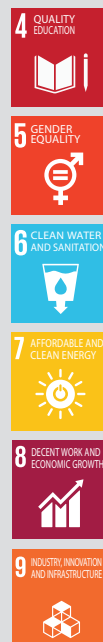


Towards the Achievement of the Sustainable Development 2030



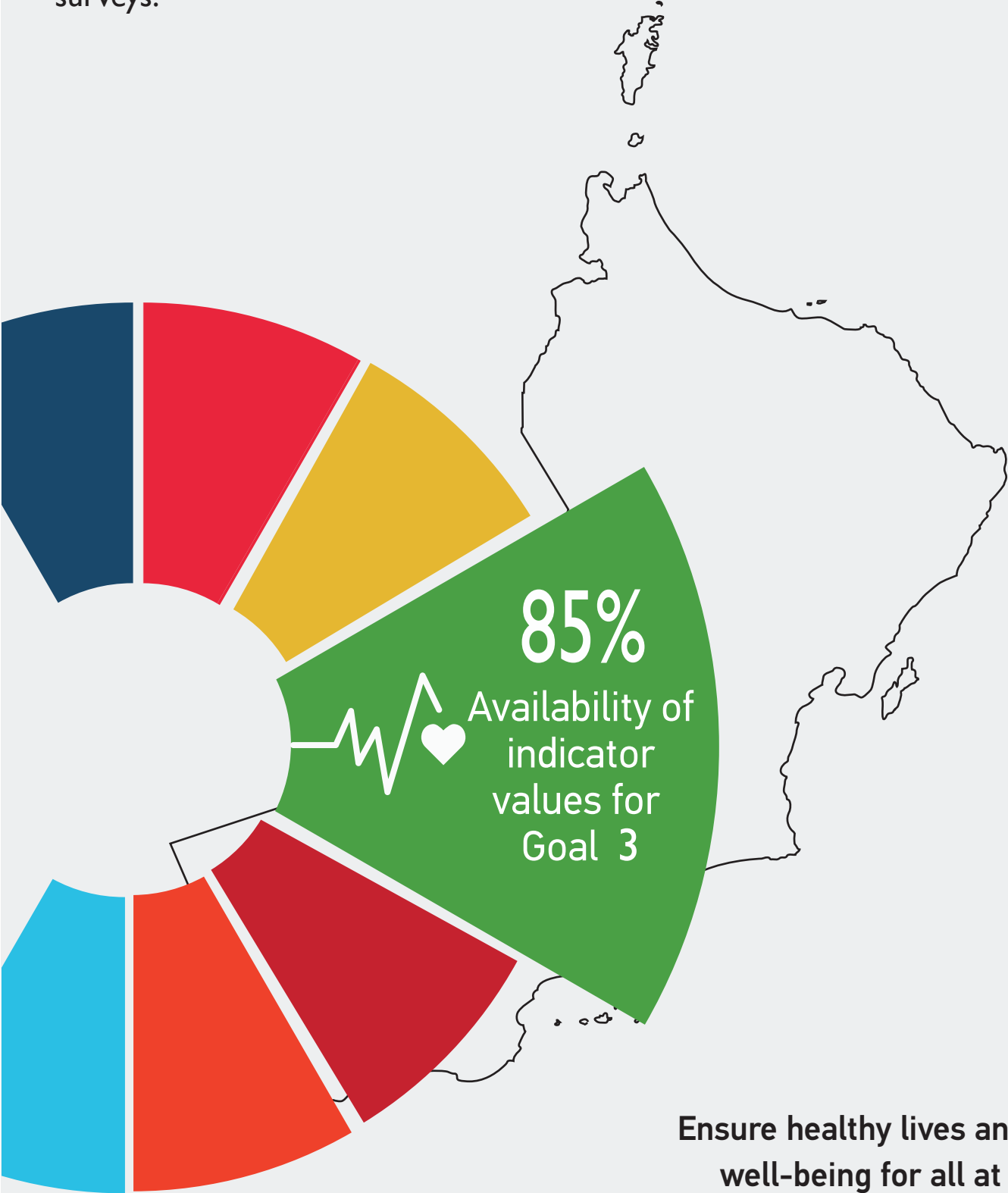
Third Goal

GOOD HEALTH AND WELL-BEING



Introduction

This report is one a series of reports, the examine the Sultanate’s position towards achieving the Sustainable Development goals (SDGs) 2030. This report is devoted to reviewing the indicators of SDG 3: **Ensure healthy lives and promote well-being for all at all ages**. It is a revised version of the first report issued in September 2017; with updates and new indicators added. This goal encompasses thirteen targets, measured by various indicators. Moreover, the report reviews the most recent available values for the different indicators, considering that some indicators are not available in administrative records, but require conducting field surveys.



Ensure healthy lives and promote well-being for all at all ages

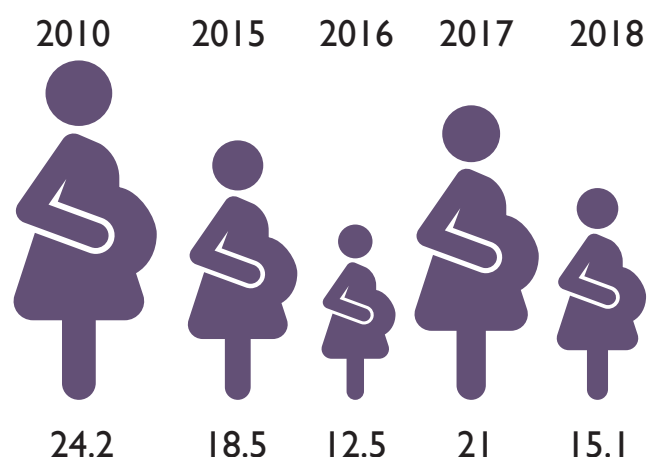
Target 3-I

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

>(3.1.1) Maternal Mortality Ratio:

It is the annual number of female deaths due to reasons pertinent to pregnancy and its management. The Sultanate of Oman has achieved this target set out in the 2030 Sustainable Development Agenda, recording only (70) maternal deaths per 100,000 live births. The concerned health authorities in the Sultanate endeavor to ensure a safe life for mothers before, during and after birth through the provision of adequate reproductive health services.

Figure (1) : Maternal Mortality Ratio per 100,000 live births for the Total Population during the period (2010 -2018)

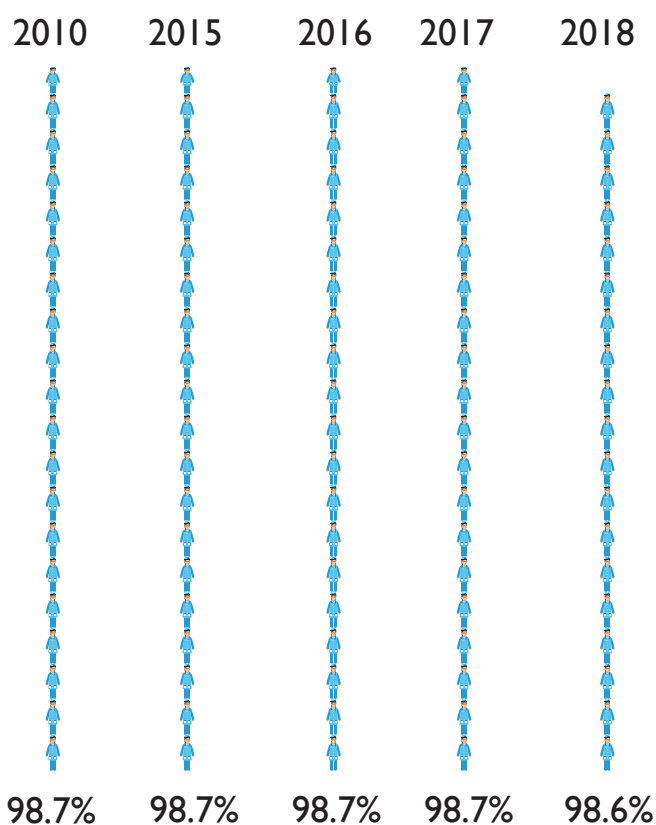


Source: Ministry of Health, Annual Health Report, 2018

>(3.1.2) Proportion of births attended by skilled health personal:

This indicator measures the percentage of birth deliveries attended by skilled professionals trained on obstetric care, including follow-up of pregnant women before and after birth; i.e. doctors, nurses or midwives in general. Traditional midwives are not included, even if they had a short training course. More than (%98) of birth deliveries in the Sultanate during the period (2010-2018) were assisted by skilled personnel, , which demonstrates the full coverage of health care services provided for mothers during delivery.

Figure (2) : Proportion of births attended by skilled health personal during the period (2010 -2018)



Source: Ministry of Health, Annual Health Report, 2018

Target 3-2

End, By 2030, preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under5- mortality to at least as low as 25 per 1,000 live births.

>(3.2.1) Under-five mortality rate:

It is the likelihood of death of one child per 1000 live births, in a given year or period before he/she reaches five years old. The indicator value was 11.1 deaths per 1000 live births in 2018. Thus, the Sultanate has realized this 2030 SDG target by not exceeding 25 deaths per 1000 live births since 2010.

Figure (3) : Under-Five Mortality Rate per 1000 live births for the period (2010-2018)

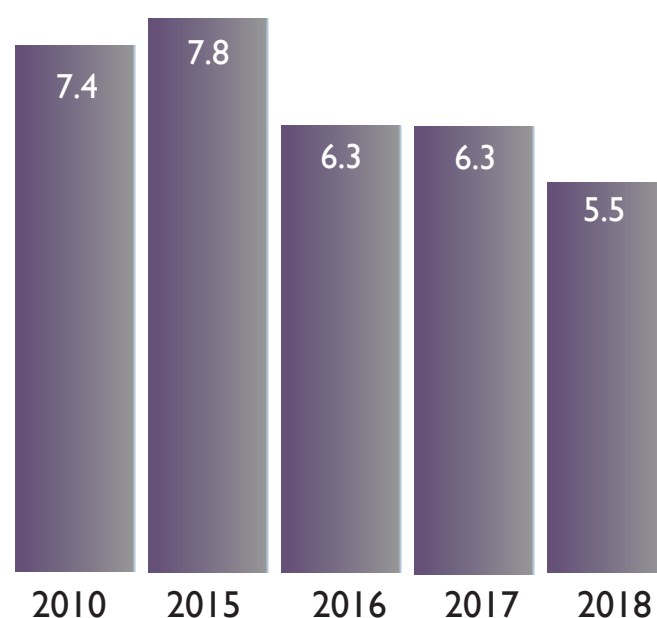


Source: NCSI, Statistical Year Book 2019

>(3.2.2) Omanis Neonatal Mortality Rate:

It is the probability of neonates dying before reaching 28 days of age. This neonatal mortality rate in Oman decreased to 5.5 deaths per 1000 live births in 2018 as compared to 7.4 deaths per 1000 live births in 2010. Accordingly, the Sultanate has reached this 2030 SDG target for this indicator by not exceeding 12 deaths per 1000 live births

Figure (4) : Neonatal Mortality Rate per 1000 live births for the period (2010-2018)



Source: NCSI, Statistical Year Book 2019

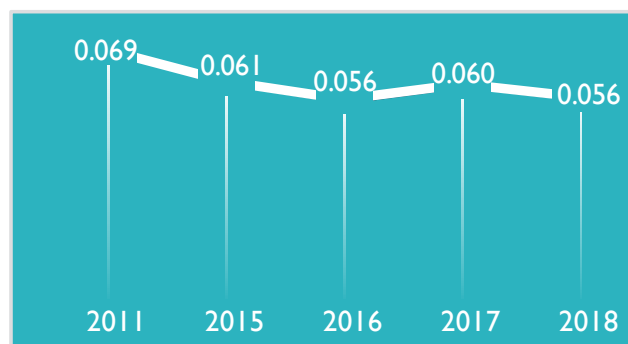
Target 3-3

By 2030, 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 per 1,000 uninfected population:

It is the number of newly HIV infected persons per 1,000 uninfected population in certain years. 145 new cases were recorded for Omanis for the year 2018, divided into %75 males and %25 females approximately %97 were still alive at the end of 2018.

Figure (5) :HIV incidence rate per 1,000 uninfected population for the period (2011-2018)



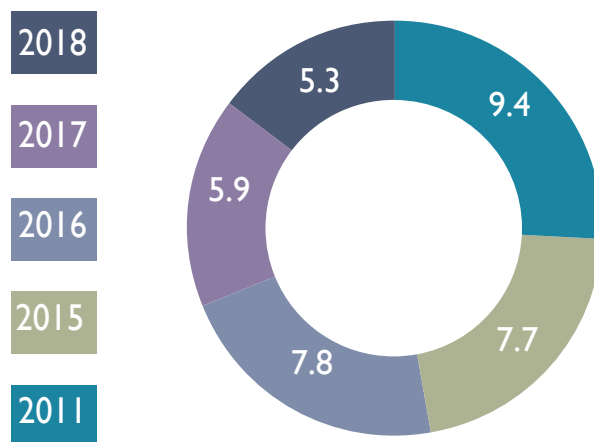
Source: Ministry of Health, Annual Health Report, 2018

➤ (3.3.2) Tuberculosis Incidence Rate per 100,000 population:

It is the estimated number of new incidences and relapse cases. The efforts exerted by the Ministry of Health yielded reducing a reduced Tuberculosis incidence rate between the years 2010 and 2018, as shown in figure (6).

In 2018, the incidence rate among Omani nationals reached 3.8 per 100.000 persons, and 7.3 cases per 100.000 persons for non-Omanis.

Figure (6) :Tuberculosis Incidence Rate per 100,000 population for the period (2010-2018)

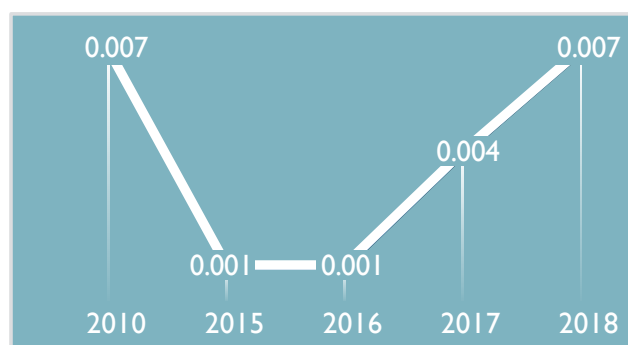


Source: Ministry of Health, Annual Health Report (2010-2018)

➤ (3.3.3) Malaria Incidence Rate per 1000 population:

Malaria incidences are defined as the number of new Malaria cases per 1000 vulnerable persons every year. In 2018, the Malaria incidence rate in the Sultanate amounted to 0.007 cases per 1000 people (i.e. equal to 7 new Malaria cases per million persons).

Figure (7) :Malaria Incidence Rate per 1000 population for the period (2010-2018)

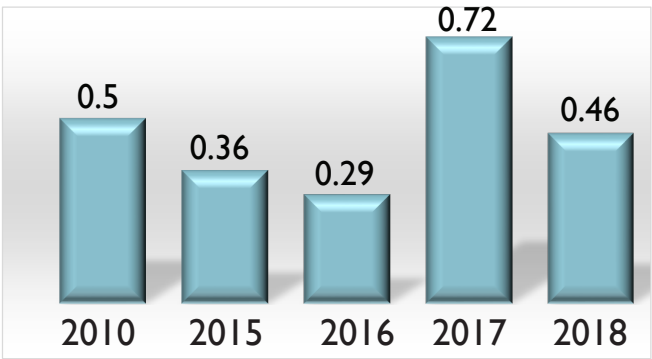


Source: Ministry of Health, Annual Health Report, 2018

➤(3.3.4)Hepatitis B Incidence per 100,000 population:

In 2018 ,0.46 cases per 100000 persons were recorded for Hepatitis B in the Sultanate

Figure (8) :Hepatitis B Incidence per 100,000 population for the period (2010-2018)

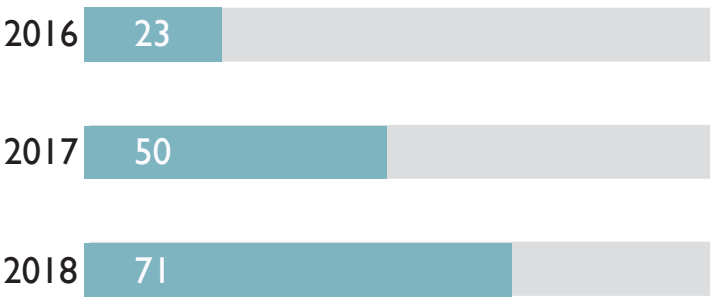


Source: NCSI, Statistical Year Book 2019

➤(3.3.5)Number of people requiring interventions against neglected tropical diseases:

It is the number of cases that need to be provided with treatment and care against neglected tropical diseases (NTDs). As declared by World Health Organization (WHO), NTDs are a wide range of diseases that mainly appear in tropical and subtropical areas, affecting more than one billion persons and imposing economic burden of billions of dollars on developing countries annually. The most critical of these diseases are dengue fever (DENV), leprosy and trachoma. In the year 2018 the number of people in need of medical interventions against NTDs amounted to 71 persons out of the total population of the Sultanate.

Figure (9) : Number of people requiring interventions against neglected tropical diseases for the period (2016-2018)



Source:The Ministry of Health

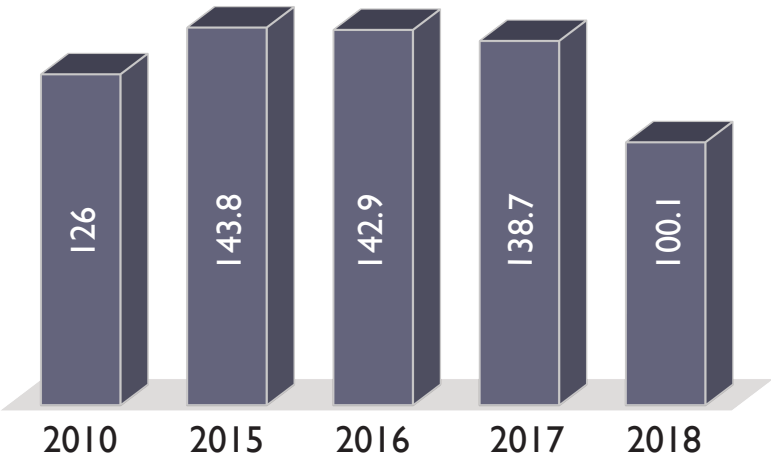
Target 3-4

By 2030, reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing.

(3.4.1) Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases:

It is the percentage of people in their 30s who are expected to die before reaching the age of seventy as a consequence of contracting these diseases. In 2018 this rate decreased in the Sultanate recording 100.1 per 100000 Omani citizens as compared to 126 per 100000 citizens in 2010.

Figure (10) :Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases per 100000 Omani citizens during the period (2010-2018)

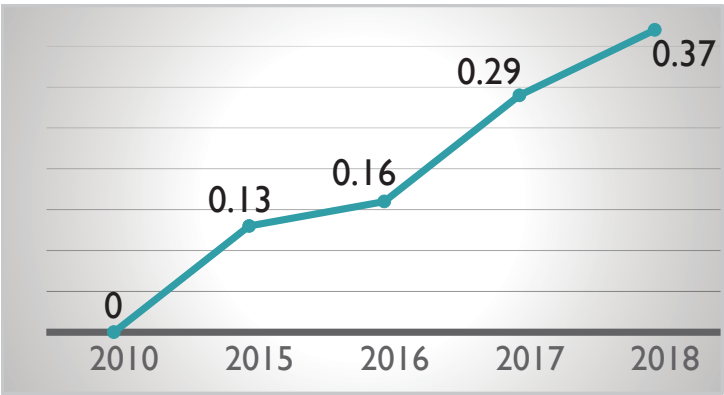


Source: Ministry of Health,Annual Health Report (2010-2018)

(3.4.2) Suicide Mortality Rate:

Suicide is considered an uncommon phenomenon in the Sultanate of Oman. In 0.37 ,2018 cases per 100000 Omani citizens were recorded; however the rate tends to increase as indicated in figure (10).

Figure (11) : Suicide Mortality Rate per 100000 Omani citizens during the period (2010-2018)



Source: Ministry of Health,Annual Health Report, 2018

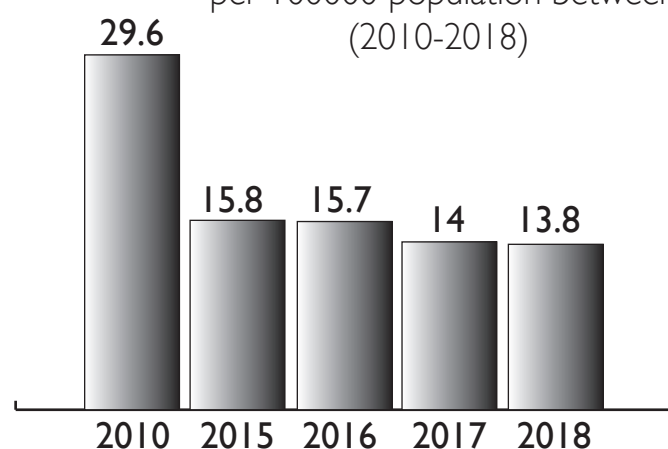
Target 3-6

By 2020, halve the number of global deaths and injuries due to road traffic accidents.

> (3.6.1) Death rate due to Traffic accidents:

Efforts made by the Royal Oman Police, in collaboration with various government bodies, brought about significant results in terms of decreasing road traffic accidents. Between 2010 and 2018, the Sultanate witnessed a %53.4 decrease in traffic fatality rate.

Figure (12) :Death rate due to road traffic injuries per 100000 population between (2010-2018)



Source: NCSI, Statistical Year Book 2019

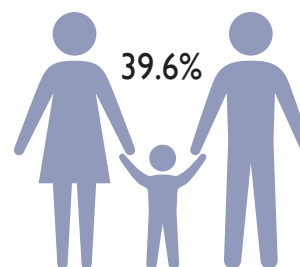
Target 3-7

By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

> (3.7.1) Proportion of women of reproductive age (aged 15-49 years) whose need for family planning was satisfied with modern methods:

It is the ratio of women who do not desire to have a baby or those who want to postpone the second pregnancy and are currently using modern contraceptive methods. In 2014, the percentage of women at maternal age (15-49) using modern methods of birth spacing amounted to %39.6, as per the latest national survey conducted in this field.

Figure (13) :Proportion of women of reproductive age whose need for family planning was satisfied with modern methods for the year of 2014

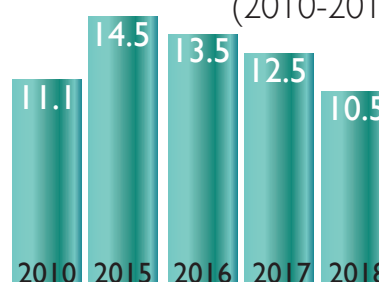


Source: NCSI, Multiple Indicator Cluster Survey of 2014

> (3.7.2) Adolescent birth rate (15-19 years) per 1,000 women:

It is the annual number of births for females (aged 15-19). In 2018, this rate amounted to 10.5 per 1000 Omani women.

Figure (14) : Adolescent birth rate (15-19 years) per 1,000 women during the period (2010-2018)



Source: NCSI, Statistical Year Book 2019, and Ministry of Health, Annual Health Report, 2018

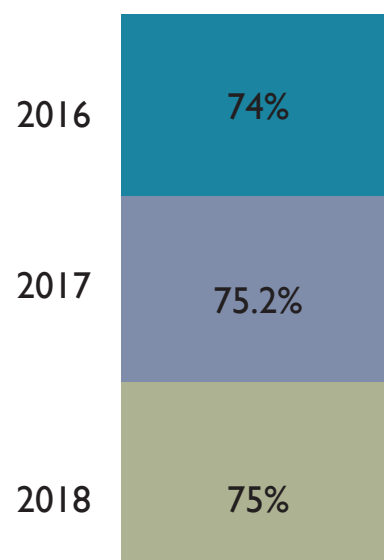
Target 3-8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

➤ (3.8.1) Coverage of essential health services (defined as the average coverage of the basic services based on 4 tracer indicators in: reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases, service capacity and access to among the general and the most disadvantaged population):

It is the average coverage of essential services based on tracer indicators in each of the four above-mentioned categories mentioned in the title of the indicator. It is calculated as an average of 14 tracer indicators for health services coverage. In 2018, the universal health coverage in the Sultanate amounted to %75.

Figure (15) : Universal health coverage of essential services for the period (2016-2018)



Source: Ministry of Health, Annual Health Report, 2018

Target 3-9

By 2030, 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:

It is the mortality rate resulted from exposure to ambient air pollution (open-air, outdoor) or pollution within households (interior air, indoor) due to using unclean cooking fuels and ambient air pollution arising from factories, indoor places, cars and trucks emissions. This rate reached 9.6 per 100000 persons in the Sultanate.

Figure (16) : Mortality rate attributed to household and ambient air pollution during the period (2016-2018)

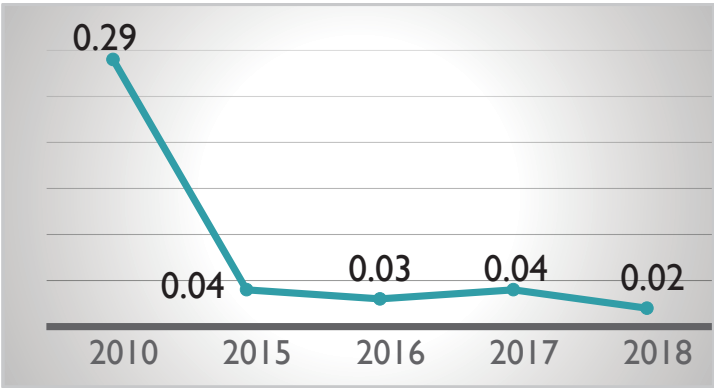


Source: Ministry of Health

➤(3.9.2) Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services):

The indicator refers to the mortality rate resulting from inappropriate water, sanitation and hygiene services (focusing on Water, Sanitation and Hygiene for All (WASH) services), evitable through providing enhanced services. As for the Sultanate, the mortality rate of Omani citizens is extremely low and it tends to decrease every year.

Figure (17) :Mortality rate attributed to unsafe water, unsafe sanitation per 100000 Omani citizens during the period (2010-2018)

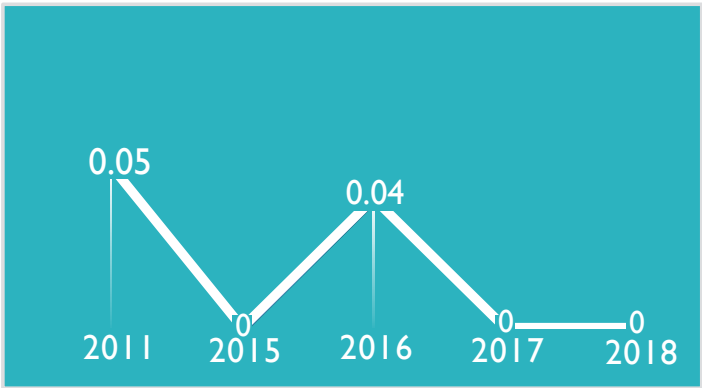


Source: Ministry of Health

➤(3.9.3) Mortality rate attributed to unintentional poisoning:

No deaths were recorded in Oman as a result of unintentional poisoning during the period (2017-2018).

Figure (18) :Mortality rate attributed to unintentional poisoning per 100000 Omani citizens during the period (2011-2018)



Source: Ministry of Health

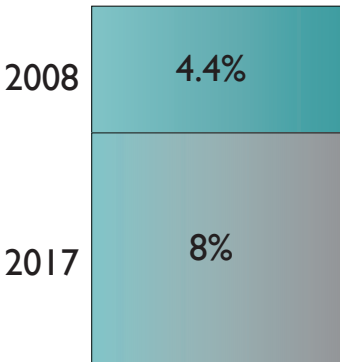
Target 3-a

Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

➤ (3.a.1) Age-standardized prevalence of current tobacco use among persons aged 15 years and older:

Based on the National Non-communicable Diseases Risk Factors Survey of 2017, the rate of tobacco use was doubled compared to the results of the preceding survey conducted in the year of 2008. Nevertheless, it is still considered fairly low; since the percentage of smokers reached %8 in the Sultanate (%6 of Omani citizens are smokers compared to %13.4 of non-Omanis). The survey also indicates that smoking is more frequent among males than females; since the rate for males amounted to %15.1, while it reached %0.4 for females.

Figure (19) : Prevalence of tobacco use among persons aged 15 years and older in the year of 2017



Source: Ministry of Health,Annual Health Report, 2018

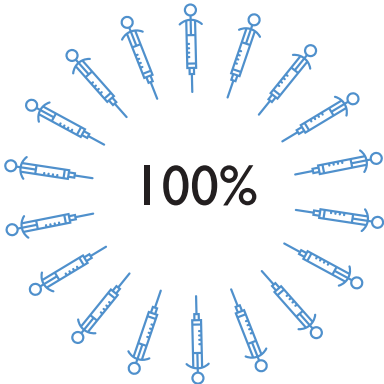
Target 3-b

Support the research and development of vaccines and medicines for the communicable and non-communicable diseases, and ensure access to affordable essential medicines and vaccines for all.

➤ (3.b.1) Proportion of the target population covered by all vaccines included in their national programme:

Owing to the developed health system and the great concern that the Sultanate pays to child health, the Sultanate, represented by the Ministry of Health, has managed to provide the necessary vaccines, primarily for children at the national level, in the percentage of %100 of the population since 2010 till now.

Figure (20) :Proportion of the target population covered by all vaccines included in their national programme



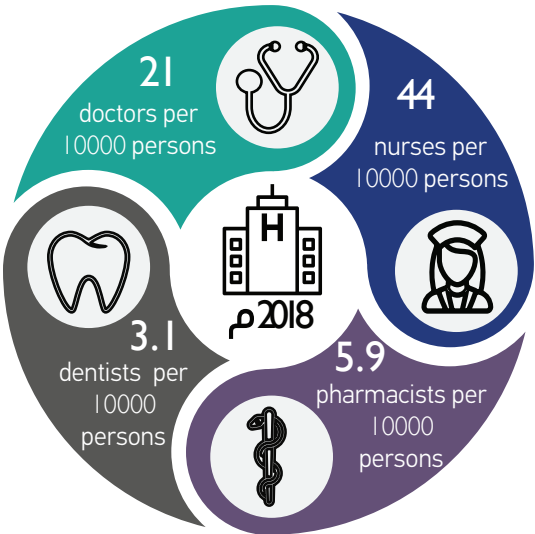
Source: Ministry of Health,Annual Health Report, 2018

Target 3-c

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States.

(3.c.1) Health worker density and distribution:
It involves the number of doctors and workers in nursing, midwifery, dentistry and pharmacy. The indicator is calculated per 10000 of the

Figure (21) :Health worker density and distribution per 10000 population in 2018



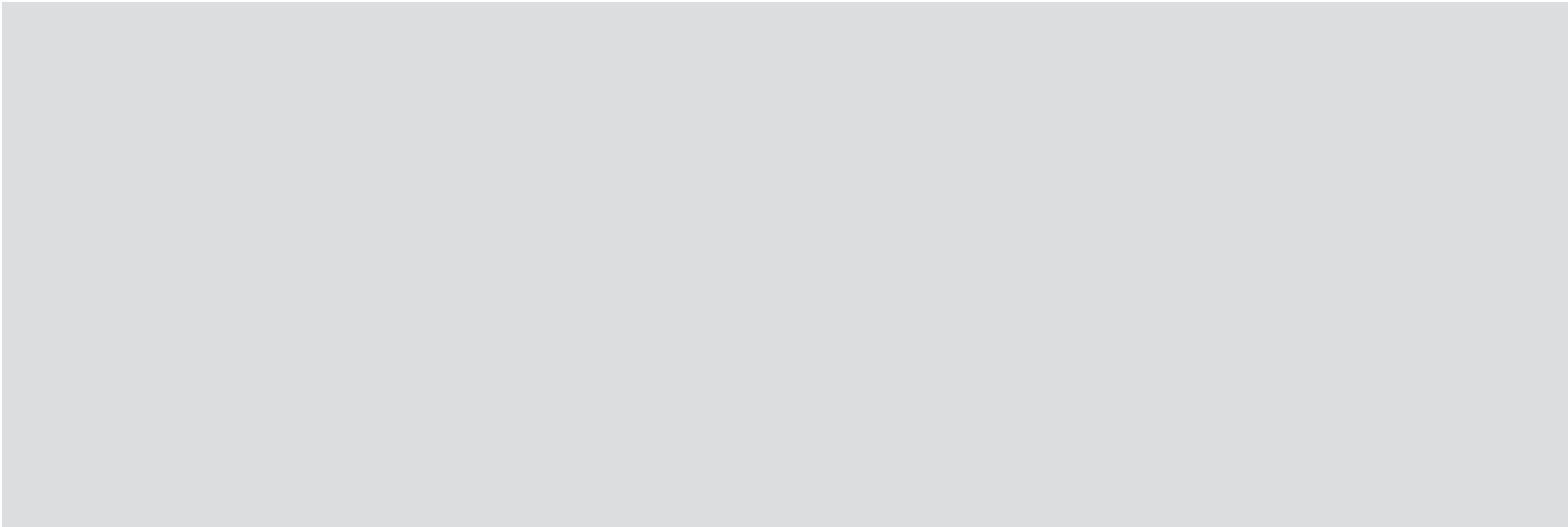
Source: NCSI, Statistical Year Book 2019

Target 3-d

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

(3.d.1) International Health Regulations (IHR) capacity and health emergency preparedness:
It is the percentage for 13 International Health Regulations core capacities, to be implemented by all countries in a given time-frame. As for the Sultanate, the percentage amounted to %100 in 2018.





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