MINISTRY OF HEALTH
SULTNATE OF OMAN

THE SEVENTH FIVE - YEAR PLAN
FOR HEALTH DEVELOPMENT
(2006 – 2010)

THE NATIONAL STRATEGIC PLAN
As it is well known that a healthy mind is in a healthy body, health should be a right of every citizen. Since July 1970, we have decided to attach high priority to the development of health of the Omani people.

H.M. Qaboos bin Said
Sultan of Oman
Map of Sultanate of Oman

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FOREWORD

I am pleased to introduce this document presenting the general outline of the 7th Five-Year Plan for Health Development of Oman (2006-2010) or the National Strategic Plan. This document will serve as a guide for health workers while performing their duties and responsibilities with a view to reaching the goal of “achieving a satisfactory level of health for all” under the supreme care of His Majesty Sultan Qaboos bin Said and with the blessings of Allah.

The Ministry of Health has relentlessly prepared health development plans every five years starting from 1976 within the framework of the comprehensive five-year development plans of the Sultanate. These plans have led to the achievement of the economic and social goals, and put Oman on a higher level of development and welfare throughout years of the blessed renaissance. This marked the beginning of significant developments of health services in Oman in quantitative as well as in qualitative terms. The Omani people are now enjoying state-of-the-art medical services provided through a comprehensive and effective health system.

The Ministry of Health is committed to make primary health care the first and basic entry point for providing its services to the Omani citizens and residents. At the same time, the Ministry gives attention to the development of health care services at secondary and tertiary levels. As regards the mechanism for health care delivery, the Ministry has adopted the decentralization policy for the provision of high quality health services at the regional, Wilayat and referral hospitals level. The Ministry ensures equitable distribution of health services to all segments of the community thus enabling all to fulfill their health needs. The Ministry of health has also given special attention to health workforce development strategies.

The 7th Five-Year Plan for Health Development uses a new methodology for health planning. This methodology follows the principles of strategic planning which enable us to clearly define our visions; long-term goals and objectives, and help us delineate the strategic directions of work during the next five years aiming for development of the health system, improvement of the quality of health care and modernizing various health services components.

Health care support system is a high priority for the Ministry of Health for the next five years. This includes the administrative process, decentralization and hospital autonomy. Also, promotion of the primary health care services is high in our work priorities, in addition to expansion of its coverage to meet the needs of the community comprehensively. The Ministry will also focus its attention to the dissemination and strengthening of health promotion with a view to supporting the prevention and control of non-communicable diseases and accidents, and sustaining the achievements in the control of communicable diseases.

It is well known that policies and strategic plans are of no benefit or value if these are not translated into operational plans to be implemented, monitored and evaluated. So the seventh health plan is characterized by its insistence on the involvement of all concerned officials at various planning stages, including analysis, prioritization, setting the objectives, monitoring and evaluation of the alternatives, defining the strategies and activities, provision
of resources and monitoring and evaluation of achievements at the local, regional and central level. It was also stressed that supportive local plans should be prepared at Wilayat level relying on the process of “bottom–up planning” which is used now by the “Wilayat health committees” in the Sultanate to plan community health projects with the participation and coordination of the community and health workers.

The 7th Five-Year Plan for Health Development covers 30 specific health fields or domains to implement the strategic and operational action plans. Each of these domains has a national comprehensive plan and several operational plans at the regional levels in addition to supportive plans at Wilayat levels. This specific planning methodology ensures the accuracy of all the details using several different indicators to evaluate the objectives, strategies and activities.

I take this opportunity to express my thanks and appreciation for the efforts of all those who participated in the preparation of this plan, under the able supervision of H.E Mohammed bin Hassan bin Ali, Under Secretary for Planning Affairs and the technical guidance of Dr. Mo'ness Mostafa Al Shishtawy, Consultant in Health Planning in the Ministry. I do hope that, with the blessings of Allah, all concerned will use this document as the blueprint for their concerted action to achieve all the objectives of this health development plan.

With the blessings and guidance of Allah.

Dr. Ali bin Mohammed bin Moosa
Minister of Health
INTRODUCTION

The Sultanate of Oman started five-year health development planning from the year 1976. Planning is emphasized so that the use of a scientific process helps us to optimize the utilization of the available resources in order to achieve the best health care outcome through providing a comprehensive range of high quality health services; which in turn, help in appreciably raising the general health status of the community.

The policy-makers initiated the preparatory phase of the 7th Five-Year Plan for Health Development after reviewing its previous experience with the planning process in meeting the Ministry’s long-term visions and goals. The central administration concentrated on the priority health polices based on the information available about the progress in improving the health level of the Sultanate. Also, the health plan of Oman considered the National, Local and Regional / GCC directives to enable monitoring and evaluation of our efforts and comparison of our achievements with that of other nations and regional countries. The 7th Five-Year Plan for Health Development follows a new planning process and includes several important health domains, some of which are included for the first time in the health plan. In addition, several new strategies are presented under related domains instead of formulating Programmes directed to the reduction or control of selected health problems.

Review and analysis of the previous central, regional and Wilayat health plans revealed that, the basic activities in each Programme were implemented at the level of each health institution. This was actually a common factor in the entire plan. So when formulating the new 7th Five-Year Plan for Health Development, we decided to divide and separate the planning stages to the central and operational levels in order to make the operational plans extensions not repetitions of the national strategic plan (general outline) relating to each field. This was supplemented with supportive community plans at Wilayat level. It is well known that the planning process should proceed step by step. So, in order to prepare the 7th Five-Year Plan for Health Development in a scientific way, we have pursued the same planning principles and methodology throughout the planning process.

Preparation of the 7th Five-Year Plan for Health Development was started in the last quarter of the year 2004, after the issuance of the Ministerial Decision No. 96 /2004. Immediately thereafter, 30 steps were laid down to prepare the plan at three levels: central, regional (health regions) and local (Wilayat). All the steps were scrupulously pursued throughout the following 15 months with the participation of the responsible officials at all levels.

Generally, the 7th Five-Year Plan for Health Development rests on three pillars:

First – National Strategic Plan. This plan is concerned with the visions, goals, general objectives and strategies at the national level and expected results after implementation using evidence-based-management philosophy. This helps in focusing on gradual steps to evaluate the cause-effect relation between the short, intermediate and long-term outcomes and impacts, resource utilization and activity sharing.
Second – Regional Operational Plans. These “detailed plans” based on the strategic plan to be implemented by the concerned directorates at the regional or central levels. These plans include the targets, the operational activities, the needed resources and also the indicators for monitoring and evaluation and the timetable for implementation.

Third – Local Supportive Plans. These plans will be designed at Wilayat level by the “Wilayat health committees” to support the regional operational plans. Local Supportive Plans will be in the form of short-term health projects planned for one year, depending on community participation and cooperation between the related sectors and using the pyramidal planning process or “bottom-up-planning” that is used by Wilayat health committees in Oman since 2003.

Despite the extension of the domains of the 7th Five-Year Plan for Health Development involving a great number of activities, we hope our efforts will succeed, and the Sultanate will be able to continue to reach higher levels of achievement in the health field. Thus, it is hoped, the health conditions of the people of Oman will improve further, and this will be reflected in our health status indicators.

Mohammed bin Hassan bin Ali
Under Secretary for Planning Affairs
Chapter One

NATIONAL HEALTH POLICY OF THE SULTANATE OF OMAN
Chapter One

National Health Policy of the Sultanate of Oman

In the light of the health situation analysis in the Sultanate, the achievement of the previous health plans and the assessment of persistent problems and difficulties, the national health policy for the next five years was formulated as under:

A. **The work and activities of the Ministry of Health (MoH) and all other health related agencies are to be directed for achieving the following goals:**

1. Provision of the best levels of primary and specialized health care to the population of the Sultanate.
2. Reduction of mortality and morbidity rates of different diseases with a view to attaining life expectancy similar to that of the developed countries.
3. Taking necessary measures for the prevention of infectious and parasitic diseases aiming at their eradication especially among children and school pupils.
4. Applying the latest methods for the prevention, early case finding and prompt treatment of chronic diseases aiming at the reduction of their magnitude and complications.
5. Provision of health care necessary for the elderly and the physically and mentally challenged people.
6. Provision of preventive measures and treatment of all types of accident cases.
7. Development and training of Omani workforce in all health professional categories in order to achieve high levels of Omanization or self-sufficiency in health workforce.

B. **Steadfastly pursuing the following directives:**

1. Considering primary health care the first and basic entry point for all levels of health care.
2. Assuring the suitable distribution, accessibility and acceptability of all levels of health services.
3. Promotion of community involvement in all activities of health care (in a gradual way).
4. Assuring coordination and good cooperation among the different agencies that provide health or health related services.
5. Reducing the waste in material and human resources within the health system.
6. Gradual extension of delegation of authority and responsibility to the Wilayat level.
7. Encouraging the private sector to participate effectively in the appropriate aspects of health work.
C. Directing important attention to the following priorities, and formulating and implementing suitable plans to manage them:

1. Promotion of primary health care services and ensuring its quality.
2. Prevention and control of non-communicable diseases and accidents involving the main causes of morbidities, mortalities, and disabilities.
3. Development of comprehensive maternal health and reduction of morbidities and mortalities of children.
4. To promote the decentralization policy and hospital autonomy initiative.
5. To promote the health awareness of the community and establish a culture of healthy lifestyle.
Chapter Two

SITUATION ANALYSIS
OF THE SULTANATE’S
HEALTH SECTOR
Chapter Two

Situation Analysis of the Sultanate’s Health Sector

1. General Description:

The Sultanate of Oman is located in the southeastern corner of the Arabian Peninsula. The coastal line extends 3,165 kilometers from the Strait of Hormuz in the north to the borders of the Republic of Yemen in the south, overlooking three areas: the Arabian Gulf, Gulf of Oman and the Arabian Sea. It borders the Kingdom of Saudi Arabia and the United Arab Emirates in the West, the Republic of Yemen in the South, the Strait of Hormuz in the North and the Arabian Sea in the East.

The total area of the Sultanate of Oman is approximately 309.5 thousand square kilometers. The Sultanate is composed of varying topographic areas consisting of plains, wadis (dry river beds) and mountains. The most important area is the plain overlooking the Gulf of Oman and the Arabian Sea accounting for about 3% of the total area. The mountain ranges occupy almost 15% of the total land of Oman. The remaining area consists of mainly wadis and desert (about 82% of the total area).

The climate differs from one area to another; it is hot and humid in the coastal areas in summer, hot and dry in the interior with the exception of the high mountains and Dhofar Governorate, which enjoy a moderate climate throughout the year. Although rainfall is scarce and irregular all over the Sultanate, yet it might sometimes rain heavily in the south area during the monsoon period of June to October every year.

The Sultanate of Oman is administratively divided into 5 Regions and 4 Governorates with 61 Wilayats. The Governorates are: Muscat, Dhofar, Musandam and Al Buraymi. The regions are: Al Batinah Region, Ash Sharqiyah Region, Ad Dakhliyah Region, Adh Dhahirah Region and Al Wusta Region. The regions of Ash Sharqiyah and Al Batinah have each been further subdivided into two for health administration, giving a total of eleven health regions.

2. Demographic Aspects (data of 2005 unless mentioned otherwise):

- The midyear population for 2005 as estimated by the Ministry of Health was 2,508,837 (26.6% of them are non-Omani).
- The majority of population (more than half, 55.15%) is present in Muscat Governorate and Al Batinah region and the remaining population is distributed in different percentages all over the other regions and Governorates. The smallest percentage is in Al Wusta Region (0.99%) followed by Musandam Governorate (1.22%).
- The population density is 8.1 Omani people per square kilometer. The highest population density is in Muscat Governorate (178.3 Omani people per square kilometer). The lowest population density is in Al Wusta Region (0.3%) followed by Dhofar Governorate (2.4%).
The Recent demographic changes affected the characteristics of the Omani population to be a young population, as children below 5 years and those below 15 years comprise high percentage of the Omani population (11.86% and 38.88% respectively).

More than one quarter (27.82%) of the Omani population are adolescents and youth (15-24 years).

Adults in production age (15 –64 years): 58.94% of Omani population.

Percentage of people 60 years and over : 3.48% of Omani population.

Sex ratio (males per 100 females): 102.1 for Omani population.

Females in reproductive age group (15 – 49 years): 26.9% of Omani population.

Females in reproductive age group (15 – 49 years): 54.36% of Omani females.

Married females (% of Omani females aged 15-49 years) : 50.2%

Age Dependency Ratio (below 15 & over 65 years to population 15-65 years) : 0.7

Crude Birth Rate: 24.75 / 1000 population.

Crude Death Rate: 2.53 / 1000 population.

Total Fertility Rate: 3.14 births per woman 15-49 years.

Life Expectancy at birth: 74.28 years.

- Males : 73.16
- Females: 75.42

3. Social and Economic Aspects:

The total government revenue in 2005 was R.O 4552.3 compared to R.O.2289.9 million in year 2000, increasing by 98.8%.

The total expenditures of the Ministry of Health (recurrent and development expenditure) increased from R.O 145.7 million in 2000 to R.O 199.6 million in 2005, by annual rate of increase equal to 6.5%.

The expenditures’ share of Ministry of Health from the total government expenditures decreased from 6.2% in the year 2000 to 4.7% in 2005.

The per capita share of the total Ministry of Health expenditure increased from R.O 60.7 in the year 2000 to R.O 79.5 in 2005.

The average size of the household is still high as it was 8 persons according to 2003 census.

The total number of schools for general education (government/private) was 1207 schools (1046 governmental and 158 private) in the academic year 2005/2006 while it was 1135 schools in the year 1999 by increasing by 6.3%. The number of school children (in the academic year 2005/2006 was 596,938 students compared to 589,193 students in the year 1999 (increase by 1.3%).

Percentage of illiterates among adults (15 years or above) of both sexes was 18.6% according to 2003 census.

Percentage of Omanization in Ministry of Health is 66% in 2005 compared to 53% in 2000 increasing by 24.5% (95% Omanization among health administrators, 100% among medical orderlies, and 44.5% among physicians, dentists, pharmacists and nurses together).

Percentage of houses with electricity was 95.9%.

Percentage of houses with proper drainage system was 85.3%.

Percentage of people with facility of drinking water from wells was about 12% and from governmental sources 88%. Percentages of bacteriological and chemical water pollution decreased to 29.6% and 13.8% respectively in 2003 compared to 35% and 19.5% in the year 1999.

- The percentage of “Low Birth Weight” infants increased to 8.3% of births in 2005 compared to 8.1% in 2000.
- The percentage of children under 5 years of age who suffer from Protein Energy Malnutrition “PEM” was 22 per 1000 children under 5 years in 2005 compared to 15 in 2000.
- The Percentage of “Anemia” among pregnant women was 33.1% (2005) compared to 36.5% in 1999.
- According to results of the National Health Survey (2000), the percentage of “Anemia” among females aged 12-19 years was relatively high as it was 41.4%.
- There is a marked reduction in the rate of “Diarrheal Diseases” among children under 5 as it was 263/1000 children under 5 in 2005 compared to 322/1000 in 2000 (18% decrease).
- The incidence of “Acute Respiratory Infections” among children under 5 slightly changed from 1.6 episodes / child in 2000 to 1.5 episodes / child in 2005.
- There is a marked reduction in the number of reported diseases included in the “Immunization Programme” among children under 5, as still the Sultanate is free of cases of “Poliomyelitis and Diphtheria” for the last consecutive 12 years, and not a single case of “Tetanus Neonatorum” since 1992 (except one case in 1995).
- Regarding the number of communicable diseases (notifiable within 24 hours), the cases of “Malaria” were the highest recorded number (544 cases) followed by “Food Poisoning” (447 cases), and “Measles” (19 cases) in 2005.
- Regarding the number of communicable diseases (notifiable within 7 days) in 2005, the cases of “Viral Hepatitis” were the highest recorded number (866 cases) followed by “Brucellosis” (113 cases), “Typhoid and Paratyphoid” (67 cases), “Pulmonary Tuberculosis” (37 cases) then “Whooping Cough” (36 cases).
- The most important causes of morbidity in the outpatient clinics of the Ministry of Health during 2005 were in a descending order: non-communicable diseases, communicable diseases, injuries and poisoning, then maternal diseases.
- The main causes of morbidity for the inpatients of the hospitals of the Ministry of Health in the year 2005 were in a descending order: non communicable diseases, communicable diseases, maternal diseases followed by injuries and poisoning.
- The specific mortality rates were as under:
  - Infant mortality rate: 10.28 per 1000 live births in 2005 compared to 16.7 in 2000.
  - Under- 5-year mortality rate: 11.05 per 1000 live births in 2005 compared to 21.7 in 2000.
  - Maternal mortality rate: 15.4 per 100,000 live births in 2005 compared to 16.1 in 2000.
- The main causes of infant deaths (less than 7 days) in 2005 were: congenital anomalies, low birth weight, birth asphyxia, respiratory distress of newborn, neonatal aspiration syndromes, bacterial sepsis of newborn, septicemia and pulmonary heart diseases & diseases of pulmonary circulation.
- The main causes of infant deaths (7-28 days) in 2005 were: congenital anomalies, respiratory distress of newborn, low birth weight, bacterial sepsis of newborn, fetus & newborn affected by maternal factors & by complications of pregnancy and labor, septicemia and pneumonia.
- The main causes of infant deaths (29 days – 1 year) in 2005 were: septicemia, congenital anomalies of heart and circulatory system, inflammatory diseases of the Central Nervous System, pneumonia, cardiac dysrhythmias, heart failure, slow fetal growth, fetal malnutrition & disorders related to short gestation and low birth weight and bacterial sepsis of newborn,
The main causes of death in the age group 1-4 years in 2005 were: septicemia, injuries & poisoning, congenital anomalies of heart and circulatory system, heart failure, intracranial haemorrhage, pneumonia and metabolic disorders.

The main causes of death in the age group 5-14 years in 2005 were: injuries & poisoning, diseases of the nervous system, septicemia, leukemia & neoplasm, cardiac dysrhythmias, pneumonia, renal failure and heart failure.

The main causes of death in the age group 15-44 years in 2005 were: all injuries other than intracranial, intracranial injuries, neoplasm, septicemia, intracranial hemorrhage, burns and corrosions, pulmonary heart diseases & diseases of pulmonary circulation and cardiac dysrhythmias.

The main causes of death in the age group 45-60 years in 2005 were: neoplasm, septicemia, ischaemic heart diseases, stroke, heart failure, intracranial hemorrhage, diabetes mellitus, cerebral infarction, pulmonary heart diseases & diseases of pulmonary circulation, renal failure and fibrosis & cirrhosis of liver and other diseases.

The main causes of death in the age group above 60 years in 2005 were: septicemia, ischaemic heart diseases, neoplasm, stroke, heart failure, cerebral infarction, pneumonia, hypertensive diseases, diabetes mellitus and fibrosis & cirrhosis of liver and cardiac dysrhythmias.

5. **Health Resources (data of 2005 unless mentioned otherwise):**

The Ministry of Health is the main agency of the Sultanate responsible for ensuring the availability of health services in the Sultanate, in addition to the health services provided by Ministry of Defense, Royal Oman Police, Petroleum Development of Oman, and other governmental and private companies to their employees and workers. Also Sultan Qaboos University Hospital provides secondary and tertiary health care for all people.

Health institutions and health workers in Sultanate of Oman are distributed as follows:

- **Ministry of Health (MoH):**

  - There are 189 health institutions distributed as under:
    - 4 tertiary health care hospitals
    - 9 regional hospitals
    - 6 wilayat hospitals
    - 30 local hospitals
    - 13 extended health centers
    - 127 health centers.
  - The total number of hospital beds in Ministry of Health in 2005 is 4,542 beds.
  - The average number of MoH hospital beds per 1000 population slightly decreased throughout the previous years. It was 1.8 in 2005 compared to 1.9 in 2000.
  - The total number of health workers in Ministry of Health is 20,438 of whom 1,094 are Consultants and Specialists, 1,840 Medical Officers (GP’s), 168 Dentists, 154 Pharmacists, 7,909 Nurses, 123 Physiotherapists, 168 Sanitary Inspectors/Supervisors, 401 Radiographers, 873 Laboratory Technicians, 690 Asst. Pharmacists/Dispensers, 2,184 Medical Orderlies, and 831 other Para-Medical Staff.
  - The average number of consultants and specialists, working in the Ministry of Health, per 10,000 population, increased from 3.5 in 2000 to 4.5 in 2005.
The average number of doctors working in the Ministry of Health per 10,000 population increased from 9.4 in 2000 to 11.9 in 2005.

The average number of dentists, working in the Ministry of Health, per 10,000 population, increased from 0.4 in 2000 to 0.7 in 2005.

The average number of university-educated pharmacists working in Ministry of Health increased from 0.3 per 10,000 population in 2000 to 0.6 in 2005.

As regards the average number of nurses working in the Ministry of Health per 10,000 populations, it increased from 27.6 in 2000 to 31.5 in 2005.

Expansion of training and education Programmes for health workforce continued. Post-basic nursing administration and midwifery Programmes, critical care nursing (adults) and mental health nursing were mounted. Information technology (IT) was introduced in all curricula as a specific course.

Governmental Non-MoH (includes Royal Oman Police, Petroleum Development of Oman and Sultan Qaboos University Hospital):

- The Governmental Non-MoH health institutions in 2005 include:
  - 3 hospitals (260 beds).
  - 31 Dispensaries / Primary Health Care Centers (184 beds).

- The total number of health workers in the Governmental Non-MoH medical sector is 1,797 of whom 110 are Consultants and Specialists, 168 Medical Officers (GP’s), 13 Dentists, 27 Pharmacists, 673 Nurses, 22 Physiotherapists, 42 Radiographers, 97 Laboratory Technicians, 28 Asst. Pharmacists/Dispensers, and 157 Medical Orderlies.

Private Sector:

- The private sector health institutions in 2005 include:
  - 4 hospitals (126 beds).
  - 384 general clinics.
  - 159 specialty clinics.
  - 112 dental clinics.
  - 53 Chinese & Indian clinics.
  - 331 pharmacies.

- The total number of health workers in the medical private sector is 3,228 of whom 178 are Consultants and Specialists, 738 Medical Officers (GP’s), 267 Dentists, 572 Pharmacists, 695 Nurses, 16 Physiotherapists, 37 Radiographers, 199 Laboratory Technicians, 194 Asst. Pharmacists, and 181 other Para-Medical Staff.

6. Health Services Status:

- In spite of the observed increase in the number of health institutions especially the health centers and its spread all over the Sultanate, still there is a small number of population settlements out of reach of primary health services.

- There is a continuous decline in the bed occupancy rate, as it was 52.8% in 2005 compared to 55.9% in 2000.

- Mean length of hospital stay is 3.8 days (2005) compared to 4.1 in 2000.
The average number of outpatient visits per person is 4.2 visits per year in 2005 compared to 4.1 in 2000.

The percentage of females using modern birth spacing methods increased from 5.75% of ever married in 2000 to be 6.1% in 2005. Also it was found that 65% of those using birth spacing methods were less than 30 years old and 62.1% of them had less than 5 children. The most frequent method used was the injections (34.5%) while the least frequent one was the loop (7.1%).

Comprehensive quality control system was implemented in the majority of primary health care institutions.
Chapter Three

STRATEGIC DIRECTIVES FOR HEALTH DEVELOPMENT IN OMAN (2006 – 2020)
Since 1970 the Ministry of Health in Sultanate of Oman has been ensuring the availability of promotive, preventive, curative and rehabilitative health services for all population aiming to improve the health status of the Omani citizens and residents along the following lines:

- Provision of comprehensive health services in the field of public health and personal health considering primary health care as the basic entry point for health care.
- Assuring equity in the distribution of health services and burden of health expenditure to cover all ages, social and economic levels of the community.
- Fulfill the health and health related needs and expectations of the people.
- Continuation and promotion of all aspects of health development through community participation and inter-sectoral cooperation.

Health Planning in the Sultanate of Oman:

Since 1976 and the blessed renaissance, the Ministry of Health started its five-year health development plans, in order to achieve its mission and carry out its responsibilities for social and economic development through developmental planning. The effect of five-year health development plans on the development of health services and improvement of the health status of the people has been observed to be significant. This development reflects the abiding impact of health planning and management since the dawn of the blessed renaissance in spreading the health services and provision of health care to all people.

The first stage of the health planning in Sultanate of Oman extended from 1976 to 1990, in which three 5-year plans were implemented. These plans were focused on extension of the health services infrastructure, since prior to the blessed renaissance there were no sufficient numbers of health institutions to combat the prevailing unsatisfactory health status.

The second stage of planning started at 1991 and included 3 five-year health plans (the fourth, fifth and sixth ones), which completed by the end of 2005. This stage was characterized by several main directions formulated after comprehensive review of the health system in 1990. “Decentralization in provision of health services” was one of the main directions, and it was implemented through establishing 10 general health directorates in the regions, with delegation of financial and administrative authorities according to definite roles and controls. In 1993 local directorates at Wilayat level was started followed by hospital autonomy in the year of 2000.
The preparation of plans of the second stage followed “the managerial process for national health development”. These plans included different Programmes each directed to one priority health or health related problem. The general framework of the 4th, 5th and 6th plans was prepared at the central level. The 5th and 6th plans included 10 detailed regional plans while the 6th plan included 19 Wilayat plans, in line with the decentralization policy adopted by the Ministry of Health.

The second stage plans of Ministry of Health were concentrated on qualitative development besides the quantitative and geographical expansion of health services. The decentralization policy in health services helped in empowerment of the administrative machinery and promoted the planning process at the local level. The direct effect of this policy was observed as the size of health services expanded all over the Sultanate during this stage (1991 – 2005). During the second stage construction and development of several hospitals was also undertaken in all the regions in order to provide specialty services mainly secondary care and limited tertiary health care in each health region. Human resources development through the establishment of health institutions dealt with the training and qualification of staff in the field of general nursing, medical laboratories, radiography, assistant dentists, assistant pharmacists and health inspectors.

Despite the significant progress in the field of health throughout the previous 35 years, the health system in Sultanate of Oman is still facing many challenges, like many other health systems in the world. These challenges may be briefly summarized below.

1- Shortage in the Basic Inputs of the Health System:

- One of the aims of the 6th 5-Year Health Plan was the provision of one health center per 10,000 population but, the present rate is still less than the target specially in the urban areas with high population density such as the capitals of the Wilayats.

- The difficult topography and terrain of Oman, the wide dispersal of the population all over the Sultanate and the importance of providing basic health services to all the people close to their dwellings pose a great challenge to the stakeholders. The situation can be comprehended well when you consider that the total population is less than 1000 in 97% of population settlements (4906 out of 5051). More over, 3020 population settlements had total population fewer than 50 persons each. This type of settlements account for one quarter of the total population of the Sultanate (24% of the families). Accordingly, special strategies and tools should be adopted to provide suitable and easily accessible health services to these population settlements. For this situation, the Ministry of Health started to operate a number of small health centers to serve inhabitants of settlements with less than 1000 people. This reflects the economic burden to provide the needed health services to these target groups of people.

- The main challenge facing the Ministry is insufficient Omani health workforce. The problem is aggravated especially because of the recent epidemiological changes in the Sultanate. Also, there is increasing difficulties in the recruitment of expatriate staff particularly physicians and specialists. So, it is necessary to ensure sufficient availability of qualified medical Omani staff.
2- Health Services Expenditure:

- The balance between the increasing demand for the health development needs and the high cost of the health services provided due to continuous progress in the technology of health care including the advanced information technology, equipment, curative and diagnostics means, and the chemicals and therapeutics; constitute a great challenge to all countries without exception. This in turns needs consideration and adoption of alternative strategies for mobilization of health financial resources in order to prevent undesirable changes in the health indicators.

- It is known that the Ministry of Health is responsible for about 82% of the total health expenditure in the country constituting the highest such percentage among all GCC countries. This situation increases the difficulties facing Oman especially with the presence of the strong governmental commitment to continue such high health expenditure that the entire burden to achieve the target balance will fall on the government.

3- Health Problems:

“The double burden of morbidity” is a significant challenge facing the Sultanate of Oman, which could be considered a specific characteristic feature of the newly developing countries. It carries the burden of the present epidemiological changes and the health problems resulting from unhealthy lifestyles typical of the developed countries. The main diseases resulting due to these changes are: obesity, cardiac and coronary diseases, hypertension, diabetes, cancers, chronic kidney diseases, brain stroke, and geriatric diseases. Also, there are groups of diseases related to the changing age distribution of the population, and to the harmful practices of the youth, which cause road accidents & injuries, sexually transmitted diseases, mental health problems and psychiatric disorders and addiction. All these diseases need expensive treatment for long periods sometimes for entire life. In addition to this group of diseases, the Ministry of Health should carry the burden of the preceding health problems, which still persist in varying degrees. These include malnutrition, genetic diseases and congenital abnormalities, newborns’ health problems, and also some communicable diseases such as diarrheal diseases, respiratory infections, viral hepatitis etc.

In spite of the great efforts made in the field of health education, still there is a need for more education. There is also the need for greater coordination between different sectors in order to face the challenges of unhealthy lifestyles and harmful practices in the Omani community responsible for many diseases.

4- Population Increase:

The present rate of natural increase of the Omani population is 2.2%, which is considered high for a country like Oman. But it is less than the rate prevalent in the 80’s (within 3.7%). Due to the limited resources of the Sultanate; the impact of this population increase (the number of population is expected to double within the next 25 years) will, no doubt, impinge on the policies and plans of the government to achieve economic and social development for the Omani community. In addition, the health studies and statistics revealed that the high fertility rates and low birth intervals had a distinct negative effect on maternal and child health in the Sultanate.
The Future Challenges:

Faced with the future challenges of the health sector in the Sultanate, the health planners suggested a set of priorities and strategic alternatives for the next 15 years, which reflected the urgent need for capacity building. Some of these priorities were selected to direct the available resources for achieving real changes in the present epidemiological situation and morbidity burden in the Sultanate by using the available and cost-effective mechanisms, as many health problems such as non-communicable diseases have a negative effect on the social, economical and health achievements gained during the years of renaissance.

The selected strategic directions for the next 5 years (2006-2010) take into consideration the good level of health coverage in Oman, the epidemiological changes in the present and emerging diseases, the national health policies and the efforts of the Oman Government to achieve high coverage and high quality health services at affordable costs to all people through supporting and strengthening the inputs of primary health care in the Sultanate.

Considering the current challenges five strategic objectives were identified in order to evaluate the success of the health sector in Oman. These strategies help in managing the impacts of the present transitional period and the expected health and economic changes resulting from the local, national and regional developments. In addition to the role of the Ministry of Health in adopting these strategies, the implementation mechanisms for the suggested strategies include the support of all partners such as other health related sectors, non-governmental organizations, educational institutions, the private sector and the national Government.

The identified strategic objectives are:

1. Support of the health system including promotion of the primary health care services & its quality and supporting the decentralization strategy and hospital autonomy.
2. Strengthening and support of the prevention and control measures for the non-communicable diseases and the accidents including the main causes of mortality; morbidity and disability, and encouraging healthy lifestyles such as proper nutrition, physical activity, and quitting of smoking, drugs and substance addiction.
3. Strengthening of the links between national health and population policies, and focusing on reproductive health problems in order to reduce maternal and neonatal mortalities.
4. Sustaining the significant achievements in the field of communicable diseases and promotion of the early detection methods for AIDS as well as the surveillance of diseases that could cause epidemics and enhancing the responsiveness and preparedness for the emergency cases.
5. Strengthening and spreading the concept of health promotion including dissemination of health education and promotion of communication means with the community.

The strategic directions during the period from 2006 to 2010 include:

1- Keeping and improving the present health level through:

- The expansion of the primary health care infrastructure.
- Adopting effective strategies to reduce the morbidity rates of the priority health problems.
Continuing the support of the policies and mechanisms aiming at empowering the women in different fields.
Continuing the efforts of health education to individuals and families.
Promoting cooperation between the Sultanate of Oman and national organizations especially for programme of promotion of healthy lifestyles.
Attaching significant importance to the efforts of health promotion, nutrition and reproductive health.
Supporting the cooperation with the health related sectors and encouraging the community based initiatives projects.

2- Improve the cost effectiveness in health expenditure through:

- Closing the health centers with very low utilization rates and reducing the number of unused hospital beds.
- Early detection and treatment of non-communicable diseases.
- Improving cost measurement and control tools.

3- Increase the financial resources through:

- Recover the high costs of some health services such as car accidents through health insurance system.
- Collecting small or minimum charges from the service clients.

4- Improve self-reliance in the field of human resources through:

- Expansion of the education and training Programmes for different health sectors.
- Rational distribution of manpower in the health institutions.

5- Improve the efficiency of health system through:

- Promotion of decentralization in the health services administration.
- Promotion of hospital autonomy.
- Supporting the management training of health administrators.
- Encouraging scientific studies and health systems research.

6- Improve the cost effectiveness of health services provided through:

- Expansion of primary health care network and restructuring of the hospital sector.
- Monitoring of the utilization of financial resources.
- Promotion of the referral system, quality assurance, control of costs & computerized information system.

7- Supporting the private health sector through:

- Provision of soft loans and technical support for the private sector.
- Privatization of some governmental health services.
Chapter Four

VISIONS, GOALS AND OBJECTIVES
OF THE SEVENTH 5 - YEAR PLAN
FOR HEALTH DEVELOPMENT
(2006 – 2010)
Chapter Four

Visions, Goals and Objectives
Of The 7th Five-Year Plan For Health Development
(2006 – 2010)

In the light of the identified objectives and strategic directions for health development in Oman (2006 – 2010), the first stage of the preparatory phases of the 7th five-year health development plan was initiated by reviewing and reformulating the specific health policies encompassing the key health fields. Also, situation analyses covering all aspects of health (demographic, social, economic, and environmental), health resources and epidemiological situation were undertaken. This task was accomplished with the cooperation of senior responsible staff in the Ministry-HQ and in regions, the supervisors, and central Programme managers and coordinators. This enabled the planners to prepare a comprehensive and informative document about the Sultanate’s health profile.

In the second stage of health planning, the work priorities for each health field were defined. Ranking of the priority problems was done according to its importance with the help of the specified task forces at central and regional levels. Following this stage the framework for the 7th five-year health developmental plan (2006 – 2010) was finalized including the suggested visions (10 visions) and the expected goals.

Visions and Goals of the 7th Five-Year Plan for Health Development:

Visions:

1. Delivery of High Standards of Health Care to the Community.
3. Alleviation of Risks Threatening the Public Health.
5. Dissemination of Healthy Lifestyles in the Community.
9. An Efficient Health Information and Research System to Meet the Needs of Health System.
10. Availability of Qualified Human Resources in Suitable Numbers to Work in Health Institutions.

Goals:

1. Developing Pillars of the Health System.
2. Provision of High Quality Health Services.
3. Reduction of Morbidity and Mortality due to Diseases and Injuries to the Lowest International Rates.
4. Improving Health Care Provided to Women and Children
5. Increasing Health Awareness, Correcting Attitudes and Establishing Healthy Behaviors and Practices in the community.
7. Mobilization of the Community and Health Related Sectors for Health Promotion.
10. Ensuring the Availability of Adequate Numbers of Suitably Qualified, Trained and Efficient Workforce.

After defining the visions and health goals for the period (2006 – 2020), the general framework and the strategic plan for the 7th five year health developmental plan (2006 – 2010) were completed with the cooperation of all programme managers and specialists. This included the formulation of general or direct objectives for each domain in the plan (30 domains), defining the strategies for achievement of the goals in a comprehensive and precise scientific manner, and defining the expected results from each strategy and selecting the indicators of evaluation depending on the process of “results-based- management”.

The third stage included the implementation of the operational plans at the regional level, which involved the targets and activities to achieve the general objectives of each field as well as the indicators of monitoring and evaluation, the resources and timetable.

The fourth stage included the technical revision of the general objectives, the targets, strategies and the activities at all levels. This stage also included revision of indicators of the objectives, activities and expected results as well as identification of data needs (research and studies or other sources). The feasibility of provision of financial and technical resources needed for its implementation at all levels was also explored and highlighted.

The fifth stage of preparation of the plan included the local plans at the level of the Wilayat to define the health projects based on community participation, in which the health committee is responsible for its implementation to support the strategies of the 7th health plans of the regions. The planning for these projects will use the process of “Bottom-up-planning” used since 2003.

**Domains and objectives of the 7th five-year plan for health development:**

The working groups reviewed all the available information and the evidences from statistics and scientific studies, and agreed upon selecting 30 domains and their general objectives. These domains deserve more attention throughout the next 5 years. The domains and objectives of the 7th Five-Year Plan for Health Development are as follows:

1- **Primary Health Care:**
   1. To provide high quality PHC services to all population.
   2. To improve the referral and feedback systems at PHC institutions.
   3. To provide specific PHC services.
   4. To provide high quality PHC services through the private health sector.
2- **Secondary and Tertiary Health Care:**
   5. To improve secondary and tertiary health care services.
   6. To organize and rationalize the system of referral and feedback referral.

3- **Pharmaceutical Care:**
   7. To assure that patients are provided with safe and effective drugs, at reasonable costs.
   8. To improve the quality of the pharmaceutical care level provided.
   9. To accomplish rational drug use in all institutions.

4- **Nursing Care:**
   10. To reinforce home health care services (palliative care).
   11. To increase the effectiveness and efficiency of midwifery and nursing care.
   12. To reinforce studies and research in the clinical field and nursing administration.
   13. To reinforce the legislations and rules and its applications in nursing and midwifery fields.

5- **Laboratories:**
   14. To support and develop laboratories in all health institutions.
   15. To reinforce Laboratory Bio-safety measures.
   16. To design a proper system for laboratory waste disposal.

6- **Blood Services:**
   17. To increase the number of voluntary non-remunerated blood donors.
   18. To ensure measures for the establishment of a nationally coordinated blood bank and transfusion services, with adapted legal framework (national legislation) covering all technical, administrative and organizational aspects.
   20. Installation of a Blood Bank computer software programme inclusive of a server with the aim of interconnecting blood bank services in the Department of Blood Services at the National level with the rest of Regional Blood Banks.

7- **X ray Services:**
   21. To increase the efficiency and quality of X ray services in all health institutions.
   22. To standardize the operating procedures of X ray services in all the institutions.

8- **Rehabilitation Services:**
   23. Development of rehabilitation services in all MoH institutions.

9- **Quality Assurance / Improvement And Patient Safety:**
   24. To establish and develop quality management systems in health care services.
   25. To ensure safety of patients and health care workers.
   26. To improve satisfaction among users and providers of health care.
   27. To achieve optimal utilization of resources.
   28. To train and qualify national Omani cadres to lead the quality assurance / improvement programmes in their regions.
10- **Communicable Diseases:**
   29. To reduce incidence of health care associated infections (HAIs).
   30. To set-up an effective Epidemic Preparedness System.
   31. To achieve the highest possible levels for early detection of communicable diseases, and to prevent spread of infections.
   32. To reduce incidence of EPI targeted, vaccine-preventable communicable diseases.
   33. To reduce incidence and prevalence of non vaccine-preventable communicable diseases.

11- **HIV/AIDS and Sexually Transmitted Infection (STI):**
   34. To control the spread of HIV/AIDS and STI in the community in general and in the most vulnerable groups in particular, and stabilizing the current rates of these diseases throughout the years of the plan.
   35. To improve health and psychological conditions of patients with HIV/AIDS, reduce the complications of the disease, reduce mortalities due to opportunist infections associated with AIDS, and management of STI as a Syndromic Case Management Approach (SCMA) with provision of essential medicines in primary health care institutions.

12- **Malaria:**
   36. To Maintain the incidence rate of indigenous malaria at zero level.

13- **Non-Communicable Diseases:**
   37. To reduce the prevalence rates of risk factors leading to non-communicable diseases (weight gain, obesity, lack of physical activity and smoking).
   38. Early diagnosis of non-communicable diseases (obesity, diabetes, arterial hypertension and chronic renal diseases).
   39. To expand the role of primary health care in the treatment of non-communicable diseases (diabetes, arterial hypertension, cardiovascular diseases, chronic renal diseases and asthma).
   40. Reinforcing good control over non-communicable diseases in order to reach best international rates.
   41. To improve health care provided for patients with cancer.
   42. To reduce complications resulting from non-communicable diseases:
      - Visual impairment or blindness caused by diabetes.
      - Amputations resulting from diabetes.
      - Complications of gestational diabetes.
      - Cases of chronic renal failure due to diabetes and hypertension.
   43. Application of quality assurance standards in all non-communicable diseases control programmes.
   44. Improving baseline data, and conducting studies on preventive and curative aspects of non-communicable diseases.

14- **Eye Health:**
   45. To control factors leading to avoidable blindness in all age groups.
   46. To improve both preventive and curative Eye health services in all health institutions.

15- **Ear Health:**
   47. Prevention of Hearing loss among all Omani population.
   48. Treatment and rehabilitation of patients with hearing loss.
16- Oral and Dental Health:
49. Improving Oral and Dental Health services provided to priority groups in the community.

17- Mental Health:
50. To provide high quality mental health services for the prevailing psychiatric problems and to reduce the incidence of the two most prevalent psychiatric diseases (schizophrenia & mixed anxiety and depression).
52. To Reduce the incidence of disabilities resulting from addiction and to increase the awareness of society in general and young people in particular to protect them from falling into the abyss of addiction.

18- Genetic Diseases:
53. Provision of effective preventive measures, improving the management for patients affected with genetic diseases or congenital malformations (congenital blood diseases, mental retardation including Down syndrome and physically handicapped), and developing Molecular Genetic technology expertise capable of supporting local effective prevention programmes.
54. Provision of premarital examination to reduce the prevalence of genetic diseases and congenital malformation.
55. Provision of health education in Genetic Health matters to create favorable grounds for effective prevention and empower Omanies with the knowledge of how to avoid genetic diseases.

19- Environmental and Occupational Health:
56. To reduce morbidity and mortality rates related to environmental factors (Water, chemical poisoning, Vectors of diseases, Occupational health).

20- Accidents And Injuries:
57. To reduce morbidities, mortalities, and disabilities caused by accidents and injuries.
58. To improve the efficacy of emergency services in secondary and tertiary care hospitals.

21- Woman Health:
59. Reduction of morbidity and mortality rates among women in the reproductive age.
60. Improving the healthy reproductive attitudes in the community.
61. Improving health care provided to women in the post reproductive age.

22- Child Health:
62. To reduce childhood mortality and morbidity rates with focus on neonates, infants and children less than 5 years of age.
63. To reduce childhood mortality and morbidity rates related to accidents.

23- Health Education and Communication:
64. Provision of baseline data as regards knowledge, attitudes and practices of the community towards healthy lifestyle issues.
65. Development and improving skills and experiences of MoH staff working in the field of health education.
66. To increase health awareness, change unhealthy attitudes and practices and promote healthy lifestyles and behaviors in the community.  
67. Adoption of “Health Promotion Project” by MoH and applying it in the community in order to unify the efforts for promotion of public health. 

24- Adolescents and Youth Health:  
68. To promote healthy lifestyles among adolescents and youth in all regions of the Sultanate.  
69. To expand the efficient, high quality, and comprehensive health services to all adolescents and youth in all regions of the Sultanate. 

25- Nutrition:  
70. Control of Protein Energy Malnutrition among preschool children.  
71. Promotion of adequate nutritional practices and optimum nutritional status among the whole population.  
72. Control of micronutrients malnutrition among the whole population.  
73. Prevention of nutritionally related chronic illnesses.  
74. Support of food safety systems in coordination with other sectors.  
75. Provision of high quality nutrition and dietetics services in all health institutions. 

26- Community Participation:  
76. To foster the concept of community participation among population.  
77. To ensure adequate involvement of communities in planning and implementation of CBI and other health activities.  
78. To strengthen inter-sectoral coordination and cooperation.  
79. To encourage the implementation of CBI projects intended for health development and promotion. 

27- Health Management:  
80. To activate and improve methods of communication within the health system.  
81. To activate the system of decentralization.  
82. To ensure balanced distribution of various resources.  
83. To strengthen and upgrade the private health sector.  
84. To expand the application of Quality Assurance / Improvement System at all administrative structures. 

28- Health Information and Statistics:  
85. To provide comprehensive data and information to meet the needs of health system.  
86. To develop the capabilities and skills of cadres of health workers and statisticians on statistical analysis and use of information in planning and follow-up of services and health activities.  
87. Provision and development of the infrastructure for statistics and health information, and assuring its high quality. 

29- Health Studies and Research:  
88. To conduct studies and research necessary to provide data and information that are required by health system.  
89. To develop technical capabilities and skills of Health Research Teams on research design and methodology, also to develop and improve the capacity of research users at different
levels to utilize information as a tool for evidence-based planning and management.
90. To develop the infrastructure of Health Research System (HRS) and ensure its high quality.

30- Human Resources Development and Omanization in the Health Field:
91. To provide adequate and equitable numbers of trained manpower to all MoH institutions.
92. To train Omani health cadre in various health fields.
93. Developing Continuing Education further in MoH.

The National Strategic Plan of each field included several specific aspects:

1- Introducing and explaining the achievements and the problems to be faced by the plan and the outcome.
2- The objectives to be achieved by the plan within each specific domain.
3- Indicators for each objective.
4- The strategies, which are the main methods and tools for achieving the objectives.
5- The expected results of each strategy.
6- Indicators of the suggested strategies and expected results.

The following chapters represent the National Strategic Plan of the 7th Five-Year Plan for Health Development of sultanate of Oman for the years 2006 to 2010.