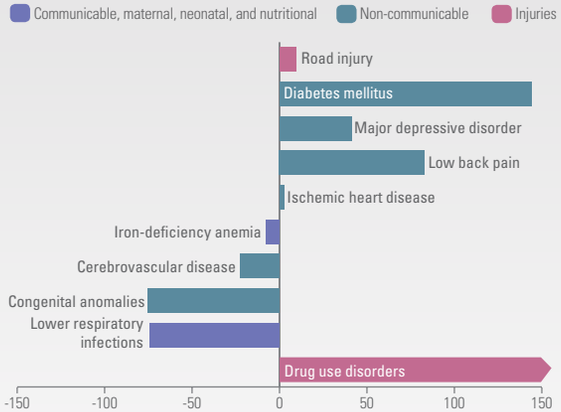
OMAN

The government funds the health care system in Oman. The government provides more than 80% of the country's health care services. Health care services are free of charge for Omani nationals, while foreign workers and expatriates have to be enrolled in an insurance system. The main health workforce policy is the Omanization policy, which aims to produce enough health workers to reduce dependence on foreign health professionals. There is an important deficit both of specialized doctors and of nurses. The staffing situation is periodically reviewed and readjusted. Health workers are distributed across Oman following Ministry of Health guidelines and indications, and rotation of workers from one region to other is common (in cycles of two years) under civil service law. There is a greater concentration of physicians in the capital city of Muscat. Women physicians are 39% of the total physician workforce. The nurse-to-physician ratio is below the OECD average. Mechanisms for regulating and licensing the health workforce are functioning adequately. Relicensing is mandatory for all health professionals. Most education institutions are in the process of obtaining accreditation.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	2.8; 27; 4	(2010)
Average annual rate of population change (%)	7.9	(2010-2015)
Population living in urban areas (%)	73	(2011)
Gross national income per capita (PPP int. $)	–	
Population living on <$1 (PPP int. $) a day (%)	–	
Total expenditure on health as a percentage of gross domestic product (%)	2.3	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	81	(2011)
External resources for health as a percentage of total expenditure on health (%)	–	
Life expectancy at birth (years) [all; female; male]	72; 76; 70	(2011)
Total fertility rate (per woman)	2.3	(2010)
Neonatal mortality rate (per 1 000 live births)	5	(2011)
Infant mortality rate (per 1 000 live births)	7	(2011)
Under-five mortality rate (per 1 000 live births)	9 [7-12]	(2011)
Maternal mortality ratio (per 100 000 live births)	32 [19-51]	(2010)
Births attended by skilled health personnel (%)	98.6	(2008)
Antenatal care coverage - at least one visit (%)	99.4	(2010)
Antenatal care coverage - at least four visits (%)	85.3	(2010)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	99	(2011)
Postnatal care visit within two days of birth (%)	–	

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

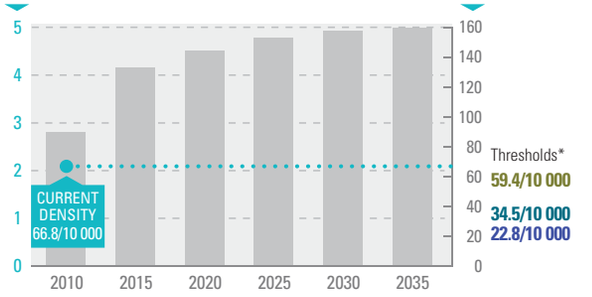
Feasibility of achieving thresholds: Most likely | Somewhat likely | Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

0% increase to meet 22.8/10 000 threshold

0% increase to meet 34.5/10 000 threshold

0% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

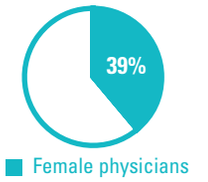
GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS
(density per 10 000 population)

SUB-NATIONAL LOW	NATIONAL AVERAGE	SUB-NATIONAL HIGH
12.2 Physicians	20.5 Physicians	26 Physicians

ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).

2.2 Nurses **TO** 1 Physician



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:		**REGULATE:**		**LICENSE/RE-LICENSE:**	
Dentists	✓	Dentists	✓	Dentists	✓
Midwives	✓	Midwives	✓	Midwives	✓
Nurses	✓	Nurses	✓	Nurses	✓
Pharmacists	✓	Pharmacists	✓	Pharmacists	✓
Physicians	✓	Physicians	✓	Physicians	✓

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management?	✓
Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management?	✓

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs?	✓
informed by data and strategic intelligence?	✓
addressing pre-service education?	✓
addressing geographical distribution and retention?	✓
addressing health workforce performance (e.g. competence, responsiveness and productivity)?	✓*
addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel?	✓/✓

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms?	✓
For which period?	2011-2015
Does the strategy/plan account for the financial costs and resource requirements to implement it?	✗

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.