Report card
Oman

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</table>
**Obesity prevalence**

**Adults, 2017**

Survey type: Measured
Age: 18+
Sample size: 6833
Area covered: National


Notes: STEPS

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Children, 2015

- **Survey type:** Self-reported
- **Age:** 13-17
- **References:** Global School-based Student Health Survey (GSHS), available at [https://www.cdc.gov/gshs/countries/index.htm](https://www.cdc.gov/gshs/countries/index.htm) (last accessed 28.04.20)
- **Notes:** WHO cutoffs.
% Adults living with obesity in Oman 1991-2017

Men

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Oman 1991-2017

Men

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by age

Women, 2016-2017

Survey type: Measured
Sample size: 4159
Area covered: National
Notes: Omani citizens only.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Women, 2016-2017

Survey type: Measured
Age: 15-49
Sample size: 4159
Area covered: National

Notes: Omani citizens only.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

% insufficient physical activity

Jordan, Morocco, Iran, Egypt, Pakistan, Tunisia, Oman, Libya, Qatar, UAE, Iraq, Lebanon, Saudi Arabia, Kuwait

Women, 2016

## Children, 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>% Insufficient Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td>75</td>
</tr>
<tr>
<td>Tunisia</td>
<td>80</td>
</tr>
<tr>
<td>UAE</td>
<td>80</td>
</tr>
<tr>
<td>Libya</td>
<td>80</td>
</tr>
<tr>
<td>Yemen</td>
<td>80</td>
</tr>
<tr>
<td>Djibouti</td>
<td>80</td>
</tr>
<tr>
<td>Oman</td>
<td>90</td>
</tr>
<tr>
<td>Kuwait</td>
<td>80</td>
</tr>
<tr>
<td>Iraq</td>
<td>80</td>
</tr>
<tr>
<td>Jordan</td>
<td>80</td>
</tr>
<tr>
<td>Morocco</td>
<td>80</td>
</tr>
<tr>
<td>Egypt</td>
<td>80</td>
</tr>
<tr>
<td>Pakistan</td>
<td>80</td>
</tr>
<tr>
<td>Syria</td>
<td>80</td>
</tr>
<tr>
<td>Qatar</td>
<td>80</td>
</tr>
<tr>
<td>Sudan</td>
<td>80</td>
</tr>
</tbody>
</table>

**Age:** 11-17


**Notes:** % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

**Definitions:** % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Average daily frequency of carbonated soft drink consumption

Children, 2009-2015

Survey type:  Measured
Age:  12-17

https://doi.org/10.1177/0379572119848287  sourced from Food Systems Dashboard 
http://www.foodsystemsdashboard.org/food-system
### Estimated per-capita fruit intake

**Adults, 2017**

<table>
<thead>
<tr>
<th>Country</th>
<th>g/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Djibouti</td>
<td>0</td>
</tr>
<tr>
<td>Somalia</td>
<td>10</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>40</td>
</tr>
<tr>
<td>Pakistan</td>
<td>50</td>
</tr>
<tr>
<td>Iraq</td>
<td>60</td>
</tr>
<tr>
<td>Yemen</td>
<td>70</td>
</tr>
<tr>
<td>South Sudan</td>
<td>80</td>
</tr>
<tr>
<td>Sudan</td>
<td>90</td>
</tr>
<tr>
<td>Palestine</td>
<td>100</td>
</tr>
<tr>
<td>Syria</td>
<td>110</td>
</tr>
<tr>
<td>Jordan</td>
<td>120</td>
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<tr>
<td>Libya</td>
<td>130</td>
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<tr>
<td>Kuwait</td>
<td>140</td>
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<tr>
<td>Saudi Arabia</td>
<td>150</td>
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<tr>
<td>Tunisia</td>
<td>160</td>
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<tr>
<td>UAE</td>
<td>170</td>
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<tr>
<td>Lebanon</td>
<td>180</td>
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<td>Egypt</td>
<td>190</td>
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<td>Morocco</td>
<td>200</td>
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<tr>
<td>Bahrain</td>
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</tr>
<tr>
<td>Iran</td>
<td>220</td>
</tr>
<tr>
<td>Qatar</td>
<td>230</td>
</tr>
<tr>
<td>Oman</td>
<td>240</td>
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<tr>
<td>Sudan</td>
<td>250</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Age:** 25+

**References:** Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/](http://ghdx.healthdata.org/)

**Definitions:**

Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2008-2015

Survey type: Measured
Age: 12-17
Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2009-2015

Age: 12-17

Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP≥140 OR DBP≥90).
Women, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008

References: Global Health Observatory data repository, World Health Organisation, [http://apps.who.int/gho/data/node.main.A885](http://apps.who.int/gho/data/node.main.A885)

Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014

References:

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

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 have 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 was outlined in 'Health Vision 2050'.

Indicators

<table>
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<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>Defined as disease</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Defined as disease</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Government</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>Partial</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>Partial</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Poor health literacy & behaviour
- Lack of financial investment & funding for coverage
- Failure to recognise or accept all treatment options
- Poor availability of all treatment options
- Stigma
- Cultural norm and traditions
- Lack of support

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 truely 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 is 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

Last updated: June 2020