

## HEALTH SYSTEM REFORMS AND COMMUNITY INVOLVEMENT IN OMAN

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### ABSTRACT

Community involvement requires participation of people in the analysis, decision-making, planning, and program implementation of health services, as well as in health promotion activities. In Oman, community involvement is not well established and in order to sustain and strengthen MOH achievements, the Ministry of Health must develop mechanisms for involving and strengthening community health. There is a political commitment to meaningfully involve communities in the health system, and one of the MOH priorities is increasing community involvement in health care activities.

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### INTRODUCTION

The Sultanate of Oman is the third largest country in the Arabian Peninsula after Saudi Arabia and the Republic of Yemen. Oman, which is located in the southeastern corner of the Arabian Peninsula with a population around 2.5 million. A Royal Decree was issued on the 23rd of August 1970 to establish the Ministry of Health (MOH) in Oman and health for all citizens has been endorsed as a national policy (7). The healthcare services are free of charge to all Omani nationals and the Ministry of Health (MOH) is the main provider of health care in the country. The health system is based on three levels of health care delivery: primary, secondary and tertiary health care.

Before 1970, Oman's health care system was not properly developed. There were only two hospitals in the

Muscat region and nine clinics with a total of 12 beds. There were fewer than a hundred people employed in the health sector. The child mortality rate was high. Major communicable and infectious diseases were prevalent throughout the country due to contaminated water supplies and lack of sewerage systems.

The number of hospitals has increased over the years. There is at least one Regional Referral Hospital established in each region to provide high quality specialized outpatient and inpatient medical services covering variable specialist areas. At present the MoH runs 48 hospitals, of which 13 are referral hospitals and an extensive ambulatory care network. The morbidity pattern in the country is shifting from communicable diseases that affected the developing communities to health problems related to modern lifestyle. The Expanded Program of Immunization (EPI) established 1981

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has shown a substantial progress. The overall proportion of children in the government's target group who are fully immunized against polio, diphtheria, tetanus, whooping cough and measles have substantially increased from 10% in 1981 to 98% in 2002 (7).

### **Oman health indicators**

The following tables show selected health indicators of Oman health care system achievements. They show health services, primary care coverage and health status indicators and the remarkable achievements in reducing communicable diseases and, therefore, mortality rates and an increase in life expectancy of the Omani population (Table 1, 2, 3).

### **Achievement of Oman health care system**

The Sultanate of Oman has achieved substantial progress in extending comprehensive health services to the people in a relatively short span of three decades. Achievements are clearly seen in the reduction of preventable diseases and child morbidity and mortality. The standards for health services in Oman have been significantly improved to meet international norms of industrialized nations, and the services include treatments such as organ transplantation and open heart surgery.

The international community and agencies have recognized the health services development and achievements of the Sultanate of Oman. The "Nations Progress

Report" issued in 1997 by United Nations International Children's Emergency Fund (UNICEF) has acknowledged the Omani health care achievements in child health and has ranked the Sultanate among one of the leading countries in the Middle East, Africa and even the whole World in controlling childhood diseases as poliomyelitis, diphtheria and tetanus neonatum (6). The "Human Development Report" issued by United Nations Development Program has ranked the Sultanate number one country for its achievement in reducing under age 5 mortalities and increasing immunization coverage to almost 99% of the targeted population. It has considered the Sultanate as a model for human development (6). In a study conducted by World Health Organization covering 191 countries, which was published in Year 2000, the Sultanate of Oman was ranked first in the world in healthcare delivery efficiency and utilization of financial resources. Oman was also rated in the top 10 of the world's most effective healthcare systems overall (8) (Table 4).

### **Challenges to the care system in Oman**

Consumers' expectation is increasing and the resources are scarce, which limit the governments' expenditure on health care services. The current challenges to health care leaders in Oman are of financial and technological sustainability and the burden of the epidemiological transition.

**Table 1. Health Service Indicators**

Indicators	2002	2000	1990	1980	1970
Number of hospitals	56	55	52	30	2
Number of hospital beds	5,168	5,196	3,879	1,879	12
Hospital beds (per 10,000 of total population)	20.4	21.6	24.3	18.6	0.2
Bed / doctor ratio	1.5	1.6	2.5	3.5	0.9
Bed / nurse ratio	0.6	0.7	0.9	1.6	na
Number of health centers, clinics and dispensaries (governmental)	172	161	136	80	22
Number of private clinics	631	560	334	na	na

From National Health indicators & health statistics for MOH, Oman-<http://www.moh.gov.com/mohstat.php>

**Table 2. Primary Health Care Indicators of Coverage**

Population with access to local health services, total (%)	97	2000
Population with access to local health services, urban (%)	100	2000
Population with access to local health services, rural (%)	90	2000
Infants fully immunized with bcg (%)	98	2003
Infants fully immunized with dpt (%)	99	2003
Infants fully immunized with opv3 (%)	100	2003
Infants fully immunized with measles (%)	98	2003
Infants fully immunized with hepatitis b vaccine (%)	100	2003
Pregnant women given 2 doses of tetanus toxoid (%)	53	2000

From WHO Regional Office of the Eastern Mediterranean, country profile-<http://www.emro.who.int/emrinfor/CountryProfiles-oma.htm#HealthStatus>

**Table 3. Health Status Indicators**

Newborns with birthweight at least 2.5 kg (%)	92	2002
Children with acceptable weight for age (%)	80	1999
Infant mortality rate per 1000 live births	16.2	2002
Probability of dying before reaching 5th birthday per 1000 live births	19.3	2002
Maternal mortality rate per 10000 live births	3.8	2002
Total life expectancy at birth (years)	73.8	2002
Male life expectancy at birth (years)	72.2	2002
Female life expectancy at birth (years)	75.5	2002

From WHO Regional Office of the Eastern Mediterranean, country profile- <http://www.emro.who.int/emrinfor/CountryProfiles-oma.htm#HealthStatus>

**Table 4. Health System Performance in all WHO Member States**

Performance on Health Level(DALE)		Overall Performance	
Rank	Member state	Rank	Member State
1	<b>Oman</b>	1	France
2	Malta	2	Italy
3	Italy	3	San Marino
4	France	4	Andorra
5	San Marino	5	Malta
6	Spain	6	Singapore
7	Andorra	7	Spain
8	Jamaica	8	<b>Oman</b>
9	Japan	9	Austria
10	Saudi Arabia	10	Japan

From The world health report 2000 - Health systems: improving performance

## BACKGROUND

### What does community involvement in health mean?

Community is defined as a group of people with shared needs living in a defined geographic area (3), and Community Involvement in Health (CIH) describes a process where people express their right to be active in the development of appropriate health services (3). It is a partnership between individuals, groups, organizations, and health professionals in which all parties examine the root causes of health issues and together agree on approaches to address these issues (3). It is a continuous process with long term as well as short-term goals.

Community involvement in health is a complex process. It may mean different things to different people. It may suggest a passive form of involvement, such as attending social health events, or an active form of involvement, such as participation in health programs. Policymakers need to clearly understand the importance of these differences. Key decision makers need to reflect on the changing dynamics of the health care environment, scarce resources, and evolving role of the community when contemplating changes. For the purpose of this paper community involvement/participation is defined as encouraging and helping public, private and community sectors take part in the identification and analysis of local health problems, decision making process, and preparation of the health plans of

action facilitated by the Ministry of Health.

### The concept of community involvement

For several decades health analysts and researchers have endorsed the concept of community involvement and participation in healthcare system to promote health. The concept is widely supported by the international community and organizations. The principle of active involvement of community members in the health sector was influenced by World Health Organization (WHO) and formally endorsed in 1978, in the Alma-Ata Declaration on Primary Health Care (PHC) (3). Since the Alma-Ata Declaration, in several reports published by the World Health Organization (WHO) advocate CIH as a prerequisite for solving the health problems of developing countries. Governments started to recognize the importance of greater community involvement and collaboration to improve health and not only by improving the formal structure of the health care system. Although the world perception of CIH has changed, a 1988 WHO report found that community participation is still a relatively new strategy in health development and the theory of community involvement in health was ahead of the practice of community health (3).

### What is required for effective community participation?

Community involvement is a long-term investment of mutual benefit to

health providers and planners on the one hand and to the community on the other (1). Today it is widely recognized that the active participation of community leaders is needed in planning and providing health care information and services; however, genuine involvement of the community in health requires commitment from policymakers. In many countries CIH is integral to many government policies and reforms affecting public health services.

### **Scope of community involvement**

Community involvement requires participation of people in the analysis, decision-making, planning, and program implementation of health services, as well as in activities concerning their health. The government can support community partnerships by developing policies which enable people to change their lifestyles and achieve better health through their own action (1). All forces will thus be mobilized to address the health problems common to all society and enhance the achievement of health for all (1).

With diminishing resources, complicated social factors, and high community expectation public health care providers are increasingly becoming partners with community leaders and local providers in the delivery of health services. Collaborative efforts by these groups will facilitate achievement of superior quality of health care if

effectively utilized as part of health sector reforms.

### **What are the advantages of community involvement?**

Increasing community participation provides individuals and communities who use the health services with a sense of ownership, and helps assure that services are acceptable and appropriate. In addition, communities share responsibility for the rapid appraisal and help identify local needs in order to develop a sustainable program of activities (4).

Many advantages to community participation in health planning have been reported in the literature. A compilation of these are reported by Pivik in 2002, which include:

- health care that reflects the specific needs, values, culture and attitudes of the community;
- decision making that is more accountable by incorporating the specific concerns identified in the community;
- a more efficient use of scarce resources;
- an enhancement of community awareness of health issues;
- increased support for the resulting programs and services;
- the opportunity for increased networking between health care service providers and community members;
- access to local resources and skills of community members;
- a mechanism for public feedback;
- the opportunity for training and educating community members

- for future community development activities; and
- an enhanced sense of control and empowerment within the community.

### Methods of community involvement

There are many methods of involving the public all of which have pros and cons. Different groups in a geographical community will have different views in relation to specific health issues (9). The method should address these different viewpoints and find some common ground between different groups in the

community. Although not all forms of involvement have to be directly representative, research has shown that the choice of method and approach must be linked to the particular aims of specific initiatives (2). The levels and types of community participation, and who is involved, will vary over time and will probably change as the plan of action for intervention is developed (9) (Table 5).

The next section addresses and discusses specific community efforts undertaken in Oman to increase community participation.

**Table 1. Types of Community Participation**

Type of participation	Key elements
Manipulative participation	Participation is a pretence - people's representatives are on official boards but have no real power.
Passive participation	People 'participate' insofar as being told what is going to happen or what has already happened. A unilateral announcement may be made by an outside agency, and people's responses are not taken into account.
Participation by consultation	People are consulted. External agencies define both problems and information gathering processes. Such a process does not concede a share in decision making and professionals are under no obligation to consider people's views in designing interventions.
Participation by material incentives	People participate by providing resources e.g. their time or labor, in return for food, cash or other material incentive.
Functional participation	People participate by forming groups to meet pre-determined objectives related to the project. Such involvement tends to occur after major decisions have been made.
Interactive participation	People participate in joint analysis of problems, which leads to action plans and the formation of new local groups or the strengthening of existing ones. These groups take control over local decisions, and so people have a stake in being involved.
Self-mobilization	People participate by taking initiatives independent of external institutions to change system/situation.

From The world health report 2003 - Rapid Assessment and Response Technical Guide TG-RAR.  
<http://www.who.int/docstore/hiv/Core/Contents.html>

## COMMUNITY PARTICIPATION IN HEALTH SYSTEM IN OMAN

Traditionally individuals were viewed as passive recipients of health care services. Oman recognized that most of the achievements in health were the result of personal decisions e.g. accepting immunization and changes in life styles. Therefore, since the declaration of Alma-Ata in 1979, which considered community participation in planning and provision of health services as a right for the community, there is wide consensus in Oman that participation of communities is an important factor in improving health outcomes, sustaining health and in the effective performance of health systems.

There is a political commitment in Oman to meaningfully involving communities in the health system. Therefore, the MOH must develop mechanisms for involving and strengthening effective community participation and involvement in the health system to sustain and strengthen its achievements. One of the MOH priorities is increasing community involvement in health care activities. Some measures are being taken to strengthen such involvement. The MOH promotes community involvement through cooperation and collaboration with other social and economic sectors in order to increase health improvements to attain the highest possible level of health for citizens of Oman.

In 1998, central committees were established to strengthen Community Participation to Promote Primary Health Care (6). Committee functions include: (a) identify policies to increase community participation in health services provision, (b) co-ordinate efforts of different sectors including international organizations in the Sultanate to insure optimum utilization of community contributions to provide health services, (c) provide yearly work plans for community support groups, and (d) provide basics for monitoring and evaluation of community participation in health services provision (6).

Since its establishments in 1971, the MOH faced great challenges to build the national health system and improve the health of the people of Oman. Therefore, MOH developed five year health plans to achieve its goals, the first of which started in 1976. The sixth five-year plan (2000-2005) is based on situation analysis of the health status in the country. The analysis resulted in the identification of several morbidity and health related problems with high priorities. The plan is aiming mainly to reduce and illuminate the impact of these problems in health. One of the health related problems is the need for strong coordination with the community and other sectors. The MOH strategy to deal with this problem is promoting community involvement in all activities of health care (in a gradual way).

### **Decentralization and community involvement in health**

Decentralization of planning, management, and budgeting within Omans' health system is one the most important factors in achieving community involvement in health. In 1990, Directorates General of Health Services (DGHS) were established in the regions of the sultanate. This gives the regions the administrative and financial autonomy in making decisions. It has increased health services development as well the development of local resources. In 1992, the MOH decided to develop the "Wilayat Health System" which allowed further decentralization to the lowest community level. The wilayat (district) is the most peripheral unit and the closest to the community. The DGHS of the regions are responsible to develop their regional health plans as part of the MOH national health plan. These plans are prepared based on identification of health problems specific for each particular region. This allows for the identification of local needs and the proper management of local resources. In 1993, the Office for Health Services at the wilayat level was established. It had promoted a number of essentials for PHC: community participation and self-reliance, equity of health services, better coverage and efficient health care delivery. (MOH report, [www.moh.gov.om/prihelt.htm](http://www.moh.gov.om/prihelt.htm)) Recently the MOH adopted the idea of hospital autonomy which will further decentralization the health services.

### **Community Support Groups**

Community Support Groups (CSG) were initiated in the Sultanate of Oman in 1992 as a component of "Baby Friendly Hospital Initiative" and supported by the UNICEF (6). A number of women volunteers were trained to provide proper health education to mothers in regards to infant and childhood nutrition, breast and complementary feeding. In 1993 "Triple A Initiative" was introduced. This initiative provided the CSG with more access to the community and allowed better appreciation of the community health problems, especially those related to childhood and maternity services, by the volunteers. It also provided the volunteers with tools for quantitative assessment, situation analysis of direct and indirect factors, and planning skills for implementing actions at the community level towards certain specific problems. Male volunteers involved in the CSG focused on areas of environmental sanitation and promoting blood donation. The CGS represents one important means for promoting community participation and serves as link between the community and health care providers. (MOH report, [www.moh.gov.om/prihelt.htm](http://www.moh.gov.om/prihelt.htm))

### **Wilayat health management team**

In 1995, the MOH established the concept of "Wilayat Health Team" (6). The main objective was to develop the capabilities of these teams to develop their own health development plans for their wilayats (districts) in the future. Teams were

trained to identify specific health problems and to produce proper plans to reduce the incidence of such health problems through “Wilayat Team Problem Solving (WTPS)” techniques. By 1997 all team members were subjected to training. The later training covered concepts of PHC and health management process including aspects of health situation analysis, strategic planning, programming and monitoring, and evaluation based on health indicators. In addition, senior health workers were trained to be trainers (training-of-trainers) for such technique at the national level. Some of the Wilayat Health Management Team responsibilities include promoting community participation in planning, implementation, and monitoring of health activities to ensure effective participation in health development at the wilayat level, promoting collaboration with other governmental and private sectors that contribute to health whether directly or indirectly within the wilayat, and coordinating its activities with efforts of the MOH (6).

### **Wilayat health committees**

Proper planning at the community level can closely link and coordinate activities of different sectors for the sake of community development. There is a need for continuous interactions among different sectors that could be achieved through inter-sectoral committees. In 1999, The MOH had decided to establish Wilayat Health Committees to promote collaboration among different service sectors to attain

effective health development. The committees are headed by the “Walis” (administrative heads of the Wilayats) and had representatives from different ministries and associations related to health. Having the Wali and senior representatives of the association contributed to the success of the committees. Use of committees facilitated the interaction and decision making in finding solutions for the different health problems discussed. The responsibilities of the “Wilayat Health Committee” are: (a) Contribute in planning, monitoring and evaluation of the five-year health development plans of MOH at wilayat level, (b) Promote the concept of importance of health, increase the level general knowledge of health, mobilize community resources, and increase effective participation, (c) Facilitate and coordinate the collaboration among MOH, other sectors related to health and other national associations, i.e. Omani Women Association, volunteers for the implementation of health activities, and (d) Ensure optimum and efficient utilization of available resources.<sup>6</sup> The preliminary reports have shown that these committees had targeted a number of important health problems that affect the community and others within the health institutions (6) (Table 6).

### **The consultative council**

In 1990, to expand the democratic process and allow more citizens to play their part in the development of the country, His Majesty Sultan

Qaboos announced the creation of the *Consultative Council (Majlis a'Shura)*. His Majesty repeated his wish for greater public participation in the running of the country according to the principles of *Shura* rooted in Islam. *a'Shura* system is a great model for community partnership. *a'Shura* is a basic Islamic principle to ensure that the views of the community are taken into consideration in all affairs pertaining to the life of the society.<sup>1</sup> It ensures transparency and accountability of

Council for comments before they are implemented. The council also has the right to review current legislation. After considering the Council's opinion, the state may change or amend proposed legislation.

**a'Zakat, al Waqf, and a'Sadaqat**

There are other religious opportunities that encourage community participation and solidarity and are helpful in achieving better health for all. These Islamic principles are economic

principles such as a'Zakat, al Waqf, and a'Sadaqat. The Church has similar entry points and a rich tradition in providing community support within its constituency (1). a'Zakat involves both the payment and the distribution of an alms tax given by Muslims who enjoy some surplus to certain kinds of deserving poor Muslims. The traditional interpretation of religious law stipulates that a'Zakat is to be paid once a year on wealth held more than a year. The rate varies, although it is generally 2.5 percent. It is paid to groups as specified in the Quran, such as the poor, the needy, recent converts to Islam, people who do the good works of God, and those who collect and disburse a'Zakat.

**Table 6. Topics Discussed Within the Wilayat Health Committees**

Topics discussed	Of meetings %
Topics related to health services provided by health institutions	1.8%
Topics related to health problems outside the routine health services system also allows for <i>al-infaqat</i> , i.e. mutual community solidarity and support (1).	39.1%
Topics related to both health services and outside routine health services	59.8%

From MOH primary health care in Sultanate of Oman report

The 80 members of the council are chosen from the citizens of the country's 59 wilayats (districts). Omani citizens elect council members by popular vote; only the council president is appointed by Royal Decree. The Council has the right to summon ministers to explain every aspect of their ministries' affairs, policies, achievements, and plans. The council also has some legislative powers. All laws affecting the social and economic lives of Omani citizens are put before the

### **BENEFITS OF COMMUNITY INVOLVEMENT AND PARTICIPATION IN OMAN HEALTH CARE SYSTEM**

It is essential for future sustainability of the health system that communities share responsibility in decision making in health initiatives and programs concerning their health. The people of Oman have a great interest in improving the conditions that affect them and their children. By involving the people of Oman in making decisions, it encourages them to take greater responsibility for their own health promotion and health care. It gives them a sense of ownership and it leads to more commitment and acceptance to the health services and programs offered through the MOH.

The people of Oman can be mobilized to improve not only the curative care, but also health education as well as in the prevention and control of the diseases that originate in their environment. Community involvement programs create a better relationship between the health workers, people's representatives, and the people at large. Health promotion builds self esteem and encourages a sense of responsibility and a sense of ownership through participatory decision making.<sup>3</sup> In addition, community involvement insures rational and appropriate implementation of the health services and programs. Policymakers in Oman are involving the communities in local health plans. This improves the sensitivity and

responsiveness of the health care system. With increased community participation, the problem of resource constraint in the health sector can be solved with a more need-based reallocation of resources and generating local resources. In addition, community involvement enables coordination of efforts between the public and the different sectors, to ensure maximum use of resources, reduce costs, avoid unnecessary duplication of services and the sharing of existing information, expertise and best practices.

### **OBSTACLES TO COMMUNITY PARTICIPATION**

In Oman, there are some barriers that have to be acknowledged in order to develop effective involvement of communities in health. These barriers include:

- (a) The concept of CIH in health care programs and activities is somewhat new. There are no past experiences or background for community participation in health, and the public might have inadequate information regarding health issues. There is a general shortage of formal and informal health education to the public. This limits active participation of the people. For community participation to be effective in health education, information should be available to the public and the government should help train the participants to gain knowledge and skills to

meaningfully participate in health.

- (b) A great challenge concerning CIH in Oman is finding the right community representatives who have the knowledge and the skills, and have no conflicting interests to participate in health planning. Creating the motivation for increased community participation is a challenge for health leader.
- (c) The traditional believe among the public is that health care financing, planning, and decision making are the MOH sole responsibilities, and that the public does not have the power or the ability to influence health care issues. In addition, the people do not fully understand the scope, level, or nature of involvement in health in order to participate in a meaningful way. Community education is needed to increase involvement.
- (d) With no coordination in planning between the MOH and the other service sectors, poor communication, limited integration of services, lack of collaboration between the health sector and other service sectors and community exists. Eliminating conflict of interest and agreeing on health priorities is important.
- (e) Although the perception of community involvement and participation in health has improved, health professionals underestimate the value of CIH, either because of lack of knowledge or of feeling threatened by the public involvement in health care

planning and participation in decision making. In the past, community involvement in health activities were exclusively handled by professionals.

## DISCUSSION

Oman is very rich in values and principles that favor solidarity, equity, social justice, community partnership and human integrity and dignity. At present there are many evolving factors such as economical, social, and epidemiological factors that affect the relationship between health care system and the community at large. Oman has a remarkable achievement in health care services, therefore, there are mandates for critical reform of the health care system to sustain the achievements and improve the health. There is no doubt that community involvement and participation is vital to sustain health system reforms in Oman. The important question is to what degree and at what level should people participate in their health? But before this question can be answered it is necessary to determine if the infrastructure exists to implement such initiatives, and if people in the communities have the basic knowledge and skills to actively and effectively participate in the health system.

With a history of just over three decades of development and improvement to the infrastructure of the country, Oman has one of the most efficient health systems in the world. Since its establishment in 1970, MOH worked to build a strong infrastructure for the health care system at all levels. The patterns of

diseases are changing and the cost of health care is escalating. The pressure to involve communities and other sectors in health system transformation has increased. It is now essential that people become involved in health promotion and prevention activities that lead to a healthy lifestyle (1).

As previously discussed, the MOH has instigated several initiatives to involve communities in health with the objective of enabling people to have increased control over their health, to improve their health, and to ensure cost-effectiveness of health services. This can be achieved through greater transparency of health administrations and participation in community health decisions, which will result in more appropriate and acceptable health services, thereby avoiding waste (1).

## CONCLUSION

For community participation to become a reality in Oman, in addition to the political support and commitment, health workers should value the input of communities. The MOH should provide community participants with adequate information about their role in the process. The participants should have the capabilities, skills, knowledge, and the resources to effectively participate in health. Thought must be given to identify mechanisms of community involvement at all levels of decision making in the health system. People who are asked to participate should have a sense of ownership of the programs vis-a-vis involvement in the planning and/or implementation of the programs. Finally, there should be a balance between public and professional input into making the decisions on future health efforts in Oman.

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## **ომანის ჯანდაცვის სისტემის რეფორმა და თემის მონაწილეობა**

**ჰამედ ალ ბულუში, დანიელ ვესტი**

თემის ჩართვა პროცესებში საჭიროებს ადამიანების მონაწილეობას ჯანდაცვის სამსახურების ანალიზის, გადაწყვეტილების მიღების, დაგეგმვისა და განხორციელების პროცესებში, ისევე როგორც ჯანმრთელობის დამკვიდრების აქტივობებში. ომანში საზოგადოების მონაწილეობა კარგად არ არის განვითარებული და იმისათვის, რომ გაუმჯობესებულიყო ჯანდაცვის სამინისტროს მიღწევები, მან შეიმუშავა მექანიზმები, რაც გააუმჯობესებდა ჯანდაცვაში საზოგადოების მონაწილეობას. არსებობს პოლიტიკური ნება იმისა, რომ მნიშვნელოვნად გაიზარდოს საზოგადოების მონაწილეობა ჯანდაცვის სისტემაში, რაც სამინისტროს ერთ-ერთი უპირველესი პრიორიტეტია.