EM

Oman

General data

POPULATION, 2024
5,281,538

PHYSICIANS/1000 INH, 2020-2022
2.09

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High

HUMAN DEVELOPMENT INDEX RANKING, 2023
50

GDP PER CAPITA (US$), 2023
21,549.84

HEALTH EXPENDITURE, 2021
852.62

UNIVERSAL HEALTH COVERAGE, 2021
70

WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
Ⓑ POLICIES
Ⓒ RESEARCH
Ⓓ USE OF ESSENTIAL MEDICINES
Ⓔ EDUCATION AND TRAINING
Ⓕ PROVISION OF PC

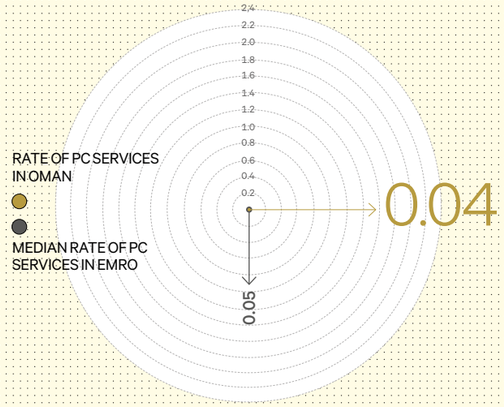
LEVEL OF DEVELOPMENT: 1 EMERGING · 2 PROGRESSING · 3 ESTABLISHED · 4 ADVANCED

Ⓕ Provision of PC (Specialized Services)

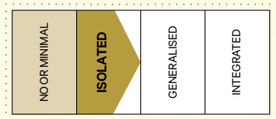
Total number of Specialized PC services: **2**

Rate of PC services per 100,000 inhabitants: **0.04**

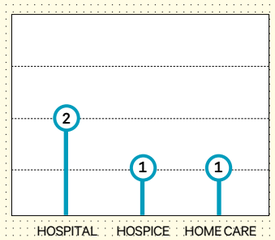
Oman in the context of EMRO



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

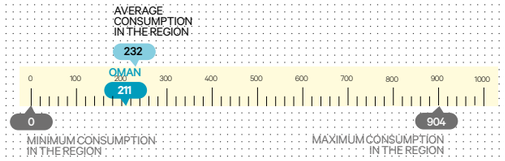
GEOGRAPHIC DISTRIBUTION AND INTEGRATION: 1 ○ ○ ○

TOTAL NUMBER: 0

Ⓓ Use of essential medicines

Opioids consumption (excluding methadone): **211** S-DDD/MILL INHABITANTS/DAY

Oman in the context of EMRO



Overall availability of essential medicines for pain and PC at the primary level

General availability of immediate-release oral morphine at the primary level

Ⓒ Research

PC-related research articles: 2 ○ ○

Existence of PC congresses or scientific meetings: 1 ○ ○ ○

National Association: No.
Consultants: Atika Al Musalami.

Data collected: January-June 2025.
Report validated by consultants: Yes
Endorsed by National PC Association: N/A.
Report reviewed by the Ministry of Health
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Ⓔ Education & Training

Medical schools with mandatory PC teaching: **0/2**

Nursing schools with mandatory PC teaching: **0/12**

Recognition of PC specialty: 1 ○ ○ ○

Ⓑ Policies

National PC plan or strategy: 1 ○ ○ ○

Responsible authority for PC in the Ministry of Health: 2 ○ ○

Inclusion of PC in the basic health package at the primary care level: 1 ○ ○ ○

Ⓐ Empowerment of people and communities

Groups promoting the rights of PC patients: ○ ○ 3 ○

Advanced care planning-related policies: ○ 2 ○ ○

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People & Communities

Ind 1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.

3

Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ program areas.

The Oman Palliative Care (OPC) group advocates for the rights of patients requiring palliative care, their caregivers, and disease survivors. OPC focuses on education, community awareness, and fostering international connections. In Oman, physicians and community members have actively promoted the development of palliative care, organizing seminars with stakeholders and the MoH to highlight its importance and integration into healthcare. Although OPC's activities were particularly active until 2020, there is a lack of recent published reports on its endeavours.

Ind 2

Is there a national policy or guideline on advance directives or advance care planning?

2

There is/are national policies or guidelines on surrogate decision-makers.

Currently, a policy regarding Do Not Resuscitate (DNR) orders exists, outlining the roles of decision-makers and substitute decision-makers. However, there is no established legal process for obtaining a living will or advance directive.

Policies

Ind 3

3.1. There is a current national PC plan, program, policy, or strategy.

1

Do not know or does not exist.

Oman does not have a national palliative care plan, program, policy, or strategy with a defined implementation framework. Furthermore, there is no dedicated section for palliative care in the current National Health Plans.

3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.

1

A national palliative care plan is in preparation.

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Policies

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.

1

Do not know or does not exist.

Ind 4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.

1

Not at all.

Despite a few publications indicating that palliative care is generally available for specific populations in primary healthcare facilities, Oman has no decree or law explicitly mentioning palliative care. Furthermore, the most recent Primary healthcare costing report, published in 2023, does not include any expenditure on palliative care.

Ind 5

5.1. Is there a national authority for palliative care within the government or the Ministry of Health?

2

The authority for palliative care is defined but only at the political level (without a coordinating entity defined.

Oman has recently established a dedicated section for palliative care at the ministerial level, situated within the rehabilitation division.

5.2. The national authority has concrete functions, budget and staff.

1

Does not have concrete functions or resources (budget, staff, etc.).

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Research

Ind 6

Existence of congresses or scientific meetings at the national level specifically related to PC.

1

There are no national congresses or scientific meetings related to palliative care.

No evidence found.

Ind 7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.

2

Reflects a limited number of articles published.

A search of PubMed Central for peer-reviewed articles on palliative care in Oman reveals a limited number of studies. Using the MeSH terms 'palliative care' and 'Oman', and covering the period from 2019 to 2024, the search yielded five results.

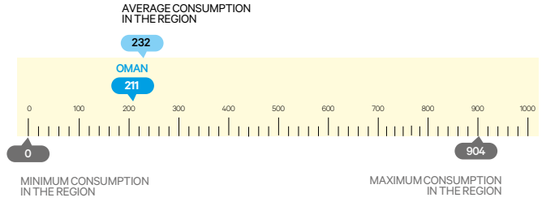
Medicines

Ind 8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.

COUNTRY VS REGION



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Medicines

Ind 9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

2

Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

1

Poor: Between 0% to 10%.

The availability of essential medicines for pain and palliative care at the primary level largely aligns with international recommendations. The consultant's list includes key opioid analgesics such as morphine, fentanyl, and codeine, alongside adjuvant medications for symptom management, including amitriptyline, dexamethasone, diazepam, metoclopramide, and ondansetron. However, comparison with the WHO Model List of Essential Medicines reveals some gaps, notably the absence of non-opioid analgesics such as aspirin, ibuprofen, and methadone, as well as essential antiemetics like cyclizine. Additionally, medications including loperamide and hyoscine hydrobromide, important for symptom control in palliative care, are not listed. Conversely, the consultant's list contains additional drugs such as pregabalin, gabapentin, and quetiapine, which may improve symptom management but are not included in the WHO's essential list.

Ind 10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

At the primary care level, only injectable morphine is available. However, morphine in injectable, tablet, and syrup formulations is accessible at all cancer centers.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).

1

Poor: Between 0% to 10%.

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Education & Training

Ind 11

11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/2	Currently, no medical or nursing schools in the country have integrated palliative care into their undergraduate curricula. However, the Oman Medical Specialties Board (OMSB), the official body responsible for postgraduate medical training, has introduced palliative care education within selected specialization programs. This includes lectures in general medicine and general surgery, as well as a one-month rotation with the palliative care team for oncology trainees. These initiatives represent a significant step towards incorporating palliative care into medical education, although further integration at the undergraduate level remains essential.
11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/2	
11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	0/12	
11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/12	

Ind 12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.	1 ○ ○ ○ There is no process on specialization for palliative care physicians.	In Oman, there is currently no formal specialization in palliative medicine for physicians within the country. However, three physicians have received specialized training in palliative care abroad. The absence of a local training program underscores the need to develop a structured specialization pathway to strengthen palliative care services and build capacity within the healthcare system.

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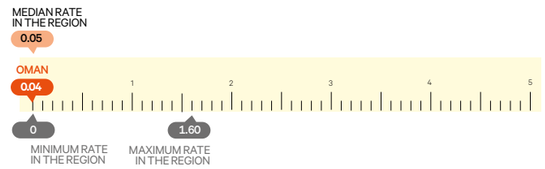
Provision of PC / Specialized Services

Ind 13

13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	● 2 ○ ○ Isolated provision: Exists but only in some geographic areas.	The country currently has two specialized palliative care teams, both operating at the tertiary level. One is based at the National Oncology Center, Royal Hospital, and the other at the Sultan Qaboos Comprehensive Cancer Center. At present, there are no dedicated palliative home care services; however, general community nursing services are available.
13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	● 2 ○ ○ Ad hoc/ in some parts of the country.	
13.3. Free-standing HOSPICES (including hospices with inpatient beds).	1 ○ ○ ○ Not at all.	
13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	1 ○ ○ ○ Not at all.	
13.5. Total number of specialized PC services or teams in the country.	2 ← SPECIALIZED PALLIATIVE CARE SERVICES	

RATE OF SPECIALIZED PC SERVICES/100,000 INH



Ind 14

14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	1 ○ ○ ○ No or minimal provision of palliative care specialized services or teams for children exists in country.	There are currently no specialized palliative care services or teams dedicated to children in the country.
14.2. Number of pediatric specialized PC services or teams in the country.	0 PPC TEAMS	