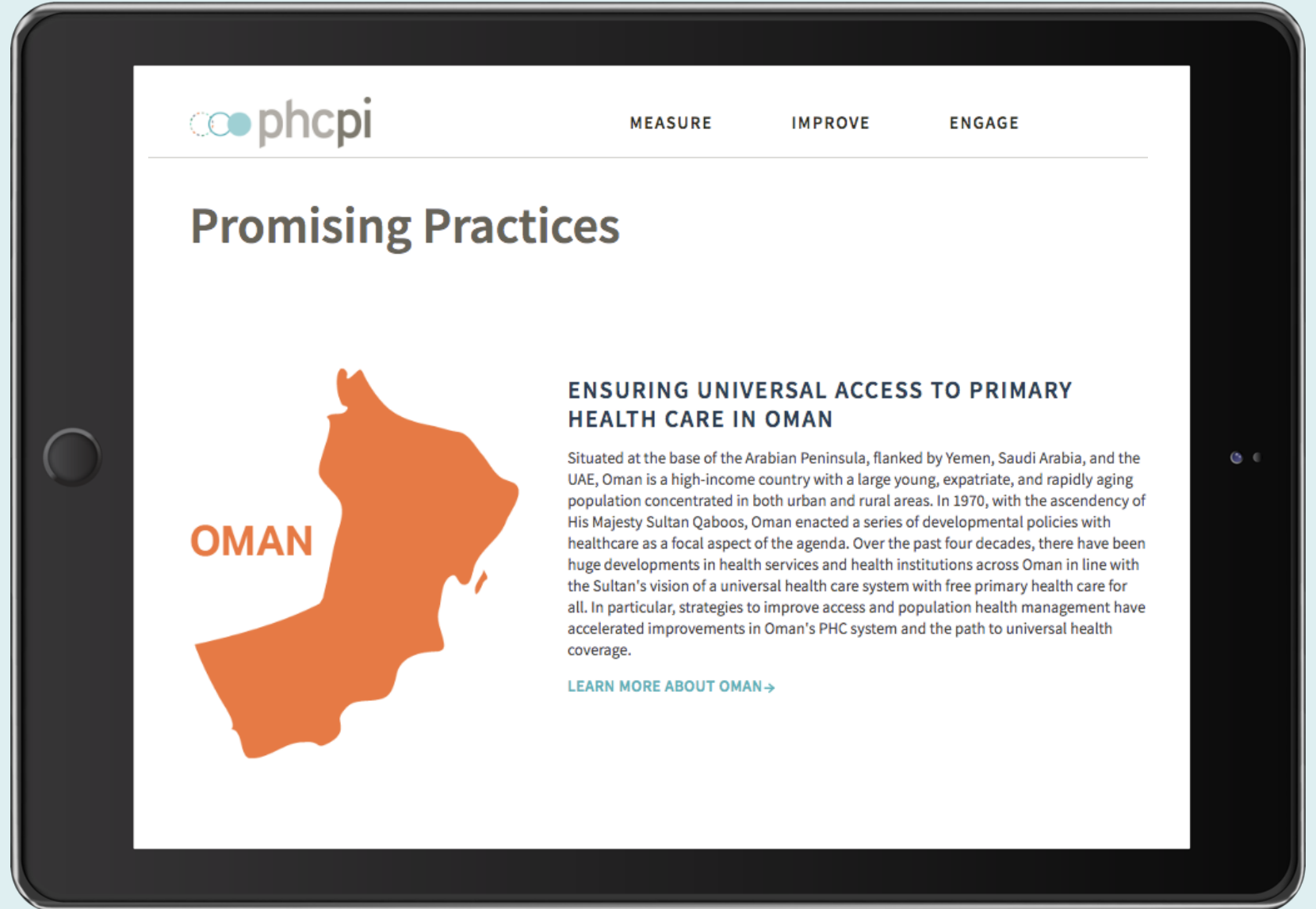


Promising Practice – Oman



Overview: PHC reform objectives



Advance the health outcomes of all Omanis with **primary health care as the cornerstone** of universal health coverage.

At-a-glance context



**Eastern Mediterranean
Region**



High Income



Arabic-speaking country

At-a-glance context



GDP per capita (\$PPP)

\$15,668

Human Development Index

0.83

Life expectancy at birth

77

Percentage of population living in rural areas

15%

Percentage of population living under \$1.90 per day

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Population

4.6M

Overview: Key events



1950s Oman's PHC infrastructure is nascent and minimally functional with only two hospitals in operation

1970s Sultan Qaboos announces vision of a universal health care system with free primary health care for all

1990s The Oman Ministry of Health implements various community engagement, local priority setting, and proactive population outreach initiatives, enabled by a process of decentralization

2014 MoH publishes Oman's Health Vision 2050, addressing long-term health investment and implementation plans for a preventive model of care

Overview: Key characteristics of Oman's PHC system



- **Health service delivery** is divided into three levels: primary, secondary, and tertiary.
- The **Ministry of Health acts as a steward to both coordinate sectors within healthcare** and to effectively serve the community as the principal health provider.
- **PHC is considered as the first point of contact between the citizen and the healthcare system in Oman**, acting as a liaison between the community and the specialized levels of health care.

Oman's approach: core strategies for improvement

This case focuses primarily on how **Oman used various strategies to improve Access and Population Health Management** to strengthen PHC



Population Health Management

Population health management approaches have focused on engaging communities and community leaders to identify local health priorities and shape national policies



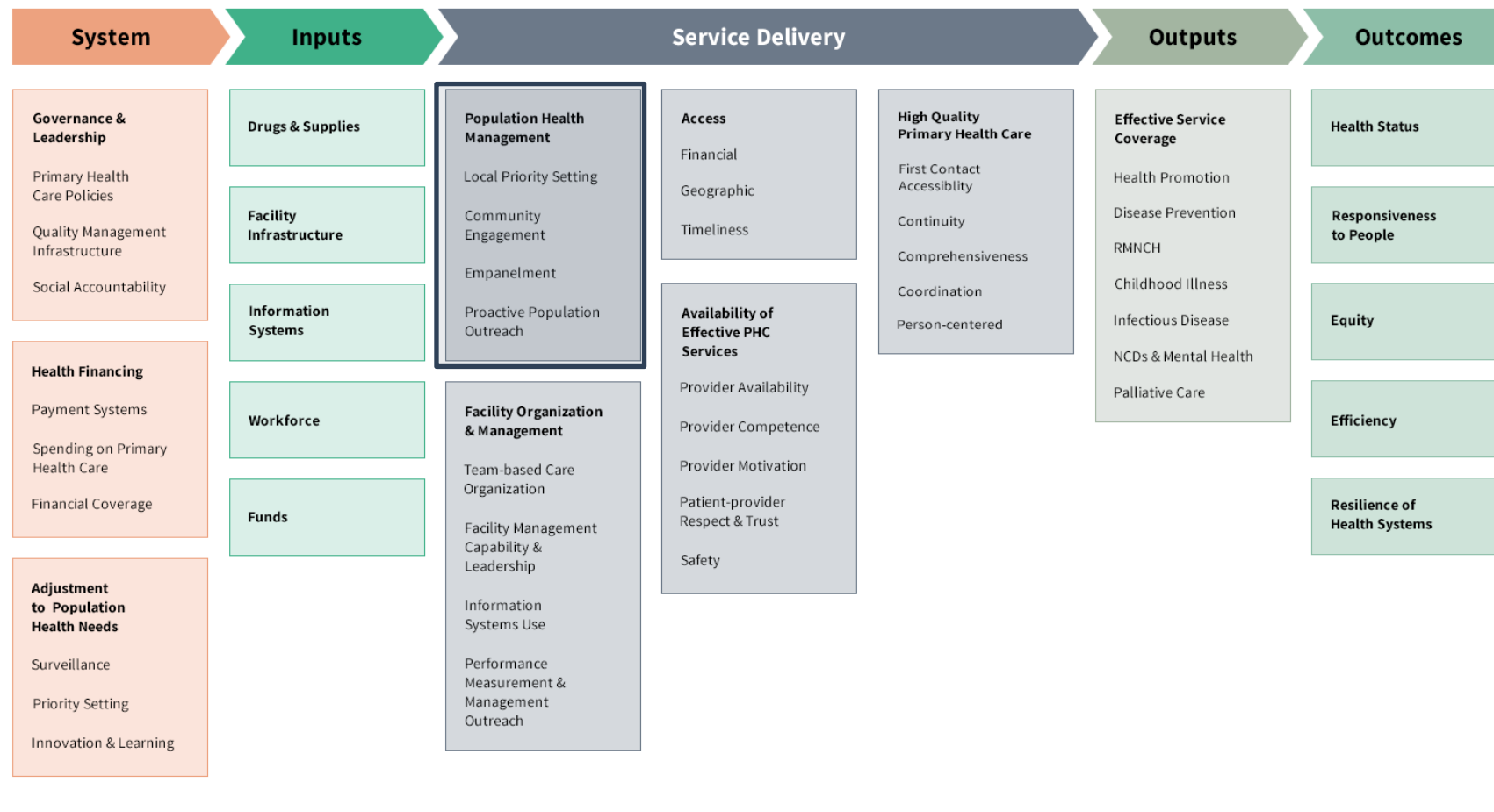
Access

Reforms have placed significant emphasis on ensuring population access to primary health care services and on financing such efforts through natural resources.

Core strategies for improvement: Population Health Management



Population Health Management is an approach to PHC provision that integrates active outreach and engagement with the community in care delivery.



Social Determinants & Context (Political, Social, Demographic & Socioeconomic)

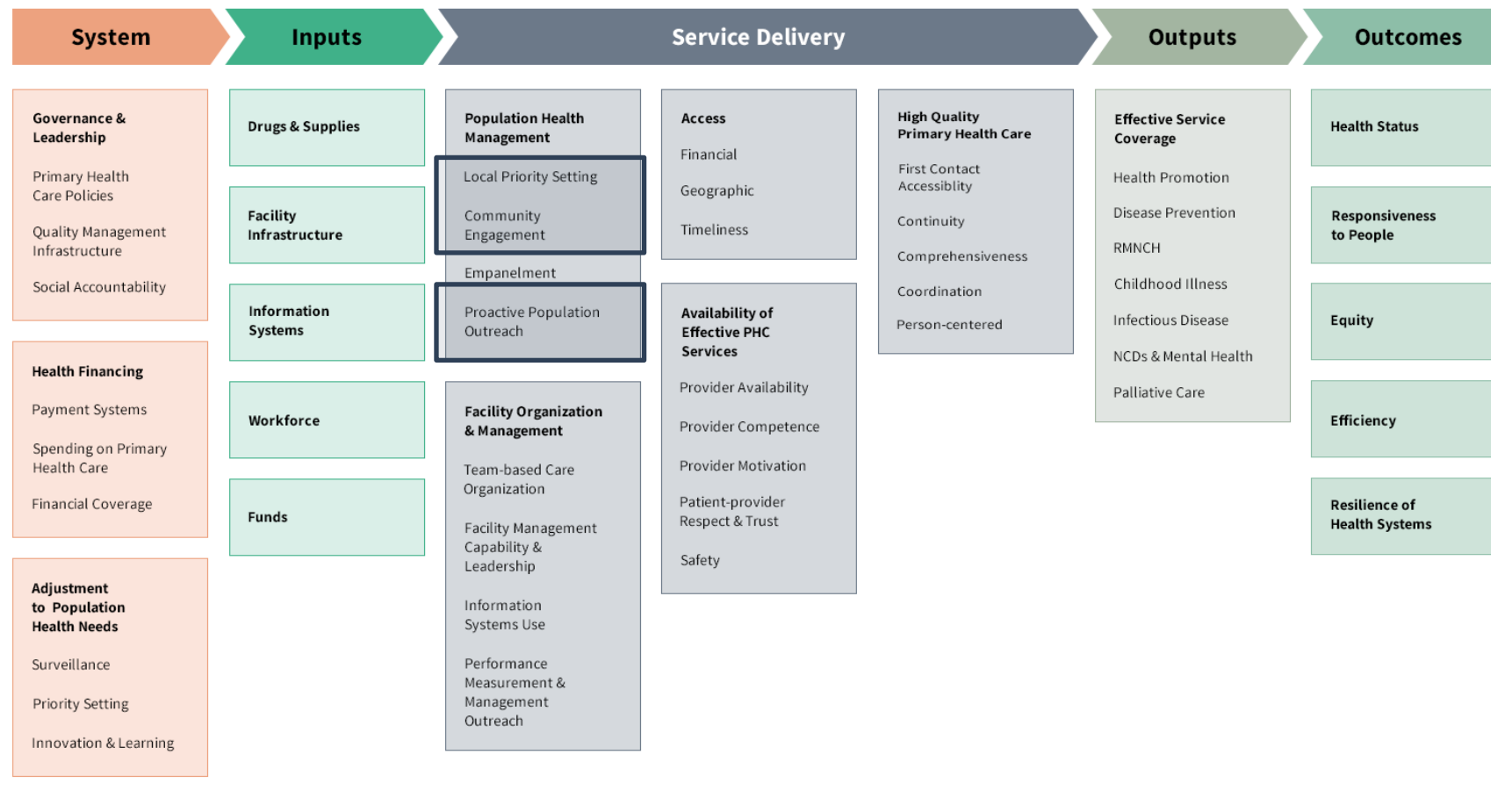
Core strategies for improvement: Population Health Management



Population Health Management is an approach to PHC provision that integrates active outreach and engagement with the community in care delivery.

Oman undertook reforms in 3 areas related to Population Health Management:

- Local Priority Setting
- Community Engagement
- Proactive Population Outreach



Social Determinants & Context (Political, Social, Demographic & Socioeconomic)

Core strategies for improvement: Population Health Management



How **Population Health Management** was integrated into reforms

- These reforms were enabled by a **process of decentralization**, which was implemented to aid the identification of more specific and nuanced needs and to improve the management of local resources
- **Decentralization has supported the development of local initiatives, community planning, and resource management** due to increased local accountability and awareness.

Core strategies for improvement: Population Health Management



How **Population Health Management** was integrated into reforms

- In 1992, local **‘Community Support Groups’** were developed. These are groups of female volunteers who work as links between the women and children in the community and the health system. Volunteers provide health education and promotion related to reproductive and child health.
- In 1995, the MoH implemented the **‘Wilayat Health Team’**, a community engagement initiative which enables local teams to develop health development plans for their Wilayat (district). Community Support Groups are also actively involved in this process of planning.
- The **Omani MoH financially and programmatically supports these community-based initiatives** within each Wilayat.

Core strategies for improvement: Population Health Management



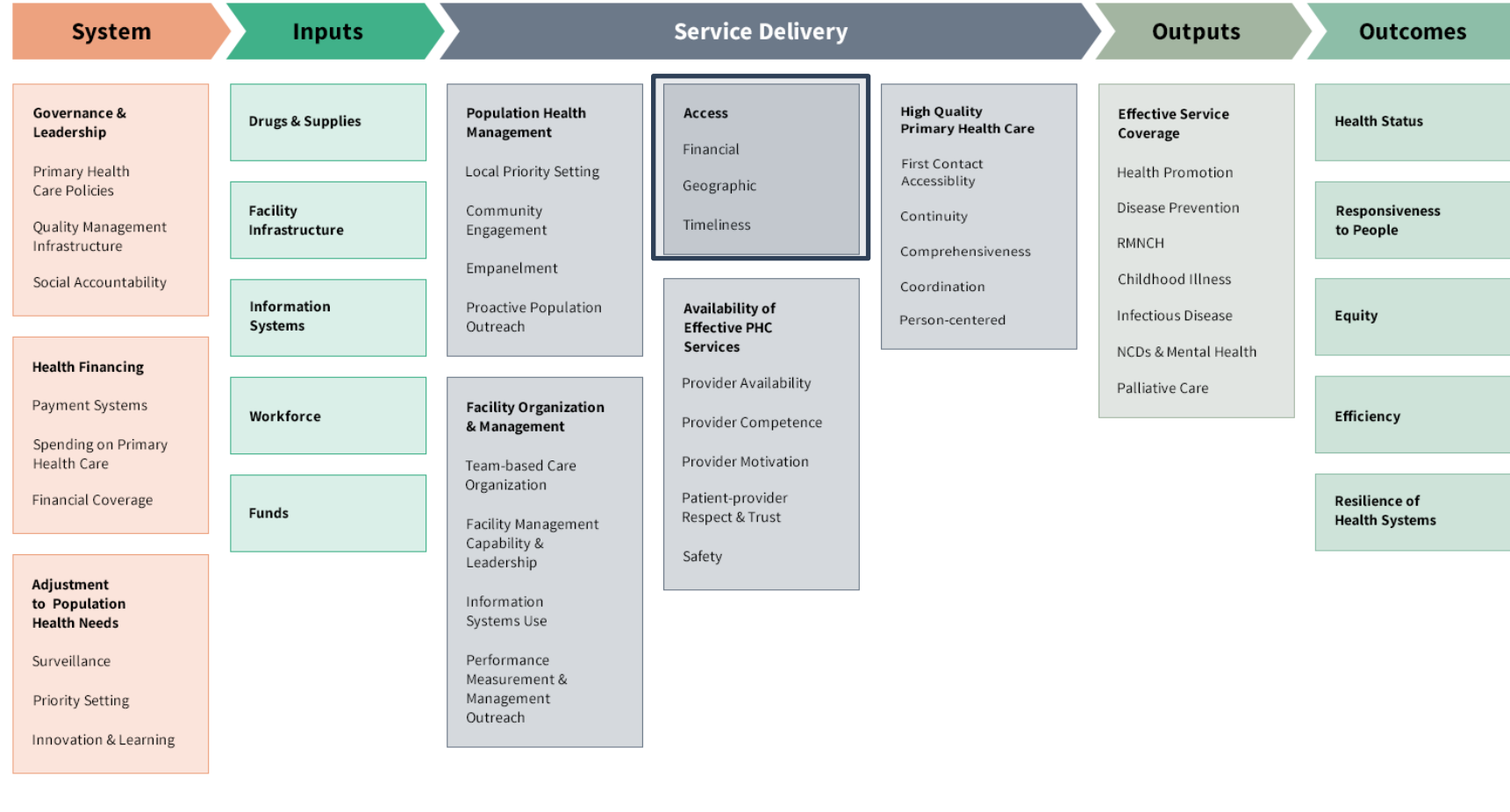
Outcomes and Impact

- These initiatives have **strengthened community participation in the analysis, decision making, and implementation of local programs**, which has been critical for ensuring that health services meet the needs and expectations of local communities.
- ‘Community Support Groups’ have become a central component of Oman’s PHC network, helping to **improve community awareness of promotive health**
- Experience assessments conducted among ‘Community Support Groups’ demonstrated **high levels of enthusiasm and satisfaction with their work and contributions, important for ensuring providers are sufficiently motivated to deliver high-quality services**

Core strategies for improvement: Access



Access is a measure of whether, from the user's perspective, patients can reach a PHC facility and receive services in a manner that is affordable, timely, and geographically convenient.



Social Determinants & Context (Political, Social, Demographic & Socioeconomic)

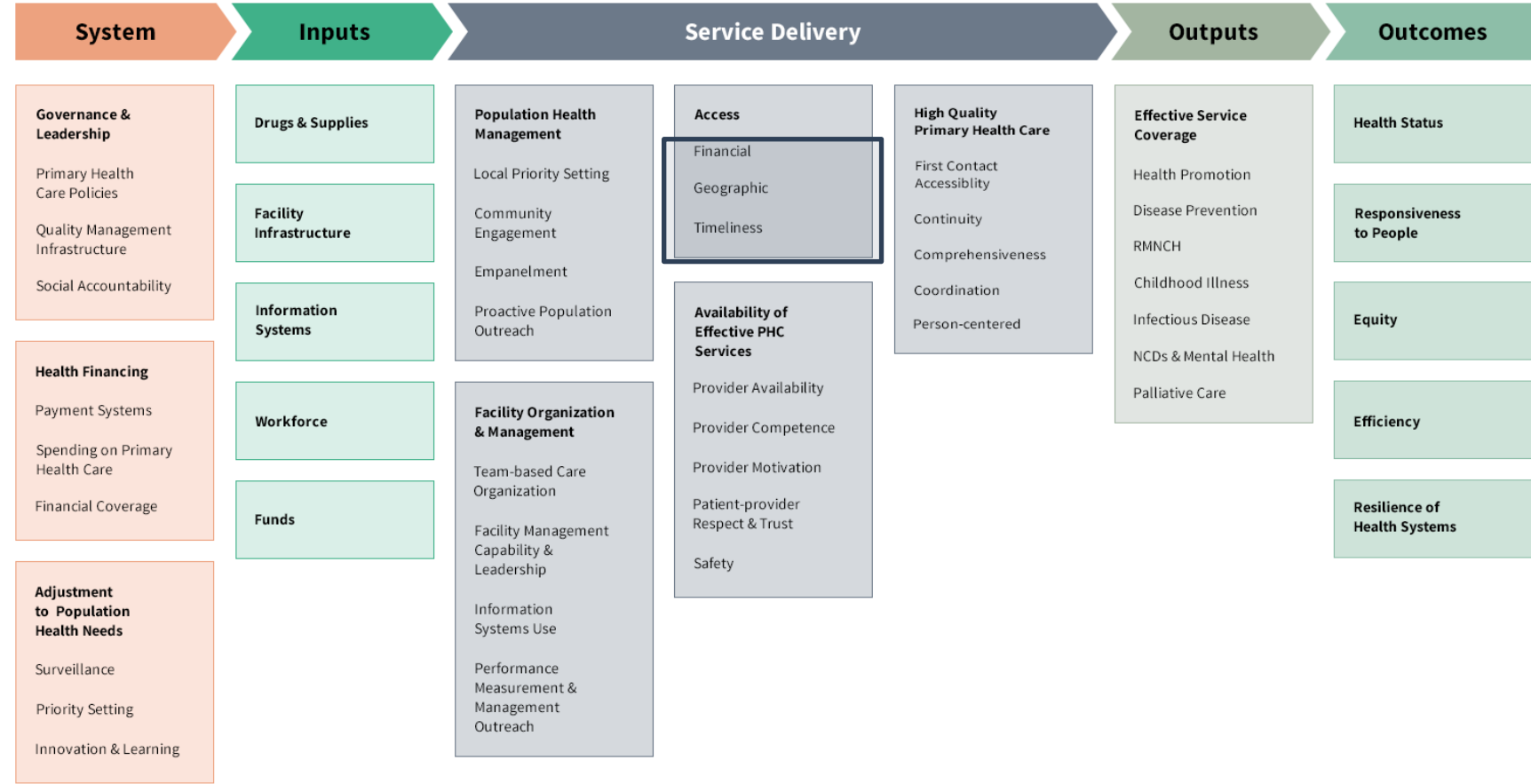
Core strategies for improvement: Access



Access is a measure of whether, from the user's perspective, patients can reach a PHC facility and receive services in a manner that is affordable, timely, and geographically convenient.

Oman undertook reforms in 3 areas related to Access:

- Financial Access
- Geographic Access
- Timeliness



Social Determinants & Context (Political, Social, Demographic & Socioeconomic)

Core strategies for improvement: Financial Access



How **Financial Access** was integrated into reforms

- **Free, comprehensive public services:** The MoH offers free, comprehensive public health services to all Omani nationals and expatriates working in the government sector. The expatriate workforce in the private sector is mostly covered by employer-provided insurance.
- **Financial sustainability:** The government is in the process of scaling a mandatory health insurance system nationwide to lower government healthcare spending and guarantee sustainability through a private-public partnership between the government and private insurance companies. Additionally, the system incentivizes preventative behaviors to prevent lifestyle-induced health disorders that pose a financial burden to the system.

Core strategies for improvement: Geographic Access



How **Geographic Access** was integrated into reforms:

- **Responsive facility density and distribution targets:** The MoH prioritized geographic access by constructing of a dense network of PHC facilities throughout the country, with the goal of establishing one health center per 10,000 population. To meet rural health needs, additional rural health centers were built to ensure even the most remote regions had access to care and some rural health centers serve as few as 500 – 1000 population.
- **Investing in a strong PHC workforce:** In addition to increasing facility infrastructure, Oman focused on building and staffing facilities with a PHC workforce capable of delivering comprehensive services. Typically, PHC facilities are staffed by general practitioners, nurses, dentists, lab technicians, pharmacists, and paramedical staff.

Core strategies for improvement: Timely Access



How **Timeliness**
was integrated into
reforms:

- **Walk-in appointment systems:** The MoH recently instated a system which allows patients to “walk in” for PHC services without an appointment
- **Gatekeeping structures:** Referral to secondary or tertiary care is through appointments, with PHC as the first point of care for patients.
- **Managing waiting times:** Oman has recently launched a time-based appointment system to reduce waiting times. This system is particularly tailored to serve patients coming from remote areas by promoting close WhatsApp communication between medical professionals and patients.

Core strategies for improvement: Access



Outcomes and Impact

- As of 2014, **Oman's total expenditure on health consisted of 3.5% of its GDP**. This allows universal health coverage without significant financial investment by patients.
- In 2015, 238 local, district, and regional primary health facilities managed by the MoH existed, spread across all 11 governorates and 61 wilayats (districts) and the **density of physicians increased to 21.7 per 10,000**, as compared to 16.7 in 2005. A similar trend was observed for **nurse density, which increased from 37 to 47 per 10,000** over this time period.
- As a result of these targeted efforts, **over 95% of the population now lives within five kilometers of a primary health care center and has nearly universal access to health care.**

WHO. WHO Country Profile: Oman [Internet]. 2019 [cited 2019 Sep 24]. Available from: <https://www.who.int/countries/omn/en/>

Oxford Business Group. Oman's health care system increasingly ready to meet the population's needs | Oman 2017 [Internet]. 2017 [cited 2019 Sep 24]. Available from: <https://oxfordbusinessgroup.com/overview/rise-growing-population-finds-h...>

The World Academy of Sciences. In Oman, transforming health care [Internet]. 2014 [cited 2019 Sep 24]. Available from: <https://twas.org/article/oman-transforming-health-care>

Overview: Impact of reforms



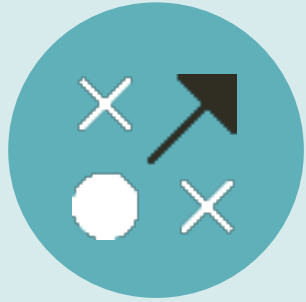
- Oman has made impressive steps in **building a sturdy health infrastructure, mobilizing the community, and promoting greater access in health care delivery** to ensure the universal right to health.
- Oman has achieved nearly **universal geographic and financial access to health care and tremendous gains in health outcomes** since the 1970s.
- **Public healthcare spending is predicted to increase in 2019 and 2020** due to steady economic growth, and the introduction of mandatory healthcare insurance for expatriates.

Overview: What supporting elements were in place



- **Investment in PHC and PHC-centric policies:** Oman operationalized the idea of health care as a human right through four decades of PHC-focused policies and financing, with the state as the primary provider and coordinator of care.
- **Multisectoral coordination:** Financial access reforms are supported by public-private partnerships between the government and private insurance companies

Overview: Continued and future challenges



Continued and future challenges

Despite significant improvements in population health outcomes and access to PHC, changing societal and community dynamics underscore the **need for PHC to evolve to ensure that no one is left behind.**

Oman continues to contend with a number of challenges, including:

- The **demographic and epidemiological** transition, which presents difficulties as the MoH tries to shift from a curative to preventive model of care
- A **rapidly expanding expatriate patient and worker population**, which challenges efforts to ensure financial access to non-Omani citizens and a sustainable health workforce
- A **high dependence on natural resources** for financing, which may raise doubts about future funding and sustainability of robust PHC



Ways forward: Sustainable scale

Oman has already undertaken a **number of reforms to address these challenges and sustain progress** including:

- **“Omanization” process:** Set of labor laws which mandate that government ministries and Omani companies hire Omani nationals in the place of foreign workers and replace expatriates with trained Omanis to the maximum extent possible. By 2017, Omanization had resulted in the proportion of Omani doctors rising to 35%, while throughout the health sector, 68% of workers were Omani nationals by 2015
- **Oman’s Health Vision 2050:** National strategic plan published in 2030 that outlines a vision for the future of Oman, including addressing long-term health investment and implementation plans and outlining the development of a primarily preventative care model to combat increasing rates of non-communicable diseases.



Ways forward: Sustainable scale

To ensure the sustainability of the health system and targeted population health management and access reforms in the years to come, **key priority areas include:**

- **Educating and building a PHC workforce** including community health workers and social workers
- **Capacitating primary health centers** to handle emergencies
- **Working towards the care of aging population** and supportive palliative care
- **Institutionalizing PHC as a lasting priority** in the coming transition of power from His Majesty Sultan Qaboos