

Strengthening **Somalia's** Healthcare Sector

Decentralization in a Federal System

Report Summary



About the Author

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1. Executive summary

In September 2024, the Heritage Institute for Policy Studies (HIPS) funded a comprehensive study to assess structural and capacity challenges within Somalia's federal and state ministries of health. The study aimed to inform the development of a resilient, innovative, and sustainable decentralized healthcare system aligned with Somalia's federal governance framework. It identified major weaknesses in policy formulation and limited use of evidence in decision-making, as well as overlapping and unclear mandates between federal and state entities that undermine coordination and accountability. Health planning was found to be largely donor-driven and poorly integrated across levels of government, reducing strategic coherence.

In response, the study proposes a set of targeted recommendations. These include strengthening the Federal Ministry of Health's (MOH) planning capacity, policy development, and regulatory oversight through structured engagement with research institutions and international partners; empowering state and district-level authorities to serve as the operational core of decentralized service delivery, with tailored support for planning and resource allocation; diversifying revenue streams through selective health-related taxes (such as on tobacco, khat, and sugary drinks) and licensing of private health actors; and clearly defining federal and local planning responsibilities to better align budgeting with service delivery.

Overall, the study offers a strategic roadmap for policymakers to advance health sector decentralization in Somalia. By addressing structural gaps, enhancing institutional capacity, and promoting inclusive governance, Somalia can build a health system that is more equitable, responsive, and consistent with its federal aspirations.

2. Introduction and Methodology

In September 2024, the Heritage Institute for Policy Studies (HIPS) commissioned a study to assess organizational challenges and capacity gaps within federal and state ministries of health, and to propose strategies for strengthening their ability to effectively lead Somalia's health sector in line with the adopted federal governance system.

The study represented a vital step towards building a resilient, innovative, and sustainable decentralized healthcare system that can effectively address the evolving health needs of its citizens while promoting unity and collaboration across federal and regional entities.

The study was guided by analytical framework in table 1. The aim of the study was to improve health and healthcare in Somalia by strengthening the MOH capacity for policy analysis on health sector decentralization, and by developing a forward-looking agenda to guide the decentralization of the health sector.

Researchers used key informant interviews, semi-structured interviews and documentary analysis and carried out the research in four phases. 1) an initial assessment of health sector decentralization in a federal system, 2) a review of international experience, 3) developing an agenda for an effective health system in Somalia, and 4) dissemination.

Table 1: Analytical framework of organisational issues in a federal system

Organizational issues	Key related questions
1. Aims and objectives of the MOH	<ul style="list-style-type: none"> Does the MOH articulate clear aims and objectives? Does the MOH focus on health of the population or the provision of health care services to the population? To what extent does the MOH meet the health and health care needs of the population?
2. Responsibilities of the MOH	<ul style="list-style-type: none"> How are the responsibilities of MOH changing in the context of federal system and other health sector reforms?
3. Degree of MOH autonomy	<ul style="list-style-type: none"> To what extent does the MOH have control over the area of health care and how does it relate to other provider ministries of Ministry of Interior, Federal Affairs and Reconciliation of interior, Security (police), Defence (army), Finance and Labour? What type of relations exist between the MOH and international organisations?
4. Planning Capacity of the MOH	<ul style="list-style-type: none"> What capacity does the MOH have to conduct health policy making/development/planning?
5. Financing capacity of the MOH	<ul style="list-style-type: none"> What capacity does the MOH have to finance its activity in pursuit of its aims and objectives? What is the relationship between the tax-based system and user charges-based systems? What is the impact of international aid financing of the health care system?
6. Management capacity of the MOH	<ul style="list-style-type: none"> What is the management capacity of the MOH?

7. Centre – state relations	<ul style="list-style-type: none"> • What are the relationships between federal ministry and federal member state ministries of health? • What is the impact of federal system on the aims and objectives of the MOH? • To what extent are there conditions for effective distribution of roles and functions between MOH and SMOH?
8. Intersectoral and inter-organisational links	<ul style="list-style-type: none"> • How effective are the links between MOH and other sectors in the pursuit of One Health Agenda/Goal? • What form do these relations take: e.g. advocacy, co-ordination, co-operation?
9. Public – private relations	<ul style="list-style-type: none"> • What information does the MOH have on the private sector? • What capacity does the MOH have to regulate the private sector? • What collaborative relations does the MOH have with the private sector?
10. Accountability	<ul style="list-style-type: none"> • What are the different forms of accountability in the operation of the MOH, how do these forms interrelate and how are they changing? • What are the implications of these changes on health and health care?

Key Findings: Problems and Challenges of Health Sector Decentralization

The research sought to identify and analyse the key problems and challenges faced in the process of health sector decentralization based mainly on semi-structured interviews and documentary analysis. The nine key findings included:

a) Policy Processes

- An in-depth policy analysis of the context of health sector decentralization has not been undertaken.
- Respondents saw the objectives of decentralization/federalism as being focused around constitutional and citizens' rights, efficiency and effectiveness together with people's participation in local development. This indicated a social development approach to health sector decentralization with its emphasis on rights and participation. This contrasted with a more market driven approach which links decentralization with privatization. There was very little mention of the al-Shabaab insurgency and its link to decentralization.
- Respondents expressed concerns over the absence of a common understanding of what decentralization or federalism is, its politically selective origins, its contested nature (for example, implementation), the lack of full consultation and discussion around the implications of decentralization for the health sector.
- A historical and international evidence base for the development of health sector decentralization is lacking.

- The legislative compatibility between the federal governance system and existing legislations is an important issue.
- No monitoring system for health sector decentralization has been established in Somalia.

b) Structural Organization

- There is an unclear definition of the health and health care responsibilities of the centre, region and the local bodies. There is no classification of the functions according to specific characteristics and there is a definite overlap between the federal states and the centre.
- Care needs to be taken in relating decentralization to the operation of the national health programmes.
- The manner in which the centre and the federal states are to relate to each other needs to be clarified, particularly in the area of national planning systems, the central support role of the MOH and its regulatory role. This suggested a new role for the central MOH.

c) Resource Generation and Allocation

- As the regional and district bodies have only just started functioning, much work still has to be done on the mechanism for developing fiscal decentralization.
- Respondents were concerned whether the local bodies would have sufficient income to meet their responsibilities.
- There is considerable variation among local bodies in the balance between locally generated revenues and centrally allocated resources. Nevertheless, the local bodies are highly dependent on the central government/donor for resource allocation.
- Considerable work still has to be done on the development of a resource allocation formula for local bodies. There are concerns over the extent to which the formula is poverty sensitive, transparent and provides incentives to local resource generation.
- The financial administration of local bodies is weak and the rate of local revenue collection, with exception of Mogadishu, is low.
- There is the potential for fiscal decentralization to lead to inequity.
- Local bodies face problems in ensuring that expenditure leads to sustained improvements in service performance. Systems are poorly developed and there is concern over the effect local politics has on service performance.

d) Health Planning

- Despite the presence of multiple health planning exercises at national, regional, and local levels in Somalia, these efforts are often driven by donor agencies and donor agendas rather than the specific needs of the Somali population. This results in:
 - a. Plans may not reflect the priorities of national or local stakeholders, reducing their relevance and sustainability.
 - b. Donor-led initiatives often lead to duplication of efforts or gaps in service delivery due to lack of coordination with government strategies.
 - c. Funding and programs may focus on donor interests (e.g., specific diseases or interventions) rather than broader systemic needs such as workforce development or infrastructure.
- There is a notable disconnect between national health strategies and regional or local health plans. This misalignment often results in inconsistent implementation and unmet objectives. For instance:
 - e) National goals such as improving mental health may not be supported by adequate local resources, such as community programs or trained personnel.
 - f) National workforce strategies may not reflect local recruitment challenges, leading to staffing shortages in underserved regions.

e) Resource Management

- There is ongoing tension between the decentralization of the health sector and the effective management of the health workforce in Somalia, particularly at the local level. While decentralization aims to bring decision-making closer to communities, it has also created challenges such as:
 - a. Local health authorities often lack clarity on their authority over recruitment, deployment, and supervision of health workers.
 - b. National-level policies are not aligned with local implementation capacities, leading to fragmented workforce management.
 - c. Regional and local governments lack the technical and financial capacity to manage health personnel effectively, resulting in staffing shortages or uneven distribution of skilled workers.
- Much remains to be done through decisions on local authority's role, the regional government's role in health workforce management, local staff recruitment, career development, arrangements for staff during the implementation of decentralization, the frequency and authority of staff transfers and local policies on recruitment.

- Concerns persist regarding the allocation and management of financial resources for local health authorities in Somalia. These challenges include:
 - a. Local bodies often lack clarity on the amount of financial resources they will receive, making it difficult to plan effectively.
 - b. Limited systems and oversight mechanisms at the local level raise concerns about the proper use and accountability of funds.
 - c. Health budgets are frequently developed without strong links to actual health needs or strategic plans, leading to inefficiencies and misaligned spending.

f) Accountability

- Accountability within Somalia's health sector involves a complex interplay of ethical, legal, and financial responsibilities. Effective governance is hindered when these dimensions are not clearly defined or consistently enforced. Key concerns include:
 - a. Lack of transparency in decision-making and service delivery can erode public trust.
 - b. Inadequate or poorly implemented regulations limit the ability to hold institutions and individuals accountable.
 - c. Weak financial management systems increase the risk of misallocation or misuse of resources, undermining service quality and sustainability.
- Accountability is important to: improve the quality of care, help prevent mistakes that could harm patients, help build trust between patients and doctors, and help reduce the misuse of resources.
- The decentralization of Somalia's health sector presents a valuable opportunity to enhance community accountability. By shifting decision-making and resource management closer to the local level, decentralization can:
 - a. Local populations can have a greater voice in health planning and service delivery, ensuring that interventions reflect their actual needs.
 - b. With clearer oversight at the community level, there is potential for more transparent use of resources and better monitoring of health outcomes.
 - c. Engaging communities in health governance can build trust and encourage active participation in maintaining and improving health services.

g) Capacity for Decentralization

- Capacity building efforts in Somalia remain controversial, particularly in relation to the transfer of responsibilities and resources to local health authorities. Key concerns include:
 - a. Some member states lack the institutional and human resource capacity to take on new responsibilities, raising questions about the pace and scope of decentralization.
 - b. Capacity building initiatives are often not aligned with the actual decision-making powers granted to local bodies, limiting their practical impact.
 - c. While responsibilities are being decentralised, the corresponding financial and logistical resources are not always transferred effectively, undermining local implementation.
- A significant number of respondents expressed support for a phased approach to decentralization in Somalia's health sector. They emphasized that any transfer of responsibilities to subnational levels should be gradual and closely tied to capacity building efforts. Key concerns included:
 - a. Many local bodies currently lack the technical, managerial, and financial capacity to take on expanded roles.
 - b. Rapid decentralization without adequate preparation could lead to gaps in service delivery and weakened accountability.
 - d. Respondents highlighted the importance of structured transition plans that include training, resource allocation, and monitoring mechanisms.
- Effective decentralization of Somalia's health sector requires not only strengthening local institutions but also ensuring that central-level bodies are equally strengthened and are actively involved in the capacity building process. Respondents highlighted that:
 - a. Central institutions must lead and support the development of frameworks, standards, and training programs to guide local implementation.
 - b. Coordination between national and subnational levels is essential to avoid fragmentation and ensure consistency in service delivery.
 - c. Capacity building should be system-wide, involving both central and local actors to foster shared understanding, accountability, and sustainable progress.

- Training, orientation, and mass awareness were identified as essential components of capacity building, particularly for members of local authorities in Somalia. Respondents emphasized that:
 - a. Local officials often lack the necessary skills and knowledge to manage health services effectively under a decentralized system.
 - b. Structured training programs and orientation sessions are needed to build competence in planning, budgeting, and service delivery.
 - c. Mass awareness campaigns can help foster public understanding and support for decentralization, improving accountability and community engagement.
- There is a concern that capacity building initiatives have been ‘projectized’, operated through parallel systems and have shown exclusiveness, lack of relevance, poor community linking and sustainability, limited coverage and resources together with co-ordination problems.

h) Public-Private Relations

- Although approximately 80% of health expenditure in Somalia is paid out-of-pocket by individuals, the role of the private health sector should not be overstated. Key findings include:
 - a. Many private sector providers operate independently, with limited oversight or integration into national health systems.
 - b. private sector often lacks standardization, leading to inconsistent service quality and patient outcomes.
 - c. Private health services are concentrated in urban centers, leaving rural populations underserved.
 - d. Private providers are not consistently aligned with national health priorities, limiting their contribution to broader health system strengthening.
- Respondents cited three options for the development of public–private relationships: the emergence of a regulatory role for the Ministry of Health both at the central and state levels; public-private collaboration in service provision; and public–private linking through the decentralized management, planning and policy making processes.
- Around the world, governments are gaining valuable experience in building partnerships with the private sector. What’s becoming clear is that these relationships are complex, and they raise important questions that policy analysts need to explore carefully.

i) Intersectoral Linking

- Developing an intersectoral approach is essential for advancing the health sector. Health outcomes are shaped by factors that span multiple sectors—such as education, housing, transportation, and the environment. By fostering collaboration across these areas, policymakers can design more effective strategies that address the root causes of poor health, reduce inequalities, and improve overall well-being. This kind of joined-up thinking is not just beneficial—it's vital for building resilient, people-centred health system for the country.
- Decentralizing responsibilities to local bodies provides a structural foundation for intersectoral collaboration—but it doesn't automatically ensure it. In the health sector, while decentralization can empower local bodies to coordinate across areas like water and sanitation, education, and social services, effective intersectoral action still depends on clear mandates, strong leadership, and mechanisms for joint planning and accountability. Without these, decentralization risks becoming a missed opportunity for integrated health development.
- Planning cycles—such as five-year strategic plans and annual operational plans—create valuable opportunities to take an intersectoral approach to health. By aligning goals and coordinating actions across sectors like education, housing, water, environment, and finance, policymakers can address the broader determinants of health more effectively. These plans serve as a practical framework for integrating health priorities into wider development agendas, ensuring that health is not treated in isolation but as a shared responsibility across government.

Developing A Program for Effective Health Sector Development in A Federal System

In light of the gaps and problems identified in the decentralization of health sector development, there is a need to develop a framework for developing Somalia's health within a federal system. First, the focus must be on the health sector, not a general review of decentralization in a federal system. However, decentralization is a cross-sector process that will change the overall structure of the public sector. Second, this program is based on the notion that, for decentralization to be effective, the necessary conditions for its effectiveness need to be developed. Third, the program is a set of guidelines designed to provide a comprehensive process of change. It is not a detailed blueprint, as it is based on evidence and understanding that can only be achieved over an extended period and goes beyond the limited resource base of this study. To be effective, the program has to be based on a wider and deeper range of stakeholder consultations. Finally, decentralization is a process taking place in an unstable environment with unpredictable outcomes. The nature of some problems can only be understood in the process of implementation. Flexibility and understanding are required in the process of change.

Policy Processes

- Attention must be paid to defining policy objectives, clarifying policy content and using impact evidence. This must take place alongside the strengthening of the planning department of the MOH, developing policy circles, strengthening links with research bodies and using international links. Sustainability and external funding are also important.
- Extensive policy consultation needs to be carried out in four key areas: cross governmental; within health sector functions; with local stakeholders; and with health sector staff.
- To ensure that decentralization in the health sector leads to meaningful improvements, it is recommended that the MOH, through its Department of Planning, establish a comprehensive monitoring system. This system should:
 - a. Be coordinated across a network of relevant institutions.
 - b. Use a balanced set of input, output, and outcome indicators to track progress.
 - c. Operate over the medium to long term to capture sustained impacts.
 - d. Address attribution challenges, ensuring that observed changes can be linked to decentralization efforts.
 - e. Be integrated into decision-making processes, enabling evidence-based adjustments to policy and implementation.

Structural Organization

- There must be a clear understanding among the stakeholders as to what decentralization and federalism mean in the context of Somalia and how it affects the health sector. The MOH must participate in this as well as advocate for it.
- To strengthen the effectiveness and coordination of the health system, it is recommended that the responsibilities of federal, state, and local authorities be clearly defined and aligned. These responsibilities should comprehensively cover the following areas:
 - a. Health planning and policy development
 - b. Health information systems and data management
 - c. Management of public health facilities and services

- d. Human resource planning and staff management
- e. Infrastructure planning and service development
- f. Financial planning, budgeting, and expenditure tracking
- g. Procurement and supply chain management
- h. Public–private partnerships and collaboration
- i. Intersectoral coordination with other government sectors
- j. Community engagement and participation in health governance

Clearly delineating these roles will reduce duplication, improve accountability, and ensure that all levels of government contribute effectively to national health goals.

- To strengthen the effectiveness of health sector decentralization, it is recommended that states, regions and districts be formally recognized as the primary and intermediary levels of governance. These levels are best positioned to:

- a. Respond to local health needs and priorities.
- b. Coordinate service delivery across communities.
- c. Facilitate intersectoral collaboration at the operational level.
- d. Manage resources, personnel, and infrastructure more efficiently.
- e. Engage communities in planning and decision-making.

Empowering local authorities with clear mandates, adequate resources, and technical support will help build a more responsive, equitable, and accountable health system.

- To effectively lead and coordinate a decentralized health system, it is recommended that the MOH be strengthened in three key areas:

- a. Enhance the Ministry's capacity to set national health priorities, allocate resources equitably, and guide long-term sector development.
- b. Develop robust mechanisms to provide technical, financial, and operational support to state and district-level health authorities, ensuring consistency and quality across regions.
- c. Reinforce the Ministry's role in setting standards, monitoring compliance, and ensuring accountability across public and private health actors.

Investing in these areas will enable the MOH to play a more effective leadership role, ensuring coherence, equity, and sustainability in health sector reforms.

Resource Generation and Allocation

- The MOH must play an important role in presenting the perspectives of the health sector in the formulation and implementation of a decentralization policy on resource generation and allocation. It also has a more direct role in relation to resource generation and allocation.
- To ensure that resource generation and allocation within the health sector is effective, equitable, and sustainable, it is recommended that the MOH adopt the following guiding principles in its policy development:

a. Link Resources to Responsibilities

Ensure that financial and human resources are allocated in alignment with clearly defined roles and responsibilities at all levels of the health system.

b. Promote Transparency

Establish open and accountable processes for budgeting, allocation, and expenditure tracking to build trust and improve efficiency.

c. Strengthen Data Collection Systems

Invest in reliable and timely data collection to inform resource needs, monitor usage, and support evidence-based decision-making.

d. Develop a Performance Assessment Framework

Introduce a system for evaluating the impact of resource allocation on health outcomes, service delivery, and system efficiency, using measurable indicators.

By embedding these principles into policy, the MOH can enhance the effectiveness of resource management and support the broader goals of health sector reform.

- It may be expected that local bodies (states, regions, districts) will develop their own sources of revenue as time passes such as the authority to impose user fees. However, the MOH needs to be cautious here as this raises critical issues of equity, politics, accountability, ownership and efficiency.
- The MOH needs to play an important part in proposals for changing the resource allocation formula for development grants to local bodies. In particular, it should simulate the impact of these changes on the funding of health care in a federal system.
- To ensure that resources are allocated effectively and equitably across the decentralized health system, it is recommended that the MOH take a leading role in reviewing and guiding the process of sectoral resource allocation to local bodies. This should include the development of a structured policy framework that addresses the following key issues:

- a. Define the total amount of resources available for distribution.
- b. Establish transparent and evidence-based criteria for distributing funds, such as population health needs, service coverage gaps, and performance metrics.
- c. Clarify whether allocations are conditional (linked to specific outcomes or uses) or unconditional (flexible use by local bodies).
- d. Explore the feasibility and implications of shifting from sector-specific grants to broader development block grants.
- e. Design efficient systems for fund disbursement, monitoring, and reporting.
- f. Ensure that external funding is aligned with national priorities and incorporated into the overall allocation framework.

By addressing these components, the MOH can promote a more coherent, accountable, and responsive approach to resource allocation that supports local health system strengthening.

Health Planning

- Effective decentralized health planning requires more than just transferring responsibilities—it demands a strong connection between planning authority and budgetary control at each level of government. It is recommended that the MOH ensure that:
 - a. Local bodies have both the mandate to plan and the authority to allocate resources in line with those plans.
 - b. Budgetary processes are aligned with health priorities identified through local planning.
 - c. Capacity-building efforts support local institutions in managing both planning and financial functions.
 - d. Oversight mechanisms are in place to ensure accountability and performance across decentralized units.

In a federal system, this linkage is essential to empower local decision-makers, improve responsiveness to community health needs, and ensure that planning translates into action.

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- To ensure that health sector planning is responsive and equitable, it is recommended that the MOH ensure that national health plans are clearly articulated to reflect the specific needs of states, regions, and districts. This includes:
 - a. Engaging local stakeholders in the planning process to identify priority health issues.
 - b. Customizing interventions and targets based on local epidemiological profiles, service delivery gaps, and resource availability.
 - c. Ensuring flexibility within national frameworks to allow for regional adaptation.
 - d. Strengthening coordination mechanisms between federal, state, and district levels to align goals and implementation strategies.

By tailoring health plans to local contexts, the health system can become more responsive, efficient, and impactful in addressing diverse population needs.

- To improve the effectiveness of decentralized health planning within a federal system, it is recommended that the MOH conduct a structured assessment to determine which planning functions are best carried out at the central level and which are more effectively managed at the local level. This should include:
 - a. Central Level Functions: Strategic policy development, national health priorities, standard-setting, regulatory oversight, and coordination of donor support.
 - b. Local Level Functions: Operational planning, service delivery management, community engagement, and adaptation of national strategies to local contexts.

Clearly defining these roles will reduce duplication, improve coordination, and ensure that planning is both responsive to local needs and aligned with national health goals.

- To ensure coherence and responsiveness in health sector planning, it is recommended that the MOH promote stronger alignment between local health plans and national-level strategies. This should be accompanied by meaningful community involvement in the planning process. Specifically:
 - a. Local health plans should reflect national priorities while addressing the unique needs and challenges of states, regions, and districts.
 - b. Planning processes should include mechanisms for community consultation and participation, ensuring that local voices shape health priorities and service delivery.
 - c. Feedback loops should be established to allow local insights to inform national policy adjustments.
 - d. Capacity-building should be provided to local bodies to support inclusive and evidence-based planning.

This approach will foster ownership, improve relevance, and enhance the effectiveness of health interventions across all levels of the system.

Managing Resources

- To guide effective decision-making in a decentralized health system, it is recommended that the MOH undertake targeted policy analysis to assess the impact of decentralization on resource management. This analysis should:
 - a. Examine how decentralization affects the allocation, utilization, and oversight of financial, human, and material resources at local levels.
 - b. Identify gaps and inefficiencies in current resource flows and management practices.
 - c. Evaluate the capacity of local bodies to manage resources effectively under decentralized arrangements.
 - d. Provide evidence-based recommendations to improve equity, accountability, and performance in resource distribution.

This analysis will help ensure that decentralization strengthens—not weakens—health system efficiency and responsiveness.

- To support effective and accountable resource management at the local level, it is recommended that the MOH, in collaboration with key stakeholders and local bodies, develop operational policies and guidelines tailored to the needs of decentralized health systems. These guidelines should:
 - a. Provide clear standards and procedures for financial, human, and material resource management.
 - b. Be context-sensitive, allowing flexibility for local adaptation while maintaining national consistency.
 - c. Include capacity-building components to strengthen local institutions in implementing and monitoring resource use.
 - d. Promote transparency and accountability through reporting mechanisms and performance benchmarks.
 - e. Ensure alignment with national health priorities and integration of donor contributions.

By establishing these operational policies, the MOH can help local bodies manage resources more effectively, improve service delivery, and enhance trust in the health system.

Accountability

- To ensure that decentralization leads to improved governance and service delivery, it is recommended that accountability be explicitly recognized as a central goal of health sector reform. The MOH and Federal Member State Ministries of Health (FMS-MOH) should:
 - a) Develop new operational policies and job descriptions that clearly define roles, responsibilities, and performance expectations at all levels.
 - b) Promote mechanisms for community and political accountability, including public reporting, citizen engagement, and participatory planning.
 - c) Advocate for broader governance reforms that support transparency, responsiveness, and oversight in decentralized systems.
 - d) Strengthen monitoring and evaluation systems to track performance and ensure that decentralization delivers measurable improvements in health outcomes.

By embedding accountability into the structure and culture of decentralized health systems, the MOH and FMS-MOH can help build public trust and drive continuous improvement.

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- To support effective governance in a decentralized health system, it is recommended that the MOH and FMS-MOH take proactive steps to clarify and communicate the evolving forms of accountability. This includes:
 - a. Defining new accountability relationships between central, state, and local levels, and ensuring these are clearly understood by all stakeholders.
 - b. Developing communication strategies to explain roles, responsibilities, and expectations under the decentralized framework.
 - c. Facilitating dialogue to identify and address tensions that may arise from overlapping or mixed accountability structures.
 - d. Promoting collaborative problem-solving among stakeholders to ensure accountability mechanisms are practical, fair, and aligned with health system goals.

By fostering transparency and open communication, the MOH and FMS-MOH can help build trust, reduce confusion, and strengthen accountability across all levels of the health system.

- To build stronger, community-responsive health systems, it is recommended that the MOH and FMS-MOH take the lead in:
 - a. Raise awareness among local authorities about key health and healthcare issues, including their roles in planning, service delivery, and accountability.
 - b. Partner with community-based organizations (CBOs) to explore innovative approaches to health service delivery and assess their potential to take on provider roles. This research should be participatory, evidence-driven, and focused on building local capacity.
 - c. Use insights from action research to create practical guidelines that support CBOs and local bodies in contributing effectively to health system goals.

By investing in local engagement and evidence-based capacity-building, the MOH and FMS-MOH can foster inclusive, sustainable, and community-driven health sector development.

- To strengthen community participation and improve the responsiveness of decentralized health systems, it is recommended that the MOH and FMS-MOH ensure that relationships between local bodies and civil society organizations (CSOs) are formally built into operational policies. This should include:

- a. Embedding civil society engagement in district health planning processes to ensure that local priorities and community voices are reflected in service delivery.
- b. Incorporating CSO collaboration into human resource management policies, particularly in areas such as recruitment, training, and community health worker support.
- c. Establishing formal mechanisms for consultation, partnership, and accountability between local authorities and civil society actors.
- d. Promoting inclusive governance by recognizing the role of CSOs in advocacy, service provision, and monitoring.

By institutionalizing these relationships, the health system can become more participatory, transparent, and responsive to the needs of the population.

Capacity Development

- To ensure that capacity building efforts are successful and sustainable, it is recommended that the MOH and FMS-MOH work to establish the necessary preconditions. These should include:
 - a. Secure high-level support for decentralization and capacity development across all levels of government.
 - b. Ensure that health sector capacity building is integrated into broader federal decentralization strategies to promote coherence and coordination.
 - c. Guarantee adequate financial, human, and physical resources to support training, systems development, and institutional strengthening at local levels.

By laying this foundation, the health sector can build the institutional and human capacity needed to deliver quality services and manage decentralized responsibilities effectively.

- To ensure that health sector reforms under decentralization are effective and sustainable, it is recommended that the MOH and FMS-MOH:
 - a. Clearly identify and prioritize areas of change, such as governance, resource management, service delivery, and accountability.
 - b. Develop structured implementation plans that link each area of change to specific tools, processes, and institutional mechanisms capable of driving transformation.

- c. Ensure that change strategies are realistic and context-sensitive, with timelines, responsibilities, and resource requirements clearly defined.
- d. Monitor and evaluate progress, adjusting approaches as needed to maintain momentum and respond to emerging challenges.

By programming change areas and aligning them with capacity strengthening and practical means for implementation, the health sector can move from policy intent to measurable impact.

- To build lasting capacity within decentralized health systems, it is recommended that the MOH and FMS-MOH adopt a structured yet flexible approach to capacity strengthening. This should include:
 - a. Apply a structured framework that allows for adaptation to local contexts and evolving needs.
 - b. Engage local bodies actively in the design, implementation, and evaluation of capacity-building initiatives.
 - c. Focus on sustained capacity development rather than short-term interventions, with clear milestones and follow-up mechanisms.
 - d. Test new approaches through pilot programs, monitor their effectiveness, and scale up successful models.
 - e. Ensure that capacity gains are shared across regions and embedded into institutional practices.
 - f. Establish systems to track progress, identify gaps, and provide continuous support to maintain improvements.

This approach will help ensure that capacity strengthening efforts are inclusive, adaptable, and capable of supporting long-term health system transformation.

Decentralization and Public-Private Relations

- To support effective decentralization and strengthen health governance in Somalia, it is recommended that regulatory responsibilities be gradually developed and delegated to regional and district-level bodies. This process should begin as a priority in larger and more developed regions, where institutional capacity is relatively stronger. Key actions include:
 - a. Defining clear regulatory roles for subnational entities in areas such as licensing, quality assurance, and compliance monitoring.

- b. Providing targeted capacity building to equip local bodies with the skills and tools needed to carry out regulatory functions effectively.
 - c. Developing legal and policy frameworks that support decentralization of regulatory authority while maintaining national standards.
 - d. Piloting regulatory functions in selected regions to inform broader rollout and ensure lessons are captured for scaling.
- To improve coordination and effectiveness in Somalia's health system, it is recommended that a comprehensive policy analysis be undertaken to examine the relationship between local government bodies and the private health sector, particularly in the areas of service provision, planning, and management. This analysis should aim to:
 - a. Identify existing gaps and overlaps in roles, responsibilities, and service coverage between public and private actors.
 - b. Assess the regulatory and operational frameworks governing public–private interactions at the local level.
 - c. Inform the development of policies and guidelines that promote effective collaboration, accountability, and alignment with national health priorities.
 - d. Support evidence-based decision-making for integrating private sector contributions into local health planning and service delivery.

Decentralization And Intersectoral Links

- The MOH, FMS-MOH, and local health authorities should actively leverage the decentralization process to develop and strengthen intersectoral approaches to health. To achieve this, it is recommended that:
 - a. Health planning and implementation be coordinated across sectors, including education, water and sanitation, agriculture, and social services, to address the broader determinants of health.
 - b. Joint capacity building initiatives be designed to include stakeholders from multiple sectors, fostering shared understanding and collaboration.
 - c. Decentralization frameworks explicitly incorporate intersectoral mechanisms, such as multi-sectoral committees or integrated planning platforms at the local level.
 - d. Monitoring and evaluation systems track the effectiveness of intersectoral actions in improving health outcomes.

- Local health officers and governing bodies should be supported to develop structured processes for intersectoral collaboration as part of decentralization efforts. This collaboration is essential for addressing the broader determinants of health and improving service delivery. To achieve this, it is recommended that:
 - a. Action learning approaches be adopted to build practical, context-specific collaboration skills among local authorities.
 - b. Facilitated training and coordination be led by the MOH, in partnership with key ministries such as Interior, Federal Affairs and Reconciliation, Agriculture, Livestock, and Education.
 - c. Local bodies be empowered to initiate and sustain cross-sectoral partnerships, with clear guidelines and support mechanisms.
 - d. Monitoring and evaluation frameworks be established to assess the effectiveness of intersectoral collaboration in improving health outcomes
- To support effective intersectoral links and health system governance in Somalia, it is recommended that structures and systems be developed through coordinated capacity building efforts. This process should be facilitated jointly by MOH, Ministries of Interior, Federal Affairs and Reconciliation, Agriculture, Livestock, and Education, and Local government bodies

Key actions include:

- a. Establishing cross-sectoral coordination mechanisms to guide the development of health governance structures.
- b. Designing joint capacity building programs that address administrative, technical, and leadership skills across all levels of government.
- c. Ensuring alignment of efforts with national health priorities and decentralization frameworks.
- d. Monitoring progress and adapting strategies based on local needs and implementation challenges.

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