disease</i>	2018

Continuity

DTP3 dropout rate*	0%		<i>WHO/UNICEF</i>	2018
Treatment success rate for new TB cases	52%		<i>WHO Tuberculosis Programme</i>	2018

Person-Centeredness

No recent indicator available from international or national data sources

Provider availability

% of family planning, women screening and ANC, and children screening clinic visits scheduled 10 minutes apart	100%	<i>Directorate of General Information Technology, MOH</i>	2020
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Provider Competence

Adherence to guidelines	100%	<i>Directorate of General Information Technology, MOH</i>	2020-21
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Safety

Adequate waste disposal	100%	<i>Directorate of PHC supporting services, MOH</i>	2020
Adequate infection control	100%	<i>Directorate of PHC supporting services, MOH</i>	2020

SERVICE COVERAGE

59

Reproductive, Maternal, Newborn and Child Health

Demand for family planning satisfied with modern methods	39%	<i>2020 Regional core indicators booklet</i>	2019
Antenatal care coverage (4+ visits)	76%	<i>2019 Regional core indicators booklet</i>	2018
Coverage of DTP3 immunization	99%	<i>2019 Regional core indicators booklet</i>	2018
Care-seeking for suspected child pneumonia	56%	<i>UHC Global Monitoring Report</i>	2017

Infectious diseases

Tuberculosis cases detected and treated with success	87%	<i>WHO Tuberculosis Programme</i>	2018	
People living with HIV receiving anti-retroviral treatment	87%	<i>2020 Regional core indicators booklet</i>	2019	
Use of insecticide-treated nets (ITN) for malaria prevention				
Children under 5 with diarrhea receiving ORS	59%		<i>MICS</i>	2014

Non-Communicable Diseases (NCDs)

% of population with normal blood pressure***	66%	<i>UHC Global Monitoring Report</i>	2017
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*Indicators where lower values are preferable were transformed before inclusion in the index. The modified indicator was defined as 100-X, where X is the original percentage shown in this table. **Country-specific (proxy) indicator, used in absence of globally comparable survey data. ***Percentage of adult population with normal blood pressure is based on age-standardized estimates. These distributions are rescaled to provide finer resolution before inclusion in the index. Rescaled indicator = (X-50)/(100-50)*100, where X is the prevalence of normal blood pressure. For more details see Tracking UHC: 2017 Global Monitoring Report. Note: Summary scores for the domains of Access, Quality, and Coverage are calculated by taking the average of indicator values within each subdomain, and then taking the average across subdomain scores.