



Health Conference Report



Theme of the meeting: Healthcare expansion and Reform

19th 20th February, 2025
Sky Hotel, Hargeisa Somaliland

Department of Planning, Policy & Strategic Information

Executive summary

The Ministry of Health Development (MoHD) convened its Annual Health Conference (Retreat) Meeting from February 19th to 20th, 2025, in Hargeisa, bringing together key stakeholders to review achievements, address challenges, and define strategic priorities for the upcoming year. This retreat served as a critical platform for evaluating past initiatives, identifying gaps, and formulating actionable plans to enhance Somaliland's healthcare system. The discussions revolved around policy reforms, administrative directives, healthcare infrastructure development, workforce capacity building, and service delivery improvements.

Key topics included primary healthcare restructuring, Government health insurance, drug quality control, and blood bank system improvements. The Minister of Health, Dr. Hussein Bashir Hirsi, in his opening speech, outlined four key priorities for the healthcare sector in 2025:

1. Restructuring, improving, and expanding essential healthcare services across the country to ensure accessibility and efficiency.
2. Establishing a National Health Insurance system led by the government to provide universal health coverage.
3. Ensuring the quality of medicines by strengthening regulatory frameworks, improving procurement processes, and ensuring access to reliable and high-quality medicines.
4. Developing a National Laboratory and strengthening blood donation programs to enhance diagnostic capabilities and improve emergency healthcare services.

The retreat also facilitated in-depth reviews of regional health programs, challenges, and resource needs. Administrative directives from the Senior Management Team covered regional management roles, communication improvements, financial sustainability, staffing policies, and regulatory frameworks to optimize service delivery.

Priorities for 2025

The discussions culminated in the identification of key healthcare priorities for 2025, which aim to address critical infrastructure gaps, medical supply shortages, capacity and health system building, and enhancing service delivery across multiple regions. The major priorities include:

- **Strengthening Primary Healthcare Services:** Expanding PHC facilities, improving workforce distribution, and integrating digital health records to improve service efficiency.
- **Strengthening Health Systems:** formulation of policies and strategies, enhancing institutional capacity, health information and innovations.
- **Upgrading Healthcare Infrastructure:** Constructing and rehabilitating hospitals, equipping regional referral centers with modern diagnostic tools (CT scan, MRI, X-ray), and improving cold chain storage for vaccines.
- **Health Workforce Development:** Training healthcare professionals, recruiting specialists, and improving incentives for non-payrolled health workers.
- **Emergency Preparedness and Response:** Strengthening ambulance services, equipping trauma centers, and ensuring reliable access to essential medicines.

- Financial Sustainability and Health Insurance: Establishing sustainable financing models for hospitals, increasing domestic health funding, and launching the government-run health insurance program.
- Public Health and Preventive Care: Expanding immunization programs, improving maternal and child health services, and promoting awareness campaigns on disease prevention.
- Conducting feasibility assessment on establishment of Government-led Health Insurance system to expand access to services

By focusing on collaborative planning and evidence-based decision-making, the MoHD aims to enhance healthcare access, strengthen service delivery, and improve public health outcomes. The retreat concluded with the development of a structured action plan that will guide policy implementation and resource allocation for the year ahead.

Forward



The 2025 Annual Retreat Meeting of the Ministry of Health Development represents a pivotal step in our collective commitment to improving the healthcare system in Somaliland. This retreat provided a unique platform for reflection, evaluation, and forward planning, bringing together health sector leaders, regional representatives, and development partners to discuss achievements, challenges, and priorities for 2025.

The discussions and strategic planning that took place during this retreat align with the national vision of strengthening healthcare infrastructure, expanding service delivery, ensuring financial sustainability, and enhancing public health programs. Our approach focuses on evidence-based planning, data-driven decision-making, and collaborative engagement among all stakeholders.

The Ministry remains dedicated to building a resilient health system that ensures equitable access to quality healthcare services across the country. Through the implementation of the 2025 priorities, we will work towards achieving significant progress in primary healthcare, digital health, workforce development, and emergency preparedness.

I extend my deepest appreciation to all participants, including regional health officials, program managers, development partners, and healthcare professionals, for their valuable contributions to this retreat. Their commitment and expertise will be instrumental in shaping a stronger and more sustainable health sector for Somaliland.

As we embark on the implementation of our 2025 strategic priorities, I urge all stakeholders to remain engaged, proactive, and committed to the collective mission of improving healthcare for all Somaliland citizens.

Dr. Hussein Bashir Hirsi
Minister of Health Development

Acknowledgement



The Ministry of Health Development extends its heartfelt appreciation to all individuals and organizations that contributed to the success of the 2025 Annual Retreat Meeting. This event was made possible through the collective dedication, expertise, and commitment of our health professionals, regional health officers, and ministry staff.

We acknowledge the invaluable contributions of stakeholders, including international health organizations, local healthcare providers, donors, and implementing partners, who have played a critical role in advancing Somaliland's health agenda. Their unwavering support has been essential in driving progress toward a more effective and equitable healthcare system.

Special thanks go to the Minister of Health Development, the Deputy Minister, for their visionary leadership and steadfast commitment to strengthening the healthcare sector. We also extend our gratitude to the Director of Planning, Policy & Strategic Information for his efforts and leadership to organize the gathering, technically support and coordinate the completion of the outstanding meeting. Thanks for Hassan Eymoy, a consultant who technically supported the write-up of this report. We also acknowledge Alight for their financial support for the Ministry in convening the meeting.

As we move forward, the Ministry reaffirms its commitment to implementing the key recommendations and priorities identified during this retreat. We look forward to continuing collaboration with all partners to enhance healthcare delivery and improve the well-being of all Somaliland citizens.

Dr. Ahmed Mohamoud Jama
Director General
Ministry of Health Development

Purpose of the Retreat and Opening Statement

The Ministry of Health Development (MoHD) convened its Annual Retreat Meeting from February 19th to 20th, 2025, in Hargeisa, bringing together key stakeholders to review achievements, address challenges, and define strategic priorities for the upcoming year. This retreat provided a platform for in-depth discussions on healthcare service delivery, policy reforms, and administrative improvements, aiming to strengthen Somaliland's health sector. The meeting assessed the progress of past initiatives, identified gaps, and formulated actionable plans for sustainable health development.

The retreat commenced with an opening session led by the newly appointed Minister of Health Development, Dr. Hussein Bashir Hirsi, who underscored the importance of collective effort in enhancing healthcare services across the country. The Minister emphasized the government's commitment to improving primary healthcare, strengthening hospital infrastructure, and ensuring equitable access to essential medical services. Following this, the Deputy Minister highlighted the significance of strategic coordination among health authorities, development partners, and regional health offices to achieve national health goals. The Director General, Dr. Ahmed, provided an overview of the ministry's administrative and operational roadmap, stressing the importance of data-driven decision-making, efficient resource allocation, and enhancing the ministry's institutional capacity. Their speeches set the tone for a productive and goal-oriented retreat, reaffirming the MoHD's dedication to improving health outcomes for the people of Somaliland.

Speech by the Minister of Health (Dr. Hussein Bashir Hirsi)

It is a pleasure for me that we have gathered today for the Annual General Meeting of the Ministry of Health Development. The purpose of this meeting is for the Ministry to evaluate healthcare services and programs provided to the public. During the meeting, reports regarding healthcare services across the regions and hospitals in the country will be presented. Additionally, we will review the Ministry's key achievements over the past year and the period during which the current administration has been in office.

With the Ministry of Health Development aligning its efforts with the policies and commitments of the "Progress and Unity" administration led by President Dr. Abdirahman Mohamed Abdillahi, this year's Annual Health Summit will focus on discussing and planning priority healthcare issues that were among the government's key commitments. Specifically, this year's meeting will deliberate on the following key issues:

- Restructuring, improving, and expanding essential healthcare services across the country.
- Establishing a National Health Insurance system led by the government to ensure universal health coverage.
- Ensuring the quality of medicines, strengthening regulations, and enabling the government to procure and distribute reliable and high-quality medicines.
- Establishing a National Laboratory and organizing National Blood Donation Days to strengthen the country's healthcare system.



The annual retreat for the Ministry of Health Development was held at Sky Hotel in Hargeisa on January 19th and 20th, 2025. The meeting was exclusive to the MoHD, with representatives from the regions, program managers, and departmental heads from MoHD headquarters. The event was graced by the Minister, Deputy Minister, and the Director General.



As the first planning retreat under the new administration, it provided an opportunity for an in-depth briefing on the achievements of 2024 and the establishment of priorities for 2025. Program heads, directors, and Regional Medical Officers (RMOs) presented their accomplishments, the challenges encountered, how these were mitigated, and their priorities for 2025. This report provides a summary of the key outcomes of the meetings.

The Somaliland National Health Policy provides the overarching framework for strengthening the country's healthcare system, ensuring equitable access to quality services, and improving public health outcomes. The policy's vision is to establish a resilient and inclusive health system that guarantees accessible and high-quality healthcare for all citizens, contributing to the nation's socio-economic development.

The policy's strategic directions align closely with the Health Sector Strategic Plan (HSSP) 2023-2027, which aims to strengthen health infrastructure, improve human resource capacity, and enhance service delivery in pursuit of Universal Health Coverage (UHC) by 2030. Given the nation's financial constraints, donor dependency, and fragmented health system, the plan emphasizes digital transformation, a shift from humanitarian aid to sustainable funding, and stronger partnerships with development organizations.

Findings from the Somaliland Health and Demographic Survey (SLHDS) 2020 highlight both progress and persistent challenges. Access to improved drinking water sources remains low at 41%, with urban areas faring slightly better at 45%, compared to 38% in rural settings. Only 38% of households have improved sanitation facilities, while a significant portion still practice open defecation. Maternal health indicators are concerning, with only 20% of women attending at least four antenatal care visits and 40% of births being assisted by a skilled care provider. Moreover, 98.1% of women aged 15-49 have undergone female genital mutilation/cutting (FGM/C).

Child health remains a critical area of concern, as only 13% of children aged 12-23 months have received all basic vaccinations. Undernutrition is prevalent, with 21% of children under five being stunted, 13%

wasted, and 14% underweight. The maternal mortality ratio (MMR) stands at 396 per 100,000 live births, while the total fertility rate (TFR) is 5.7 children per woman. Exclusive breastfeeding rates remain suboptimal at 30% for infants under six months.

To address these challenges, the HSSP 2023-2027, in alignment with the National Health Policy, prioritizes investments in primary healthcare, digital health systems, workforce development, and community health programs. Strengthening health financing mechanisms and ensuring the sustainability of interventions remain key focus areas.

By implementing these strategies, Somaliland aims to bridge existing health disparities, enhance healthcare access and quality, and ultimately improve the overall well-being of its population.

Population Breakdown and Description

Population Segment	Estimated %	Estimated Pop
Total population	-	6,200,000
Number of households	6.2	1,000,000
Children under one year (0-11 months)	5%	310,000
Children under five years (12-59 months)	18.6%	1,153,200
Under fifteen-year population	48%	2,976,000
Women of childbearing age (15–49 years)	23%	1,426,000
Estimated number of pregnant women	5%	310,000
Estimated number of deliveries	4-3%	266,600
Estimated home deliveries	69.19%	184,461
Estimated skilled delivery	33%	87,978
Estimated live births	5%	310,000
Number of adolescents (15–24)	20%	1,240,000
Adults (25–59)	48%	2,064,000
Elderly (65+)	4%	248,000
Total fertility rate	5.7	5.5 children per woman
Maternal mortality ratio (MMR) (100,000 Live births)	396	-
Neonatal Mortality Rate (per 1,000 live births)	42	-
Infant Mortality Rate (per 1,000 live births)	70	-
Life expectancy	54 y (M), 57 y (F)	-

Distribution of Health Infrastructure - Health Facilities

The healthcare infrastructure in Somaliland comprises a network of hospitals, regional health centers (RHCs), health centers (HCs), primary health units (PHUs), mobile clinics, TB hospitals/centers, and mental hospitals. These facilities provide different levels of care, ranging from primary healthcare to specialized treatment services. The total number of health facilities

across all regions currently stands at **515** with varying distributions across Somaliland. At least 7 mobile clinics, deployed in select regions to serve nomadic and remote communities.

Regional Distribution of Health Facilities

The distribution of health facilities varies across regions based on population density, geographical challenges, and healthcare infrastructure development. The regional breakdown of these health facilities is provided in the table below, detailing the number of hospitals, health centers, PHUs, TB hospitals/centers, and mental hospitals in each region. Facilities distribution per region are detailed in the table below.

Health Facilities	Sool	Sanaag	Sahil	Awdal	Togdher	M.jeeh	Wadarta
Barta Caafimaadka (PHUs)	15	23	32	27	11	42	150
Xarumaha Hooyada iyo Dhalanka (HCs)	42	44	17	54	65	84	306
Cusitaalada Gobolada (Regiponal Hospital)	1	1	1	1	1	1	6
Cusitaalada Degmooyinka (District Hosp)	4	3	1	5	2	8	23
Cusbitaalada adeegyada gaarka ah (5-TB Hospital, 3 Mental, 1-Pediatric and 1-Maternity)	1	2	1	1	3	3	11
Xarumaha Qaaxada (TB centers)	1	3	2	6	4	2	18
Xarunta shaybaadhka Qaranka (National reference laboratory)	0	0	0	0	1	0	1
Wadarta	63	76	54	89	75	143	515

Health Programmes and Projects mapping

A range of health donors support the Somaliland health system, covering services from primary healthcare (PHC) to secondary healthcare. These services are delivered through various programs and projects of differing durations. The Private Sector Partnerships in Health (PSPH) program, funded by SDC, is the only private sector-oriented health program in Somaliland.

The table below lists the active programs and projects currently operating in Somaliland. However, this list is not exhaustive.

Health Programmes

Programs/Project	Grant Manager	Implementing Partners	Regions covered
Better Lives	UNICEF	SCI, Mercy Corps	Awdal, Togdheer
Damal Caafimaad	MoHD	Alight	Maroodi Jeex
GFATM	UNICEF – Malaria and HIV	MOHD	All
GFATM	World Vision - TB	WVI, Mercy-USA	All
GAVI	UNICEF	MOHD	All
PSPH	DT Global	SORDI	Regions-Private HFs
BHA	USAID	WVI, SCI, CARE	Awdal, Togdher, Sool and

			Sanaag
GMI	-	SCI	Marodijeeh
TSFP Nutrition	WFP	MoHD, ANPPICAN, WVI, HEAL, SCI	All
JPLG	local government	Berbera, Gabiley, Hargeisa, Local Municipalities MoHD	Berbera, Gabiley, Hargeisa
Emergency programmes (short-term)	SRCS	SRCS	All regions
Islamic Relief	Islamic Relief	Islamic Relief	Marodijeeh

Section 2: Review of 2024 Retreat Action points.

Priorities identified in 2024

In this year's retreat, the Ministry reviewed the progress made on the priorities set during last year's retreat in Erigavo. The annual retreat, held in Erigavo, Sanaag region, at the beginning of 2024, established key priorities for improving the healthcare system. These priorities focused on hospital service quality, health promotion, drug quality control, cross-cutting issues, service sustainability, and regional priorities. The priorities identified in 2024 are listed in the table below.

Priorities	Focus Areas	Responsible	Status
Improvement of quality of hospital services	Establish Medical ethics and discipline committee at General hospitals	Director of health services	Not Done
	Hospital structural management reform: (review and harmonize management structure, sections, line of reporting and TORs of General and district hospitals)	Directors of health services and HR	Review done but no final MoHD endorsed structure
	Establish QI/IPC sections at all hospitals	Director of health services	Done
	Establish departments for emergency response at hospitals currently without these wards	Director of health services +Public health director	Pending
	Establish patient service quality evaluation mechanism	Director of health services	Not Done
	Review treatment procedures at hospitals and ensure services quality are improved (patient communication, waiting time, services transparent, services standards)	Director of health services	Not Done
Revitalization of health promotion and community awareness raising	Structural reform of the section: review nomenclature and possibility of becoming separate department or large section with unites	Director of public health	Partially done: PHD/joint technical teams proposed the reform process, but executive decision is pending
	Review and revitalize communication mechanisms and message contents	Director of public health/C4D	DONE: Reviewed, developed and in integrated SBC new strategy

	Harmonization and integration of awareness activities within the ministry	Departments and programs	Not Done
Drug quality control	Structural reform: establish drug regulation authority body	DG/Minister	Not Done
	Review and update of drug regulatory policy	Directors of health services and planning	Not Done
	Start operationalization of laboratory machine for drug quality testing	Director of health services/DRAB	Not Done
	Review systems for drug transportation/Storage/Distribution at all levels	Director of health services/DRAB	Not Done
	Engage and collaborate with relevant institutions/ministries e.g National quality control and local governments	DG/Minister/Director of health services	Done
Cross-cutting issues	Advocate and strengthen supply chain management, Emergency response, ICT, private sector partnership, health regulations, M&E	Directors of planning, ICT, health services, public health/ sections of EPR/Supply chain/M&E/PP	Partial: M/E and HNQIS ToT
	Develop specific plans for programs on conflicting mandates: WASH, SUN, FGM/GBV, HIV, school health	Directors of public health, community health services/relevant sections	Pending
	Review RHMT roles and harmonize	Director of HR	Not Done
Service sustainability	Advocate for increase of national budget allocation for health	DG/Minister/relevant directors	Not Done
	Allocate specific budget allocation for primary health services on annual basis	Minister/DG/director of finance and community health	Done
	Review and update cost sharing policy	Director of planning/directors of CH, PH, HS	Partial
	Review and re-structure and integrate of services at the health centers with rational staffing	Directors of community health, public health, HR and planning	Not Done
Regional priorities	Erigavo Hospital: (Blood bank, ICU ward, Digital X-ray)	DG/Minister and relevant directors	Partial
	Sahil: Digital xray and CT scan for the hospital, regional cold chain rehabilitation, establish cold chain in Sheikh district)		

Analysis of progress

The review of the progress of these priorities revealed varying levels of achievement. The analysis reveals that while some key priorities have been addressed, most structural and policy-related reforms remain stagnant. To improve healthcare services, there needs to be a stronger push for policy approvals, resource mobilization, and inter-departmental coordination. The below tables present action points and priorities set for 2024 and how much was completed by the responsible departments.

Action points status vs responsible departments

Activity/ Responsible Person	Total Action Points	Done	Not Done	Percentage-done(%)
All hospital directors	2	2	0	100
Directors of CHS/PH	1	0.5	0.5	50
Minister/DG/DoP	3	1.5	1.5	50
Department of planning	3	2	1	66.7

Priorities status vs responsible departments				
Priority/ Responsible Person	Total Priorities	Done	Not Done	Percentage done (%)
Department of Health Services	14	4	10	28.5
Department of Public Health	7	2.5	4.5	35.7
Department of Human Resources	3	1	2	33.3
Department of Planning	3	1.5	1.5	50
Department of CHS	2	0.5	1.5	25
Department of Admin and Finance	1	1	0	100
Minister/DG	5	2.5	2.5	50

The progress of action points falls into four main categories that include: -

- Completed (Done): Achieved in full.
- Partially Done: Initiated but not fully completed due to pending approvals or incomplete implementation.
- Pending: Not yet started but still planned.
- Not Done: No progress or action taken.

Category	Completed	Partially Done	Pending	Not Done
Improvement of Hospital Services	1	1	1	3
Health Promotion & Awareness	1	1	1	1
Drug Quality Control	1	0	0	4
Cross-Cutting Issues	0	1	1	1
Service Sustainability	1	1	0	2
Regional Priorities	0	1	0	0
Total	4	5	3	11

Key Findings

Areas with Progress

- Health Promotion & Community Awareness. Communication mechanisms and messaging were successfully reviewed and integrated into a new strategy.
- Hospital Services. Quality Improvement/Infection Prevention and Control (QI/IPC) sections were established in all regional hospitals.
- Drug Quality Control. Engagement with other institutions on drug regulation was achieved.
- Service Sustainability. Budget allocation for primary health services was established.

Areas with Partial Progress

- Hospital Structural Reforms. The review was completed, but the Ministry of Health Development (MoHD) has not endorsed the final structure.
- Health Promotion Structural Reform. Proposed reforms exist, but an executive decision is pending.
- Monitoring & Evaluation (M&E) Strengthening. Some progress was made through the M&E and HNQIS Training of Trainers (ToT).
- Cost-Sharing Policy Review. Some review was done, but no full update or restructuring.

Areas with No Progress ("Not Done")

- Several critical hospital service improvements were not initiated, including: -
 - Establishing a medical ethics and discipline committee at general hospitals.
 - Creating a patient service quality evaluation mechanism.
 - Reviewing hospital treatment procedures for quality enhancement.
- Drug regulation and quality control tasks remained unfulfilled, such as: -
 - Establishing a drug regulatory authority.
 - Updating the drug regulatory policy.
 - Operationalizing the drug quality testing laboratory.
 - Improving drug transportation, storage, and distribution.
- Service sustainability gaps, including:
 - Advocating for increased national health budget allocation.
 - Restructuring and integrating services at health centers.

Challenges identified

- Lack of Policy and Structural Endorsement. Many reforms require Ministry-level approvals that are still pending.
- Resource and Budget Constraints. Tasks requiring financial support (e.g., drug quality testing, hospital structural reforms) show little to no progress.
- Coordination Issues. Tasks involving multiple departments, such as awareness integration across ministries, remain stagnant.

Recommendations

- Prioritize Pending Approvals. The MoHD should expedite decisions on hospital structural reforms, patient service evaluations, and drug quality control frameworks.

- **Strengthening Resource Allocation.** Advocacy efforts should be renewed to secure financial backing for healthcare infrastructure and reforms.
- **Enhance Multi-Sector Collaboration.** Clear coordination mechanisms between departments and external partners should be implemented for integrated awareness programs and health service improvements.
- **Focus on Actionable Quick Wins.** Instead of waiting for large-scale structural changes, smaller, impactful actions (e.g., forming temporary hospital committees or piloting patient feedback mechanisms) should be initiated.

Section 3: Review of Progress & Challenges in 2024 (Achievements and Challenges)

Achievements

The past year has seen significant progress in healthcare infrastructure, service delivery, and human resource management across various regions. Major achievements include the procurement and distribution of essential medical equipment, such as ultrasound and ECG machines, neonatal intensive care unit (NICU) equipment, and defibrillators to hospitals and health centers. Several new health facilities were constructed, including four new maternal and child health (MCH) centers in Sanaag and district hospitals in Qorilugud and Gar-adag. The renovation of key hospitals, such as Borama Regional Hospital and Sheikh Hospital, enhanced healthcare delivery through upgraded wards, pharmacies, and emergency units.

Training programs were successfully implemented, covering areas such as Health Management Information Systems (HMIS), trauma management, and digitalization of nutrition data. The integration of mental health services into primary healthcare and the execution of major health campaigns, including cataract and cleft palate surgeries, expanded access to specialized care. Strengthening referral systems, equipping ambulances, and deploying medical specialists improved emergency response and service efficiency. Coordination efforts, such as regional health review meetings, helped streamline health governance and oversight.

Regional achievements are summarized in the table below

Regions	Achievements for 2024
Maroodi Jeex Region	<ul style="list-style-type: none"> Procured and distributed medical equipment to 49 health facilities supported by the Damal Caafimaad project. Somaliland Aid Group handed over essential medical equipment to Nasahablood Hospital, including ultrasound machines, ECG machines, defibrillators, patient monitors, suction machines, and other critical equipment. Construction of 4 new HCs (3 in Hawd Region -Bali Gubadle HC, Gunburaha, and Baargoo) and 1 in Hadhley Renovated and rehabilitated six health facilities in Hargeisa (Hawaadle, Daami A, M. Mooge, Hodan Hills, and Iftin) through the Damal Caafimaad and JPLG projects. Conducted training sessions for 20 Primary Health Units (PHUs) on Health Management Information System (HMIS) registers and monthly reporting forms. Rolled out training on the digitalization of wasting registries across Somaliland. Trained one vaccinator per health facility across the entire region (83 health facilities covered). Conducted a regional health and nutrition coordination meeting.
Awdal Region	<ul style="list-style-type: none"> Renovation of Borama Regional Hospital – 2 Wards and Pharmacy, Courtyard (JPLG + Cost sharing) Constructed and equipped the operating theatre (OT) of Borama Regional Hospital, (KAALMO Foundation) and emergency trauma centre (AMoud foundation). Enhanced efficiency and quality in the general public hospitals, increasing patient trust and preference for public healthcare services. Conducted regular supervision and monitoring of service delivery in health facilities Trainings – IP, Integrated mental health services with Primary Healthcare (PHC), including outreach services

	<p>and referrals.</p> <ul style="list-style-type: none"> • Health Campaigns – Eye health (421 Cataract Surgeries) and Cleft palate (22 surgeries) • Provided two new ambulances to Zeila health facilities from the MoHD • Equipment - Neonatal Intensive Care Unit (NICU) equipment to Borama Regional Hospital. • Conducted the Awdal Regional Health Coordination Meeting (Quarter 3). • Collaborated with the Borama Local Government to enforce regulations ensuring that nutritional aid reaches those in need while preventing theft and food diversion.
Saaxil Region	<ul style="list-style-type: none"> • Medical Equipment - Berbera and Sheikh Hospitals, including – Morbid refrigerator, Anesthesia machine, Body fluid machine and Blood bank equipment, fetal ultrasound and ECG equipment • Extended maternity wards at Lascidle RHC, Abdaal RHC, Bulahar HC, Kulmiye, and Go'dawayn RHC • Construction of 2 new HCs – Kalasharka and Batalaale and 1 PHU – Geelokor • Renovation of Sheikh Hospital - Pharmacy and Emergency unit, Road access, security lightings, CCTV • Renovation of Berbera Hospital - Upgraded Intensive Care Unit (ICU) and critical care services, HMIS, Admin Offices and signage • Trainings – nutrition data digitalization, Scope and Community nutrition workers • HRM - Increased the number of medical specialists at Berbera Hospital, Standardized staff uniforms at Shiekh Hospital, volunteer doctors at Shiekh Hospital
Sanaag Region	<ul style="list-style-type: none"> • Construction of Four new Maternal and Child Health (MCH) facilities. • Operationalization of Gar-adag District Hospital. • Established an inpatient department at Erigavo Mental Hospital. • Installed a water system for Erigavo Mental Hospital. • Trainings - 50 healthcare workers in trauma management, Infant and Young Child Feeding (IYCF) training as part of nutrition department initiatives and training under the Integrated Management of Acute Malnutrition (IMAM) program. • Equipments - Equipped two emergency sites in Dhuur-madare and Gawsa-weyne
Saraar Region	<ul style="list-style-type: none"> • Construction - Ainabo Hospital Operating Theatre (OT) section • Renovation of Ainabo TB Centre and addition of Wards • Opened Oog Hospital with fully equipped departments, including a laboratory, blood bank, and pharmacy and construction of 2 inpatient wards • Constructed 2 new health center in Dhanaano and Ainabo • Established a new referral center in Wadamagoo. • Installed a cold chain system for vaccine storage and distribution. • HRM - Organized annual award ceremonies to recognize regional partners, hospital staff, and health facility personnel. • Held monthly regional review meetings.
Togdheer Region	<ul style="list-style-type: none"> • Equipments - Installed ultrasound machines in six health centers; 15 Oxygen Concentrators • Purchased a new water filter for renal dialysis at Burco General Hosp and procured a three-month stock of renal dialysis supplies. • Upgraded Balidhiig Maternal and Child Health (MCH) center into a referral health center, including: Deployment of a medical doctor, addition of a laboratory, Minor operation services, Blood transfusion services. • Constructed a new District Hospital in Qorilugud. • Reopened Dabogoryale and Xaaxi MCH centers. • Opened and operationalized Beer MCH. • Upgraded five MCH centers and health posts into full health centers by adding extra wards. • Opened and operationalized Burao General Hospital (BGH) Intensive Care Unit (ICU) and

	<p>Trauma Care Building.</p> <ul style="list-style-type: none"> • Implemented cost-sharing initiatives to support healthcare services • Deployed medical doctors to PHC facilities • Procured five new ambulances, including a hard-top vehicle for Masalaha , Gorod, Qorilugud, Fiqi Ayuub, Riyo Xidho and Burco Hospital (replacement after an accident) • Strengthened the Somaliland Health Information System for improved data management and reporting • Held monthly regional review meetings.
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Challenges

Despite the accomplishments, several critical challenges persist, hindering effective healthcare service delivery. Shortages in essential medical commodities, including malaria medications, diagnostic tools, and laboratory reagents, have negatively impacted health outcomes. Inadequate budget allocation for regional administration costs, lack of incentives for health workers, and an overstaffing problem in urban centers have strained human resource management. Infrastructure-related challenges, such as the lack of dedicated regional cold chains, aging hospital buildings, and non-functional health centers due to funding gaps, remain a concern.

Operational hurdles include poor maintenance of medical equipment and ambulances, limited electricity supply in rural health centers, and insufficient outreach services for underserved populations. The freezing of donor grants, particularly USAID BHA funding, affected the operation of several health facilities, exacerbating the already fragile financial sustainability of healthcare programs. The unplanned construction of community-built health centers without adherence to MoHD standards has led to inefficiencies. Addressing these structural and financial barriers is crucial to sustaining and enhancing the progress made in the healthcare sector.

Specific regional challenges are summarized in the table below

Regions	Challenges for 2024
Maroodi Jeex Region	<ul style="list-style-type: none"> • Medical Commodities - Shortages in essential medical equipment and commodities supplies. Malaria medications and diagnostic tools • HRM – Gabiley Local Government has not provided incentives to health workers for whole of 2024; Overstaffing in urban health centers, particularly in Hargeisa and Gabiley. Staffing challenges. • Operational costs - No budget allocation for regional administration costs - weak oversight and supervision. Lack of vehicles for RMOs – Maroodi jeex and Gabiley • Shortage of joint supervision for different programs • 35 health centers experienced partial gaps in service delivery despite the completion of some project components • Insufficient space in three hospitals (Daryeel, Naasa Hablood, and Gurmad), requiring expansion. • Haybe MCH needs rehabilitation and expansion with at least three additional rooms. • Lack of solar power systems in rural health centers, posing challenges in areas with limited or unreliable electricity. • The community built numerous health centers without consultations that do not meet MoHD standards – poor deign, Inappropriate location and distance between facilities. • No dedicated regional cold chain in Maroodi Jeex; currently shared with the national cold chain. • Maintenance – Ambulances and Medical equipment

<p>Awdal Region</p>	<ul style="list-style-type: none"> • Health facilities in Awdal/Salel region, previously supported by partners, require Medical drugs and laboratory reagents and operational budget covering, utilities, fuel, and ambulance repairs. • Lack of essential laboratory equipment (e.g., CBC and chemistry machines) in Xariirad District Hospital. • Lack of functional solar systems in unsupported health facilities, with no solar technicians available for repairs and maintenance. • Utilities - Inadequate water supply and high electricity costs for public hospitals. • Human Resources <ul style="list-style-type: none"> ○ Lack of incentives for 205 health workers in 17 health centers, 20 PHUs, and 4 public hospitals. ○ Lack of incentives for non-payrolled essential staff, including ambulance drivers, cleaners, and watchmen. ○ Lack of harmonized and refresher training programs for health workers. • Freezing and suspension of USAID BHA grants, affecting six health facilities in Awdal/Salel region. • Revenue raised through Cost – Sharing unable to cover staff pay and commodities supplies due to inflation • Lack of government budget allocation for health services. • Absence of regional coordination meetings to ensure better service delivery. • Aging health infrastructure and equipment require urgent rehabilitation and maintenance, particularly at Borama Regional Hospital and Zeila District Hospital. • Borama Referral Hospital lacks modern imaging diagnostic tools, such as CT scan and MRI. • Insufficient space at the Awdal regional cold chain, currently housed within Borama Regional Hospital—requiring the construction of a dedicated regional cold chain facility. • Poor equipment maintenance - Repeated malfunctions of oxygen plant machines and other essential equipment • Poor functionality of kidney dialysis machines in Borama Regional Hospital due to: <ul style="list-style-type: none"> ○ Lack of professional technicians. ○ Insufficient kidney dialysis reagents. • Lack of mechanical ventilators and life-saving equipment in the emergency department of Borama Regional Hospital • Ambulances - Depreciated ambulances needing replacement in Awdal/Salel region • Lack of a hard-top vehicle for the Regional Health Office (RHO), affecting routine supervision of health facilities. • Lack of mobile outreach teams to extend healthcare services to remote communities. • Declining Outpatient Department (OPD) utilization and Antenatal Care (ANC) services due to the SHINE program gap, which had supported major health facilities in Lughaya and Baki districts of Awdal region.
	<ul style="list-style-type: none"> • Limited government budget allocation for health services. • Shortages of medical supplies and equipment for most of the health facilities • Berbera TB Hospital faces major challenges due to the lack of - Digital X-ray for diagnosing and detecting cases; 3D ultrasound. And CT scan. • HRM <ul style="list-style-type: none"> ○ Only one doctor is assigned to the entire regional TB program, creating a severe service gap. ○ 135 health workers across 7 health centers and 12 PHUs are affected by funding gaps ○ Many staff members have transferred to other regions due to service gaps. ○ Delayed salary payments for mental hospital staff.

	<ul style="list-style-type: none"> • Utilities – High cost of electricity, lack of solar power and water for some facilities • Maintenance - Non-functional solar systems in health facilities. • Nursing school development and support needed to strengthen healthcare training. • No supportive supervision for the Regional Health Office (RHO). • Lack of maintenance for ambulances, many of which are worn out and in poor condition. • The hard-top vehicle for regional transportation is not functioning, impacting health facility supervision.
Sanaag Region	<ul style="list-style-type: none"> • Medical Equipment - Lack of refrigerators in five MCH centers, affecting vaccine storage in – Durdur, Gaacidh, Tuurarka, Kalshiikh, Goob and Dhaban Dhige. Lack of an X-ray machine at Erigavo Regional TB Center. Shortage of EPI (Expanded Program on Immunization) tools for vaccine administration. • Medical Commodities supplies - Lack of essential drugs and non-pharma • HRM - Delayed payments, Shortage of general surgeons and orthopedic doctors in the region. • Erigavo Regional Hospital requires infrastructure upgrades, including ICU, isolation ward, X-ray CT and MRI Scan, Blood bank Oxygen Machine and Construction of a mortuary. • Replacement of old ambulances and maintenance of existing ones. • Lack of incinerators and placenta pits in most health facilities, impacting waste management. • Eil-afweyn Hospital needs facility expansion, including Establishment of new hospital departments and Construction of the Eil-afweyn District Health Office. • Lack of outreach programs to extend healthcare services to underserved populations such as Guban • 10 nonfunctional health centres due to funding gaps • Need to improve regional coordination meetings in the Sanaag region.
Saraar Region	<ul style="list-style-type: none"> • Shortage of essential medical drugs and non-Pharma • Delayed cap allocations for Ainabo and Oog hospitals in 2024, affecting budgetary planning and resource allocation. • HRM - non-payrolled staff outnumber payrolled staff, creating financial and operational challenges. • No permanent building for the Ministry of Health Development (MoHD) in Saraar region. • Need for an emergency trauma hospital to improve emergency care services. • Nonfunctional facilities since December 2023 due to funding gaps - Ainabo Health Facility, Celal Health Center and Dhanaano Health Center • Insufficient number of ambulances, affecting emergency medical response.
Togdheer Region	<ul style="list-style-type: none"> • Insufficient financial support from the Central Ministry of Health Development (MoHD) for hospitals. • Non-sustainability of projects, leading to gaps in healthcare services and funding. • Lack of electricity (solar systems) in MCHs, especially in remote areas. • No office buildings or vehicles for the Daad Madheedh health administration, limiting operational capacity. • Communities are constructing new health facilities without formal planning, leading to inefficiencies and sustainability issues. • Lack of a cold chain in Odweine District, affecting vaccine storage and distribution. • Absence of a high-quality and reliable blood bank, impacting emergency and surgical services. • HRM <ul style="list-style-type: none"> ○ Overstaffing at Burao General Hospital (BGH), affecting resource allocation. ○ High number of non-payrolled staff, creating financial and administrative burdens. • Large number of unskilled individuals with poor-quality education seeking employment in health facilities.

Section 4: Panel Discussion & Administrative directives

Panel Discussions - Thematic Areas Discussed by the Panelists & Possible Outcomes

The panel discussion at the Annual Planning Retreat focused on the following key thematic areas, with outcomes incorporated into the action points. These thematic discussions contributed to strategic action plans aimed at strengthening Somaliland's health system for improved efficiency and service delivery.



1. PHC Restructuring and Sustainability

- Key Discussion Points:
 - Review, expand, and improve the package of services provided at Primary Healthcare Centers (PHC).
 - Ensure accessibility and sustainability of services.
 - Define the standard staffing requirements for PHC.
 - Optimize working shifts for better efficiency.

- Address public health-seeking behavior and build trust in PHC services.

2. Government-Run Health Insurance

- Key Discussion Points:
 - Develop a national model for health insurance.
 - Define possible packages of services and target groups.
 - Establish a financing modality for sustainability.

3. Comprehensive Mapping of Health Facilities, Resources, and Staff

- Key Discussion Points:
 - Assess the current status of health facilities nationwide.
 - Identify gaps in infrastructure, medical supplies, and service delivery.
 - Collect detailed human resource (HR) data to optimize staff deployment.

4. Drugs – Quality, Regulations, and Usage

- Key Discussion Points
 - Strengthening drug quality assurance and regulatory compliance.
 - Ensuring the rational use of drugs to minimize misuse.
 - Monitoring over-the-counter drug sales and prescriptions.

5. Blood Bank System

- Key Discussion Points
 - Establishing a national blood bank system for improved coordination.
 - Organizing national blood donation days to ensure a steady supply.

After the discussion, the groups have proposed some drafts in each thematic area. The outcome will be further discussed and delineated to develop a consolidated action plan.



Areas	Proposed ideas and interventions
<p>PHC restructuring and sustainability:</p>	<p>Working shifts: Total: 15 staff</p> <ul style="list-style-type: none"> • Shift A = All the staff • Shift B= 2 midwives, clinical officer will be on call • Shift C= 2 midwives, clinical officer will be on call <p>Structure:</p> <ul style="list-style-type: none"> • Delivery room • EPI room • Pharmacy • OPD room • Antenatal care Room • Nutrition and growth monitoring • Store • Daycare ward • Emergency and injury management
<p>Government-run Health insurance:</p>	<ul style="list-style-type: none"> • Mandatory scheme for government employees. • 2% payroll deduction for healthcare access. • Target group: Government employees. • Individual scheme. <p>Basic Health Insurance Package</p> <ul style="list-style-type: none"> • Outpatient consultations • Maternal and child health services. • Essential medications. • Primary healthcare services. • Emergency care e.g trauma care • Minor surgeries • Imaging e.g ultrasound excluding MRI and CT scan • Basic lab investigations <p>Financing Modality</p>

	<p>Payroll Contributions – 2% salary deduction from government employees.</p> <ul style="list-style-type: none"> • Government Contributions – 0.5% allocation from the national budget. • Tax-based Financing – Small percentage of cigarette tax revenue. <p>Implementation Strategy:</p> <ul style="list-style-type: none"> • Draft National Health Insurance Strategy & Policy. • Establish a Health Insurance Committee. • Stakeholder engagement (Somaliland National Insurance Agency, referral hospitals). • Recruitment of staff (one staff each hospital with health insurance digital infrastructure) <p>Implementation Plan – Pilot Phase:</p> <p>Phase 1 (0-6 months):</p> <ul style="list-style-type: none"> • Mandatory enrollment for all government employees. • Payroll deduction: 2% of salary. • Partner with selected referral hospitals in Somaliland. • National Insurance Agency manages funds. • Develop a claims management system. • Issue ID for easy access. <p>Phase 2 (6-18 months):</p> <ul style="list-style-type: none"> • Voluntary enrollment for private sector companies. • Expanded hospital network (including private hospitals). • Expand services to include surgeries & imaging (e.g., CT scans). <p>Why This Model Works?</p> <ul style="list-style-type: none"> • Scalable & Sustainable – Starts small, expands gradually. • Government-backed – Ensures stability and public trust. <p>Private sector engagement – Bring in more funds</p>
<p>Comprehensive mapping of HFs, resources and staff:</p>	<p>This was separately done using different template.</p>
<p>Drugs and supplies:</p>	<ul style="list-style-type: none"> • Establish a centralized procurement system to negotiate better prices and ensure consistency in drug quality • Implement transparent tendering processes and accountability mechanisms to minimize corruption • Train healthcare workers and regulators on drug management, quality control, and regulatory enforcement. • Establish a fully functional Medicine Regulatory Authority with adequate resources and technical expertise to control the import, distribution and sale of medicines. • Train pharmacists and healthcare professionals to ensure proper drug dispensing • Drug Policy and Drug Act
<p>Blood Bank system:</p>	<ul style="list-style-type: none"> ▪ Agreed to build a national blood bank and expand regional blood bank units ▪ Create a centralized blood distribution system with a well-organized logistics framework to ensure timely and equitable distribution of blood to hospitals and clinics, especially during emergencies ▪ Suggested 3 days (25, 26, 27 Feb 2025) MOHD blood donation campaign. ▪ Identified that the 14 to 20 June will be national blood donation days.

Administrative Directives from the Senior Management Team

The Senior Management Team of the MoHD issued key administrative directives aimed at improving efficiency, accountability, and service delivery within the healthcare system. These directives focus on strengthening regional health management, communication protocols, financial oversight, and human

resource policies. The following sections provide an in-depth analysis of the key areas discussed and the corresponding directives issued during the Annual Retreat Meeting.

Ministry's Regional Management Roles - RMOs and Hospital Directors

Regional Medical Officers (RMOs) and Hospital Directors play a crucial role in overseeing health service delivery at the regional level. The Ministry emphasized the need for clear role definitions, performance monitoring, and accountability mechanisms to enhance operational efficiency. RMOs are expected to lead regional planning, supervision, and coordination of healthcare services, while Hospital Directors must ensure proper management of hospital resources, staff, and patient care quality.

Key directives include:

- Strengthening coordination between RMOs, hospital directors, and the central ministry to ensure a unified approach to healthcare service delivery.
- Standardizing reporting structures to improve data-driven decision-making and service evaluation.
- Enhancing performance monitoring through routine evaluations and audits to ensure compliance with national healthcare standards.

Communication and Announcement

Effective communication within the Ministry and between regional offices is essential for smooth operations. The Ministry highlighted the need for structured communication channels to streamline information sharing and ensure clarity in policy directives.

Key directives include:

- It was communicated that any national policy updates, alerts and emergencies will only be officially announced through the central Ministry.
- Regional teams and Hospitals shall not unilaterally announce issues pertaining the national level such as new emerging diseases, disease and statistics unless otherwise authorized by the central Ministry.

Loans: Ministry and Hospital Level

The issue of financial sustainability was a key discussion point, particularly regarding the management of loans at both the Ministry and hospital levels. The Ministry recognized the need for transparent loan acquisition, proper utilization, and structured repayment plans to avoid financial strain on healthcare institutions.

Key directives include:

- It was clearly outlined that the Hospitals or regional team shall not incur any financial loans which is not approved by the central Ministry
- Any Hospital director or RMO who incur loans without Ministry permission would take responsibility from the consequence
- Hospitals are allowed to take a limited loans such as Medicine or essential which they will pay on the subsequent month through their hospital income.

Staffing: Hiring and Firing

Human resource management is vital for maintaining a well-functioning healthcare system. The Ministry reaffirmed its commitment to a fair, transparent, and merit-based staffing policy to enhance service delivery.

Key directives include:

- The Ministry has officially stopped any recruitment of new staff at any level currently
- If any necessary recruitment or replacement comes up, this will be conducted through a coordinated manner in consultation with relevant departments or the senior management team.

Regional Agreements and Approvals

To streamline operations, the Ministry emphasized the need for proper regulation and approval processes for regional health agreements. This includes partnerships with donors, NGOs, and other healthcare stakeholders.

Key directives include:

- Any partnership or project agreement for the regions shall exclusively be done through the central Ministry
- Regional team and Hospitals have no authority to enter any bilateral agreement or approve new project without central ministry approval.

Finance-Related Directives

Financial sustainability and accountability remain a top priority for the Ministry. The directives provided guidelines on budget allocations, financial reporting, and expenditure management to enhance efficiency and transparency.

Key directives include:

- Strengthening financial monitoring mechanisms to prevent mismanagement and ensure funds are utilized effectively.
- Hospitals shall submit their income and expenditure on Monthly bases
- Regional teams are required to submit financial reports based on timelines given and any failure to do so will affect their performance.

Section 5: Priorities for 2025

The healthcare priorities for the upcoming year focus on addressing critical infrastructure gaps, medical supply shortages, capacity building, and enhancing service delivery across multiple regions. In Maroodi Jeex, key priorities include expanding hospital spaces, improving vaccine cold chain storage, and strengthening healthcare workforce incentives. Investments in solar power and digital infrastructure aim to modernize health services. Awdal prioritizes upgrading Borama Regional Hospital with advanced imaging tools, enhancing emergency preparedness, and deploying mobile health teams to underserved areas. The region also focuses on financial sustainability and improving water and electricity access in hospitals.

In Saaxil, emphasis is placed on installing diagnostic equipment like digital X-ray and 3D ultrasound machines, recruiting healthcare personnel, and completing a mental hospital construction. Sanaag plans to upgrade Erigavo Regional Hospital with ICU and imaging tools, improve waste management, and reopen non-functional health centers, while also deploying mobile health teams. Saraar/Sool seeks to establish an emergency trauma hospital, improve electricity in remote health centers, and strengthen supportive supervision. Togdheer aims to rationalize staffing at Burao General Hospital, establish a blood bank, enhance training for trauma response teams, and develop sustainable financial models for health service delivery. Across all regions, efforts are being made to strengthen emergency preparedness, maintain medical equipment, and improve healthcare accessibility in remote areas.

The table below provides detailed information on the regional priorities for 2025.

Regions	Priorities for 2025
Maroodi Jeex	<ul style="list-style-type: none"> • Medical Supplies & Infrastructure: <ul style="list-style-type: none"> ○ Address shortages in essential medical commodities, including malaria medications and diagnostic tools. ○ Expand hospital spaces in Daryeel, Naasa Hablood, and Gurmad hospitals. ○ Establish a dedicated regional cold chain for vaccine storage. ○ Plan to expand office space by acquiring additional offices and a larger compound. ○ Renovate and rehabilitate health facilities while maintaining medical equipment. • Health Workforce & Capacity Building: <ul style="list-style-type: none"> ○ Provide incentives to health workers and resolve overstaffing issues in urban health centers. ○ Train healthcare workers, focusing on maternal and child health programs and emergency response. ○ Improve joint supervision for different health programs and service delivery. ○ Enhance tracking and reporting of health indicators to improve decision-making. • Technology & Energy: <ul style="list-style-type: none"> ○ Install solar power systems in rural health centers. ○ Plan to distribute computers and IT accessories to enhance digital infrastructure in health centers. • Emergency & Maintenance: <ul style="list-style-type: none"> ○ Implement a maintenance plan for ambulances and medical equipment. ○ Strengthen regional collaboration between health partners and local governments.

<p>Awdal</p>	<ul style="list-style-type: none"> • Medical Equipment & Infrastructure: <ul style="list-style-type: none"> ○ Secure funding for medical drugs, laboratory reagents, and operational costs of health facilities. ○ Provide essential laboratory equipment for Xariirad District Hospital (CBC and chemistry machines) and Boorama General Hospital (mechanical ventilators). ○ Equip Borama Regional Hospital with advanced imaging diagnostic tools, including CT scan and MRI. ○ Upgrade and maintain aging health infrastructure, particularly Borama Regional Hospital and Zeila District Hospital. ○ Build a new, adequately sized mental hospital. • Resource Allocation & Health Security: <ul style="list-style-type: none"> ○ Allocate a government budget for the Regional Health Office to cover ambulance maintenance, stationery, and emergency response. ○ Resume USAID BHA funding and explore alternative funding sources. ○ Improve water supply and manage high electricity costs for public hospitals. • Workforce & Outreach: <ul style="list-style-type: none"> ○ Ensure incentives for non-payrolled essential staff, including ambulance drivers and cleaners. ○ Deploy integrated mobile health teams to expand access in remote areas. ○ Recruit and deploy biomedical equipment technicians (BMET) to maintain and repair medical equipment. • Technology & Energy: <ul style="list-style-type: none"> ○ Develop solar system maintenance capacity and install functional solar power in health facilities. ○ Enhance data quality management and integrate all health program data into a centralized system. • Public Health Awareness & Emergency Preparedness: <ul style="list-style-type: none"> ○ Develop a malaria awareness program and engage local governments in vector control. ○ Provide life-saving equipment for emergency departments at Borama Regional Hospital.
<p>Saaxil</p>	<ul style="list-style-type: none"> • Medical Supplies & Equipment: <ul style="list-style-type: none"> ○ Address medical supply shortages, including TB diagnostic tools (digital X-ray, 3D ultrasound, CT scan). ○ Install a digital X-ray system and a 3D ultrasound machine. ○ Strengthen maintenance programs for hospital equipment and ambulances. • Infrastructure & Energy: <ul style="list-style-type: none"> ○ Complete the construction of the mental hospital building. ○ Install solar energy systems in Sheekh Hospital and other health facilities. • Health Workforce & Training: <ul style="list-style-type: none"> ○ Recruit additional healthcare personnel for the regional TB program. ○ Establish a nursing school to enhance healthcare training. ○ Conduct capacity-building initiatives to improve healthcare service delivery. • Emergency & Outreach: <ul style="list-style-type: none"> ○ Restore functionality of partially closed health facilities. ○ Develop a supportive supervision framework for the Regional Health Office.
<p>Sanaag Region</p>	<ul style="list-style-type: none"> • Medical Equipment & Infrastructure: <ul style="list-style-type: none"> ○ Procure refrigerators for MCH centers to improve vaccine storage capacity. ○ Provide X-ray equipment for Erigavo Regional TB Center. ○ Upgrade Erigavo Regional Hospital with ICU, isolation ward, and advanced imaging tools (CT scan, MRI, blood bank, mortuary, and oxygen machines). ○ Improve waste management by installing incinerators and placenta pits. ○ Expand Eil-afweyn Hospital by establishing new departments. • Health Workforce & Capacity Building: <ul style="list-style-type: none"> ○ Train healthcare workers in newly established MCHs. ○ Recruit general surgical and orthopedic doctors.

	<ul style="list-style-type: none"> • Emergency & Outreach: <ul style="list-style-type: none"> ○ Restore 10 non-functional health centers and improve funding sustainability. ○ Deploy mobile health teams to remote areas. ○ Strengthen regional coordination meetings for better planning and service delivery.
Sool/Saraar Region	<ul style="list-style-type: none"> • Medical Supplies & Equipment: <ul style="list-style-type: none"> ○ Ensure timely cap allocations for Ainabo and Oog hospitals. ○ Address shortages of essential medical drugs and non-pharma supplies. ○ Provide refrigerators for six new MCH centers to improve vaccine storage. • Infrastructure & Emergency Response: <ul style="list-style-type: none"> ○ Construct a permanent building for the Ministry of Health Development in Saraar. ○ Establish an emergency trauma hospital. ○ Install reliable electricity solutions in MCHs, particularly in remote areas. • Health Workforce & Training: <ul style="list-style-type: none"> ○ Develop a sustainable financial model for non-payrolled healthcare workers. ○ Provide training and capacity-building programs for health staff. • Public Awareness & Outreach: <ul style="list-style-type: none"> ○ Enhance collaboration between local governance, health authorities, and partners. ○ Strengthen regional supportive supervision to ensure quality service delivery.
Togdheer Region	<ul style="list-style-type: none"> • Medical Supplies & Infrastructure: <ul style="list-style-type: none"> ○ Rationalize overstaffing issues at Burao General Hospital. ○ Develop a financial sustainability plan for hospitals reliant on central MoHD support. ○ Establish a high-quality blood bank. ○ Construct placenta pits and incinerators in 15 health facilities. ○ Provide a dedicated cold chain facility in Odweine District. • Health Workforce & Training: <ul style="list-style-type: none"> ○ Enhance training and qualification standards for healthcare personnel. ○ Train Trauma, Resuscitation, and Response Teams (TRRT) with Basic Emergency Care (BEC) or Advanced Emergency Care (AEC) training. ○ Recognize and reward 24 high-performing healthcare staff. • Technology & Energy: <ul style="list-style-type: none"> ○ Install solar energy systems for reliable power in health facilities. • Emergency & Outreach: <ul style="list-style-type: none"> ○ Strengthen health facility supervision by ensuring functional transportation. ○ Implement cost-effective maintenance programs for hospital infrastructure. ○ Rearrange mobile health teams to optimize service delivery in hard-to-reach areas.

National priorities, key action points and general recommendations

In conclusion, the Ministry identified some high-level national priorities that will be pursued in 2025 for their implementation. The priorities come out following in-depth discussion and deliberation during the two days meeting. The below points were marked as key national priorities that the Ministry emphasized their importance of expanding and improving the healthcare particularly the establishment of Government health insurance and enhancing drug quality and regulations.

- I. The Ministry committed to conduct thorough review of Primary healthcare system particularly the health center to structurally revise and ensure service delivery components are expanded and sustained
- II. The decided to establish a government-run Health insurance through phases
- III. Management and regulation of Drugs and supplies will be main priority for the Ministry in 2025
- IV. National Blood Bank will be established and blood donation campaigns will be conducted

- V. Strengthening health systems through development of key policies, strategies, strategic plans and improving health information

General Recommendations

At the end the meeting attendees have suggested or proposed some general recommendations and suggestions directed to varieties of topics. In a nutshell all these are aiming to improve overall healthcare system, enhancing administrative management.

Recommendations & proposed suggestions
Vector-borne diseases to be included in the Malaria/IHR
Conduct orientation session for new staff
The Ministry technical teams shall be fully engaged in the National Health Act
Advocate for sustainability mechanism and local resources
The Ministry shall put more emphasis on the health system building
Cross cutting issues: improving intersectoral collaboration and engagement with relevant Ministries
Enhance Media visibility particularly Ministry's website
Review organogram of the Ministry and develop functional roles
Community health committees: consider re-establishment of such committees with clear mandate
Community contribution particularly for doctor's salaries placed at rural Health centers
Essential Medicine List: review and recirculate the essential medicine list to all relevant stakeholders
Review and officialize the list of controlled drugs
Pioneer the establishment of small-scale pharmaceutical factory
Establish a referral health system
Generate a circular on data quality
The Ministry shall assist developing specific regional work plans
Review roles of municipalities and MoHD on JPLG

Key Action points:

1. Further technical discussion for restructuring and refining the proposed ideas for upgrading of Health centers
2. Health insurance: further consultation meetings to discuss seed idea of the insurance
3. Comprehensive mapping assessment with detail information of HFs status and HR at lower levels
4. Comprehensive inventory assessment of Drugs and Supplies to develop a well-organized drug supply chain-system

ANNEXES

Chair: Minister, Vice Minister and Director General of MoHD.				
Time	Topic	Description	Method	Facilitators

08:00 - 08:15	Climate Setting	Registration of the participants	Recording	The Meeting Secretariat
08:15 - 09:00	Opening Remarks	<ul style="list-style-type: none"> Recitation of the Holy Koran 		Sheikh
		<ul style="list-style-type: none"> Welcoming remarks Keynote Speeches 	Speech	DoP, DG, Guests, Vice Minister and Minister
09:00 - 09:15	Review of last year Retreat action points	<ul style="list-style-type: none"> Reviewing Previous action Points 2024 	Presentation	Coordination Team
09:15 - 10:15	Summarized Overview of MoHD 2024 compiled Departmental Activities (Key programs)	<ul style="list-style-type: none"> Core Achievements Core Challenges Priority 	Presentation	Directors
10:15 - 10:30	Summarized Overview of MoHD 2024 compiled Departmental Activities (Key programs)	<ul style="list-style-type: none"> Questions, Answers, Additional comments & Inputs 	Discussions	All
10:30 --- 10:50 COFFEE BREAK				
10:50 - 11:10	Overview of MoHD Regional 2024 compiled activities	<ul style="list-style-type: none"> Core Achievements Core Challenges Priority 	Presentation	Sanaag RMO & Badhan RMO (Including regional Hospital)
11:10 - 11:30	Overview of MoHD Regional 2024 compiled activities	<ul style="list-style-type: none"> Core Achievements Core Challenges Priority 	Presentation	Saar/Sool RMO (including regional hospital)
11:30 - 11:50	Overview of MoHD Regional 2024 compiled activities	<ul style="list-style-type: none"> Core Achievements Core Challenges Priority 	Presentation	Togdheer RMO & Daadmadheedh RMO
11:50 -12:10	Discussion	Questions and Answers		All
12:10 -12:30	Overview of MoHD Regional 2024 compiled activities	<ul style="list-style-type: none"> Core Achievements Core Challenges Priority 	Presentation	Sahil RMO
12:30---01:30 PRAYERS & LUNCH BREAK				
01:30 - 01:50	Overview of MoHD Regional 2024 compiled activities	<ul style="list-style-type: none"> Core Achievements Core Challenges Priority 	Presentation	Marodijeex RMO, Gabiley RMO & Hawd RMO
01:50 - 02:10	Overview of MoHD Regional 2024 compiled activities	<ul style="list-style-type: none"> Core Achievements Core Challenges Priority 	Presentation	Awdal RMO & Salal RMO
02:10 - 02:30	Overview of MoHD 2024	<ul style="list-style-type: none"> Core Achievements Core Challenges Priority 	Presentation	Hargeisa Group Hospital
02:30 - 02:50	Discussion	Questions and Answers		All

02:50 - 03:50	Key Group Discussion Points (Thematic Areas)		Group Discussions	
	Group 1: PHC restructuring and sustainability:	<ul style="list-style-type: none"> ▪ Package of Services provided at PHC (review, expand and improve) ▪ Access and sustainability of services ▪ Standard staff required ▪ Working shifts ▪ Public health seeking behavior and trust on PHC 		
	Group2: Government-run Health insurance	<ul style="list-style-type: none"> ▪ Model of health insurance scheme ▪ Possible Packages of services and target groups ▪ Financing modality 		
	Group 3: Comprehensive mapping of HFs, resources and staff	<ul style="list-style-type: none"> ▪ Latest status of all Health Facilities ▪ Gaps ▪ Detailed HR information 		
	Group 4: Drugs	<ul style="list-style-type: none"> ▪ Drug quality and regulations ▪ Drug rational use and over the counter drugs 		
Group 5: Blood Bank system	<ul style="list-style-type: none"> ▪ National Blood Bank system ▪ National blood donation days 			

