The cost of failing state provision of affordable health care: The case of Somalia

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Historical Perspective

Somalia inherited a basic post-colonial health care system that focused on curing diseases rather than preventing them. Most rural and nomadic populations had limited access to essential health care. From the 1960s to the 1970s, health care services and access improved, including the training of health care professionals and providers. Between the 1970s and 1980s, primary health care (PHC) initiatives and tuberculosis (TB) treatment programs were introduced. However, the civil war completely destroyed Somalia's health system, as health facilities were either looted, vandalized, or taken over. According to Macalester Digital Commons (2008)[1], Mohamed Gedi Qayad argues that health care services in Somalia have been shaped by various administrations, each adopting different policies, priorities, and approaches to health care, often influenced by local and international paradigms and resolutions.

Unfortunately, all these efforts were undermined by the civil war, and the progress made in the thirty years since independence was reversed due to the economic downturn and political turmoil of the 1990s. At one point, health care services became an unregulated local private initiative.

Post-Conflict initiatives

During the post-conflict period from 1990th to early 2010th, Somalia's health services and access were exclusively in the hands of the private sector which is profit-oriented and with the financing of health care operations remaining a major challenge for the country due to the growing health needs as well as the absence of a central or state government responsible for providing or regulating social services. As we speak, Somalia is not able to finance the health care needs of its people adequately. Heritage Institute (Somalia's Healthcare Systems: May 2020) stated one of the biggest impacts on the modest health infrastructure was the fact that a significant number of medical doctors, qualified nurses, midwives and skilled health technicians were either killed or migrated overseas and virtually, all health training institutions become out of service.

[1] https://digitalcommons.macalester.edu/cgi/viewcontent.cgi?article=1069&context=bildhaan

According to the WHO (Understanding the Private Health Sector in Somalia), the private health sector, both for-profit and not-for-profit) provides about 80% of all curative care services in Somalia with the main challenges being accessibility barriers, absence of accountability, lack of regulatory environment and lack of coordination with related government agencies. Thus, the majority (roughly 74%) of private health facilities are owned and managed by individuals with most of such facilities being pharmacies.

Access to Costly International Health Services

Somalia's prolonged civil war has exacerbated the provision of health care in the country and the section of the population that's hardly hit by the lack of healthcare access are women and children. According to the local and international NGOs operating in Somalia, many women and children in Somalia have to undertake journeys of hundreds of miles to reach medical facilities. Thus, Somalia has one of the lowest universal health coverage index in the world (UHC). The main barriers include limited capacity, insecurity, out-of-hand and unregulated costs and more.

Somali's Health Care Recovery Phase

Puntland, the first FMS in Somalia, did not have a stable and established health care system. The private health provision was dramatically shrunk to individual clinics. At the same time, the government, led by the Ministry of Health, failed to go beyond providing basic health services and MCHs which was indeed the only feasible improvement in the health sector for the last 26 years. As we speak, Puntland doesn't have a referral hospital at the State level and the poor management of that Ministry is to be blamed.

It is not hidden from the public how that ministry's management mismanaged the government's meagre resources and reasonable international support. The chance of developing that sector was once again mis screwed by the same people interested in managing.

Effective from 2010, Mogadishu was showing signs of steady recovery, especially in the social services sector, spearheaded by the well-established international presence in that sector while Puntland was struggling to address that issue. Many patients used to be transported to Mogadishu effective from 2012 after several large health facilities of international standard were opened in the city including Digfer Hospital, known now as Erdogan Hospital which was officially reopened in January 2015 at an inauguration ceremony in Mogadishu led by then President of Somalia Hassan Mohamoud and President of Turkey Recep Tayyib Erdogan. The renovated 200-bed Somalia-Turkey Training and Research Hospital was constructed by Turkiye's International Cooperation and Development Agency (TIKA)[2].

According to the Somalia Public Agenda (2022), the role Turkey plays in the improvement of public services and infrastructure in Somalia, particularly access to health care is paramount and that includes both Erdogan Hospital and Yardimeli Hospitals, the second largest hospital built by Turkey based in Mogadishu which was opened in June 2016 to serve Somali women and children.

[2] "Weekly Press Conference on the Progress of the Government". Dayniile. 31 January 2015.

Both of these hospitals were part of Turkish counterpart agreements to improve the health sector in 2013[3].

Besides Erdogan Hospital, some other people preferred to go to Hargiesa due to the close connection to Ethiopia although Somaliland was not much better than Puntland in that regard. During this time, Somali people began seeking healthcare outside of Somalia, particularly in Ethiopia, Kenya, Turkey, and India. Many preferred India because it offers comprehensive health services at a reasonable price. Initially, these services were funded by relatives in the West who could provide financial support. However, as the quality of healthcare in Somalia deteriorated, individuals started to finance their own medical needs.

The Cost of Medical Tourism

In 2019, I visited Hyderabad for the first time, taking family members for medical checkups. At that time, many Somalis seeking professional health care were travelling to Kenya, Turkey, or the UAE. Due to visa restrictions and the high costs of logistics, India had become the country of last resort for many. I didn't stay long; I left my family in India to complete their medical treatment. In addition to the highly fluctuating medical charges at that time, we had to rent a flat, arrange transportation, and cope with the extremely hot weather in Hyderabad during the summer. Unfortunately, I was forced to extend my stay for almost six months due to Covid-19 travel restrictions, which prevented my family's return. During this time, I began gathering information on the costs of healthcare for Somalis abroad, particularly in India.

Before my departure, I had been stationed in Garowe since 2013, where I observed that the provision of health services was below standard. This wasn't the first time I noticed this issue. Since 2007, I spent up to three months each year in Puntland, and I have not seen any improvement in the health sector during that time. Since the formation of Puntland in 1998, health access has been the most affected area, showing minimal progress.

Although many small clinics opened across the state by health professionals, they often lacked specialists or referral hospitals. It's important to note that after the collapse of the Somali government, Puntland became a center for medical services, particularly Galkayo. This city has been the home of some of the finest Somali doctors, such as Dr. Mohamed Jama Salad Takar, a renowned neurosurgeon, and Dr. Abdulkadir Mohamoud Jama, also known as Dhegacadde, both of whom returned from Italy. However, due to a lack of government support and overall improvement in the health sector, their efforts did not make a significant impact.

The evolution of medical tourism is a worldwide phenomenon and many publications done by ETC/UNWTO on exploring health tourism aim to provide a better understanding of the growing segment of wellness and medical tourism. These studies introduce the evolution of health-related tourism products and services from around the world, providing insights into the current situation of the industry as well as the future potential. According to William Russel (William-russel.com), worldwide medical tourism, also called health tourism, is a huge and booming industry spanning the entire globe.

[3] "Somalia: Somali President Visits Hospital Renovated By Turkey". Sabahi. 15 July 2013.

In 2020, the value of the global health tourism sector was around US$54 billion, but by 2027, it is expected to almost quadruple in size to US$207 billion.

People who can choose their destination and are not subject to visa restrictions, such as Somalis, often select countries where healthcare is more affordable to ensure a high quality of care. However, this choice typically comes with a cost. According to the International Medical Travel Journal, the following countries are ranked as the top ten medical tourism destinations in the world:

Rank/Country	**Medical Tourists per Year (2019)*[4]**
1. Malaysia	1,100,000
2. Thailand	632,000
3. Turkey	400,000
4. South Korea	400,000
5. Dubai, UAE	350,000
6. Vietnam	300,000
7. South Africa	300,000
8. Mexico	300,000
9. Taiwan	300,000
10. India	200,000

The universal rule for the best places for medical tourism are those that can offer the best treatment for you and your loved ones at the best price. Somalis can have access to several countries of the top ten such as Malaysia, Turkey, India and South Africa. For many Somalis, seeking medical care abroad is a matter of survival, yet by the time they have the opportunity to travel, they are often already in the final stages of their illness. I experienced this sobering reality while in Hyderabad, India, and it still causes me pain to reflect on it. A doctor at Apollo Hospital[5] confided to me that many examined cases of Somali patients indicate that they were either unnecessary for these patients to be brought to India and they could have even advised their course of treatment while they stayed at home or it was too late for them. He was also startled by the rate of cancer patients among Somalis which was beyond any statistics and the reasons for such a dramatic increase are unknown to them.

Somalis often do not carry their medical reports or history when traveling, which exposes them to extensive preliminary examinations. Unfortunately, this can lead to extortion by unethical medical staff, including local Somali translators and interpreters. I have witnessed firsthand how these intermediaries exploit the trust of patients, imposing excessive charges that many cannot afford. As a result, numerous patients end up in debt or, in some tragic cases, face life-threatening situations. The case of Turkey is far worse than that of India and due to the nature of the Turkish people who are too materialistic than their counterparts in India coupled with the high and expensive lifestyle in Turkey, medical seekers often are subjected to the greatest misuse and exploitation.

Somalis seeking medical treatment abroad often choose countries like India, Malaysia and more recently, Thailand. These countries offer high-quality healthcare services at a fraction of the cost compared to many Western nations.

[4] https://www.william-russel.com/blog/what-is-medical-toursim/
[5] https://www.hospitals.clinicspots.com/apollo-hospital-hyderabad

However, no one knows exactly how much Somalis seeking medical attention abroad pay in terms of real money. India and Malaysia have long been popular destinations due to their affordable healthcare, the availability of specialized treatments and the likely availability of the entry visa. Thailand has also emerged as a new favourite, with its excellent medical services, cultural sensitivity for Somali tourists in India and Malaysia can vary widely depending on the type of treatment and the duration of the stay.

As we have been searching for this issue, we have found certain itemized costs of certain health services as an indication in a general overview. These figures are for approximate and not defined costs, depending on where the patient is:

India[6]:

- General overall check — from USD 350
- Heart Bypass Surgery — from USD 5,200 /8,000
- Hip Replacement Surgery — from USD 7,000
- Knee Replacement Surgery — from USD 6,200
- Dental Implant — from USD 1,000
- Corneal Transplant — from USD 850
- IVF Treatment — from USD 3,250

Malaysia[7]:

- General overall check — from USD 400
- Heart Bypass Surgery — from USD 11,430
- Knee Replacement Surgery — from USD 7,000
- Dental Implant — from USD 345
- Corneal Transplant — from USD 3,000
- IVF Treatment — from USD 3,819

These figures include the cost of the procedure itself, but not additional expenses like travel, accommodation, and food. The overall cost can be significantly lower compared to many Western countries, making these destinations attractive for medical tourism. Likewise, we haven't found specific data on how much Somalis spend on healthcare in Malaysia. However, it's known that medical tourism in Malaysia is popular due to its affordable and high-quality healthcare services. Somali patients, like other international patients, likely spend a significant amount on treatments and procedures. To that end, India is still the most favoured destination so far and Somalis spend a considerable amount on healthcare in India.

According to some unconfirmed reports, Somalis spend over $100 million annually[8], seeking medical treatment in India. This figure includes various medical procedures and treatments that Somalis travel to India for, due to the high quality and affordability of healthcare services compared to their home country.

[6] Cost Comparison of Medical Treatments in India with Other Countries
[7] Cost Comparison of Medical Treatments in India with Other Countries
[8] Somalis Spend over $100 Million Annually Seeking Medical Treatment in India - Somali News today Live

Somalis are not the only Africans seeking medical treatment abroad especially India but even more stable and medically advanced countries such as Kenya do so as well.

According to Nation, about 97% of Kenyan patients who seek medical treatment abroad to India, according to the Ministry of Health in its 2015-2020 report on medical tourism[9].

Likewise, Ethiopians have found solace in the exceptional healthcare facilities, highly trained medical professionals, and cost-effective treatments offered in India[10]. India's medical sector is thus far internationally prominent as it employs almost 10 million people and the medical tourism industry in India is expected to be worth $5-6 billion by mid-2020. In 2019, India received approximately 700,000 international medical tourists. While specific numbers from East Africa aren't detailed, a significant portion originates from African countries.

As recent as 2023, the Government of India, at the issuance of new visas, has introduced a new system which pre-describes where Somali patients are going to get treated instead of allowing their location of preference and this procedure even completes situation more and forces patients for unnecessary and unwarranted additional costs. Many members of the same family who were supposed to live together, minimizing costs, were subjected to such new policies. The Federal Government of Somalia needs to intervene in these cases and protect their people against these harsh new preconditions.

Glimpse of Hope

Somalia continues to struggle to provide balanced medical care to its citizens, forcing many Somalis to seek medical treatment abroad for the foreseeable future. As the capital, Mogadishu has attracted numerous international medical facilities, leading the country in healthcare services. Meanwhile, Puntland, which has been relatively peaceful for the past 26 years, has not been able to develop comprehensive state medical facilities such as referral hospitals. Instead, the private sector remains limited to individual practitioners, preventing the establishment of large medical facilities. As a result, Puntland lags behind Mogadishu and Hargeisa in healthcare provision.

In 2023, a new modern health facility, the Somali European Hospital (SHE), was inaugurated in Garowe, Puntland. This privately owned referral and teaching hospital is designed to enhance healthcare services in the region. The facility features over 40 patient rooms, two major operating theatres, two outpatient departments, and an emergency department equipped with more than 20 beds.

So far, SHE has demonstrated its commitment to providing accessible, affordable, and high-quality healthcare services in Puntland. The project is financed by a group of medical professionals, including highly trained doctors with international experience, such as Dr Abu-Shacar, Dr Abdiwahid Calbeto, and Dr Mohamud Calbeto, among others. The Somali European Hospital (SHE) has undergone significant reorganization and has invested in state-of-the-art medical equipment, facilities, and highly trained staff. The public has embraced SHE as a leading centre for diagnosis and major surgeries, offering essential departments such as endoscopy, radiology, orthopedics, pediatrics, obstetrics, urology, and nephrology, all at affordable prices.

[9] https://nation.africa/kenya/health/97pc-of-kenyans-seeking-treatment-abroad-go-to-india-report
[10] https://hbgmedicalassistance.com/indias-leading-medical-treatment-destination-for-ethiopians/

In addition to SHE, a new hospital project was announced in December 2024 in Garowe. This new medical facility will be funded by the International Healthcare System (IHS) at a cost of millions of dollars and is spearheaded by Dr. Darman Aden, MD, FACP. It will be the largest medical facility in the region and the first of its kind in Puntland, designed to meet healthcare needs that previously required patients to seek treatment abroad.

Final Thought

Medical tourism is motivated by the desire to access high-quality, affordable, and cost-effective healthcare across international borders. As long as Somalis continue to need medical services that are unavailable at home, they will seek treatment abroad, making this a significant issue. The leading destinations for medical tourism include India, Turkey, Malaysia, Thailand, Kenya, and Ethiopia. However, the process can be extremely costly. Health professionals agree that the Somali market presents a unique opportunity for healthcare providers worldwide. Ideally, cost-effective medical services should be available locally, eliminating the need to travel abroad for care.

Access to the right information is crucial for those seeking medical care, and the Somali diaspora, which represents a significant portion of the country's population spread across the globe, can play an important role in this process. Many members of the diaspora have access to valuable resources and information, and they often influence and guide the decision-making of their families back home. Effectively leveraging this network can be a powerful strategy when utilized properly.

Somali governments, both at the federal and state levels, should encourage businesspeople and medical professionals to invest in this essential sector. The goal should be to provide affordable, high-quality services to the local population. In extreme cases, patients can be transferred to international specialist hospitals, with referral and complete diagnostic documents to streamline the process.

The Federal Ministry of Foreign Affairs should work with key destination countries to simplify the visa process and eliminate intermediaries who significantly increase the cost of accessing medical services, as has been observed in countries like India, Turkey, and Malaysia. Those who exploit vulnerable patients should face the full consequences of the law, and efforts must be made to protect individuals seeking medical assistance.

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