

Towards Achieving Sustainable Development Goals 2030



NATIONAL CENTRE
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Enhancing Knowledge

SULTANATE OF OMAN

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Issue (1)

SUSTAINABLE DEVELOPMENT GOALS



Goal 3: Ensure healthy live and promote well-being for all at all ages



In September 2015, world leaders adopted in a historic UN summit the 2030 Sustainable Development Agenda comprising of 17 Sustainable Development Goals (SDGs) with 169 targets measured by 244 indicators. Since it officially came into force in 2016, the world has started implementing the 2030 Agenda as a transformational action plan based on the 17 SDGs aiming at addressing urgent global challenges over the next 15 years. This Issue is the first in a series of reports monitoring the progress of achieving the 2030 agenda in the Sultanate of Oman. Each report addresses one of the 17 SDGs. This Issue focusses on the third SD Goal of ensuring healthy live and promote wellbeing for all at all ages. This goal includes 13 targets measured by 27 indicators out of which 20 are currently available. In addition, this issue involves two indicators related to Goal (2) on ending hunger, achieving food security and improved nutrition, and promoting sustainable agriculture.

Target 3.1: Reduce global maternal mortality ratio

3.1.1 Maternal mortality ratio(MMR): is defined as the annual number of female deaths from any cause related to or aggravated by pregnancy or its management during pregnancy and childbirth or within 42 days of termination of pregnancy, expressed per 100,000 live births, for a specified time period. The Sultanate has witnessed a remarkable decline in the maternal deaths of Omani women per 100,000 live births from 26.4 in 2010 to 13.4 in 2016 per 100,000 live births .

Source of data: National Center for Statistics and Information, Statistical Year Book 2017

3.1.2 Proportion of births attended by skilled health personnel: involves all births attended by health personnel trained in providing lifesaving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, conducting deliveries on their own, and caring for newborns. Almost all live births in Oman are attended by skilled health personnel as the percentage of such deliveries reached 99.5% in 2016.

Source of data: Ministry of Health, Annual Health Report 2016

Target 3-2: End preventable deaths of newborns and children under 5 years of age

3.2.1 Under-five mortality rate: is the probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age specific mortality rates of that period, expressed per 1000 live births. Since 2011, the under-5-mortality rates in the Sultanate maintained their levels above 11 per 1000 live births with slight annual fluctuations reaching 11.7 in 2016.

Source of data: National Center for Statistics and Information, Statistical Year Book 2017

3.2.2 Neonatal mortality rate: is the probability that a child born in a specific year or period will die during the first 28 completed days of life if subject to age-specific mortality rates of that period, expressed per 1000 live births. Since 2011, the neonatal mortality rate in Oman is fluctuating around 9.3 per 1000 live births.

Source of data: National Center for Statistics and Information, Statistical Year Book 2017

Figure (1): Maternal mortality ratio for Omani women per 100,000 live births (2010-2016)

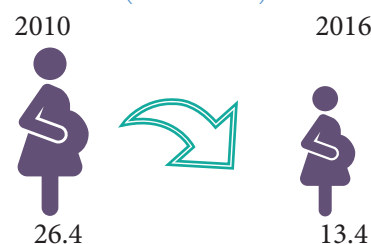


Figure (2): Proportion of births attended by skilled health personnel (2010-2016)

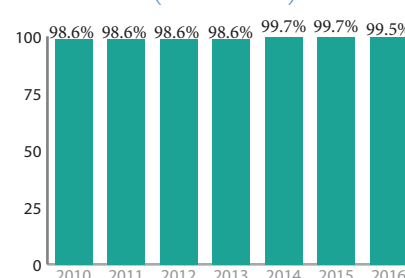
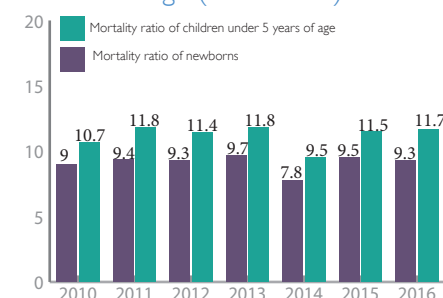


Figure (3): Mortality ratio of newborns and children under 5 years of age (2010-2016)



Target 3.3: End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.3.1 Number of new HIV infections: The rate of new HIV infections in the Sultanate is available for Omani citizens only and it has decreased from 7.4 in 2010 to 5.6 persons per 100,000 non-infected Omanis in 2016.

Source of data: National Center for Statistics and Information, Statistical Year Book 2016 and Ministry of Health, Annual Health Report 2016

3.3.2 Tuberculosis incidence rate: is defined as the estimated number of new and relapse TB cases (all forms of TB) arising in a given year, expressed as a rate per 100 000 population. Due to the Ministry of Health's efforts, the tuberculosis incidence rates per 100,000 population has reduced notably from 11 in 2010 to 8 in 2016.

Source of data: Ministry of Health, Annual Health Report 2010-2016

3.3.3 Malaria incidence rate: Significant reduction in malaria incidence rates was recorded in the Sultanate as the rate decreased from 43 cases per 100,000 people in 2010 to 18 per 100,000 people in 2016.

Source of data: National Center for Statistics and Information, Statistical Year Book 2017

3.3.4 Hepatitis B incidence rate: The number of people infected with hepatitis B in the Sultanate was 0.29 cases per 100,000 people in 2016.

Source of data: National Center for Statistics and Information, Statistical Year Book 2017

Target 3-4: Reduce premature mortality from non-communicable diseases

3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease: This rate is calculated for people between the ages of 30 and 70 years and in the Sultanate rates are available for Omani citizens only. According to the official records, this rate per 100,000 citizens had fallen from 126 in 2010 to 97.3 in 2015. It worth noting that the Ministry of Health has conducted in the first quarter of 2017 a national survey of non-communicable diseases for families and individuals aged 15 years and over with a view to establishing a national database for monitoring non-communicable diseases and associated risk factors.

Source of data: Ministry of Health

3.4.2 Suicide mortality rate: Suicides are rare events in the Sultanate. The suicide rate reached 1.3 people per million Omani population in 2015, indicating the stability of the mental health of the Omani society in general.

Source of data: Ministry of Health

Target 3.6: Halve the number of global deaths and injuries from road traffic accidents

3.6.1 Death rate due to road traffic injuries: The efforts of the Royal Oman Police in collaboration with various government agencies in the Sultanate had resulted in a reduction of around 47% of road traffic deaths between 2010 and 2016.

Source of data: Royal Oman Police, indicator calculated at the National Center for Statistics and Information

Figure (4): Rate of AIDS infections (2010-2016) per 100,000 people



Figure (5): Number of malaria cases (2010-2016) per one 100,000 people

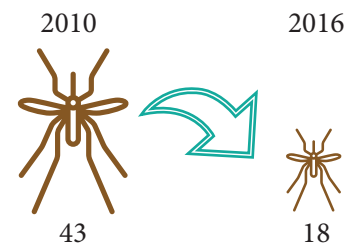


Figure (6): Number of hepatitis (B) cases (2010-2016) per one 100,000 people

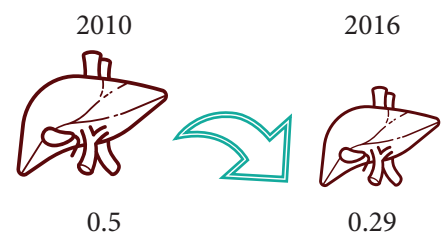
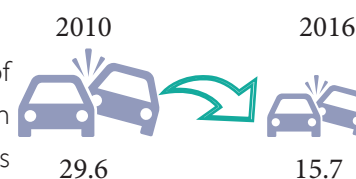


Figure (7): Death rate due to road traffic injuries per one 100,000 people (2010-2016)



Target 3.7: Ensure universal access to sexual and reproductive health-care services

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods: is defined by the percentage of women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern contraceptive method. As per the latest data available for 2014, the rates of using contraceptive methods in Oman are still low. The percentage of women in reproductive age (aged 15-49 years) using modern methods of birth spacing in Oman was 18.8%, and 29.7% for those using both traditional and modern methods together.

Source of data: Multiple Indicator Cluster Survey 2014 National Center for Statistics and Information, UNICEF

3.7.2 Adolescent birth rate (aged 15-19 years): is computed as a ratio, where the numerator is the registered number of live births born to women aged (15-19) years during a given year, and the denominator is the number of women aged (15-19) years. Adolescent birth rate in the Sultanate has recorded a slight increase in the last two years reaching 13.5 per 1,000 adolescent women in 2016.

Source of data: National Center for Statistics and Information, Statistical Year Book 2017

Target 3.9: Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.9.1 Mortality rate attributed to household and ambient air pollution: Includes mortality attributable to the joint effects of household (indoor) and ambient (outdoor) air pollutions. This mortality rate is calculated only for Omanis and the data shows that it dropped from 13.7 per 100,000 population in 2010 to 9.4 per 100,000 population in 2015.

Source of data: Ministry of Health

3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene: is defined as the number of deaths from unsafe water, unsafe sanitation and lack of hygiene per 100,000 people. According to official statistics in the Sultanate, this rate had dropped from 0.29 in 2010 to 0.04 in 2015 (for Omanis only).

Source of data: Ministry of Health

3.9.3 Mortality rate attributed to unintentional poisoning: The national data reveals that mortality rates attributable to unintentional poisoning are in general very low. No cases were recorded in 2010, 2012, 2014 and 2015, i.e. the rate was zero, while in 2011 and 2013, the rates were 0.05 and 0.09 per 100,000 of citizens respectively.

Source of data: Ministry of Health

Target 3.A: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries

3.A.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older: In 2001, the Ministry of Commerce issued a Ministerial Act No. 39/2007, which sets the age allowed for purchasing tobacco products as 18 years or more, and prohibits the sale of tobacco products to those under the age of 18 years.

Source of data: Ministry of Health

Figure (8): Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods in 2014

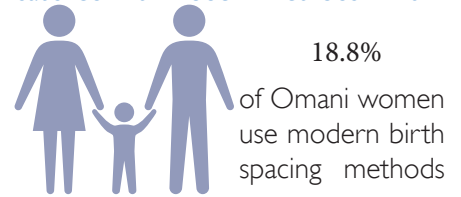


Figure (9): Adolescent birth rate (2010-2016)

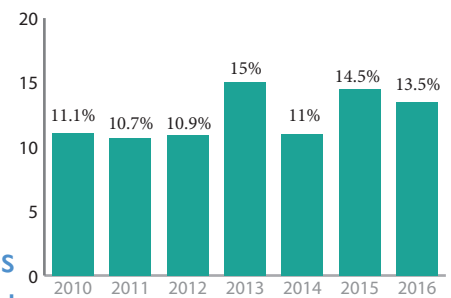
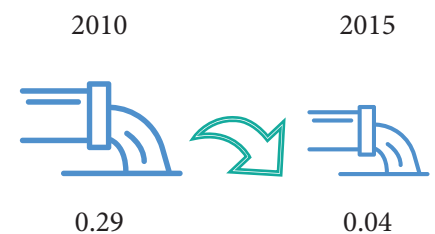


Figure (10): Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene per 100,000 person (2010-2016)



Target 3.B: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases and provide access to affordable essential medicines and vaccines

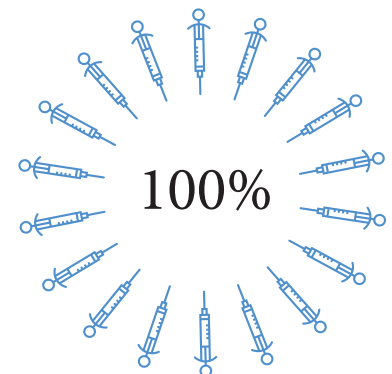
3.B.1 Proportion of the target population covered by all vaccines included in national programme: As part of the development of the medical and health care systems in Oman, the Ministry of Health managed since 2010 to cover 100% of population needs from vaccines at national levels especially the children.

Source of data: National Center for Statistics and Information, Statistical Year Book 2016

3.B.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis: In the Sultanate, this percentage reached 100% till 2015.

Source of data: National Center for Statistics and Information, Statistical Year Book 2016

Figure (11): Proportion of citizens beneficiaries of vaccines under the National Program



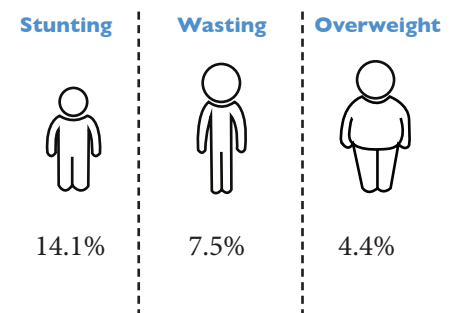
Target 2.2: End all forms of malnutrition

2.2.1 Prevalence of stunting: The percentage of children below 5 years of age in Oman whom height- for- age ratio is less than -2 standard deviation from the median of the WHO Child Growth Standards was around 14.1% in 2014.

Source of data: Multiple Indicator Cluster Survey 2014 National Center for Statistics and Information, UNICEF

2.2.2 Prevalence of malnutrition (wasting and overweight): The percentage of children under 5 years of age in Oman with weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards was 4.4% in 2014. Malnutrition does not necessarily relate to the economic situation of the country or the family. The culture of society and the mother contributes significantly to reducing malnutrition among children.

Figure (12): Rates of malnutrition for children under 5 years of age in 2014



Prevalence of wasting: is defined by the percentage of children under the age of five with weight less than -2 standard deviation from the median of the WHO Child Growth Standards, and it was estimated in the Sultanate to 7.5% in 2014. It worth mentioning that the Ministry of Health carried out the national nutrition survey in 2016 aiming to establish an accurate household nutrition database and in particular, for children under 5 years of age in order to define the main causes of malnutrition in the Sultanate, the risk factors and their future impact.

Source of data: Multiple Indicator Cluster Survey 2014 National Center for Statistics and Information, UNICEF

Figure (13): Health worker density and distribution

Target 3.C: Substantially increase health financing

3.C.1 Health worker density and distribution: Improving the performance of health authorities is one of the main areas of focus of the Ministry of Health in Oman. Monitoring this issue is done through various indicators of which is the health worker density. According to the official statistics, per 10,000 population in 2016 there are 19.6 physicians, 44.8 nurses, 5.5 pharmacists and 2.8 dentists.

Source of data: National Center for Statistics and Information, Statistical Year Book 2017

