

Re: UN Millennium Development Goals and Oman

Kudos to Oman on its 40th National Day

رد على: أهداف التنمية الألفية للأمم المتحدة
المجد لعُمان في الذكرى الأربعين للعيد الوطني

Sir,

The Editorial Article by Lamk Al-Lamki “UN Millennium Development Goals and Oman: Kudos to Oman on its 40th National Day” published in the December 2010 issue of SQUMJ¹ depicts comprehensively how Oman has fared in relation to the Millennium Development Goals (MDG’s) benchmarks. Indeed, Al-Lamki’s article has also provided a well articulated discussion of Oman’s development and progress in the health field in the last 40 years that has exceeded all expectations. There is no doubt that Oman has made impressive gains in achieving health-related targets and evidence for that was carefully provided in the article. In this regard, I would like to comment on three important points that were especially mentioned in that article.

The first point is related to the problem of undernourished children in Oman. As mentioned in Al-Lamki’s article, the first national survey that was carried out in Oman to assess the rate of protein energy malnutrition (PEM) was conducted in 1999, and it was found that 17.9% of children below five years of age were underweight.² Following that, another study on the risk factors associated with PEM was conducted in three regions in Oman in 2004. This study indicated that the most important risk factors of PEM among young infants and children were related to feeding practices such as bottle feeding, improper hygiene and lack of nutrition awareness among mothers.³ As a result of these studies, a national programme for combating PEM was implemented through primary health care institutions and community-based activities. A national PEM reporting and monitoring system was also established and integrated into the Ministry of Health’s regular statistics. Through this system, the PEM incidence among children who attend the Ministry of Health facilities is reported on a monthly basis and feeding patterns of children are being accessed and reported. In 2008, the second national protein energy malnutrition survey was conducted to monitor the trend in PEM, and assess whether it still persisted as a public health problem or not, in order to guide efforts to eliminate PEM in future years. Now comes the good news: the recently published survey results showed that 8.6% of children below five years of age were underweight.⁴ This figure is less than half of that reported in 1999 which means a great success has been achieved in the battle against PEM in Oman.

My second point relates to the future health challenges in Oman that were very well identified in the article. It is quite clear that, if health improvement is to have its full impact on reducing poverty as per MDG1, there is a need to address the growing burden of non-communicable diseases that are leading to a “double burden” of ill-health in Oman. Unfortunately, these diseases are not included among the Millennium Development Goals, Targets, or Indicators; nonetheless, we should not forget them. Also, we should not forget the “nutrition transition” change process whereby people in Oman began to adopt the unhealthy eating habits common in richer countries and then suffer the ensuing health consequences. Further, we should not forget the need for universal access to reproductive and sexual health services as well as the impact of globalisation on the worldwide spread of infectious diseases. Moreover, as a means of improving the quality of life of the people, Oman needs continuing investment in the fight against road

traffic accidents, tobacco and drug addiction. Success in these battles depends on effective health awareness interventions throughout peoples' lives. This can only be achieved by extensive cooperation with local civil society organisations, mainstream and traditional media, religious and traditional leaders, and the communities themselves. In other words, Oman needs strategies that deliver interventions to hard-to-reach populations, strategies that build social and grassroots support, and strategies that enhance accountability. Unless urgent investments are made in the Omani health system, the current rates of progress towards the MDGs will not be sufficient to meet the currently prevalent health problems in Oman.

The third and last point is my support of Prof. Al-Lamki in his emphasis on health advocacy to educate the people of Oman about improving their health and that of their families. As Prof. Al-Lamki stated in his article, all health professionals, and not just the Ministry of Health alone, have a major responsibility to act as advocates for public health at all levels. I suggest, besides the current efforts, that health advocacy should be carried out using mass and multi-media and community mobilisation. Through such vehicles, health advocacy may be carried out within an institution or through public social societies, patients' associations and even through the private sector. This is very important because advocacy is the only way to enable individuals to take more responsibility and control for the decisions that affect their health and to lessen their dependency on the public health system.

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