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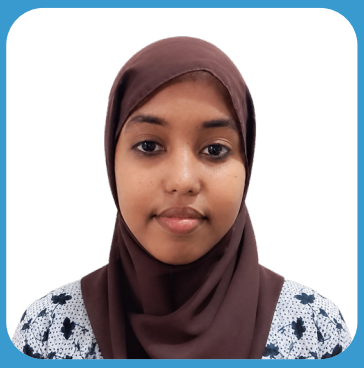

PUNTLAND'S HEALTH SECTOR: THE BUSINESS CASE FOR GETTING INVOLVED

NAFISO ABDIWELI KHALIF

Bio: Nafiso Abdiweli Khalif is an accomplished humanitarian professional with extensive experience in the health and nutrition sector, Nafisa has built a distinguished career leading emergency response program and directing multi-disciplinary teams across complex humanitarian settings. Nafisa is a Project Management Professional (PMP) certified leader, who specializes in strengthening health systems and strategic program management bringing operational rigor and high-level leadership to every engagement. Beyond her humanitarian work, Nafisa is also active in the business sector, extending her expertise across professional domains and bringing a cross-sector perspective to strategic and institutional challenges.

Puntland is rebuilding. And in that rebuilding lies one of the most compelling business opportunities in the Horn of Africa right now.

The health sector is at an inflection point. Government commitment is growing. Digital infrastructure is maturing. A young population is demanding more. The gaps are large, yes. But large gaps mean large markets. This is not just a story about sickness and shortfall. It is a story about where Somali business, regional investors, and development finance institutions can build something lasting.

THE MARKET IN NUMBERS

Start with the fundamentals. Somalia's population is young, large, and underserved. Over 55% of Puntland's residents are under the age of 15. That is a generation of future patients, workers, parents, and consumers who will need healthcare for decades to come.

The demand is there. The supply is not. Only about 25% of Somalis had access to essential health services as recently as 2020. Maternal mortality sits at roughly 563 deaths per 100,000 live births, one of the highest rates in the world. Under-five mortality stands at around 101 per 1,000 live births. Approximately 1.85 million children across Somalia are affected by acute malnutrition today.

THE FINANCING GAP IS A MARKET GAP

Households pay 44.9% of Somalia's total health expenditure out of their own pockets. That figure far exceeds global averages. Around 24% of families experience what researchers call catastrophic health spending. They sell assets. They skip care. They go into debt. Families are absorbing costs that, in functioning markets, flow through insurance systems, employer benefit schemes, and pooled financing mechanisms.

That is not a social problem alone. It is a market inefficiency. Private insurers, microfinance institutions, and employers offering health benefits have room to build genuine businesses around solving it. The addressable market is every household currently absorbing costs it cannot afford.

The push toward Universal Health Coverage is not working against private players. It creates the policy environment that makes sustainable business models possible.

Workforce:

A TALENT MARKET WAITING TO BE BUILT

Puntland faces a severe shortage of doctors, nurses, and midwives. Current densities fall well below WHO-recommended thresholds. In rural and nomadic areas, that shortage is acute. Skilled birth attendants are scarce. Emergency care is thin. Preventive services barely reach the most remote communities.

This means a workforce development opportunity. Private medical training institutions have a clear pipeline here. So do recruitment agencies that can place Somali health professionals trained abroad. Telehealth platforms can extend the reach of qualified clinicians beyond what physical infrastructure allows. Community health worker programs can be scaled and professionalized.

DIGITAL INFRASTRUCTURE IS ALREADY AHEAD OF THE CURVE

One of the most underreported stories in Puntland's health sector is the state of its data infrastructure.

Approximately 95% of public health facilities now report into the national DHIS2 platform. That is a remarkable achievement in a fragile context. It means decision-makers have real-time visibility into disease patterns, facility performance, and resource flows.

For health-tech companies, logistics operators, and supply chain investors, this is foundational. A live, national data system means smarter procurement, faster outbreak response, and better targeting of interventions. Companies that build on top of this infrastructure today are positioning themselves as the backbone of a modernizing system.

WHAT IS ALREADY WORKING

Progress is already happening.

In 2025 alone, coordinated health responses reached an estimated 2.3 million people with services. Over 3.4 million consultations were conducted. Some 843 health facilities received direct support. Mobile health teams are operating in remote and displaced communities, delivering immunization, maternal care, and nutrition screening where fixed facilities cannot reach.

Community health workers are scaling. Nutrition services are being integrated into primary care. Disease surveillance systems are improving detection speeds for cholera and measles outbreaks. These are not pilot programs. They are operational models and proven approaches that private operators can partner with, invest in, or scale, because this can mean that the humanitarian system has built the scaffold. The private sector can build the structure.

WHERE TO FOCUS

There are clear opportunities sit in several areas, among them are health financing products which are underdeveloped and urgently needed. Insurance, savings schemes, and employer benefits all have room to grow. So do social protection partnerships with government.

Workforce development creates demand for training, accreditation, placement, and retention services. Somali diaspora professionals represent an underutilized talent pipeline in this regard.

Health technology has a foundation to build on. With 95% digital reporting already in place, software, analytics, and telemedicine products have a real deployment environment.

Supply chain and logistics for medicines and medical equipment is a persistent weak point. Reliable cold chains, last-mile delivery, and procurement partnerships are all needed.

THE BOTTOM LINE

Puntland's health system has real problems, in the same token, it also has real momentum. The question for Somali businesses and investors is not whether the sector is viable. It is whether they want to be part of building it. The government and aid agencies have established the baseline. They have laid the data infrastructure, the community networks, and the policy frameworks. What comes next requires private capital, private ingenuity, and private commitment.