

Oman Zdravstveni sustavi

Economic classification: High Income

Health systems summary

Oman is considered to have a universal health care system provided for by the Ministry of Health. Omani citizens (and expatriates who work in the public sector) have access to free at point of service care. Most non-Omani citizens have employer-provided health insurance and those that do not tend to pay for subsidised care.

Over recent years, government healthcare spending in Oman has risen dramatically, leading to the introduction of small, nominal fees for some appointments to help reduce demand and improve finances. Currently, out of pocket expenditure is estimated at 11.6% of total health expenditure. It is anticipated that there will eventually be the introduction of a national health insurance programme that will be administered by the Government. Plans for this were outlined in 'Health Vision 2050'.

Indicators

| Where is the country's government in the journey towards defining 'Obesity as a disease'? | Defined as disease |
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| Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'? | Defined as disease |
| Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity? | Some progress |
| Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity? | Yes |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas? | Yes |
| Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas? | Some progress |
| Are there any obesity-specific recommendations or guidelines published for adults? | No |
| Are there any obesity-specific recommendations or guidelines published for children? | No |
| In practice, how is obesity treatment largely funded? | Government |





Perceived barriers to treatment



Summary of stakeholder feedback

Stakeholders reported that the Ministry of Health is making efforts to address obesity. This includes investment in campaigns, initiatives and community programmes around healthy lifestyles. It was noted however, that there is more work to be done because obesity is still rising. Stakeholders felt that obesity could be better prevented by increasing opportunities for physical activity, increased regulation of unhealthy foods and more cross-sectoral collaboration.

In theory, the whole spectrum of obesity treatment is covered by government funding (for Omani citizens and expatriates working in public sector), apart from some medications. However, stakeholders reported long waiting lists for treatment, particularly in tertiary care at the sole tertiary obesity clinic at the National Diabetes and Endocrine Centre (NDEC). Despite this, it appears people go for government funded treatment unless they can afford to pay out of pocket or they have coverage through private insurance.

Oman has a national screening programme for those over 40 years of age. Stakeholders reported that when someone is screened and found to have a high BMI they are typically referred onto a dietician (and possibly a physician for medication). Other than screening, stakeholders claim that people only enter the system when they have co-morbidities, but even then they are not seen by truly multi-disciplinary teams at primary and secondary care. The sole tertiary centre (NDEC) only accepts referrals for those with a BMI of 40 with comorbidities.

There are reported to be no guidelines in place in Oman for the treatment and management of obesity. There is no widespread obesity training in place, but the NDEC is leading on providing training so that more obesity care can be provided at primary and secondary care level. This includes the training necessary to open 18 obesity clinics with multi-disciplinary teams across Oman and an obesity management fellowship.

Based on interviews/survey returns from 6 stakeholders

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