


HEALTH SYSTEMS HISTORY · SOMALIA · 2012–2026

# Somalia's Strategic Overhaul of Pharmaceutical Regulation

From foundational institutional efforts to the enactment of Law No. 55 of 2026: a comprehensive overview of the progress made, and an acknowledgment of Dr. Farah Mohamed Sharawe, whose unwavering commitment has propelled the reform into its next phase.

**By Dr Abdulrazaq Yusuf Ahmed (Dr Jalaaludiin)**
Founding Director General, Social Health Insurance Authority · Director of Medical Services, Federal Ministry of Health, 2012–2018
**Mogadishu · 7 November 2026 · Feature · 20-minute read**

*Cover: Dr Farah Mohamed Sharawe with H.E. Dr Ali Haji Adam Abubakar, Minister of Health and Human Services, at the signing of the implementing regulations, September 2026.*

**1989**
Law No. 9 on human medicines and medical devices

**2014**
National Medicines Policy endorsed by the Cabinet

**2023**
Interim National Medicines Regulatory Authority established

**2026**
Law No. 55 published in the Official Gazette

INSIDE THIS FEATURE


01 A legacy written into law
02 Where we come from
03 Groundwork, 2012–2018
04 Persistence, 2019–2025
05 The statute, 2026
06 The legal significance
07 The public-health significance
08 Controlled medicines and narcotics
09 Rational use of medicines
10 A debt of recognition
11 The road ahead
• Gallery, sources and archive




01 · A LEGACY WRITTEN INTO LAW

# A new chapter, and the long road behind it

**On 18 October 2026,** Somalia's Official Gazette, *Faafinta Rasmiga ah* No. 4, published Law No. 55 of 2026, the Act establishing the Somalia Medicines and Health Products Authority (*Hay'adda Daawada iyo Agabka Caafimaadka*).[1] The national medicines regulator now rests on its own Act of Parliament rather than on ministerial decree. It is a decisive change in legal standing for an institution that had to be rebuilt from the ground up after the state medicines-supply system collapsed in 1991.[2]

Laws of this kind are rarely the work of a single season. This one was assembled over more than a decade: in a national policy adopted while the federal health system was still being rebuilt, in a draft bill carried through successive administrations, and in an interim authority that began to regulate before the statute existed. Throughout that journey one name recurs in the documentary record, that of **Dr Farah Mohamed Sharawe**, who now leads the Authority.

Marking the law's publication, he described the reform as the work of a career:

> *"When I joined public service in 2013, I saw the urgent need for a strong law to protect the Somali people… In 2016, this became a mission I was deeply committed to achieving… a dream pursued for years finally became a reality."*
>
> **— Dr Farah Mohamed Sharawe**[3]
> *On the publication of Law No. 55/2026 in the Official Gazette*

His legacy does not rest on sentiment. It is written into records kept by others: regional regulators, international partners, and the national guidelines that now structure the Authority's work.

THE RECORD OF A COMMITMENT

*What third-party records show*

NOV 2023 · PHARMACOVIGILANCE

### A national safety-monitoring system

Listed among the contributors to the Somalia Pharmacovigilance Guideline, which placed the national system within the interim regulator and modelled it on the WHO Programme for International Drug Monitoring.[4]

AMR · NATIONAL ACTION PLAN

### Quality control of antimicrobials

Listed among the contributors to Somalia's National Action Plan on Antimicrobial Resistance, which assigns the regulator responsibility for the quality control of antimicrobials.[5]

SEP 2025 · KENYA

### A regional technical partnership

Led Somalia's delegation, as Director of the interim regulator, in talks with Kenya's Pharmacy and Poisons Board on product listing, licensing, import control, market surveillance and capacity building.[6]

JUN 2026 · EGYPT

### A memorandum with the Egyptian Drug Authority

Signed an MoU at Africa Health ExCon 2026, in the presence of Health Minister Dr Ali Haji Adam Abubakar, covering registration, inspection, pharmacovigilance, biologicals and capacity building.[7]

AUG–SEP 2026 · SYSTEMS

### Digital systems and trained assessors

Under his leadership the regulator's online portal and Regulatory Information Management System went live, and Somali assessors completed dossier-evaluation training at the Ethiopian Food and Drug Authority.[8,9]

OCT 2026 · ALIGNMENT

### A law built to continental standards

As Director General, described the Act as "well aligned with the African Union (AU) Model Law on Medical Products Regulation" and responsive to "the requirements of the WHO Global Benchmarking Tool (GBT)".[10]

THE JOURNEY AT A GLANCE

# Thirty-seven years, five eras




FROM A MINISTRY PORTFOLIO TO AN ACT OF PARLIAMENT

Eras are illustrative; segment widths are not to scale

| | |
|---|---|
| 1989 | Law No. 9 of 26 January 1989 provides for the Ministry's registration of authorised importers of human medicines and medical devices.[11] |
| 1991 | The state agency ASPIMA, which imported and distributed the country's medicines, ceases to function with the collapse of the central government.[2] |
| 2012 | Rebuilding of the federal health system begins. Medicines and medical supplies sit within the portfolio of the Directorate of Medical Services. |
| 2014 | The Council of Ministers endorses the **National Medicines Policy** (January).[12,13] |
| 2016 | A national medicines law becomes, in Dr Farah's words, "a mission I was deeply committed to achieving".[3] |
| 2018 | WHO supports the drafting of a **medicines law** and a **list of essential medicines**; an initial draft law circulates for Ministry review (May).[14,G] |
| 2019 | The Cabinet endorses a draft medicines bill; the **Somali Essential Medicines List** is published (December).[2,15] |
| 2023 | The **interim National Medicines Regulatory Authority** is established by ministerial decree (February); the Pharmacovigilance Guideline is signed (November).[16,4] |
| 2024 | The Council of Ministers approves the Medicines Bill (21 February); import oversight and pre-shipment inspection are ordered (5 December).[17,12] |

| | |
|---|---|
| 2025 | The bill is presented to Parliament (March); technical exchange with Kenya's Pharmacy and Poisons Board (September).[18,6] |
| 2026 | Parliament passes the bill, the implementing regulations are signed, and **Law No. 55** is published in the Official Gazette (18 October).[19,1] |

02 · WHERE WE COME FROM

# From a state system to a market without rules

**Before 1991,** Somalia's pharmaceuticals were imported and distributed by a state agency, ASPIMA, and Law No. 9 of 26 January 1989 provided for the Ministry's registration of authorised importers of human medicines and medical devices.[2,11] When the central government collapsed, that architecture collapsed with it. The trade in medicines did not stop; it continued without oversight.

By the Ministry's own account, public supply came to meet only about 30 per cent of the country's medicine needs. The remaining 70 per cent flowed through private importers and outlets "operating without any regulatory framework".[2] Duty-free conditions made Somalia an import channel for the wider Horn of Africa, and most medicines in Mogadishu's Bakaara market were sourced from Pakistan and India.[20] As late as 2017, a continental review of African regulators could list Somalia's only as the "Pharmaceutical and Medical Department" of the Ministry of Health.[21]

The consequences fell on patients. Products of unknown origin, uncertain storage and unverified quality reached people who had no means of checking what they were buying. The World Health Organization estimates that at least one in ten medical products in low- and middle-income countries is substandard or falsified.[22] In a market without a regulator, that risk is carried entirely by the patient at the pharmacy counter.

### THE CASE IN FOUR NUMBERS

PRIVATE SUPPLY

**70%**

of medicine needs met through private importers and outlets that operated without a regulatory framework[2]

GLOBAL RISK

**1 in 10**

medical products in low- and middle-income countries estimated by WHO to be substandard or falsified[22]

ANTIBIOTICS

**82%**

of parents at Mogadishu public hospitals had bought antibiotics for their children without a prescription[23]

THE RESPONSE

**141–0**

House of the People vote for the Medicines Bill on 3 January 2026, with one abstention[19]

03 · 2012–2018 · INSTITUTIONAL GROUNDWORK

# Laying the foundations

**The rebuilding** of medicines regulation began within the wider reconstruction of the federal health system after 2012. Medicines and medical supplies then sat within the portfolio of the Directorate of Medical Services at the Federal Ministry of Health, led from 2012 until December 2018 by Dr Abdulrazaq Yusuf Ahmed, the author of this article. It was within that Directorate that the policy and legal groundwork for a national regulator took shape.

## Making the public case

The argument had to be won in public before it could be written into law. In a 2012 Somali National Television broadcast from the national broadcasting centre in Mogadishu, the then Director of Medical Services set out the case for regulation: patients could not be expected to verify the origin, storage or quality of the medicines they

bought, and a country facing many urgent priorities could not afford to leave that risk unmanaged.[A] Speaking publicly about an unregulated trade was not without pressure or personal risk. The case was made regardless.

## A policy, a draft law and an essential medicines list

Policy followed. In January 2014, the Council of Ministers endorsed the National Medicines Policy, which placed regulatory oversight alongside access to essential medicines and their rational use.[12,13] Nine years later, that policy would supply part of the legal basis for the interim regulator.[16]

The same years brought the reform its most persistent champion. Dr Farah Mohamed Sharawe, who studied pharmaceutical sciences in Pakistan, joined federal public service in 2013 and, by his own account, made a national medicines law his mission from 2016.[3] In the author's account, the two worked alongside Ministry colleagues to organise an early medicines and regulation unit within the Directorate, giving the work an institutional home and making it possible to assign responsibilities that no individual clinician or pharmacist could carry alone. Ministry correspondence from May 2018 records Dr Farah, as Head of Medical Product Registration and Licensing, circulating an initial draft medicines law for internal review.[G]

That same year, the World Health Organization reported supporting the Somali authorities "to draw up a medicines' law, developing a list of essential medicines needed by citizens, and training health workers on managing emergency medical supplies".[14] The resulting Somali Essential Medicines List was published by the Ministry in December 2019.[15]

TESTIMONY · IN THE AUTHOR'S WORDS

"

*Medicines and their regulation fell within my jurisdiction as Director of Medical Services, and it was in those years that Dr Farah and I worked side by side to begin drafting the policies, the law and the regulations Somalia lacked. The obstacles were formidable, and few were willing to take the work on. That he now leads the Authority whose case we once had to make is a testimony to persistence, and proof that institutions can outlast the difficulties of their beginnings."*

**— Dr Abdulrazaq Yusuf Ahmed**
*Director of Medical Services, Federal Ministry of Health, 2012–2018*

What those years produced was not yet a regulator but its foundations: a policy mandate, a draft law, an essential medicines list, a nucleus of trained staff, and a public argument that the regulation of medicines is a national responsibility rather than an administrative luxury.

## Advocacy beyond the Ministry

The groundwork extended beyond the Ministry's walls. The author's archive documents the case being carried into Ministry consultations on the Medicines Bill, into an address to the Upper House social affairs committee, and into the Intergovernmental Authority on Development (IGAD), where Somalia took part in medicines-regulation meetings and chaired a session.[B,C,D,E] Alongside this ran sustained public advocacy for health as a national priority, for the rational use of medicines and for the control of narcotics, themes that later research would confirm as urgent.[F]

04 · 2019–2025 · PERSISTENCE

# Keeping the reform alive

**LEGISLATIVE REFORMS** are most vulnerable in the years between drafting and enactment, when ministers, officials and parliamentary sessions change. The medicines bill survived them. The Ministry reports that a bill was "developed and endorsed by the cabinet of ministries in 2019"; the Council of Ministers approved the Medicines Bill on 21 February 2024; and the bill was presented to Parliament in March 2025.[2,17,18] In the author's account, it was Dr Farah who, after the Directorate of Medical Services changed hands at the end of 2018, carried the day-to-day work of building the regulatory function and kept the legislation moving through successive sessions.

## An interim authority that regulated before the law

Regulation did not wait for the statute. In February 2023, Health Minister Dr Ali Haji Adam Abubakar issued a decree "to establish and revitalize the interim National medicines regulatory authority", grounded in Article 4 of Law No. 9 of 1989 and Article 2 of the 2014 policy.[16] Its mandate spanned medicines, biologics, medical devices, herbal medicines, food supplements, tobacco and medicated cosmetics, applied through a "reliance quality control" model, and its core functions included "Narcotics and Psychotropic Control". A Ministry announcement that month named Dr Farah as the interim regulator's Interim Manager.[H]

Under his leadership, the interim authority built the operating base on which the statute now stands. The Pharmacovigilance Guideline signed in November 2023 located the Somali pharmacovigilance system within the interim regulator.[4] On 5 December 2024, the Ministry ordered import and export oversight and pre-shipment inspection with effect from 10 January 2025, noting that Somalia was "the only member state of the East African Community (EAC) yet to implement regulatory standards" and invoking regional commitments under the EAC, IGAD and the African Medicines Regulatory Harmonisation initiative.[12]

In a briefing to the Health Cluster in Mogadishu, Dr Farah set out what the Ministry had done, the legal frameworks available and "the impact of unregulated trade and use of medical products".[24] By September 2025, he was leading Somalia's delegation to Nairobi, where Kenya's Pharmacy and Poisons Board, which states that it "has been providing technical support" to the Somali regulator, hosted talks on listing, licensing, import control and market surveillance.[6]

*The law did not create the regulator from nothing. It gave statutory force to an institution that had already begun to work.*

05 · 2026 · THE STATUTE

# The year the law arrived

**THE LEGISLATIVE RECORD** of 2026 moved with unusual momentum. On 3 January, the House of the People approved the Medicines Bill at third reading by 141 votes to none, with one abstention.[19,25] The chair of the House's Social Service Development Committee, Nadra Salah Abdi, said the law would strengthen oversight of medicines and help protect patients from unsafe or counterfeit drugs.[19] Approval by the Upper House followed later that month, as reported, and on 18 October the law was published in the Official Gazette.[26,1]



**THREE GATES** *The three implementing regulations, on registration, import and export control, and the licensing of establishments, displayed at the Office of the Minister of Health and Human Services, September 2026. Photograph supplied by the author.*

## THE 2026 RECORD

### *Each step, and the strength of the evidence behind it*

| DATE | MILESTONE | STATUS |
|---|---|---|
| **3 Jan** | House of the People approves the Medicines Bill at third reading: 141 in favour, none against, one abstention[19,25] | ● VERIFIED |
| **27 Jan** | Upper House approval, reported as 27 in favour with one abstention[26] | ● REPORTED |
| **5 Mar** | Council of Ministers approves ratification of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances[27] | ● VERIFIED |
| **16 Jun** | Memorandum of understanding signed with the Egyptian Drug Authority[7] | ● VERIFIED |
| **5 Aug** | Regulator's website, online portal and Regulatory Information Management System go live[8] | ● VERIFIED |
| **31 Aug** | Law issued by the President (date as reported) | ● REPORTED |
| **1 Sep** | Somali assessors complete dossier-evaluation training at the Ethiopian Food and Drug Authority[9] | ● VERIFIED |
| **13 Sep** | Three implementing regulations signed by the Minister of Health and Human Services[28] | ● PER MINISTRY PHOTOGRAPHS |
| **18 Oct** | Law No. 55 published in the Official Gazette, *Faafinta Rasmiga ah* No. 4[1] | ● VERIFIED |

**Verified:** confirmed against official or third-party records. **Reported:** as reported in media or earlier accounts, not independently confirmed. **Per Ministry photographs:** as shown on the signed documents.

06 · THE LEGAL SIGNIFICANCE

# From decree to statute

**MOVING THE REGULATOR** from a ministerial decree to an Act of Parliament changes its standing in four ways.

1 · DURABILITY

### Insulated from turnover

A decree can be amended or revoked by the next minister; an Act can be changed only by Parliament. The regulator's mandate no longer depends on administrative continuity.

2 · AUTHORITY

### A clear basis for enforcement

Parliament's monitoring platform describes the bill as establishing an autonomous regulatory body.[17] Licensing, inspection and enforcement decisions gain a clear legal basis, including action against the import, storage or sale of medicines of unverified quality, which the bill as passed by the House prohibits.[29]

3 · SCOPE

### The whole product life cycle

The mandate covers the safety, quality and effectiveness of pharmaceuticals, medical devices, biologicals, herbal medicines and food supplements, across registration, importation, distribution, licensing, inspection, market surveillance, pharmacovigilance and clinical-trial oversight, with coordination between federal and member-state authorities.[17]

4 · ALIGNMENT

### Built to continental standards

According to its Director General, the Act is aligned with the AU Model Law on Medical Products Regulation and responds to the WHO Global Benchmarking Tool, the standards against which African regulators are assessed and through which they connect to continental reliance networks.[10]

The three implementing regulations translate that mandate into the three gates every medicine must pass. Product registration determines what may be marketed; import and export control determines what may cross the border; and the licensing of establishments determines who may manufacture, sell or store medicines, and where. According to their cover pages in Ministry photographs, all three were signed by the Minister of Health and Human Services on 13 September 2026.[28]




**THE ARCHITECTURE** *How the statute, the three regulations and the systems built during the interim era fit together. Provisions are summarised from the bill as approved by Parliament and from published reporting; the gazetted text is authoritative.*

07 · THE PUBLIC-HEALTH SIGNIFICANCE

# What patients stand to gain

**REGULATION MATTERS** because patients cannot see quality. A falsified antimalarial and a genuine one can look identical on a pharmacy shelf. WHO's 2017 review of studies covering some 48,000 samples from 88 countries estimated that 10.5 per cent of medical products in low- and middle-income countries are substandard or falsified, at an estimated cost to those countries of US$30.5 billion a year.[22]

**Preventing harm and treatment failure.** Registration, inspection and market surveillance stop poor-quality products before they reach patients; pharmacovigilance detects harm after they do. The national system now offers online reporting through WHO's VigiFlow platform.[8]

**Containing antimicrobial resistance.** Poor-quality antimicrobials fail patients and accelerate resistance. The national action plan on antimicrobial resistance assigns the regulator responsibility for the quality control of antimicrobials.[5]

**Protecting households and pooled funds.** As Somalia builds social health insurance, medicine quality becomes a financing question as well as a clinical one. A medicine that fails sends a family back to seek, and pay for, care again. A health system that pays for treatment must be able to verify the products it purchases.[30]

**Preparedness and public confidence.** Reliance on trusted regulators can speed access during outbreaks without abandoning safeguards, and public confidence grows when safety reports are visibly acted upon.

08 · CONTROLLED MEDICINES AND NARCOTICS

# Balancing access and control

**SOME OF THE MOST ESSENTIAL MEDICINES** are also among the most easily misused. Opioids for surgery and severe pain, and psychotropic medicines for mental illness, need a lawful route to patients and firm safeguards against diversion. Somalia acceded to the 1971 Convention on Psychotropic Substances on 2 September 1986 and to the 1961 Single Convention on Narcotic Drugs on 9 June 1988.[31,32] On 5 March 2026, the Council of Ministers approved ratification of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, a decision the Ministry of Health welcomed the same day.[27,33] Deposit of the instrument with the UN Secretary-General had not been confirmed at the time of writing.


WAR-SAXAAFADEED

5 March 2026

Muqdisho, Soomaaliya

WASAARADDA CAAFIMAADKA OO UGA MAHADCELISAY GOLAHA WASIIRRADA MEELMARINTA LABO HESHIIS OO MUHIIM AH

Wasaaradda Caafimaadka iyo Daryeelka Bulshada ee Jamhuuriyadda Federaalka Soomaaliya waxay si weyn ugu mahadcelinaysaa Golaha Wasiirrada Xukuumadda Federaalka Soomaaliya meelmarinta laba heshiis oo muhiim u ah horumarinta caafimaadka iyo ilaalinta bulshada, kuwaas oo lagu ansixiyay fadhigii caadiga ahaa ee Golaha Wasiirrada ee maanta, 5 March 2026.

Heshiisyada la meel mariyay waxaa ka mid ah:

1. Heshiiska Iskaashiga Caafimaadka ee u dhexeeya Soomaaliya iyo Ruushka, kaas oo xoojinaya iskaashiga labada dal ee dhinacyada horumarinta nidaamka caafimaadka, tababarka iyo tayeynta shaqaalaha caafimaadka, cilmi-baarista caafimaadka, iyo adeegsiga tiknoolajiyada casriga ah.

2. Ansixinta Heshiiska Qaramada Midoobay ee 1988 ee Ka Dhanka ah Ka Ganacsiga Sharci-darrada ah ee Daroogooyinka iyo Walxaha Maanka Saameeya (United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances), kaas oo xoojinaya dadaallada caalamiga ah ee lagu la dagaallamayo maandooriyaha sharci-darrada ah iyo dambiyada la xiriira.

heshiisyadan waxay gacan ka geysan doonaan xoojinta nidaamka caafimaadka dalka, ilaalinta caafimaadka bulshada, iyo kobcinta iskaashiga caalamiga ah ee Soomaaliya la leedahay dalalka iyo hay'adaha caalamiga ah.

Wasaaraddu waxay markale uga mahadcelinaysaa Golaha Wasiirrada taageerada joogtada ah ee ay siiyaan horumarinta caafimaadka iyo badqabka bulshada Soomaaliyeed.

-DHAMAAD-

Info@moh.gov.so

**THE MINISTRY'S STATEMENT** *Press release (War-Saxaafadeed), 5 March 2026, welcoming the Council of Ministers' approval of the 1988 Convention.*

**SOMALIA AND THE UN DRUG CONVENTIONS**

**1961**
**Single Convention on Narcotic Drugs**
Acceded 9 June 1988

**1971**
**Convention on Psychotropic Substances**
Acceded 2 September 1986

**1988**
**Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances**
Council of Ministers approval, 5 March 2026; deposit with the UN to be confirmed

*Sources: UN Treaty Collection; Council of Ministers decision of 5 March 2026.*

The domestic evidence makes control urgent. A 2026 mixed-methods study of young people in Mogadishu, published in the *Journal of Substance Use* by the author and colleagues, found that use often began with tramadol and progressed to stronger opioids, and reported lifetime addiction rates among respondents of 6.9 per cent for oxycodone and 8.3 per cent for pethidine.[34] A 2025 study in *BMC Psychiatry* cites UNODC data indicating that more than 68 per cent of Mogadishu pharmacies dispense tramadol, diazepam or methylphenidate without prescription.[35]

The interim regulator's decree already listed narcotic and psychotropic control among its core functions.[16] The statute, its implementing regulations and the 1988 Convention now give that function firmer legal and international footing. The task is to deliver both halves of the obligation: availability for legitimate clinical use, and control against diversion and misuse.

09 · RATIONAL USE OF MEDICINES

# The pharmacy counter is the front line

**RATIONAL USE** means that patients receive medicines appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate period and at the lowest cost to them and their community. In Mogadishu, the evidence on antibiotics shows how far practice remains from that standard.




**WORLD PHARMACISTS DAY** *The Authority's message for 25 September 2026.*

**ANTIBIOTICS WITHOUT PRESCRIPTION IN MOGADISHU**

**82%**

of parents attending public hospitals had bought antibiotics for their children without a prescription[23]

**38%**

of private-university students who self-medicated used antibiotics (67 per cent reported self-medication)[36]

**78%**

of residents who self-medicated against COVID-19 used antibiotics, second only to paracetamol[37]

A 2026 review of antimicrobial resistance in Somalia concluded that antibiotics "are widely accessed without prescription", warning that without "stronger enforcement of prescribing and dispensing rules", "the policy goals of rational antimicrobial use will remain difficult to achieve".[38]

Regulation supplies the enforcement; pharmacists make it real. The Authority's World Pharmacists Day message, "Recognizing Somali Pharmacists: Empowering Pharmacists for Healthier Futures", points to the profession on which licensing standards, dispensing practice and pharmacovigilance reporting will ultimately depend.

10 · A DEBT OF RECOGNITION

# Many hands, one persistent thread

**SOMALIA'S MEDICINES REGULATOR** owes its existence to many hands: Ministers of Health across successive administrations; Ministry staff; members of both Houses of Parliament; pharmacists, importers and distributors who wanted clear rules; and partners including the World Health Organization, Kenya's Pharmacy and Poisons Board, the Egyptian Drug Authority and the Ethiopian Food and Drug Authority. H.E. Dr Ali Haji Adam Abubakar's decree of 2023 and his signature on the regulations of 2026 frame the interim era and its conclusion.

Yet continuity is personal before it is institutional. Through changes of minister, cabinet and parliamentary session, Dr Farah Mohamed Sharawe kept the medicines law on the table and the regulatory function at work. The Authority he now leads is the clearest testament to that dedication, and a reminder that institutions are built by people willing to carry a file for a decade.



**RECOGNITION** *Colleagues gather for the presentation of a plaque of recognition. Photograph supplied by the author.*

11 · THE ROAD AHEAD

# The harder chapter: implementation

**A LAW ESTABLISHES** a mandate; implementation earns public trust. Four tests will define the Authority's next chapter.

TEST 1

### Tramadol and opioid misuse

Curbing diversion through licensed premises, prescription requirements and import controls, while keeping essential opioids available for surgery and pain relief, and completing Somalia's accession to the 1988 Convention.

TEST 2

### Non-prescription antibiotics

Turning dispensing rules into practice at pharmacy counters across the country, backed by inspection, engagement with pharmacists and public education, in line with the national action plan on antimicrobial resistance.

TEST 3

### The African Medicines Agency

The AMA became operational in October 2025, and 33 of the 55 African Union member states have ratified its treaty.[39] Somalia has not yet signed.[40] Joining would connect the new Authority to continental reliance, joint scientific work and information-sharing.

TEST 4

### WHO global benchmarking

At least nine African regulators have reached WHO Maturity Level 3, the mark of a stable, well-functioning system, among them Ethiopia's, which trained Somali assessors in 2026.[41,42] WHO's African regional strategy for 2026–2035 aims for fifteen.[43] A formal benchmarking would give Somalia a baseline and a roadmap.

Regional integration adds urgency. Since joining the East African Community in 2024, Somalia has committed to the bloc's harmonisation agenda, and its regulator will increasingly be measured against those of its neighbours.[12]

The measures of success will be practical: timely registration and licensing decisions; inspections completed against plan; quality complaints investigated and suspect batches withdrawn; adverse reactions reported and acted upon; and regular public reporting on what has been achieved and what remains. In the early years, a rise in recorded problems may well be the sign of a system that is finally detecting them.

**The law is the beginning of public trust, not its guarantee. That trust will be earned one registered product, one licensed pharmacy and one investigated report at a time.**

> *"The achievement will be felt in an ordinary moment: a family walking into a pharmacy and buying a medicine with good reason to trust what is inside the packet."*
>
> **— Dr Abdulrazaq Yusuf Ahmed**

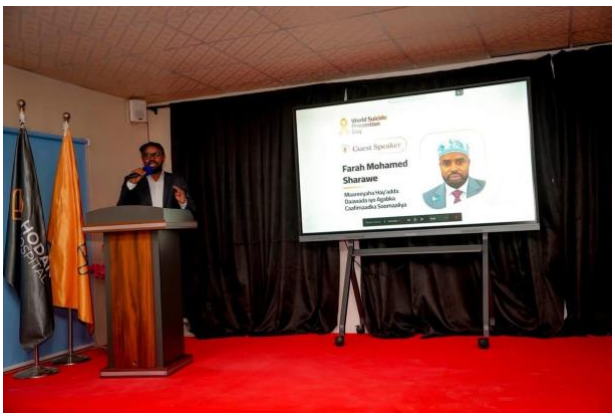
ABOUT THE AUTHOR

**Dr Abdulrazaq Yusuf Ahmed (Dr Jalaaludiin)** is the founding Director General of the Social Health Insurance Authority of the Federal Republic of Somalia and an Associate Professor at Benadir University and City University of Mogadishu. He served as Director of Medical Services at the Federal Ministry of Health from 2012 to December 2018, a portfolio that included medicines and medical supplies. His work spans health financing, social health insurance, health systems governance, and the regulation and rational use of medicines.

*drjalaaludiin.com · @drjalaal · Views expressed are personal.*

MOMENTS FROM THE JOURNEY

## Gallery




**PUBLIC HEALTH** *World Suicide Prevention Day at Hodan Hospital, with Farah Mohamed Sharawe, head of the Authority, featured as guest speaker.*




**ADVOCACY** *Remarks at the Ministry of Health's World Breastfeeding Week observance.*



**DIALOGUE** *Remarks at a professional gathering.*



**DELIBERATION** *Participants at a technical session.*

*Photographs supplied by the author.*

SOURCES

# Sources and references


1. Office of the State Attorney General. Faafinta Rasmiga ah (Official Gazette), Year 13, No. 4, 18 October 2026: Law No. 55 of 2026, Sharciga Hay'adda Daawada iyo Agabka Caafimaadka. Link
2. Federal Ministry of Health and Human Services. National Medicines Regulatory Authority: background and mandate. Link
3. Farah Mohamed Sharawe. Post marking the publication of Law No. 55/2026 in the Official Gazette. LinkedIn, October 2026.
4. Federal Ministry of Health and Human Services. Somalia Pharmacovigilance Guideline. Signed November 2023. Link
5. Federal Government of Somalia. National Action Plan on Combating Antimicrobial Resistance. WHO NAP library. Link
6. Pharmacy and Poisons Board, Kenya. PPB hosts Somali medicines regulatory delegation for collaboration talks. 8 September 2025. Link
7. Egyptian Drug Authority. EDA and the Somali National Medicines Regulatory Authority sign a memorandum of understanding at Africa Health ExCon 2026. 16 June 2026 (the EDA renders the name as "Farah Shurie"). Link
8. National Medicines Regulatory Authority, Somalia. Launch of the NMRA website, online services portal and Regulatory Information Management System (RIMS). 5 August 2026. Link
9. National Medicines Regulatory Authority, Somalia. Somali regulators complete hands-on dossier-evaluation training at the Ethiopian Food and Drug Authority. 1 September 2026. Link
10. East African Regulatory Affairs Professionals Association (EARAPA). Statement on the gazettement of Somalia's Medicines and Health Products Law No. 55/2026. October 2026.
11. Law No. 9 of 26 January 1989 on human medicines and medical devices. English translation published by the NMRA. Link
12. Federal Ministry of Health and Human Services. Public notice on the regulation of health products. 5 December 2024. Link
13. Federal Ministry of Health and Human Services. Somalia National Medicines Policy. 2014. Link
14. World Health Organization, Somalia. Annual report 2018: essential medicines and pharmaceutical policies. Link
15. Federal Ministry of Health and Human Services. Somali Essential Medicines List. December 2019. Link
16. Federal Ministry of Health and Human Services. Ministerial decree to establish and revitalise the interim National Medicines Regulatory Authority. February 2023. Link
17. GoleKaab parliamentary monitoring platform. Medicines and health products regulatory authority bill: legislative record. Link
18. Warya TV. Somalia advances pharmaceutical regulation to combat counterfeit drugs. 4 March 2025. Link
19. Hiiraan Online. Somalia's Parliament approves Medicine Bill to regulate pharmaceuticals. 3 January 2026. Link
20. AUDA-NEPAD, African Medicines Regulatory Harmonisation programme. Somalia country profile. Link
21. Ndomondo-Sigonda M, et al. Medicines regulation in Africa: current state and opportunities. Pharmaceutical Medicine. 2017. Link
22. World Health Organization. Substandard and falsified medical products: fact sheet, drawing on the WHO Global Surveillance and Monitoring System study (2017). Link
23. Knowledge, attitudes and practices of parents toward antibiotic use in children attending public hospitals in Mogadishu, Somalia. Tropical Medicine and Health. Link
24. Health Cluster Somalia. Medicine Regulation System in Somalia: Health Cluster meeting presentation, Mogadishu. ReliefWeb. Link
25. National Medicines Regulatory Authority, Somalia. Somalia's House of the People approves the Somalia Medicines Bill in a major legislative milestone. January 2026. Link
26. Somali National Television. Upper House approval of the medicines and health products law. 27 January 2026 (as reported). Link
27. allAfrica. Report on the Council of Ministers' decisions of 5 March 2026, including ratification of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Link
28. Ministry of Health photographs of the three signed implementing regulations, cover pages dated 13 September 2026 (supplied by the author); NMRA announcement as reproduced by GovServ. Link
29. Dawan Africa. Somali parliament approves pharmaceutical law. January 2026. Link
30. Mohamed and Hassan. Medicine quality in Somalia. Preventive Medicine Reports. 2026. Link
31. United Nations Treaty Collection. Convention on Psychotropic Substances, 1971: status of parties. Link
32. United Nations Treaty Collection. Single Convention on Narcotic Drugs, 1961: status of parties. Link
33. Federal Ministry of Health and Human Services. War-Saxaafadeed (press release), Muqdisho, 5 March 2026. Reproduced in this article.
34. Ahmed et al. Patterns and determinants of opioid and narcotic use among youth in Mogadishu, Somalia: a mixed-methods study. Journal of Substance Use. 2026. Also on ResearchGate. Link · ResearchGate
35. BMC Psychiatry. 2025. Study of substance use in Somalia citing UNODC (2023) data on non-prescription dispensing in Mogadishu pharmacies. Link
36. Assessment of self-medication practices and its associated factors among undergraduate students of private universities in Banadir region, Somalia. Link
37. Self-medication against COVID-19 among residents of Mogadishu, Somalia: cross-sectional survey of 350 residents, May 2020 to January 2021. Link
38. Jimale AM, et al. Antimicrobial resistance in Somalia: surveillance gaps, stewardship barriers, and One Health priorities. Infection and Drug Resistance. 2026;19:1–14. doi:10.2147/IDR.S612836. Link
39. Health Policy Watch. Interview with African Medicines Agency Director General Dr Delese Mimi Darko. 27 July 2026. Link
40. African Union. Treaty for the Establishment of the African Medicines Agency: signature and ratification status. Link
41. Vaccines (MDPI). 2025;13(6):646. Status of African regulators at WHO Maturity Level 3 as of January 2025. Link
42. World Health Organization. Ethiopia achieves WHO Maturity Level 3: a milestone in medicines regulation and health systems strengthening. 15 December 2025. Link
43. WHO Regional Office for Africa. Regional strategy for strengthening regulatory systems, 2026–2035 (AFR/RC76/7). July 2026.


SUGGESTED CITATION *Ahmed AY. How Somalia rebuilt medicines regulation, 2012–2026. drjalaaludiin.com; 7 November 2026.*