Local Government and Access to Health Services in Bosaso: Institutional Roles, Challenges and Opportunities

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Summary

- Bosaso has a mixed health-service system comprising public and private facilities. Public facilities, such as Bosaso General Hospital and MCHs, receive support from the Puntland Ministry of Health and international partners. They depend heavily on external support for medicines, staff, equipment, and other essential services.
- Bosaso Local Government has a limited but important role in supporting health facilities, responding to health-related needs and complaints, and coordinating with the Ministry of Health. However, most health services remain under the Ministry's authority, limiting the municipality's practical role.
- Access to health services is generally available but remains unequal. Distance, transport, service costs, shortages of medicines and equipment, and reduced external funding particularly affect low-income and vulnerable residents, as well as communities in peripheral areas.
- Strengthening local government capacity and coordination is essential to improving access. Clearer roles for the municipality and the Ministry, stronger local financing, support for underserved communities and public facilities, improved monitoring and complaint mechanisms, and greater community health awareness are key priorities.

About Somali Public Agenda

Somali Public Agenda is a nonprofit public policy and administration research organization based in Mogadishu. Its aim is to advance understanding and improvement of public administration and public services in Somalia through evidence-based research and analysis.

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Introduction

Puntland's health system continues to face significant challenges, including a high burden of communicable diseases, reproductive health problems, undernutrition, and growing non-communicable diseases and mental health concerns. Addressing these challenges requires coordinated efforts to strengthen health-system capacity and improve access to essential services (Puntland State of Somalia, 2017). Puntland's health system is organized into four levels: Primary Health Units (PHUs), Health Centers/MCHs, Referral Health Centers or District Hospitals, and Regional Hospitals. District-level authorities are expected to manage lower-level facilities, such as PHUs and MCHs, while the Ministry of Health oversees higher-level services (UN-Habitat, 2024). However, an earlier attempt to transfer some PHUs to local government during 2022–2023 faced financial and technical limitations.

In Bosaso, health services are provided through a combination of public, private, and partner-supported facilities. The district has Bosaso General Hospital, MCHs, PHUs, and other health centers, as well as privately operated clinics and hospitals. Puntland's Ministry of Health manages Bosaso General Hospital, while development and humanitarian partners support several health facilities by providing medical supplies, equipment, referrals, and other services. However, gaps remain in facility conditions, equipment, access to water and electricity, staffing capacity, and available resources. The city also has specialized services, including a TB center and mental health services, although capacity remains limited in some areas (UN-Habitat, 2024).

Access to health services remains uneven. Cost was identified as the main barrier, while distance is particularly significant for residents of some areas. Puntland's health sector also faces chronic underfinancing and relies heavily on international donors, with limited government financing and weak systems for tracking district-level health expenditure and resource allocation. In Bosaso, private providers make a significant contribution to health financing, but this contribution is insufficiently documented (SPS Consulting, 2019). These challenges highlight the importance of examining Bosaso Local Government's role in coordinating, supporting, and facilitating equitable access to health services in the district.

This governance brief examines Bosaso Local Government's role in facilitating access to health services in the district. It considers the health-service system, governance arrangements, the roles of local authorities and health-service providers, and community access to health services. The brief is based on ten key informant interviews

conducted between 14 and 25 August 2026 with local government officials, health-service providers, and community members in Bosaso. The interviewees included seven men and three women.

Health Services and Governance in Bosaso

Bosaso has a mixed health-service system comprising public and private facilities. The health infrastructure includes Bosaso General Hospital, four Basic Emergency Obstetric and Newborn Care (BeMONC) health centers, four MCHs, and five PHUs. Médecins du Monde (MdM) is a major partner of the Puntland Ministry of Health and supports eight health centers and MCHs by providing medical supplies and equipment, managing the central drug store, supporting referral services, and providing an ambulance for Bosaso General Hospital.

Bosaso General Hospital and MCHs are public facilities managed by the Puntland Ministry of Health, while most other facilities are privately owned. Respondents did not report regular direct funding to public facilities from either the Puntland State Government or Bosaso Local Government. MCHs depend largely on projects and international support for medicines and staff salaries, while the General Hospital also relies heavily on international support, including for its expansion. Some respondents reported occasional support from the Ministry of Health in the form of medicines and medical equipment, but this support was not regular. The local government's direct support was limited, with one respondent mentioning assistance with sanitation.

An earlier attempt was made to transfer some PHUs to the local government during 2022–2023. However, respondents reported that the district faced financial and technical limitations in managing the transferred facilities. For example, electricity bills had accumulated over eight months before support was provided.

> *"During the 2022–2023 period, when district local government elections were being conducted, there was an attempt to transfer Primary Health Units to the local government. In Bosaso district, I believe two to three health facilities outside the city were transferred to the local government. However, the district failed to manage them and could not even pay their electricity bills. When we came, they had eight months of unpaid electricity bills. After that, we advocated for them and contributed money to pay the electricity bills."*

This reflects the challenges faced by the district when responsibilities are transferred without sufficient financial and technical capacity. At Bosaso General Hospital, most services require payment, although fees are generally lower than those charged by private hospitals. HIV and TB treatment are free, while vaccinations and child nutrition services at MCHs are also provided free of charge.

Respondents identified concerns about the quality and management of medicines and services. At some MCHs, medicines may be handled by staff without sufficient knowledge or experience, and concerns were also raised about their proper storage and monitoring. At Bosaso General Hospital, patients may experience delays, particularly during emergencies, and some respondents reported long waiting times. However, the hospital's medicines were considered relatively reliable because of its health professionals and support from international organizations. Public facilities have recently faced shortages of medicines and qualified health workers, partly because of reduced international support and experienced staff moving to private facilities.

Although public and private facilities face gaps in capacity and specialized services, private facilities were described as providing faster services and ensuring greater staff accountability. However, concerns were raised about pharmacies operated by people without sufficient knowledge of medicines, including the sale of inappropriate or expired medicines.

Private facilities also have limited diagnostic services and medical equipment. Advanced scanning and equipment for diagnosing conditions such as cancer and kidney-related diseases are limited or unavailable in Bosaso. These gaps have driven residents to seek diagnosis and treatment in Garowe, Ethiopia, and elsewhere, contributing to increased health tourism.

Role of Bosaso Local Government in Health-Service Access

The findings show a gap between Bosaso Local Government's formal responsibilities and its practical role in health-service provision. Although local government laws assign responsibility for basic social services to local governments, these responsibilities have not been fully transferred to the district level. In practice, the Ministry of Health remains the main authority responsible for managing health services,

including appointing district health officials and overseeing the health-service structure. According to one local government official:

> *"The laws and regulations on which the local government is based define and explain its role. They state that basic social services should be managed and provide basic social services, and that all these services fall under its responsibility. However, in practice, it does not have any role in this area. The Ministry of Health directly manages health services".*

Consequently, the municipality has limited direct authority over most health facilities. One MCH in Girible, established through a project for displaced people, is an exception: the local government is involved in its management, supervision, provision of advice, and follow-up. The municipality can also provide practical support, including sanitation, although international assistance generally reaches facilities through the Ministry of Health. Respondents further identified PHUs as a potential area in which the municipality could contribute. A recent Puntland health financing forum proposed establishing a health village-modern health facility equipped with the necessary medical equipment and a full range of health services- and land has reportedly been identified, but implementation has not yet started. Private-sector investment in health also remains limited.

Accessibility and Equity of Health Services

Overall, respondents described the availability of and access to health services in Bosaso as relatively good, although services have not yet reached the desired level. MCHs provide maternal and child health services, midwifery, vaccinations, and nutrition services in many neighborhoods, generally free of charge. They refer cases beyond their capacity to Bosaso General Hospital. The referral system is functioning but has limited resources and service coverage. Private facilities provide additional options, although most services require payment. Access has improved compared with the past, but delays and service gaps remain. One health professional observed:

> *"The availability and accessibility of health services are good, but they have not yet reached the level they should reach. Some services are available in every neighborhood, such as the services provided by MCHs".*

Geographical distance, limited medical transport, and service costs create greater barriers for residents in peripheral and low-income communities. Reduced international support has also affected access, with some maternity services that were previously free now requiring payment. Respondents further identified shortages of medicines, equipment, electricity, and specialized services, including kidney dialysis and breathing equipment.

Diagnostic services are also limited, particularly advanced scanning and equipment for diagnosing conditions such as cancer and neurological diseases. Some residents therefore travel to Garowe, Ethiopia, or elsewhere for diagnosis and treatment, contributing to increased health tourism. As one health-service provider explained:

> *"The interruption of international humanitarian assistance has had a major impact on public hospitals. For example, medicines, vaccines, and other similar supplies were affected".*

Community Participation and Accountability

Public awareness affects access to health services. Respondents identified low awareness of serious and communicable diseases, sanitation, waste management, and substance use, including smoking, khat, and cannabis, as continuing challenges. Limited awareness may also lead some families to keep sick members at home until their condition becomes serious.

Residents raise health complaints through social media, health facilities, local government officials, and people connected to government institutions. However, accountability is difficult because most facilities are private and licensed by the Ministry of Health. Although the local government can respond to complaints, respondents noted that no clear formal complaints mechanism is accessible to all residents. They recommended establishing a clear complaints channel and strengthening coordination among the local government, the Ministry of Health, and health facilities.

Conclusion

Health services in Bosaso are provided through a combination of public and private facilities, the Puntland State Government, and international support. Basic services are available in many neighborhoods, and respondents generally described access as better than in the past. However, affordability, geographical distance, limited transportation, shortages of medicines and equipment, and reduced external funding continue to affect access.

The findings also show a significant gap between the formal role of Bosaso Local Government and its practical authority. While the municipality provides some support and manages at least one MCH, most health services remain under the Ministry of Health. Improving access therefore requires not only additional resources but also clearer responsibilities, stronger coordination, and greater local government capacity.

Policy Considerations

Based on the findings, the following policy considerations are proposed:

- **Transfer legally assigned health responsibilities to the local government**: The Puntland Government should gradually transfer health responsibilities to Bosaso Local Government, beginning with PHUs and other lower-level services. The transfer should be accompanied by the authority, budget, and technical capacity needed to manage these services effectively.
- **Strengthen local health financing**: Bosaso Local Government should strengthen tax collection and explore additional local revenue sources to support basic health needs and reduce dependence on external assistance. Any health responsibilities transferred to the municipality should be matched with adequate financial resources.
- **Establish a clear coordination mechanism**: The Ministry of Health and Bosaso Local Government should establish a regular coordination mechanism covering health planning, service delivery, infrastructure, referrals, and development projects. This would help clarify responsibilities and improve joint responses to local health needs.
- **Strengthen local monitoring and quality control**: The local government, in coordination with the Ministry of Health, should strengthen the monitoring of public and private health facilities, with particular attention to medicines, staff qualifications, diagnostic services, equipment, service quality, and complaints.
- **Improve access to essential and specialized services**: The Ministry, local government, and health partners should prioritize essential services and equipment that are limited or unavailable in Bosaso, including diagnostic services, kidney-related services, and other critical equipment. This could reduce the need for residents to travel outside the district for diagnosis and treatment.
- **Support underserved communities and public facilities**: Local health planning should prioritize peripheral and low-income communities facing barriers related to distance, transport, and cost. Within its available resources, the municipality should also provide practical support to public facilities when urgent needs arise, including sanitation and basic facility support.
- **Promote private-sector investment in health**: Bosaso Local Government, together with the Puntland Government and local business community, should encourage responsible private investment in health services and diagnostic facilities, particularly in areas where services and equipment are currently limited.

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This governance brief is the sixteenth in a series of District Council-driven research publications under our EU- funded project, Increased Opportunities for Somali Citizens' Scrutiny of Fiscal and Financial Governance, which examines critical issues related to fiscal governance and federalism at the district level. The topics explored in this series are identified through close collaboration with District Council members, and Civil Society Organizations' CSOs) representatives during workshops held in Bosaso, Adado, and Jowhar on a quarterly basis, ensuring the research remains grounded in local governance realities.

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