

*Mission Permanente du Sultanat d'Oman
aupres des Nations Unies
et des Organisations Internationales
Geneve*



الوفد الدائم لسلطنة عمان
 لدى الأمم المتحدة والمنظمات الدولية
 جنيف

The Permanent Mission of the Sultanate of Oman to the United Nations Office and Other International Organizations in Geneva presents its compliments to the UN Chair-Rapporteur of the Working Group on discrimination against women and following its previous Note Verbale ref. no. 3300/1001/977/2015 dated 17/08/2015 transmitting the responses of the Sultanate of Oman to the questionnaire on "Non-Discrimination and equality with regard to the right to health and safety" addressed from the Chair-Rapporteur, has the honour to enclose these responses in English.

The Permanent Mission of the Sultanate of Oman avails itself of this opportunity to renew to the UN Chair-Rapporteur of the Working Group on discrimination against women the assurances of its highest consideration.

UN Chair- Rapporteur on discrimination against women

Special Procedures Branch

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Human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidities

Background

Women and children are two of the main target populations of health care since the early seventies. Improving the status of women and children's health is recognized as fundamental for family, community and for the nation. There is strong rationale for considering women and children as high priority groups for health improvement. Oman has a young population with children under five continuing to represent approximately 14.5% of the population. Women within the reproductive age (15-49 years) represent almost another 26.6%, thus caring for these segments of population covers almost 40% of the total population (Department of Health Information and Statistics, 2015). Therefore, various health programs were adopted to target these groups and integrated into primary health care levels, which succeeded in improving maternal and child health indicators. Nearly all children in Oman are immunized against common preventable infectious diseases and under-five mortality rate is considered one of the lowest mortality rates in the world. Antenatal care coverage reaches over 99% and 98% of mothers deliver under the supervision of skilled personnel. The maternal mortality ratio (MMR) has declined from 27.37 maternal deaths per 100,000 live births in 1991 to 18.3 in 2014 (Department of Health Information and Statistics, 2015).

The Ministry of Health (MOH) is the main health care provider and is responsible for ensuring availability of health policies and plans and monitoring their implementation. Women and child health programs are also implemented in the private sector and adherence to MoH policies and guidelines are under the supervision of the directorate of private health establishment. Maternal and child health records and notification forms are used and completed as per MOH guidelines. They are provided free of charge for Omanis and non-Omanis. Immunization is also provided free of charge.

1. Political commitment

The Basic Law of the State indicates that "All citizens are equal before the Law, and they are equal in public rights and duties".

Labor laws prohibit the dismissal of women on the grounds of pregnancy or delivery. They grant women a fully-paid special leave that covers the pre- and post-natal period for fifty years and for not more than five times during the service period and granted a special unpaid leave for not more than one year to take care of her child.

With the purpose of strengthening the health system four years back Ministry of Health took an initiative for health system reform and putting long-term health vision up to the year 2050, which was finalized recently. Evaluation of performance and achievements in the past years was carried out to identify challenges and strategies for putting the future in collaboration with other stakeholders including Non- Health sectors. A strategic study for women and children's health was developed. The study includes analysis of the current situation and future direction for women and children's health up to 2050 with a vision that children and women in Oman attained their optimum well being throughout their lives.

The importance of improving the health of women and children is further supported by various political commitments towards improving healthcare; the Convention for the Right of the Child (CRC), the Convention of Elimination of Discrimination Against Women (CEDAW), and the Millenium Development Goals (MDG) and Sustainable Development Goals (SDG). The child law in Oman issued in 2014, included article (15), which ensures that "all component state organs to take the necessary preventive and curative measures and procedures to provide mothers with appropriate prenatal and postnatal health care". Article 16 ensures that " the state shall commit to conduct the medical examination for persons wishing to marry before conducting the marriage contract".

During the World Health Assembly in May 2014, the Sultanate of Oman adopted the " Every Newborn Action Plan (ENAP) and, in June 2014, an official letter confirming the country's commitment and support to the global action plan was sent to the Director General of WHO. In this letter, the country committed itself to strengthening the health

system to improve the quality of health care and support research and studies to target maternal and newborn health. The following strategies are selected:

1. Invest in premarital and preconception care
2. Improve the quality of maternal and newborn care
3. Reach every woman and newborn to reduce inequality
4. Count every mother and newborn measurement, program tracking and accountability
5. Support mothers and newborn-home visits and participatory support group.
6. Support policy and legislation that promotes maternal and newborn health

2. Scaling up programs

Oman has developed a well-structured maternity care package, which was implemented nationally in 1987 as part of Maternal and Child Health (MCH) care. The integration of antenatal care into PHC and the free-of-charge service has increased the percentage of the antenatal coverage to over 99% in 2014. All deliveries are conducted either in local, wilayat or regional hospitals. Delivery services are also provided in some health centers located in mountainous areas. They have midwives who conduct deliveries for normal pregnancies and stabilize high-risk pregnancies in labour before escorting them directly to a regional hospital. With the purpose of reducing mother to child transmission, HIV testing was added to the first ANC investigations since July 2007. All mothers are offered the testing after receiving information. A standard operating guideline, management information system and health education materials were developed. Oman's experience of PMTC is considered a unique and praiseworthy due to the high screening coverage (98%) and the systemic approach towards the management of HIV cases.

Strengthening preconception care

The halted progress in reducing both maternal and childhood mortality however, indicates a need for addressing known risk factors prior to pregnancy. There are already implemented major interventions that contribute - directly or indirectly- to preconception health including: birth spacing and family planning programs, nutritional interventions, prevention and management of infections, school health programs, pre-marital

counseling clinics with carrier status testing for hemoglobin disorders, and has conducted a community based healthy lifestyle intervention project. Assessment of the current situation of the preconception care was conducted in 2014 in collaboration with WHO. In March 2015, Oman hosted the meeting on promoting the preconception care in the Eastern Mediterranean Region. Operational plan for strengthening preconception care services (2016-2017) was developed and submitted to WHO. In October 2015, information, education and counseling (IEC) strategic and plan of action were developed in collaboration with WHO/UNFPA.

Strengthening birth spacing services

Establishment of the Birth Spacing (BS) program as integral component of maternal and child health care in 1994, has made significant contribution to improving women, child and family health. The total fertility rate (TFR) has fallen from 6.9 (1993) to 3.9 (2014); number of women with a birth interval of more than three years has risen from 21% (1996) to 34.6% (2014). This has been accomplished by support of from His Majesty the King, the Ministry of Health (MOH), other relevant stakeholders and international partners (especially WHO, UNFPA and UNICEF) resulting in significant investments in infrastructure, demand creation, service provision at all facilities including commodity security with no stock-outs. However, in the more recent past, the contraceptive prevalence rate has shown a steady decline from 31.7% (NHS 2000) to 24.4% (RHS2008). Therefore to strengthen the birth spacing services the following was done:

1. Assessment of the birth spacing program in 2013 in collaboration with UNFPA.
2. Expansion of birth spacing services by introducing subdermal implants in the list of contraceptives provided by the Ministry of Health.
3. Development of national and master trainers on insertion and removal of subdermal implants
4. Development of guideline and training module on insertion of subdermal implant
5. Updating the guideline on birth spacing in 2013 as well as the health education materials

5. KAP study was conducted to identify the factors affecting the utilization of birth spacing services
6. Recommendations of the KAP study and the assessment of the service were translated into activities in the current 9th five year plan (2016-2020).
7. Updating the IEC plan for birth spacing is included in the JPRM activities (2016-2017) in collaboration with WHO/UNFPA.
8. Activation of the birth spacing competition, which included 4 components: best health facility, health education campaign, community initiative and best drawing by 10 and 11 grade students.

3. Education and training:

To further reduce the maternal mortality and morbidity, and to strengthen the skill of health providers Strengthening the skills of health providers through training using national training modules on: on Pregnancy and Childbirth Management and on counseling skills to deal with mothers in antenatal clinics and Peri-natal and post-natal periods on various issues. This in addition to strengthening the skills of health providers working in maternity units in handling obstetric emergencies through the introduction of the Advanced Life support in Obstetric Emergency which was included in the 8th cycle of the five year plan and the current 9th five year plan.

To over come the challenges of releasing the health providers to attend the training workshops due to shortage of staff, the JPRM activities (2016-2017) in collaboration with WHO/UNFPA included activity to develop an electronic interactive module. Currently the update of the "pregnancy, childbirth and postpartum guideline" is in process.

To increase awareness on maternal health issues, registration in first trimester and delivery in health facility, health educators and community support group were trained.

Various health education materials were developed to be used in the health facilities and health education campaigns.

4. Strengthen the maternal death review system

The system of reporting maternal deaths was adopted in Oman in 1991. Review of the surveillance system was done in 2011 in collaboration with WHO/UNFPA expert, Professor Lewis. The current five-year plan (2016-2020) included strategies to strengthen the maternal death surveillance system. The notification forms of maternal deaths were updated and the confidential inquiry was introduced in 2015. Currently there is a plan to conduct in collaboration with WHO a project to introduce maternal "near miss" in the country and studying the characteristics and quality of care provided to maternal "near miss" and maternal death cases.

The project is included in the Joint Program Review and Management (JPRM) activities in collaboration with WHO. The expected outcome of this project is standardization of the maternal auditing approaches, building capacity of the national maternal mortality committee members through training and developing database to analyze and report the collected data.

5. Research

Within the health vision 2050 Department of Research and Studies in the Ministry of Health in collaboration with stakeholders set the list of health research priorities; system research priorities as well as the disease and risk factors priorities. Women and children's health were identified as health research priorities.

Challenges

1. Difficulty in ensuring continuous training and education of healthcare staff, especially of those in rural areas. Most training courses run in larger, more centralized locations to ensure a larger catchment area, however those healthcare workers in smaller rural areas find difficulty in attending such training due to poor availability of work cover
2. Social norms and rumors towards reproductive health.
There remain many misconceptions regarding reproductive health including contraceptive use and birth spacing. The high fertility rate will burdens the health service