H.M. Qaboos bin Said Sultan of Oman
The health system in the Sultanate of Oman witnessed remarkable developments over the years. Universal health coverage, the remarkable reductions in childhood mortality, the noticeable increase in the life expectancy at birth and the control of communicable disease are signs of such developments. Health planning played an essential and important role in health achievements.

Sustaining health system financing is one of the most important challenges countries are currently facing. Ministry of Health realizes the importance of financial planning as an important tool for planning health services and health care. The Sultanate of Oman does not have a complete and functioning “National Health Account (NHA)” system. The absence of NHA makes it difficult to monitor health spending devoted to some programs e.g. health spending for primary health care versus spending for hospitals, spending for ancillary services and for prescribed medicines.

The current financial budget in Ministry of Health and across the country is based on items and is not tailored to needs for estimating health expenditure according to required health spending categories. I am pleased to present to you, in this report, the first attempt of Ministry of Health to map its expenditure items to categories for health care spending of “System of Health Accounts (SHA)”. Expenditure data of the year 2015 was used. I hope the report is a useful tool to help in planning for further health system sustainability and development.

Dr. Ali Talib AlHanai
Undersecretary for Planning Affairs
Ministry of Health
Financial planning and costing in Ministry of Health in the Sultanate of Oman date back to 1989. In spite of the lack of proper cost accounting system and shortage of cost accountants, several attempts have been made to make available estimates for costing of health services and health functions. However, these attempts were incomplete.

Lately, Ministry of Health represented by Directorate General for Planning and Studies adopted several strategies to make available complete cost data that describes financial flows related to the consumption of health care goods and services. Data that would allow the description of the health system in Oman from an expenditure perspective. Training of a national team capable of developing national health account was the main vehicle. The national team was trained through a number of workshops, both international and local, visits to a number of countries with developed national health account systems and by a number of international experts invited to the Sultanate of Oman.

For the first time, Ministry of Health expenditure for the year 2015 was mapped to categories of “System of Health Accounts (SHA)”. The results were available early 2017 and was revised and shared with all health workers in Ministry of Health and all feedback comments were considered.

The current report describes the methodology used and the results. It describes costs for hospitals versus health centers, levels of care, curative versus preventive care, and unit costs for various health care functions. I do hope that this report is a useful guide for managing and planning health services.

Dr. Ahmed Mohamed AlQasmi
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Sources of Data:
Directorate General of Medical Supplies.
Directorate of Information and Statistics, Directorate General of Planning and Studies.

Designer:
Miss. Ahlam Saiif ALHasani.
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INTRODUCTION

Oman is currently described as a high income country. It is a relatively large country with an area of about 309,500 km². It has difficult terrain and an intricate topography, with high and rugged mountains and barren valleys. Its small population of 4.2 million, of which 43.6% are expatriates or non-nationals, is scattered over large areas of sparsely populated settlements.

The Sultanate of Oman evolved to become a modern country with state-of-the-art services under the rule of Sultan Qaboos, which began in 1970. In 2015, its gross domestic product (GDP) at current prices has grown to Rials Omani (RO)26,850.3 million (US$ 69,922.7 million).

The country is administratively divided into 11 governorates with 61 wilayats (districts). Each governorates is considered a health region. These governorates are: Muscat, Dhofar, Musandam, AlBuraymi, AdDakhliyah, North AlBatinah, South AlBatinah, South AshSharqiyah, North AshSharqiyah, AdhDhahirah and Al Wusta.

![Omani Population](image)

- **Population 60 years and over 6%**
- **Population under 15 years 35.7%**
- **Crude Birth Rate 34.1 per 1000 population**
- **Crude Death Rate 2.9 per 1000 population**

![GDP](image)

- **Life Expectancy at Birth 76.4 Years**

![Map of Sultanate of Oman](image)
HEALTH SYSTEM IN BRIEF

The health system in Oman is characterized by its universal health coverage for both citizens and non-nationals. Health care is directly provided in facilities mainly owned and operated by the Government. The Government provides about 79% of hospitals and about 91% of hospital beds. Public health services are run by 78% of the doctors, 84% of nurses and 78% of other paramedics. About 66% of dentists and 71% of pharmacists work in the private sector.

The Ministry of Health (MOH) is the main health care provider and is responsible for ensuring the availability of health policies and plans and monitoring their implementations. Other health care providers in the country include: Armed Forces Medical Services (AFMS), Royal Oman Police Medical Services (ROPMS), Sultan Qaboos University Hospital (SQUH), Diwan Medical Services (Diwan MS), Petroleum Development Oman Medical Services (PDOMS) and the Private Sector.

The Omani health system is a free-medical care health system, chiefly financed through Government revenues. The Government is committed to providing health care and services to all citizens free of charge and has considered equity in financing health services across different health Governorates with the aim of ensuring financial protection for all. Expatriates receive their medical care mainly in private healthcare facilities.

**Table:**

<table>
<thead>
<tr>
<th>Health Care Providers</th>
<th>Hospitals</th>
<th>Hospital Beds</th>
<th>Health Centers &amp; Extended Health Centers</th>
<th>Clinics</th>
<th>Pharmacies</th>
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<tbody>
<tr>
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<td>49</td>
<td>4,998</td>
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<tr>
<td>SQUH</td>
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<tr>
<td>AFMS</td>
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<tr>
<td>ROPMS</td>
<td>2</td>
<td>82</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diwan MS</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PDOMS</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Sector</td>
<td>15</td>
<td>582</td>
<td>1,045</td>
<td>604</td>
<td></td>
</tr>
<tr>
<td>Total Facilities</td>
<td>70</td>
<td>6,468</td>
<td>205</td>
<td>1,099</td>
<td>604</td>
</tr>
</tbody>
</table>

**Statistics:**

- **Physicians:** 8,914
- **Dentists:** 1,149
- **Nurses:** 19,331
- **Pharmacists:** 2,131
- **Other Paramedics:** 8,603

- **21.4 Physicians Per 10,000 population**
- **46.3 Nurses Per 10,000 population**
- **16 Hospital Beds per 10,000 population**
Ministry of Health (MOH) provides healthcare mainly to Omani Citizens through 49 hospitals and 205 health centers scattered across the country. MOH distributed hospitals across all Governorates, such that each Governorate is served by a Governorate Hospital (GH) (10) aided by a Wilayat Hospital (WH) (5) in some populated Governorates to provide secondary care to their inhabitants (secondary health care is also provided by two extended health centers and one local hospital). These secondary care hospitals are apexed by four national referral hospitals (NRH) (locate in Muscat Governorate) that provide tertiary care to citizens of Oman.

MOH provide primary health care through health centers (182 HC), Extended Health Centers (21 EHCs) and local hospitals (29 LH) distributed across all Governorates.

A total of 6,393 physicians, 14,675 nurses, 358 dentists, 554 pharmacists and 6,234 paramedical staff in addition to 12,050 medical orderlies and support staff run health services in MOH healthcare facilities.
Recurrent Expenditure in Ministry of Health 2015

Ministry of Health spent 793.2 million RO in 2015. Expenditure has grown with an average annual growth of 19.4% since 2010 and has grown by 9.7% over 2014 expenditure.

Analysis of expenditure items showed that MOH spent 77.7% of its recurrent expenditure as salaries for human resources in 2015.
OBJECTIVES

Health services in Ministry of Health witnessed remarkable developments that were the result of proper and evidenced based planning. The availability of quality and timely data and information allows in addition to proper health service and health care planning, quality management of health care facilities.

The availability of financial data is essential for proper health planning. Ministry of Health made several attempts to make cost data available since 1989. Costs for functions of some selected hospitals were estimated, but total over cost estimates for MOH functions could not be developed.

The financial system being based on budget items together with the lack of trained cost-accountants limited MOH efforts. Budget items do not reflect health care functions.

Lately, Ministry of Health recruited a number of cost-accountants, and trained a national cost-accountant team by inviting to the country international advisers and by training team members at over-sea workshops.

Main Categories of Budget Items

* Salaries and Allowances.
* Supplies and Materials.
* Services Requisites.
* Government Services.
* Social Contributions.
* Capital Items.

Map budget items to categories of System of Health Account (SHA) in an attempt to describe its financial flows in terms of consumption of healthcare goods and services.

Describe Ministry of Health healthcare functions from an expenditure perspective as part of developing a National Health Account System.
SHA is based on a tri-axial approach of healthcare expenditure:
* Healthcare Function Consumption (HC)
* Healthcare Provision (HP)
* Healthcare Financing (HF)

### Healthcare Financing
- HF.1. Government
- HF.2. Voluntary Health Payment
- HF.3. Household Out-Of-Pocket
- HF.4. Rest of the World

### Healthcare Providers
- HP.1. Hospital
- HP.2. Residential Long-term
- HP.3. Providers of Ambulatory Care
- HP.4. Providers of Ancillary Services
- HP.5. Retailers of Medical Goods
- HP.6. Providers of Preventive Care
- HP.7. Providers of Health System Administration
- HP.8. Rest of the Economy
- HP.9. Rest of the World

### Healthcare Function
- HC.1. Curative Care
- HC.2. Rehabilitative care
- HC.3. Long-term Care
- HC.4. Ancillary Services
- HC.5. Medical Goods
- HC.6. Preventive Care
- HC.7. Governance and Administration
- HC.9. Other Health Care

**Assumptions:**

1- Ministry of Health is totally financed through Government revenues.
2- Healthcare providers were modified according to MOH healthcare facilities (National Referral Hospitals, Governorate Hospitals, Wilayat Hospitals, Local Hospitals, Extended Health Centers and Health Centers).
3- Healthcare facilities were grouped according to level of health care they provide (Primary Health Care, Secondary Health Care and Tertiary Health Care).
4- Healthcare Functions were modified according to the needs of MOH
   * Accidents and Emergency was added to Curative Care
   * Ancillary services and Medical Goods, were subdivided to show inpatient and outpatient
5- Expenditure of 2015 was analyzed.
6- Ministry of Health captured expenditure according to 48 separate budgets and 7- for its 254 facilities in 2015.

Assumptions allowed mapping budget items to healthcare functions:
* Data were analyzed separately at the level of each health facility and budget
* Salary of health workers according to time they spent in outpatient versus inpatient care in hospitals, specialized versus general care, ancillary versus imaging, and curative versus curative care in health centers.
* Medical Supplies were analyzed to prescribed medicines, laboratory item, surgical consumables, and other medical goods.
In 2015 Ministry of Health (MOH) spent 793.2 million Rials Omani (RO). Hospitals consumed 54% and Governance and administration costed about 21% of MOH expenditure. Governance and administration are costs of services that support running the health system. These services include the formulation and administration of health plans and policies; the setting of standards and regulations of health care and health services, financial and resources managements etc., both at the Central Level and at the Governorate level. They do not include administrative costs for running individual healthcare facilities (administrative costs for running individual facilities are shown later).

MOH spent, in 2015, RO 338 per Omani Citizens. The per capita expenditure at the primary health care was RO 93 compared with RO 77 at tertiary care and RO 96 at secondary care.
Expenditure of MOH distributed according to geographical location of healthcare facilities show some variations. Tertiary care services are locate in Muscat Governorate. The relative distribution of expenditure according to level care is thus skewed towards tertiary care in Muscat Governorate. The concentration of tertiary care in Muscat Governorate to serve the total population aimed at efficiency of running tertiary care.

Primary Health Care (PHC) expenditure ranged from 30% to 47% of total expenditure at Governorates level. It was high in AlWusta and low in Muscat. Governance and administration expenditure was relatively high in Musandam. Variations should be interpreted by characteristics of the different Governorates. Musandam and AlBuraymi are frontier Governorates and AlWusta is mainly desert with sparse population.

Per capita expenditure at national level RO 338

The variation in per capita expenditure should be also interpreted according to Governorate variations. Per capita expenditure is high in frontier Governorates and in Muscat Governorate relative to other Governorates and to national level (RO 338).
HEALTHCARE FUNCTIONS AND SERVICES

Curative care describes all services related to the diagnosis and management of patients. The cost for curative care services included the cost for the medical and paramedical staff, diagnostic and other ancillary services, medicines, and durable and non-durable medical goods.

MOH spent about 54% of its expenditure for curative care (425.5 million RO) and slightly more than 14% on preventive care (113.5 million RO). Administration costs include costs to run individual health care facilities in addition to Governance and administration costs to run the health system. They collectively represent about 27% of the total MOH expenditure in 2015.

Prescribed medicines made about 5.5% of the total MOH expenditure in 2015 while non-durable and durable medical goods cost 2.8%. MOH provide ancillary services at the cost of 5.4% of its expenditure (laboratory services 3.6%, imaging services 1.4% and patient transportation 0.4%).

Examples of non-durable medical goods include syringes, adhesive and non-adhesive bandages, surgical consumables, etc., and examples of durable medical goods include orthotic devises, prosthetics, eye glasses, hearing aids, cardiac stunts, pacemakers, etc..
HEALTHCARE FUNCTIONS AND SERVICES

Costs for Running Hospitals

- Administration: 78.6%; 18%
- Other Health Care Services: 7.0%; 2%
- Preventive care: 11.2%; 3%
- Rehabilitative Care: 3.7%; 1%

Total Cost: mRO 427.4

Curative care: 327.0; 76%

As mentioned, costs for running hospitals are more than double of the costs for running health centers that belong to MOH. The costs for providing curative care at hospitals are more than triple those at the health centers. Curative care costs represent 76% of hospital expenditure compared with 50% at the health centers.

Costs for Running Health Centers

- Administration: 47.4%; 24%
- Other Health Care Services: 4.1%; 2%
- Preventive care: 45.8%; 24%
- Rehabilitative Care: 0.3%; 0%

Total Cost: mRO 196.1

Curative care: 98.6%; 50%

The administration costs for running health centers represent almost one-forth of the costs for running health centers compared with 18% at hospital level. Governance and administration costs at facility level represent contracts for cleaning, maintenance, agricultural and chemical supplies, fuel, rents, public services as electricity, water and communication, and capital expenditure for furniture.
CURATIVE HEALTH CARE

MOH accommodated 15.6 million outpatient visits compared with about 1.2 million inpatient service days. MOH costs curative care at outpatient level (about 250 million RO) more than it costs curative care at inpatient level (the average cost of one outpatient visit and one inpatient service day; see later). The cost of curative care at the official daycare level was about 0.14% of the total curative care cost.

Salaries of medical and paramedical staff represent about 78.6% of the cost of curative care services provided for inpatients compared with 72.7% of those provided for outpatients. Costs of medicines and imaging are relatively high for outpatient care; they represent 11.6% and 3.4% of the cost for curative care for outpatients compared with 8.4% and 1.5% of the cost of curative care for inpatients, respectively.
Unit is as one “inpatient service day” for inpatient curative care and one “outpatient defined visit” for outpatient curative care. Curative care include cost for medical and paramedical staff, diagnostic services both laboratory and imaging services and medical goods that include prescribed medicines and non-durable and durable goods. Curative care costs do not include costs for providing rehabilitative care, preventive care, other health care services and governance and administration.

On average every inpatient costs RO 159 per day during his stay in MOH hospitals. The costs of medical and paramedical staff providing curative care for one inpatient per day amounts to RO 125.4 (about 79% of unit cost). Every inpatient costs RO 13.2 (8%) for medicine and RO 7.9 (5%) other medical goods; and costs RO 12.5 diagnostic services, daily.

MOH accommodates more than 15 million outpatient visits. Each outpatient visit costs on average RO 24.1. Costs for medical and paramedical staff make the most of this cost (RO 19.6 or 81%). On average, each outpatient visit costs RO 1.9 of medicine.

The unit cost for curative care varies according to health care facilities, different levels of hospitals and health centers.

An Outpatient Visit is defined as a patient encounter to a particular clinic. If the patient visits three clinics in one health facility on the same day, these are counted as three visits.

An Inpatient Service Day is a unit of measure that reflects the services received by one inpatient during a 24-hour period, the number of inpatient service days for a 24-hour period is equal to the daily inpatient census.
UNIT COST FOR CURATIVE CARE

National Referral Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Inpatient Service Day</th>
<th>Outpatient Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Hospital</td>
<td>241.5</td>
<td>144.4</td>
</tr>
<tr>
<td>Khawla Hospital</td>
<td>172.9</td>
<td>94.9</td>
</tr>
<tr>
<td>An Nahdha Hospital</td>
<td>262.0</td>
<td>65.2</td>
</tr>
<tr>
<td>AL Masaraa Hospital</td>
<td>148.2</td>
<td>86.3</td>
</tr>
</tbody>
</table>

**ALMasaraa Hospital is a specialized psychiatric hospital**
UNIT COST FOR CURATIVE CARE

Governorate Hospitals

Inpatient Service Day
- Prescribed Medicines: 8.0% (5.5%)
- Imaging Services: 2.0% (1.4%)
- Laboratory Services: 8.4% (5.8%)
- Non-durable & Durable Goods: 6.6% (4.6%)
- Salaries: 82.8% (119.7)
ROI: 144.7

Outpatient Visit
- Prescribed Medicines: 3.8% (9.2%)
- Imaging Services: 1.9% (4.5%)
- Laboratory Services: 2.5% (6.0%)
- Non-durable & Durable Goods: 3.1% (7.6%)
- Salaries: 29.9% (73%)
ROI: 41.1

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Inpatient Service Day</th>
<th>Outpatient Visit</th>
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</thead>
<tbody>
<tr>
<td>Sultan Qaboos Hospital</td>
<td>137.4</td>
<td>38.3</td>
</tr>
<tr>
<td>Khasab Hospital</td>
<td>214.4</td>
<td>117.3</td>
</tr>
<tr>
<td>Al Buraymi Hospital</td>
<td>206.4</td>
<td>30.2</td>
</tr>
<tr>
<td>Nizwa Hospital</td>
<td>152.1</td>
<td>47.2</td>
</tr>
<tr>
<td>Sohar Hospital</td>
<td>148.7</td>
<td>52.5</td>
</tr>
<tr>
<td>Ar Rustaq Hospital</td>
<td>108.5</td>
<td>32.5</td>
</tr>
<tr>
<td>Sur Hospital</td>
<td>175.4</td>
<td>51.2</td>
</tr>
<tr>
<td>Ibra Hospital</td>
<td>138.9</td>
<td>46.0</td>
</tr>
<tr>
<td>Ibri Hospital</td>
<td>132.9</td>
<td>36.7</td>
</tr>
<tr>
<td>Hayma Hospital</td>
<td>131.5</td>
<td>12.9</td>
</tr>
</tbody>
</table>
Wilayat Hospitals

The average cost of one inpatient service day in a wilayat hospital is about RO 107. It is however, high in Sumail Hospital compared with other Wilayat Hospitals. Outpatient visits of Sumail Hospital are counted with Sumail Extended Health Center.

The cost of an outpatient visit in Saham and Sinaw hospitals are low compared with other wilayat hospitals.
Local Hospitals and Health Centers

Both local hospitals and health centers provide primary health care. Outpatient visits at local hospitals are more costly than at health centers. In addition, local hospitals provide inpatient services at a cost of more than RO 44 for one inpatient services day.

Costs of one outpatient visit to a health center is about RO 12.3 and to an extended health is about RO 14.3.

The cost of an outpatient visit at health centers vary among Governorates and is higher in frontier Governorates, namely, AlBuraymi, AdDhahira and Musandam.
Ancillary services include laboratory and imaging services for diagnosis and patient transfer between healthcare facilities. Ancillary services costs slightly more than million RO 43 representing about 5% of the total expenditure of MOH in 2015. Laboratory diagnostic services costs represent 66% of ancillary services costs or 3.6% of total expenditure of MOH. Costs of ancillary services are consumed at outpatient level compared with inpatient level.
### ANCILLARY SERVICES

#### Unit Cost for laboratory services for each inpatient service day and outpatient visit (RO)

<table>
<thead>
<tr>
<th>Laboratory Services</th>
<th>Inpatient Service Day</th>
<th>Outpatient Visit</th>
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</thead>
<tbody>
<tr>
<td>National Referral Hospital</td>
<td>13.1</td>
<td>6.6</td>
</tr>
<tr>
<td>Governorate Hospital</td>
<td>8.4</td>
<td>2.5</td>
</tr>
<tr>
<td>Wilayat Hospital</td>
<td>7.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Local Hospital</td>
<td>10.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Extended Health Center</td>
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<td>0.9</td>
</tr>
<tr>
<td>Health Center</td>
<td></td>
<td>0.6</td>
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</table>

Ministry of Health bears the daily costs of RO 10.1 for laboratory services and RO 2.4 for imaging services for each inpatient and RO 1.1 and RO 0.6 for each outpatient visit, respectively. However, these costs vary according to level of care. Every inpatient at the National tertiary Care Hospitals costs daily RO 13.1 and RO 3.5 for diagnostic laboratory and imaging services. Local hospitals cost each inpatient RO 10.3 daily for laboratory, respectively diagnostic tests.

#### Unit Cost for imaging services for each inpatient service day and outpatient visit

<table>
<thead>
<tr>
<th>Imaging Services</th>
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<th>Outpatient Visit</th>
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</thead>
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<tr>
<td>National Referral Hospital</td>
<td>3.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Governorate Hospital</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>Wilayat Hospital</td>
<td>1.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Local Hospital</td>
<td>1.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Extended Health Center</td>
<td></td>
<td>0.2</td>
</tr>
<tr>
<td>Health Center</td>
<td></td>
<td>0.2</td>
</tr>
</tbody>
</table>
Non-durable medical goods include syringes, adhesive and non-adhesive bandages, surgical consumables, etc., and examples of durable medical goods include orthotic devices, prosthetics, eye glasses, hearing aids, cardiac stunts, pacemakers, etc..
### Prescribed Medicines and Other Medical Goods

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Inpatient Service Day</th>
<th>Outpatient Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Referral Hospital</td>
<td>23.6</td>
<td>14.5</td>
</tr>
<tr>
<td>Governorate Hospital</td>
<td>8</td>
<td>3.8</td>
</tr>
<tr>
<td>Wilayat Hospital</td>
<td>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Local Hospital</td>
<td>6.1</td>
<td>1</td>
</tr>
<tr>
<td>Extended Health Center</td>
<td></td>
<td>1.3</td>
</tr>
<tr>
<td>Health Center</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Each inpatient costs RO 23.6 medicine and RO 11.6 medical goods, daily if managed in a national referral hospitals, compared with 8 and 6.6 respectively in governorate hospitals. Patients receive medicine with the cost of RO 0.8 to 14.5, in each outpatient visit depending upon the level of care. Local hospitals cost each inpatient medicine worth of RO 6.1, daily.
The costs of preventive care represent slightly more than 14% of MOH expenditure. Preventive care is part of primary health care. The main activities in preventive care are to control different diseases e.g. childhood diseases, communicable diseases, complications from chronic diseases, and others.

* Information and Education are activities to increase knowledge of individuals and families about disease risk and their prevention.
* Immunization include immunization for both infants and other specific groups for the population e.g. pregnant women.
* Early detection of diseases include cost of screening programs
* Healthy condition monitoring include monitoring of health conditions e.g. antenatal care and child growth monitoring.
* Epidemiological Surveillance and disease control include all disease control programs directed to both communicable and non-communicable diseases.

Note: Costs for immunization programs do not include costs of vaccines. Costs of vaccines are included with prescribed medicines.
**MAIN FINDINGS**

◆ Per Capita expenditure for tertiary care by Ministry of Heath requires to increase to face current challenges of epidemiological shift to non-communicable diseases.

◆ Tertiary care is concentrated only in Muscat Governorate. In spite the fact that concentration of tertiary care in Muscat Governorate aimed for efficiency, the regional population growth and the increase in non-communicable disease may require re-considering the move of tertiary care service to the governorates.

◆ Governance and administration cost for Musandam Governorate is high compared with other Governorates. This partly contribute to high per capita expenditure for that Governorate.

◆ Administration costs at health centers make a considerable proportion of expenditure for running health centers and requires to be revised. Costs should move towards preventive care.

◆ Expansion of day care for curative care function may help to reduce cost for providing curative care at hospital level.

◆ Both local hospitals and health centers provide primary health care. However, local hospitals costs are higher than health centers.

◆ Costs of an outpatient visit at health centers is high in frontier Governorates.

◆ Costs of ancillary services for outpatients are high compared with inpatient and need to be investigated.

◆ Curative care function of health centers cost about 50% of the total cost which is relatively high. Preventive care is a more cost effective intervention than curative care at health center level.
Quality Care, Sustained Health

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