



**Federal Ministry of Health
and Human Services, Somalia | NSHIA**

Technical Report: National Stakeholder Consultation and Technical Workshop for Finalizing the Legal, Governance and Institutional Frameworks for NSHIA, Somalia



DATES
7-11 May 2026



VENUE
Mogadishu,
Somalia



TIME
09:00 AM –
05:00 PM



EVENT
Four-day
Workshop

**Prepared for: Federal Ministry of Health and Human Services, Somalia
National Social Health Insurance Authority (NSHIA)**

Report period: 4-7 May 2026 | Venue: Mogadishu, Somalia | Daily timing: 09:00 AM-05:00 PM



Executive Summary:

This technical report provides an overview of the four-day National Stakeholder Consultation and Technical Workshop held from May 4-7, 2026, in Mogadishu, Somalia. The primary objective of the workshop was to facilitate the establishment of the proposed National Social Health Insurance Authority (NSHIA). It convened representatives from various stakeholders, including National Health Professional Councils, hospital directors, professional associations, healthcare providers, and allied health sectors. The workshop's focus was on reviewing, validating, and refining the proposed legal framework, governance structure, and institutional establishment process for NSHIA.

The consultation was structured as a technical process rather than a ceremonial gathering. Each day of the workshop was scheduled from 9:00 AM to 5:00 PM, encompassing continuous technical presentations, moderated plenary discussions, working sessions, daily recap meetings, and documented feedback mechanisms. Participants were provided with facilitation for the venue, refreshments, and lunch throughout the workshop, fostering an environment conducive to sustained deliberation and consensus-building.

The workshop agenda was organized around three key themes: legal finalization and mandate clarity, governance, accountability, and public financial management integration, and provider interface, digital readiness, and phased establishment. Stakeholder comments were systematically recorded, reviewed during daily recap sessions, and incorporated into the refinement of NSHIA's proposed legal provisions, governance architecture, institutional boundaries, provider engagement model, and phased action pathway.

The workshop concluded with official remarks from the Ministry of Health, the National Health Professional Council, and hospital leadership. The participating stakeholders endorsed the proposed National Health Service Improvement Act (NSHIA) contents as a solid foundation for advancing legal finalization, governance validation, and phased establishment. However, this progress is contingent upon continued technical refinement and government approval.

1. Workshop Profile and Administrative Details:

Item	Description
Activity title	National Stakeholder Consultation and Technical Workshop for Finalizing the Legal, Governance and Institutional Frameworks for NSHIA, Somalia
Dates	4-7 May 2026
Daily time	09:00 AM-05:00 PM
Venue	Mogadishu, Somalia
Primary convening institution	Federal Ministry of Health and Human Services / National Social Health Insurance Authority
Core participants	National Health Professional Councils, hospital directors, professional associations, healthcare providers and allied health-sector stakeholders
Facilitation support	Venue preparation, refreshments, lunch, communication, documentation and workshop materials were facilitated throughout the four days
Final endorsement	MoH, NHPC and hospital leadership formally concluded the consultation and endorsed the proposed NSHIA contents

2. Background and Rationale:

Somalia's health system continues to encounter significant obstacles related to financial protection, equitable access, provider accountability, service readiness, and the coordination of funding streams. Substantial out-of-pocket payments at the point of care subject households to financial strain and hinder timely access to essential services. Within this context, the proposed NSHIA serves as a national reform platform aimed at advancing pooled financing, strategic purchasing, provider contracting, member protection, and accountability.

Accordingly, the workshop was convened to ensure that the Authority is developed collaboratively with healthcare providers and professional institutions. By engaging councils, hospital leadership, professional associations, and provider representatives, the consultation sought to align the legal and governance framework with operational realities, clinical validity, service delivery capacities, and stakeholder confidence.

Building on these collaborative efforts, the workshop prioritized the examination and refinement of legal and governance frameworks to strengthen the Authority's capacity for effective implementation. Discussions focused on clarifying institutional mandates, establishing robust oversight mechanisms, and ensuring operational alignment with the realities of service delivery. By fostering consensus among diverse stakeholders, the consultation set the stage for the development of a validated legal foundation and a comprehensive governance architecture that supports accountability, member protection, and sustainable health financing in Somalia.

3. Workshop Objectives

Objective	Operational meaning during the workshop	Resulting output
Review and refine the legal foundation	Examine legal personality, institutional status, establishment authority, mandate and transition clauses.	Validated legal drafting priorities and mandate clarification points.
Validate governance	Discuss board composition, oversight	Proposed governance structure

architecture	committees, ethics, audit, risk management and fiduciary controls.	and accountability model.
Clarify mandate and institutional alignment	Separate Ministry stewardship/regulatory functions from NSHIA pooling, purchasing, contracting and claims functions.	Functional delineation framework.
Define PFM integration principles	Review Treasury compatibility, ring-fenced financing windows, reporting, audit pathways and subsidy management.	PFM and fiduciary design principles.
Shape provider interface	Discuss contracting, accreditation, tariffs, quality standards, benefits governance and claims realism.	Provider engagement and readiness recommendations.
Agree phased pathway	Confirm immediate, medium-term and longer-term establishment priorities.	Action matrix and phased establishment roadmap.

Workshop Technical Themes

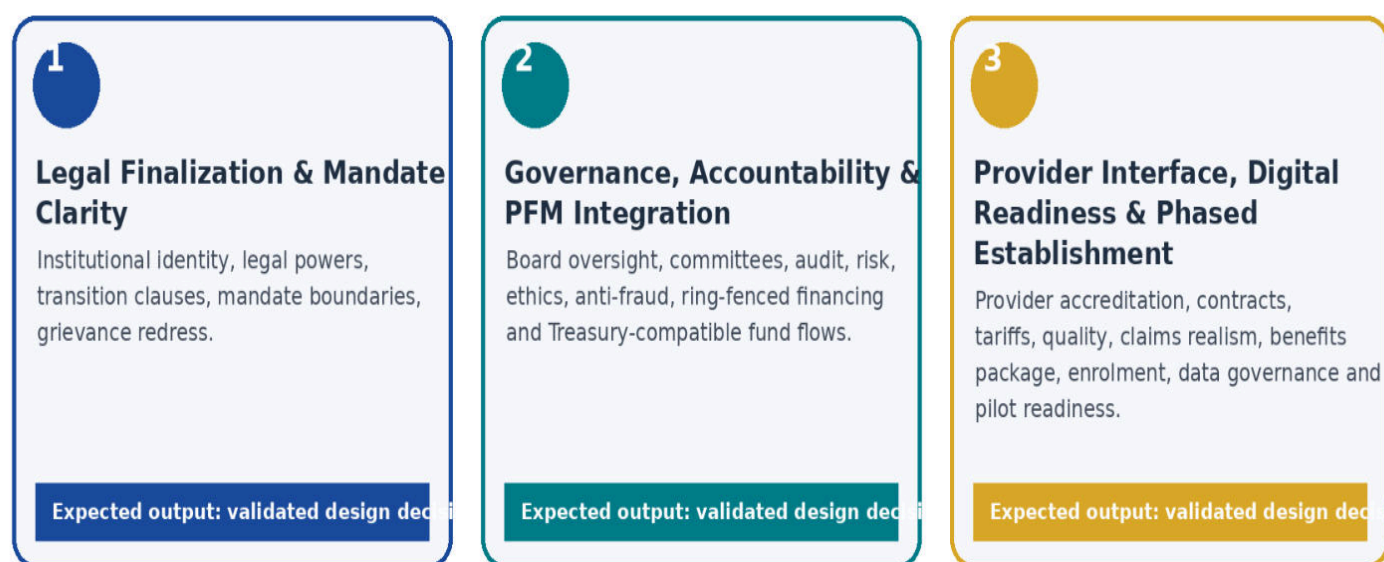


Figure 1. Three technical themes used to structure the consultation and validation process.

3. Participants and Stakeholder Representation:

The workshop focused on stakeholders whose technical expertise, professional standing, and institutional responsibilities are crucial to establishing credibility in Somalia's social health insurance reform. Attendees consisted of representatives from National Health Professional Councils, hospital directors, professional associations, healthcare providers, health-sector alliances, as well as selected policy and technical experts.

Their involvement enhanced the practical significance of the legal and governance framework by incorporating provider-side perspectives into the development process.

In addition to shaping foundational credibility, the workshop fostered constructive dialogue between these diverse stakeholder groups, enabling a nuanced exchange of operational, regulatory, and professional insights relevant to the National Social Health Insurance Authority (NSHIA) framework.

This collaborative environment not only promoted alignment on regulatory and quality priorities but also facilitated the identification of practical challenges and opportunities in provider engagement, claims management, and benefits governance.

As a result, the consultation advanced a comprehensive approach to implementation, ensuring that both policy and provider perspectives were integrated into the phased establishment pathway and action matrix.

Stakeholder category	Contribution to NSHIA framework development
National Health Professional Councils	Provided regulatory, professional and standards-based perspectives on provider quality, ethics, scope of practice and accountability.
Hospital directors and facility leadership	Contributed operational views on contracting feasibility, claims workflow, reporting burden, referral systems, service readiness and provider payment realism.
Professional associations	Strengthened clinical legitimacy and professional ownership of the reform, especially on standards, member protection and quality improvement.
Healthcare providers and allied health-sector actors	Provided practical insights on day-to-day service delivery, facility capacity, patient flow, documentation and community trust.
MoH, NHPC and hospital leadership	Provided stewardship, institutional leadership, final reflections and formal endorsement of the proposed contents.

4. Workshop Methodology:

The workshop employed a participatory and evidence-based approach, incorporating policy framing, technical presentations, moderated discussions, group work, daily recap sessions, and structured validation. The facilitation strategy prioritized practical decision-making, disciplined documentation of agreed-upon points, clear delineation between consensus items and unresolved technical issues, and assignment of follow-up responsibilities.

Building upon these participatory and evidence-based methods, the workshop methodology was designed to foster collaborative input while systematically advancing the consultation process. Stakeholders engaged in a dynamic workflow that progressed from initial thematic discussions to concrete validation and endorsement activities, ensuring that each day's deliberations contributed

meaningfully to the overall objectives. This structured approach enabled participants to thoroughly examine regulatory, operational, and clinical perspectives, culminating in the formalization of daily proceedings and technical deliberations that shaped the main outputs and legal drafting priorities for the NSHIA framework.

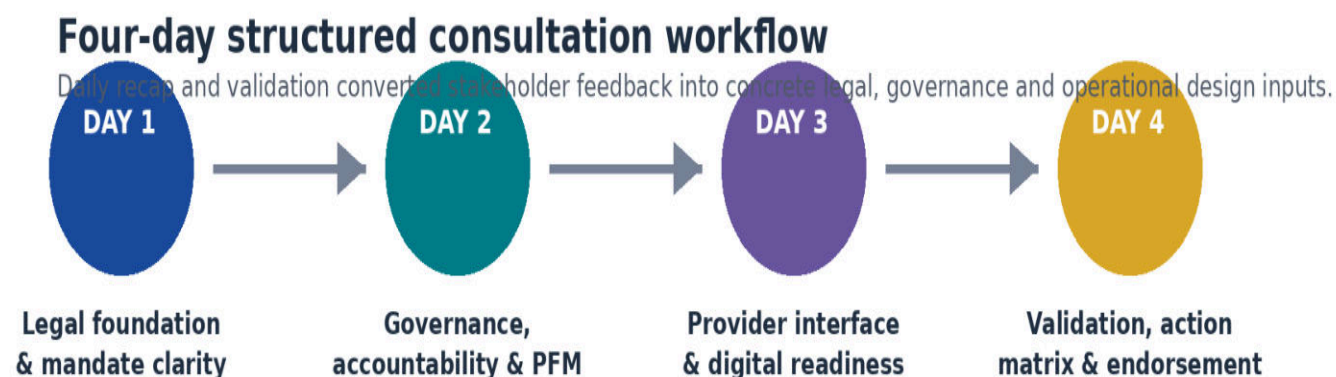


Figure 2. Four-day consultation workflow showing daily progression from thematic discussion to validation and endorsement.

6. Daily Proceedings and Technical Deliberations

Day	Main focus	Key deliberations	Main outputs
Day 1 - 4 May 2026	Opening, orientation and legal foundation	Participants reviewed the purpose of NSHIA, legal personality, institutional status, mandate boundaries and transition clauses.	Initial legal drafting priorities, stakeholder concerns and mandate clarification points.
Day 2 - 5 May 2026	Governance, accountability and PFM	Discussions focused on board oversight, committee structures, fiduciary duties, audit and risk mechanisms, ethics, reporting and Treasury-compatible fund flows.	Governance architecture inputs and fiduciary/PFM integration recommendations.
Day 3 - 6 May 2026	Provider interface, digital readiness and phased establishment	Participants discussed provider accreditation, contracting, tariffs, quality, claims realism, enrolment, portability, digital systems and pilot readiness.	Provider engagement recommendations, digital readiness issues and phased establishment inputs.
Day 4 - 7 May 2026	Consolidation, validation and endorsement	Daily recaps were consolidated into a validation matrix. Open issues, assigned responsibilities and next steps were reviewed. MoH, NHPC and hospital leadership closed and	Validated action matrix, unresolved issues log, endorsement of proposed contents and post-workshop follow-

		endorsed the proposed NSHIA contents.	up priorities.
--	--	---------------------------------------	----------------

7. Stakeholder Feedback and Incorporation Matrix

Feedback area	Stakeholder concern/comment	How it was addressed and incorporated
Legal mandate	Participants emphasized that the Authority must have clear legal identity and avoid overlap with existing MoH and regulatory bodies.	Mandate delineation was strengthened to clarify NSHIA operational roles in pooling, purchasing, contracting, claims and member protection, while preserving MoH stewardship and regulatory functions.
Governance	Stakeholders requested strong oversight, accountable board structures and clear fiduciary responsibilities.	The governance structure was refined to include board oversight, committees, fiduciary duties, ethics, audit, risk management and anti-fraud mechanisms.
PFM and financing	Participants highlighted the need for credible fund-flow controls and financial transparency.	PFM integration principles were incorporated, including Treasury-compatible fund flows, ring-fenced financing windows, reporting discipline and audit readiness.
Provider interface	Hospital leaders and providers stressed that contracting, tariffs and claims must be realistic and administratively feasible.	Provider accreditation, contracting, tariff discussions, quality expectations and claims workflow were added as central implementation design elements.
Digital readiness	Stakeholders noted that enrolment, claims, provider management and portability require practical digital systems.	Minimum viable digital readiness and data governance were incorporated as phased establishment priorities rather than delayed technical issues.
Public trust and grievance redress	Participants emphasized the importance of transparency, community trust and responsive complaint mechanisms.	Grievance redress, transparent reporting, communication and member protection mechanisms were reinforced as core institutional functions.
Implementation sequencing	Participants cautioned against premature national rollout without legal, fiscal and provider readiness.	A phased establishment pathway was adopted, beginning with legal/governance finalization, followed by institutional setup, pilot readiness and cautious scale-up.

8. Validated NSHIA Content Areas

At the conclusion of the workshop, the proposed National Social Health Insurance Act (NSHIA) contents were endorsed as a working foundation for the final legal and institutional development. The endorsed content areas reflected the convergence of policy direction, technical deliberation, and provider feedback.

In conclusion, the workshop successfully established a robust foundation for the NSHIA's legal and institutional framework, integrating feedback from diverse stakeholders and aligning with national health policy objectives.

The process underscored the necessity of phased implementation, digital readiness, transparent governance, and responsive member protection mechanisms.

Participants reaffirmed their commitment to advancing NSHIA as an accountable and adaptive institution by validating content areas that address core mandates, institutional identity, governance structure, and financial management. Moving forward, continued collaboration, rigorous oversight, and proactive capacity-building will be crucial to ensure the fidelity and effectiveness of NSHIA in fulfilling its mandate and maintaining public trust.

Content area	Validated direction
Institutional identity	NSHIA to be advanced as a public/semi-autonomous institution under the policy stewardship of the Federal Ministry of Health and Human Services.
Core mandate	Pooling, strategic purchasing, provider contracting, claims governance, benefits governance, enrolment/member protection, data governance and grievance redress.
Governance structure	Board oversight supported by technical committees, audit and risk controls, ethics mechanisms, reporting obligations and accountability pathways.
PFM alignment	Treasury-compatible financial management, ring-fenced pools, reporting discipline, audit readiness and clear subsidy/contribution handling rules.
Provider relationship	Structured provider interface based on accreditation, contracts, tariffs, quality standards, reporting, claims realism and phased engagement.
Implementation model	Phased establishment beginning with legal and governance credibility, followed by operational setup, pilot readiness and

evidence-based scale-up.

9. Proposed Governance and Institutional Architecture:

Governance layer	Core responsibility	Accountability mechanism
Federal Ministry of Health and Human Services	Policy stewardship, sector alignment, public interest protection and strategic oversight.	Ministerial reporting, policy review and alignment with national health strategies.
NSHIA Board	Institutional oversight, strategic direction, fiduciary responsibility and approval of major policies.	Board charter, conflict-of-interest rules, committee reporting and performance review.
Executive Management	Operational management of pooling, purchasing, contracting, claims, member services and reporting.	Operational manuals, internal controls, management reporting and audit follow-up.
Audit, Risk and Ethics Functions	Safeguard integrity, detect fraud, manage risk, review compliance and protect public trust.	Internal audit reports, risk register, ethics declarations and anti-fraud protocols.
Provider and Member Interface	Manage provider contracts, quality expectations, claims processing, enrolment, portability and grievance handling.	Provider performance reports, claims audits, quality monitoring and grievance redress dashboards.

10. Action Matrix and Follow-up Plan

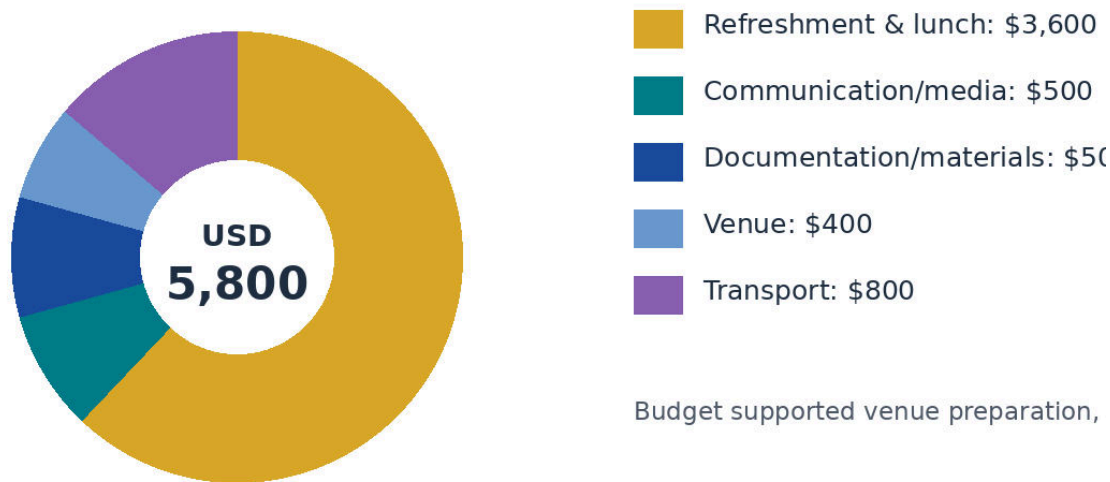
Decision area	Agreed direction	Responsible lead	Indicative timeframe
Legal foundation and mandate	Finalize legal drafting priorities and clarify establishment clauses, core powers and functional boundaries.	MoH / NSHIA legal and policy team	Immediate - 0 to 3 months
Governance and board architecture	Refine governance model, board composition, committee terms of reference and fiduciary duties.	MoH / NSHIA / NHPC inputs	Immediate - 0 to 3 months
PFM integration	Develop fund-flow, reporting, internal control and audit principles in consultation with finance actors.	NSHIA / MoH finance and PFM actors	0 to 6 months
Provider interface	Prepare provider engagement framework, accreditation approach, contracting template and claims readiness assessment.	NSHIA / hospital directors / professional councils	0 to 6 months
Digital readiness	Define minimum viable enrolment, provider registry, claims, reporting and grievance redress system requirements.	NSHIA technical team / digital experts	0 to 6 months
Pilot readiness	Identify feasible priority population/service areas, readiness criteria and learning framework.	NSHIA / MoH / providers	6 to 18 months

11. Budget and Facilitation Summary

Workshop implementation support encompassed practical facilitation requirements, including venue preparation, local transportation for organizers, refreshments and lunch, communication, interpretation, media visibility, documentation, printing, and workshop materials. These inputs facilitated the maintenance of a professional environment conducive to continuous deliberation from 09:00 AM to 05:00 PM throughout the four-day period.

In addition to these facilitation measures, meticulous budget allocation ensured that all logistical aspects were adequately managed, promoting seamless execution of workshop activities. Each expenditure, ranging from venue preparation to media visibility, was strategically planned to optimize participant engagement and support the learning objectives. The comprehensive approach enabled organizers to focus on core tasks and fostered an atmosphere conducive to collaborative discussions, further enhancing the effectiveness of the workshop sessions.

Approved workshop facilitation budget



Budget line	Amount (USD)
Venue preparation	400
Local transportation for organizers	800
Refreshment and lunch	3,600
Communication, interpretation and media visibility	500
Workshop documentation, printing and materials	500
Grand total	5,800

12. Key Achievements

- Created a structured national platform for healthcare providers and professional institutions to influence NSHIA legal and governance formation.
- Converted stakeholder feedback into a refined legal, governance, PFM, provider interface and phased establishment framework.
- Strengthened institutional legitimacy by involving councils, hospital directors, professional associations and allied health-sector stakeholders.
- Clarified the need for NSHIA to operate through legal credibility, fiduciary integrity, provider realism and phased implementation.
- Secured formal closure and endorsement of the proposed NSHIA contents by MoH, NHPC and hospital leadership.

13. Conclusions and Recommendations:

The four-day workshop marked a pivotal moment in transforming the NSHIA concept from an institutional proposal into a stakeholder-informed reform architecture. The depth of discussions, daily recap sessions, and incorporation of stakeholder feedback significantly strengthened the proposed legal framework and governance structure. The participation of National Health Professional Councils, hospital directors, professional associations, and healthcare provider alliances provided crucial operational and professional legitimacy.

The consultation confirmed that NSHIA should be developed through a governance-first and phased approach. Legal establishment, board oversight, fiduciary systems, Public Financial Management (PFM) alignment, provider engagement, digital readiness, and grievance redress should be designed from the outset. Premature expansion should be avoided until institutional credibility, provider readiness, and financial controls are sufficiently mature.

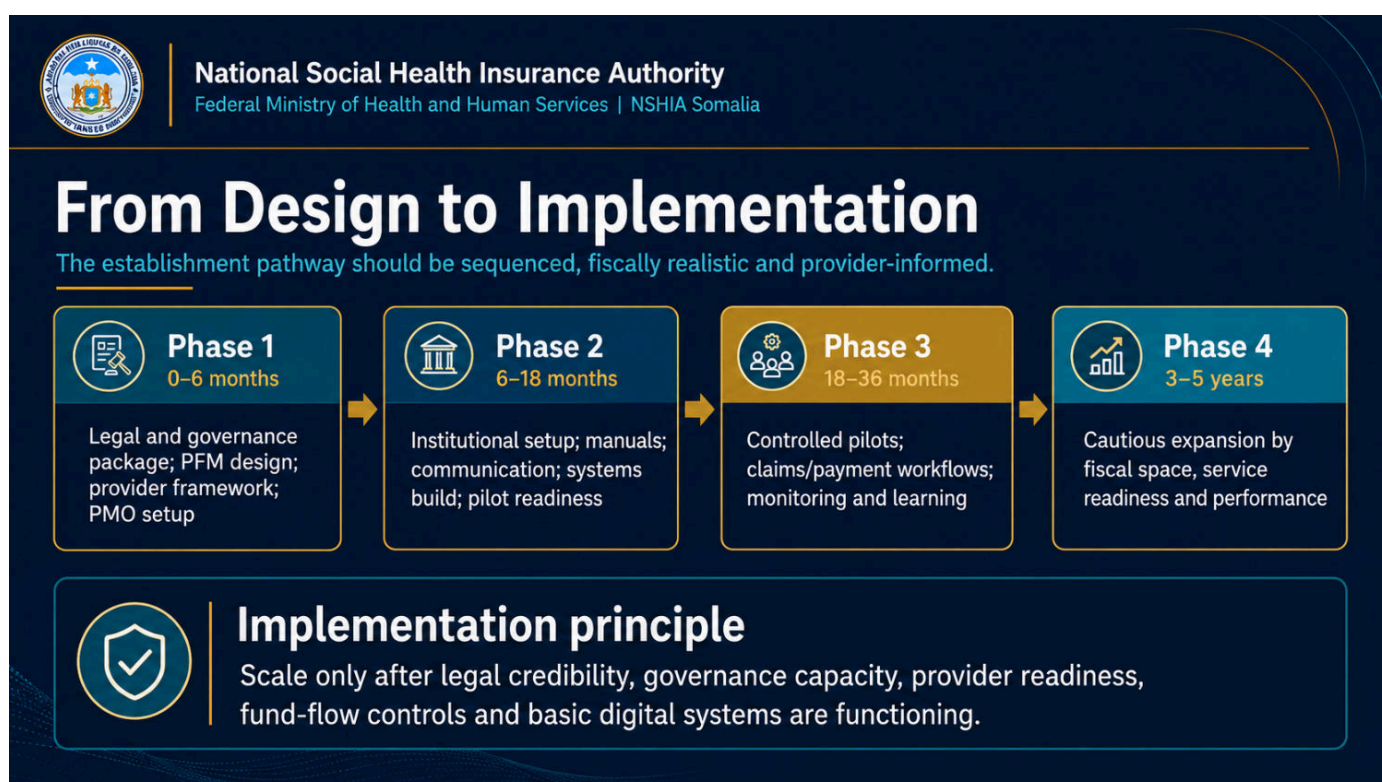
Recommended next step

Move immediately to a post-workshop technical finalization process: consolidate the validated legal-governance note, finalize the action matrix, prepare the Cabinet-ready legal package, and maintain structured engagement with professional councils, hospital leadership and provider associations during the next phase.

Annex 1. Photo Documentation:



Photo 1. Stakeholder consultation session during the NSHIA workshop





National Stakeholder Consultation and Technical Workshop
Federal Ministry of Health and Human Services | NSHIA Somalia

NSHIA Workshop: Three Technical Themes

A complete facilitation deck for the National Stakeholder Consultation and Technical Workshop.

**OVERVIEW**

 **7 May 2026 | Mogadishu, Somalia**



NATIONAL SOCIAL HEALTH INSURANCE AUTHORITY



Protecting Health.
Expanding Access.
Building Trust.

Learn About NSHIA

 www.nhia.gov.so



Photo 2. Stakeholder consultation session during the NSHIA workshop.



Photo 3. Stakeholder consultation session during the NSHIA workshop.



Photo 4. Stakeholder consultation session during the NSHIA workshop.









 National Stakeholder Consultation and Technical Workshop Federal Ministry of Health and Human Services NSHIA Somalia  NATIONAL SOCIAL HEALTH INSURANCE AUTHORITY			
 Theme 3 Action Tracker Translate recommendations into immediate next steps			
Action area	0–6 month priority	Responsible party	Status
 Provider framework	Define accreditation, contract, reporting and tariff discussion package		
 Operational manuals	Draft core manuals for enrollment, claims, grievance, finance and procurement		
 Digital readiness	Specify minimum viable system requirements and interoperability principles		
 Pilot preparation	Select pilot scope, population/service area, providers and monitoring approach		
 Communication	Develop solidarity-based stakeholder and public communication plan		



 Wasaaradda Caafimaadka
iyo Daryeelka Bulshada
Jamhuuriyadda Federaalka Soomaaliya

DHAMAYTIRKA QAAB DISMEED SHARCI, MAAMUL,
IYO HAY'ADEEDEED HAY'ADDA QARAN EE
CAYMISKA CAAFIMAADKA BULSHADA (NSHIA)

 Taariikhda
07-11-May 2026
 Gobolka
Mogadishu-Somalia



Hay'adda Qaran ee Caymiska
Caafimaadka Bulshada
(NSHIA)

 Wasaaradda Caafimaadka
iyo Daryeelka Bulshada
Jamhuuriyadda Federaalka Soomaaliya

DHAMAYTIRKA QAAB DISMEED SHARCI, MAAMUL,
IYO HAY'ADEEDEED HAY'ADDA QARAN EE
CAYMISKA CAAFIMAADKA BULSHADA (NSHIA)

 Taariikhda
07-11-May 2026
 Gobolka
Mogadishu-Somalia



Hay'adda Qaran ee Caymiska
Caafimaadka Bulshada
(NSHIA)



National Stakeholder Consultation and Technical Workshop
Federal Ministry of Health and Human Services | NSHIA Somalia

Benefits, Enrollment and Member Protection

Citizens must understand what is covered, how to access care and how to raise concerns



Benefits governance

Start with affordable essential services and expand progressively as readiness improves.



Enrollment & portability

Digitally enabled membership and identification should support portability and continuity.



	Design area		Minimum viable decision for establishment
	Benefits package		Define pilot service scope, exclusions, referral rules and revision p
	Member management		Confirm enrollment principles, ID approach, portability and data p
	Communication		Frame reform through solidarity, fairness, dignity and practical ben
	Protection mechanisms		Define grievance channels, response timelines and reporting exp