



# A FAST TRACK TO BETTER CARE

*In four decades, Omani medical care went from terminally ill to the picture of health. How? A focus on primary care and attracting doctors from other developing nations.*

 by Sean Treacy

Half a century ago, the state of health care in Oman would have impressed few.

In 1958, the entire nation only had two hospitals and 13 physicians. One out of every five children died before turning 5, and one out of every three citizens had experienced at least one bout of malaria. In 1970, the year Sultan Qaboos bin Said Al Said came to power, life expectancy was only 49.3 years.

And then, in the decades that followed, health care in Oman was reconceived and rebuilt, largely financed through the nation's oil and gas revenues. By 2008, the country had 58 hospitals and over 5,000 physicians. About 99% of children live to be at least 5 years old. Life expectancy is now over 76 years. And malaria? Nearly eradicated, as disease rates have broadly plunged.

► The atrium of the Sultan Qaboos University Hospital

▼ The bell tower on the campus of Sultan Qaboos University [Photos: Sultan Qaboos University]



In 2000, the World Health Organization ranked Oman's health care system the eighth best in the world. The same report ranked Oman as the top system in the world for cost-effectiveness. Oman reached another milestone that stands out 21 years ago, hosting a kidney transplant for a 17-month-old child. It was the youngest kidney transplant in world history, and the recipient is still alive and well today.

"For a country of its relative level of development, Oman has a very good health system," said the transplant surgeon, TWAS Fellow Abdallah Daar. Born in Tanzania, Daar spent about 10 years in Oman, founding the surgery department at Sultan Qaboos University, the nation's premier university. "The medical school in Oman is probably one of the best in the Gulf, if not the best."



In fact, health care is an essential priority in modern-day Oman, said the Omani Minister of Health, Ahmed Mohammed Obaid Al Saidi, in an interview with TWAS. "Health is not only related to well-being but also peace and security," he said. "If people are not provided with health care, they have all these other problems."

For this enormous change, medical experts in Oman credit two major factors: the strength of its basic health services and a big push to attract expertise from outside Oman's borders to build its health system.

## THE POWER OF BASIC CARE

In 1970, Sultan Qaboos began a health care push with a strong focus on free, universal primary care, said Al Saidi. He called primary care the “backbone” of the health care system. More than 95% of the public is now within five kilometres of a health centre where they can get basic care – even in many remote regions, which are served by mobile clinics. Primary care is essential for emergencies and disease prevention, Al Saidi said, and spills into other issues that concern people, such as the economy.

With primary care so strong, life-spans are growing, presenting the country with a new challenge. Oman is currently focusing on growing its corps of health workers to include more specialists to deal with chronic diseases.

“Primary health care drives day-to-day needs, but now chronic diseases have taken over,” Al Saidi said. “The older you are, the more specialist care you require.”

Sudanese TWAS Fellow Riad Bayoumi, head of clinical biochemistry at the Sultan Qaboos University College of Medicine, said the primary health care expansion is special in another way: it has helped support research in the Gulf nation by collecting data on the health status of the populace.

“They screen for obesity. They screen for diabetes. Health systems research is very active and very well-endowed with funds,” Bayoumi said. “In many other countries, there is no real research within the service.”

## EXPERTISE UNIQUE TO THE DEVELOPING WORLD

Another important driver behind the transformation was the presence of foreign health expertise. In the 1970s, the country drew doctors and nurses from other countries, mostly from other developing countries, said public health expert Moeness Moustafa Alshishtawy of Tanta University, Egypt, in an email interview.

Alshishtawy, a former consultant at the Oman Ministry of Health, said Oman attracted physicians, dentists and pharmacists from India, Egypt, Pakistan, Philippines, Sudan and



▲ From top: Ahmed Mohammed Obaid Al Saidi; Abdallah Daar; Moeness Moustafa Alshishtawy; and Riad Bayoumi

For a deeper look at health care in Oman, visit: [www.twas.org/node/8469](http://www.twas.org/node/8469)

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Iraq. Most nurses came from India and the Philippines, with noteworthy numbers also from Bangladesh and Sri Lanka.

These doctors and nurses had something important: experience with diseases common to countries at an early developmental stage. “The major health problems prevailing in Oman at that time were trachoma, malaria, diarrhea, malnutrition, measles and other infectious diseases, especially those of childhood,” Alshishtawy said. “These problems required experienced practitioners from developing countries who are able to communicate with the local people.”

## THINKING FOR THE FUTURE

In the meantime, the nation is building its ability to address chronic diseases and expand the nation’s private health sector, including building a “medical city” which will house all the medical subspecialties under one roof. “We need liver transplants and more bone marrow transplant service in the country,” said Al Saidi. Oman is also working to expand its percentage of homegrown doctors and nurses. Al Saidi calls it “Omanization”.

But for the moment, Daar said that Oman’s successes can serve as a model for other countries, including the nation’s focus on general wellness as opposed to just treating illness.

“Things like happiness, resilience, wellness, functioning – you don’t normally see people talk about that, and they are actually much more important for a national health care system,” he explained. “They are really important ways to think about health care in the future.”