



WHEN CARE MUST CROSS BORDERS

Somali patients seeking care abroad

What the evidence reveals about tertiary-care gaps, household financial stress, and the urgent need for stronger referral governance inside Somalia.

“This is better understood as a health-system signal than elective medical tourism.”

BEST-MEASURED CORRIDOR

India

Official Somali medical-purpose arrivals and medical visas provide the clearest public series.

VERIFIED DESTINATION ANCHOR

Turkey: 2,742

Peer-reviewed 2019 anchor confirms substantial flows, but not a full annual series.

MEAN DIRECT HOUSEHOLD COST

US\$8,543

Direct per-episode burden combines procedures, accommodation, travel, and visa costs.

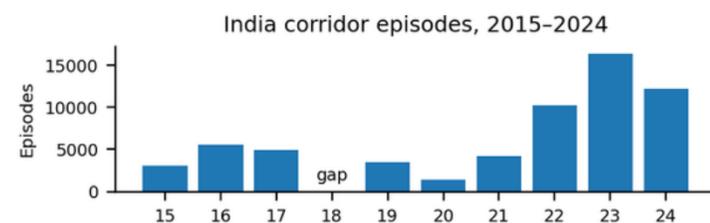
CENTRAL 2024 SPEND SCENARIO

US\$219.3M

Illustrative national spending envelope highlights major macroeconomic leakage.

FACTS, FIGURES & FINDINGS

- Cross-border care reflects structural deficits in specialized service availability, continuity of care, and financial protection.
- Main clinical drivers include cardiac disease, oncology, renal failure and transplant needs, orthopedics and trauma, infertility, and complex infections.
- India has the clearest measurable series; Turkey has a verified but incomplete anchor; Ethiopia and Egypt show strong qualitative demand signals.
- Somalia still lacks a national outbound referral registry linking diagnosis, destination, costs, and outcomes.



HEALTH-SYSTEM & ECONOMIC IMPLICATIONS

Health-system signal

Why it matters: outbound care reveals underinvestment in tertiary services, advanced diagnostics, referral governance, and continuity of care. Delayed diagnosis and weak follow-up increase the risk of avoidable morbidity and treatment failure.

Economic burden

Households pay heavily: families often rely on savings, remittances, fundraising, and asset sales. At system level, outbound care contributes to capital leakage and compounds catastrophic spending in a low-insurance environment.

CHALLENGES & CONCRETE RECOMMENDATIONS

Challenges faced by Somali patients abroad

- Documentation and visa barriers
- Dependence on brokers or intermediaries
- Financing interruptions during treatment
- Administrative and navigation difficulties abroad
- Weak discharge handover and post-return follow-up

Recommendations

- Build a National Cross-Border Care and Referral Program.
- Create a national outbound referral registry with patient tracking.
- Protect households from catastrophic tertiary-care costs.
- Govern unavoidable foreign referrals more selectively.
- Invest in high-leakage domestic platforms: oncology, cardiac, renal, diagnostics, and rehabilitation.