Assessment Summary

for Oman

DATA FROM 2013-2018

Survey population and health risks
Count births, deaths and causes of death
Optimize health service data
Review progress and performance
Enable data use for policy and action

UPDATED MARCH 15, 2021
## Availability of latest data to monitor the health-related SDGs

One data point over the last 5 years

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Any year</th>
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<tbody>
<tr>
<td>1. MATERNAL MORTALITY RATIO (PER 100 000 LIVE BIRTHS)</td>
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<td>2. PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL</td>
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<td>3. NEONATAL MORTALITY RATE (PER 1000 LIVE BIRTHS)</td>
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<td>4. UNDER-FIVE MORTALITY RATE (PER 1000 LIVE BIRTHS)</td>
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<td>5. NEW HIV INFECTIONS (PER 1000 UNINFECTED POPULATION)</td>
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<td>6. TUBERCULOSIS (TB) INCIDENCE (PER 100 000 POPULATION)</td>
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<td>7. MALARIA INCIDENCE (PER 1000 POPULATION AT RISK)</td>
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<td>8. HEPATITIS B SURFACE ANTIGEN (HBSAG) PREVALENCE AMONG CHILDREN UNDER 5 YEARS</td>
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<td>9. REPORTED NUMBER OF PEOPLE REQUIRING INTERVENTIONS AGAINST NTDS</td>
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<td>10. PROBABILITY OF DYING FROM ANY OF CVD, CANCER, DIABETES, CRD BETWEEN AGE 30 AND EXACT AGE 70</td>
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<td>11. SUICIDE MORTALITY RATE (PER 100 000 POPULATION)</td>
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<td>12. TOTAL ALCOHOL PER CAPITA (≥ 15 YEARS OF AGE) CONSUMPTION (LITRES OF PURE ALCOHOL)</td>
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<td>18. CARE-SEEKING BEHAVIOUR FOR CHILD PNEUMONIA</td>
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<td>23. HOUSEHOLDS WITH AT LEAST ACCESS TO BASIC SANITATION</td>
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<td>24. MEAN FASTING PLASMA GLUCOSE (mmol/L)</td>
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Not Available: ○
Not Relevant: –
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<td>27. TB EFFECTIVE TREATMENT COVERAGE</td>
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<td>28 AND 29. PROPORTION OF A COUNTRY’S POPULATION WITH LARGE HOUSEHOLD EXPENDITURE ON HEALTH AS A SHARE OF HOUSEHOLD TOTAL CONSUMPTION OR INCOME (&gt;10% OR &gt;25%).</td>
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<td>30. AGE-STANDARDIZED MORTALITY RATE ATTRIBUTED TO HOUSEHOLD AND AMBIENT AIR POLLUTION (PER 100 000 POPULATION)</td>
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<td>31. MORTALITY RATE ATTRIBUTED TO EXPOSURE TO UNSAFE WASH SERVICES (PER 100 000 POPULATION)</td>
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<td>32. MORTALITY RATE FROM UNINTENTIONAL POISONING (PER 100 000 POPULATION)</td>
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<td>33. AGE-STANDARDIZED PREVALENCE OF TOBACCO SMOKING AMONG PERSONS 15 YEARS AND OLDER</td>
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<td>34. DIPHTHERIA-TETANUS-PERTUSSIS (DTP3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS</td>
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<td>35. MEASLES-CONTAINING-VACCINE SECOND-DOSE (MCV2) IMMUNIZATION COVERAGE BY THE NATIONALLY RECOMMENDED AGE</td>
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<td>36. PNEUMOCOCCAL CONJUGATE 3RD DOSE (PCV3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS</td>
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<td>37. TOTAL NET OFFICIAL DEVELOPMENT ASSISTANCE TO MEDICAL RESEARCH AND BASIC HEALTH SECTORS PER CAPITA (USD)</td>
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<td>38. DENSITY OF DENTISTRY PERSONNEL (PER 1000 POPULATION)</td>
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<td>39. DENSITY OF NURSING AND MIDWIFERY PERSONNEL (PER 1000 POPULATION)</td>
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<td>40. DENSITY OF PHARMACEUTICAL PERSONNEL (PER 1000 POPULATION)</td>
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<td>41. DENSITY OF PHYSICIANS (PER 1000 POPULATION)</td>
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<td>42. AVERAGE OF 13 INTERNATIONAL HEALTH REGULATIONS CORE CAPACITY SCORES</td>
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<td>43. DOMESTIC GENERAL GOVERNMENT HEALTH EXPENDITURE (GGHE-D) AS PERCENTAGE OF GENERAL GOVERNMENT EXPENDITURE (GGE) (%)</td>
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<td>44. PREVALENCE OF STUNTING IN CHILDREN UNDER 5</td>
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<td>45. PREVALENCE OF OVERWEIGHT CHILDREN UNDER 5</td>
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<td>46. PREVALENCE OF WASTING IN CHILDREN UNDER 5</td>
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<td>47. PROPORTION OF POPULATION USING SAFELY MANAGED DRINKING-WATER SERVICES (%)</td>
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<td>48. PROPORTION OF POPULATION USING SAFELY MANAGED SANITATION SERVICES</td>
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<td>49. PROPORTION OF POPULATION WITH PRIMARY RELIANCE ON CLEAN FUELS</td>
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<td>50. ANNUAL MEAN CONCENTRATIONS OF FINE PARTICULATE MATTER (PM2.5) IN URBAN AREAS (µg/m³)</td>
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<td>51. AVERAGE DEATH RATE DUE TO NATURAL DISASTERS (PER 100 000 POPULATION)</td>
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<td>52. MORTALITY RATE DUE TO HOMICIDE (PER 100 000 POPULATION)</td>
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<td>53. ESTIMATED DIRECT DEATHS FROM MAJOR CONFLICTS (PER 100 000 POPULATION)</td>
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<td>54. COMPLETENESS OF CAUSE-OF-DEATH DATA</td>
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</table>
Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).

**Survey populations and health risks**
- System of regular population-based health surveys
- Surveillance of public health threats
- Regular population census

**Count births, deaths and causes of death**
- Full birth and death registration
- Certification and reporting of causes of death

**Optimize health service data**
- Routine facility reporting system with patient monitoring
- Regular system to monitor service availability, quality and effectiveness
- Health service resources: health financing
- Health service resources: health workforce

**Review progress and performance**
- Regular analytical reviews of progress and performance, with equity
- Institutional capacity for analysis and learning

**Enable data use for policy and action**
- Data and evidence drive policy and planning
- Data access and sharing
- Strong country-led governance of data

---

1 Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).
### SYSTEM OF REGULAR POPULATION-BASED HEALTH SURVEYS

**A system of regular and comprehensive population health surveys that meets international standards**

<table>
<thead>
<tr>
<th></th>
<th>Number of surveys in 5 years</th>
<th>Cover major health issues</th>
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<tr>
<td></td>
<td></td>
<td>5</td>
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<tr>
<td></td>
<td></td>
<td><strong>8/11 (72.7%)</strong></td>
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<table>
<thead>
<tr>
<th>Survey name</th>
<th>Year</th>
<th>Covers major dimensions of inequality (# dimensions / sum relevant dimensions)</th>
<th>Aligned with international standards (# / 8 standards)</th>
<th>Funded by government</th>
<th>Survey score %</th>
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</thead>
<tbody>
<tr>
<td>1 MICS*</td>
<td>2014</td>
<td>5/6 (83%)</td>
<td>8/8 (100%)</td>
<td>YES</td>
<td>93%</td>
</tr>
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<td>2 STEPS*</td>
<td>2017</td>
<td>6/6 (100%)</td>
<td>6/8 (75%)</td>
<td>YES</td>
<td>90%</td>
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<tr>
<td>3 GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY*</td>
<td>2015</td>
<td>4/6 (67%)</td>
<td>8/8 (100%)</td>
<td>-</td>
<td>67%</td>
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<tr>
<td>4 OMAN NATIONAL NUTRITION SURVEY*</td>
<td>2017</td>
<td>5/6 (83%)</td>
<td>6/8 (75%)</td>
<td>-</td>
<td>63%</td>
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<tr>
<td>5 GLOBAL YOUTH TOBACCO SURVEY*</td>
<td>2016</td>
<td>4/6 (67%)</td>
<td>6/8 (75%)</td>
<td>-</td>
<td>57%</td>
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* Only surveys with asterisks contribute to the overall score above.

1. Inequality dimensions comprise wealth, education, sex/gender, age, urban/rural and subnational (where relevant).

2. International standards include: sample design described, sample size given, sampling errors provided, implementation process described, analysis of data described, data and report available and nationally representative.

3. Score is a weighted average of 3 components (40% for health topics; 50% for attributes; maximum 10% for number of surveys: 5=10%, 4=9%, 3=8%, 2=7%, 1=6%), based on the 5 highest scoring surveys.
Underlying responses for each survey

MICS - 2014

COVERS MAJOR HEALTH PRIORITIES
(SELECTED SET OF PRIORITIES)

- FAMILY PLANNING
- DELIVERY / SKILLED BIRTH ATTENDANCE
- CHILD IMMUNIZATION
- CHILD WEIGHT / HEIGHT
- MALARIA PARASITE PREVALENCE AMONG CHILDREN
- CHILD MORTALITY
- HIV PREVALENCE
- TB PREVALENCE
- TOBACCO USE
- CERVICAL CANCER SCREENING
- PREVALENCE OF RAISED BLOOD PRESSURE
- PREVALENCE OF RAISED FASTING BLOOD GLUCOSE
- HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED

COVERS MAJOR DIMENSIONS OF INEQUALITY

- WEALTH / INCOME
- EDUCATION
- SEX / GENDER
- AGE / AGE GROUP
- URBAN / RURAL
- SUBNATIONAL

IS ALIGNED WITH INTERNATIONALY ACCEPTED STANDARDS

- SAMPLE DESIGN DESCRIBED
- SAMPLE SIZE GIVEN
- SAMPLING ERRORS PROVIDED
- IMPLEMENTATION PROCESSES DESCRIBED
- NATIONALLY REPRESENTATIVE
- ANALYSIS OF DATA IS DESCRIBED
- DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)
- REPORT IS ON WEB

YES - NO DATA NA NOT APPLICABLE TO THE SURVEY
**GLOBAL YOUTH TOBACCO SURVEY - 2016**

**COVERS MAJOR HEALTH PRIORITIES**
(Selected set of priorities)

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<td>DELIVERY / SKILLED BIRTH ATTENDANCE</td>
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<td>CHILD IMMUNIZATION</td>
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<td>CHILD WEIGHT / HEIGHT</td>
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<td>MALARIA PARASITE PREVALENCE AMONG CHILDREN</td>
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<tr>
<td>CHILD MORTALITY</td>
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<td>HIV PREVALENCES</td>
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<td>TB PREVALENCES</td>
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<td>TOBACCO USE</td>
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<td>CERVICAL CANCER SCREENING</td>
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<tr>
<td>PREVALENCE OF RAISED BLOOD PRESSURE</td>
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<td>PREVALENCE OF RAISED FASTING BLOOD GLUCOSE</td>
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<td>HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE</td>
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**IS FUNDED BY GOVERNMENT**

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**COVERS MAJOR DIMENSIONS OF INEQUALITY**

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<td>SEX / GENDER</td>
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<td>AGE / AGE GROUP</td>
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<td>URBAN / RURAL</td>
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**IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS**

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<td>SAMPLE SIZE GIVEN</td>
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<td>SAMPLING ERRORS PROVIDED</td>
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<td>IMPLEMENTATION PROCESSES DESCRIBED</td>
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<td>NATIONALLY REPRESENTATIVE</td>
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<tr>
<td>ANALYSIS OF DATA IS DESCRIBED</td>
<td>●</td>
</tr>
<tr>
<td>DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)</td>
<td>-</td>
</tr>
<tr>
<td>REPORT IS ON WEB</td>
<td>-</td>
</tr>
</tbody>
</table>
### Global School-Based Student Health Survey - 2015

#### Covers Major Health Priorities (Selected Set of Priorities)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning</td>
<td>-</td>
</tr>
<tr>
<td>Delivery / Skilled Birth Attendance</td>
<td>-</td>
</tr>
<tr>
<td>Child Immunization</td>
<td>-</td>
</tr>
<tr>
<td>Child Weight / Height</td>
<td>-</td>
</tr>
<tr>
<td>Malaria Parasite Prevalence among Children</td>
<td>NA</td>
</tr>
<tr>
<td>Child Mortality</td>
<td>-</td>
</tr>
<tr>
<td>HIV Prevalence</td>
<td>-</td>
</tr>
<tr>
<td>TB Prevalence</td>
<td>NA</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>-</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>-</td>
</tr>
<tr>
<td>Prevalence of Raised Blood Pressure</td>
<td>-</td>
</tr>
<tr>
<td>Prevalence of Raised Fasting Blood Glucose</td>
<td>-</td>
</tr>
<tr>
<td>Health Expenditure as a Percent of Total Household Expenditure</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Covers Major Dimensions of Inequality

- Wealth / Income
- Education
- Sex / Gender
- Age / Age Group
- Urban / Rural
- Subnational

#### Is Aligned with Internationally Accepted Standards

- Sample Design Described
- Sample Size Given
- Sampling Errors Provided
- Implementation Processes Described
- Nationally Representative
- Analysis of Data is Described
- Data from the Survey is Available in the Public Domain (to Bona Fide Users)
- Report is on Web

#### Is Funded by Government

- Government Funded
### STEPS - 2017

**COVERS MAJOR HEALTH PRIORITIES**
*(SELECTED SET OF PRIORITIES)*

<table>
<thead>
<tr>
<th>Priority</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning</td>
<td>-</td>
</tr>
<tr>
<td>Delivery / Skilled Birth Attendance</td>
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<td>TB Prevalence</td>
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</tr>
<tr>
<td>Tobacco Use</td>
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</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>●</td>
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<td>Prevalence of Raised Blood Pressure</td>
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</tr>
<tr>
<td>Health Expenditure As a Percent of Total Household Expenditure</td>
<td>-</td>
</tr>
</tbody>
</table>

**COVERS MAJOR DIMENSIONS OF INEQUALITY**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wealth / Income</td>
<td>●</td>
</tr>
<tr>
<td>Education</td>
<td>●</td>
</tr>
<tr>
<td>Sex / Gender</td>
<td>●</td>
</tr>
<tr>
<td>Age / Age Group</td>
<td>●</td>
</tr>
<tr>
<td>Urban / Rural</td>
<td>●</td>
</tr>
<tr>
<td>Subnational</td>
<td>●</td>
</tr>
</tbody>
</table>

**IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Design Described</td>
<td>●</td>
</tr>
<tr>
<td>Sample Size Given</td>
<td>●</td>
</tr>
<tr>
<td>Sampling Errors Provided</td>
<td>●</td>
</tr>
<tr>
<td>Implementation Processes Described</td>
<td>●</td>
</tr>
<tr>
<td>Nationally Representative</td>
<td>●</td>
</tr>
<tr>
<td>Analysis of Data Is Described</td>
<td>●</td>
</tr>
<tr>
<td>Data From The Survey Is Available In The Public Domain (To Bona Fide Users)</td>
<td>-</td>
</tr>
<tr>
<td>Report Is On Web</td>
<td>-</td>
</tr>
</tbody>
</table>

**IS FUNDED BY GOVERNMENT**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Funded</td>
<td>●</td>
</tr>
</tbody>
</table>

○ YES  - NO DATA  NA NOT APPLICABLE TO THE SURVEY
## OMAN NATIONAL NUTRITION SURVEY - 2017

### Covers Major Health Priorities (Selected Set of Priorities)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning</td>
<td>-</td>
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</tr>
<tr>
<td>Health Expenditure as a Percent of Total Household Expenditure</td>
<td>-</td>
</tr>
</tbody>
</table>

### Covers Major Dimensions of Inequality

<table>
<thead>
<tr>
<th>Inequality</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wealth / Income</td>
<td>-</td>
</tr>
<tr>
<td>Education</td>
<td>●</td>
</tr>
<tr>
<td>Sex / Gender</td>
<td>●</td>
</tr>
<tr>
<td>Age / Age Group</td>
<td>●</td>
</tr>
<tr>
<td>Urban / Rural</td>
<td>●</td>
</tr>
<tr>
<td>Subnational</td>
<td>●</td>
</tr>
</tbody>
</table>

### Is Aligned with Internationally Accepted Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Design Described</td>
<td>●</td>
</tr>
<tr>
<td>Sample Size Given</td>
<td>●</td>
</tr>
<tr>
<td>Sampling Errors Provided</td>
<td>●</td>
</tr>
<tr>
<td>Implementation Processes Described</td>
<td>●</td>
</tr>
<tr>
<td>Nationally Representative</td>
<td>●</td>
</tr>
<tr>
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<td>●</td>
</tr>
<tr>
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<td>-</td>
</tr>
</tbody>
</table>

### Is Funded by Government

<table>
<thead>
<tr>
<th>Funded by Government</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Funded</td>
<td>-</td>
</tr>
</tbody>
</table>

---

**Score Assessment Summary – Oman**
### SURVEILLANCE OF PUBLIC HEALTH THREATS

<table>
<thead>
<tr>
<th><strong>Completeness and timeliness of weekly reporting of notifiable conditions</strong></th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of public reporting sites that submit weekly report*</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of non-public reporting sites that submit weekly report*</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Indicator and event-based surveillance system(s) in place based on International Health Regulations standards\(^1\)

<table>
<thead>
<tr>
<th><strong>SPAR, JEE or IHR assessment</strong></th>
<th><strong>SPAR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPAR score</strong></td>
<td>100%</td>
</tr>
<tr>
<td>National IHR Focal Point functions under IHR</td>
<td>100%</td>
</tr>
<tr>
<td>Early warning function: indicator-and event-based surveillance</td>
<td>100%</td>
</tr>
<tr>
<td>Mechanism for event management (verification, risk assessment, analysis investigation)</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Asterisked items are not included in overall score.

\(^1\) Based on either SPAR, JEE assessment or IHR.

### REGULAR POPULATION CENSUS MEETS INTERNATIONAL STANDARDS

**Census conducted in last 10 years in line with international standards with population projections for subnational units**

<table>
<thead>
<tr>
<th><strong>Census conducted in last 10 years</strong></th>
<th><strong>Yes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Post enumeration survey carried out</td>
<td>-</td>
</tr>
<tr>
<td>Population projections with all disaggregations</td>
<td>With disaggregations</td>
</tr>
</tbody>
</table>

---

**SCORE ASSESSMENT SUMMARY – OMAN**
**Count** births, deaths and causes of death

### FULL BIRTH AND DEATH REGISTRATION

**Completeness of birth registration** 99%

**Completeness of death registration** 95%

**Core attributes of a functional CRVS system in place to generate vital statistics***

* Legal framework for CRVS: adequate and enforced legislation which states that registration of births and deaths is compulsory
  - Framework and SOPs meet best practice and in place

* The country has sufficient locations where citizens can register births and deaths: proportion of population with easy access
  - Full coverage including rural areas

* Registrars have adequate training
  - All registrars have training opportunities

* CRVS interagency collaboration
  - Formally established
  - Oversees CRVS planning
  - Includes key stakeholders
  - Meets regularly
  - No formal agency, ad hoc meetings
  - Some oversight role
  - Some representation
  - Ad hoc meetings

* All data are exchanged electronically from local to regional offices and then to central offices
  - Electronic at all levels

* Data quality and analysis: there are reports that provide evidence of data quality assessment, adjustment and analysis of vital statistics using international standards
  - Checks on individual and aggregate data

* Monitoring of system performance
  - Regular monitoring, key indicators at central level

* High quality vital statistics reports have been published in the last five years
  - Yes, for 3 or more annual publication cycles

---

*Asterisked items are not included in overall score.*
# CERTIFICATION AND REPORTING OF CAUSES OF DEATH

<table>
<thead>
<tr>
<th>Death with medical certificate with cause of death (MCCD) and ICD coding as a percentage of total deaths</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality of cause of death</strong>¹</td>
<td>20-29%</td>
</tr>
</tbody>
</table>

## Core attributes of a functioning system to generate cause-of-death statistics

<table>
<thead>
<tr>
<th>* Legislation for MCCD</th>
<th>Informal policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>* ICD compliant MCCD are used</td>
<td>Complete</td>
</tr>
<tr>
<td>* Medical students trained in correct death certification practices</td>
<td>100% of schools</td>
</tr>
<tr>
<td>* Statistical clerks trained in mortality coding</td>
<td>Partial/unofficial</td>
</tr>
<tr>
<td>* Verbal autopsy (if applicable) applied</td>
<td>Not applicable</td>
</tr>
<tr>
<td>* Data quality assurance and dissemination</td>
<td>Regular but limited</td>
</tr>
<tr>
<td>* Cause of death statistics available</td>
<td>Regular with both in- and out-of-facility deaths</td>
</tr>
</tbody>
</table>

*Asterisked items are not included in overall score.

¹ Measured as percentage of records with ill-defined or unknown causes of death.
### ROUTINE FACILITY REPORTING SYSTEM WITH PATIENT MONITORING

**Availability of annual statistic for selected indicators derived from facility data**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data available at national level</th>
<th>Data available at subnational level</th>
<th>Disaggregation by age</th>
<th>Disaggregation by gender</th>
<th>Total score (0-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD VISITS</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>1</td>
</tr>
<tr>
<td>HOSPITAL ADMISSION / DISCHARGE RATES BY DIAGNOSIS</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>0.875</td>
</tr>
<tr>
<td>HOSPITAL DEATHS BY MAJOR DIAGNOSTIC CATEGORY (ICD)</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>0.75</td>
</tr>
<tr>
<td>DTP/PENTA 3 IN ONE YEAR-OLDS</td>
<td>•</td>
<td>•</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>INSTITUTIONAL MATERNAL MORTALITY RATIO</td>
<td>•</td>
<td>NA</td>
<td>NA</td>
<td>•</td>
<td>0.7</td>
</tr>
<tr>
<td>TB TREATMENT SUCCESS RATES</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>0.5</td>
</tr>
<tr>
<td>LOW BIRTH WEIGHT PREVALENCE AMONG INSTITUTIONAL BIRTHS</td>
<td>•</td>
<td>•</td>
<td>NA</td>
<td>•</td>
<td>1</td>
</tr>
<tr>
<td>ART COVERAGE</td>
<td>•</td>
<td>NA</td>
<td>•</td>
<td>•</td>
<td>1</td>
</tr>
<tr>
<td>SURGERY BY TYPE</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>0.875</td>
</tr>
<tr>
<td>SEVERE MENTAL HEALTH DISORDERS</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>1</td>
</tr>
<tr>
<td>NEW CANCER DIAGNOSIS BY TYPE</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>1</td>
</tr>
</tbody>
</table>

- **AVAILABLE**
- **NOT AVAILABLE**
- **NA** NOT APPLICABLE FOR THIS INDICATOR

1 Score is a weighted average based on availability of national and relevant disaggregations (depending on indicator and country context). See SCORE Assessment methodology for details.
**Functional facility/patient reporting system in place based on key criteria***

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented data quality checks for primary care facility data</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Documented data quality checks for hospital data</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Completeness of reporting by public, primary care facilities</td>
<td>25%-75%</td>
</tr>
<tr>
<td>Completeness of reporting by public hospitals</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>Completeness of reporting by private health facilities</td>
<td>25%-75%</td>
</tr>
<tr>
<td>* National unique patient identifier system</td>
<td>Partial</td>
</tr>
<tr>
<td>* Cancer registries for all types of cancer</td>
<td>Complete</td>
</tr>
<tr>
<td>* Master facility list up to date</td>
<td>Complete</td>
</tr>
<tr>
<td>* Institutional system of data quality assurance</td>
<td>Complete</td>
</tr>
<tr>
<td>* Data management SOPs</td>
<td>Complete</td>
</tr>
<tr>
<td>* Standardized system of electronic data entry (aggregate reporting) at the district or comparable level</td>
<td>Complete</td>
</tr>
<tr>
<td>* System of electronic capture of patient level health data in primary care health facilities which is standardized and fully interoperable with aggregated routine HIS</td>
<td>Complete</td>
</tr>
<tr>
<td>* System of electronic capture of patient level health data in hospitals which is standardized and fully interoperable with aggregated routine HIS</td>
<td>Complete</td>
</tr>
<tr>
<td>* Interoperability - standards based data exchange between systems</td>
<td>Complete</td>
</tr>
</tbody>
</table>

* Asterisked items are not included in overall score.

---

**REGULAR SYSTEM TO MONITOR SERVICE AVAILABILITY, QUALITY AND EFFECTIVENESS**

**Well established system to independently monitor health services**

<table>
<thead>
<tr>
<th>Component</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular independent assessments of the quality of care in hospitals and health facilities</td>
<td>Ad hoc - availability and readiness only</td>
</tr>
<tr>
<td>System of accreditation of health facilities based on data</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>System of adverse event reporting following medical interventions*</td>
<td>Comprehensive</td>
</tr>
</tbody>
</table>
### HEALTH SERVICE RESOURCES: HEALTH FINANCING

**Availability of latest data on national health expenditure**

| Data available within last five years on public health expenditure | Yes, not based on standards |
| Data available within last five years on private health expenditure | - |
| Data available within last five years on catastrophic spending | - |

### HEALTH SERVICE RESOURCES: HEALTH WORKFORCE

**Health workforce – knowledge of density of cadre and distribution updated annually**

<table>
<thead>
<tr>
<th>Cadre</th>
<th>Data available at national level</th>
<th>Disaggregation by age</th>
<th>Disaggregation by sex</th>
<th>Data available subnationally</th>
<th>Data available for public/private facilities</th>
<th>Overall score for cadre</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIANS</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>0,925</td>
</tr>
<tr>
<td>PHARMACISTS</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>0,925</td>
</tr>
<tr>
<td>DENTISTS</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>0,925</td>
</tr>
<tr>
<td>NURSES</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>0,825</td>
</tr>
<tr>
<td>MIDWIVES</td>
<td>●</td>
<td>○</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>0,825</td>
</tr>
</tbody>
</table>

**National human resources health information system is in place and functional***

- *HRHIS tracks number of entrants to the labour market*  
  Complete
- *HRHIS tracks number of active stock on the labour market*  
  Complete
- *HRHIS tracks number of exits from the labour market*  
  Complete
- *HRHIS tracks demographic distribution of health workers*  
  Complete
- *HRHIS tracks subnational level data of active health workers*  
  Complete
- *HRHIS tracks number of graduates from education and training institutions*  
  Partial
- *HRHIS tracks information on foreign-born and/ or foreign-trained health workers*  
  Partial

* Asterisked items are not included in overall score.
REGULAR ANALYTICAL REVIEWS OF PROGRESS AND PERFORMANCE, WITH EQUITY

High quality analytical report on of health sector progress and performance of health sector strategy/plan produced regularly

Analytical report produced within last 5 years: Yes
Year of report: 2017
All data sources used: Complete
Assesses progress against target: Complete
Inequality, subnational: Complete
Inequality, socioeconomic: Limited
Inequality, gender: Complete
Linking performance to health inputs: Limited
Provides comparative analysis: Limited
Includes subnational rankings: Complete
Performance of hospitals included: Complete
Links finding to policy: Complete

INSTITUTIONAL CAPACITY FOR ANALYSIS AND LEARNING

Institutional capacity in data analysis at national and subnational levels

Involvement of public health institutes*: -
Subnational capacity in Ministry of Health or independent institutions*: Some
Capacity at national Ministry of Health: Strong
Capacity at NBS to:
  Draw sample: Strong
  Implement surveys: Strong
  Analyse: Strong

* Asterisked items are not included in overall score.
**Enable** data use for policy and action

### DATA AND EVIDENCE DRIVE POLICY AND PLANNING

**National health plans and policies are based on data and evidence**

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a national health sector plan</td>
<td>Yes</td>
</tr>
<tr>
<td>Includes review of past performance (trends)</td>
<td>Complete</td>
</tr>
<tr>
<td>Includes burden of disease analysis</td>
<td>Complete</td>
</tr>
<tr>
<td>Includes health system strength analysis (response strength)</td>
<td>Complete</td>
</tr>
<tr>
<td>Presence of a central unit or function in Ministry of Health for data and evidence to policy translation</td>
<td>Yes</td>
</tr>
<tr>
<td>Level of output of a central unit or function in Ministry of Health for data and evidence to policy translation</td>
<td>None or rarely</td>
</tr>
<tr>
<td>Coordination function between Ministry of Health and partners*</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* Asterisked items are not included in overall score.

### DATA ACCESS AND SHARING

**Health statistics are publicly available**

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a national health data portal</td>
<td>Yes</td>
</tr>
<tr>
<td>Frequency of updating national data portal</td>
<td>Annual</td>
</tr>
<tr>
<td>Contents of national data portal</td>
<td>Full coverage of health statistics</td>
</tr>
<tr>
<td>Navigation ease of national data portal</td>
<td>Easy</td>
</tr>
<tr>
<td>National statistical report available</td>
<td>Yes</td>
</tr>
<tr>
<td>Statistical report publication frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Statistical report includes disaggregations</td>
<td>National and subnational</td>
</tr>
<tr>
<td>Bona fide users have access to HMIS data</td>
<td>Restricted</td>
</tr>
<tr>
<td>Bona fide users have access to health survey data</td>
<td>Restricted</td>
</tr>
<tr>
<td>Open data policy</td>
<td>Limited enforcement</td>
</tr>
</tbody>
</table>
STRONG COUNTRY-LED GOVERNANCE OF DATA

National monitoring and evaluation based on standards

<table>
<thead>
<tr>
<th>Has a monitoring and evaluation plan</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes core indicator list with baselines and targets</td>
<td>Partial</td>
</tr>
<tr>
<td>Includes specification on data collection methods and digital architecture</td>
<td>-</td>
</tr>
<tr>
<td>Includes data quality assurance mechanism</td>
<td>-</td>
</tr>
<tr>
<td>Includes analysis and review process specifications</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies use of data for policy and planning</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies dissemination of data</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies resource requirements to implement the strategic plan/policy</td>
<td>Partial</td>
</tr>
</tbody>
</table>

National digital health/eHealth strategy is based on standards

<table>
<thead>
<tr>
<th>Has a national eHealth strategy</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes discussion of health data architecture</td>
<td>-</td>
</tr>
<tr>
<td>Includes description of health data standards and exchange</td>
<td>Partial</td>
</tr>
<tr>
<td>Includes handling of data security issues</td>
<td>Partial</td>
</tr>
<tr>
<td>Includes specifications for data confidentiality and data storage</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies access to data</td>
<td>-</td>
</tr>
<tr>
<td>Specifies alignment/is integrated with national HIS strategy</td>
<td>-</td>
</tr>
</tbody>
</table>

Foundational elements to promote data use and access are used*

| Legal framework or policies exist for health information systems and are enforced | - |

* Asterisked items are not included in overall score.