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Letter to the Editor

The Role of Bioethics in Strengthening Somalia's Healthcare Infrastructure Amidst Political Instability

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To the editor,

Somalia's healthcare system, already burdened by decades of conflict and instability, continues to face immense challenges in access, equity, and governance. In this fragile setting, integrating bioethics into healthcare reform offers not only a moral compass but also a practical strategy for rebuilding trust and guiding policy decisions. Bioethical principles such as justice, autonomy, and non-maleficence are essential in fragile states where the absence of clear ethical standards has historically led to disjointed care and poor health outcomes. [1-3]

The disintegration of Somalia's regulatory systems has resulted in the proliferation of unstandardized medical education programs, a lack of licensure protocols, and limited institutional oversight. [1] These gaps have serious ethical implications, including unqualified practice, unequal access to quality care, and erosion of patient safety. [1,2] As highlighted in comparative analyses of fragile health systems, such as in Niger and other conflict-affected African states, building ethical frameworks into healthcare systems fosters stronger regulatory compliance, improves coordination, and enhances resilience. [3,4]

Federalism, while designed to decentralize power and bring health services closer to communities, has inadvertently created fragmented systems with inconsistent health policy application across Somalia's regions. [2] This decentralization challenges the uniform application of bioethical standards, leaving healthcare workers uncertain about ethical responsibilities and leaving patients vulnerable to inequities in care delivery. [2,3] A national bioethics framework, informed by inclusive dialogue and cross-regional consensus, can support ethical cohesion and minimize disparities.

The importance of bioethics becomes even more critical in times of public health emergencies. Pandemics throughout history, such as the 1918 influenza and the COVID-19 crisis, have consistently raised ethical dilemmas around resource allocation, personal freedoms, and public health mandates. [5] In Somalia, the COVID-19 pandemic exposed the limitations of the current system, including a lack of ethical decision-making infrastructure, delayed public communication, and poor protection for frontline health workers. [1,3,5] Ethical guidelines can help balance individual rights with collective responsibilities during crises, ensuring decisions are fair, transparent, and grounded in public trust. [4,5]

Furthermore, the absence of strong bioethical oversight has contributed to the neglect and abuse of healthcare workers, who often face violence, exploitation, and burnout in the line of duty. [3] Protective policies rooted in ethical reasoning, not just logistical planning, are necessary to preserve the dignity, safety, and rights of healthcare providers. Ethical

safeguards must be institutionalized to govern fair labor practices, psychological support systems, and security protocols for health workers operating in high-risk environments. [3]

In addition to governance reforms, bioethics must be embedded into Somalia's medical education and training programs. Currently, there is a significant gap in bioethics education across Somali medical institutions, contributing to a generation of practitioners ill-equipped to confront moral challenges in care delivery. [1] Incorporating bioethics into curricula would cultivate critical thinking, empathy, and professional accountability among future health workers, qualities essential for navigating Somalia's complex and evolving healthcare landscape. [1,2]

International experiences further underscore the transformative role of ethics in health system recovery. In Niger, international partnerships that integrated ethical governance mechanisms into health programming not only strengthened healthcare delivery but also promoted community ownership and sustainability. [4] Somalia can adapt similar models, ensuring that external aid and development strategies are guided by ethical consultation, cultural appropriateness, and local stakeholder engagement. [3,4]

Crucially, ethics should not be viewed as an abstract or academic luxury but as a functional component of everyday health decision-making. Whether allocating scarce medicines, prioritizing vaccination rollouts, or managing end-of-life care, Somalia's policymakers, practitioners, and partners must engage with ethical reasoning to avoid further marginalizing the most vulnerable populations. [3-5]

To realize this vision, Somalia must prioritize the formation of national and regional bioethics committees empowered to advise on policy, regulate research ethics, and promote ethical literacy among health professionals. [1,2] These committees would provide critical oversight and foster consistency across fragmented systems, reinforcing institutional integrity and public accountability.

Bioethics provides Somalia with a foundational framework to strengthen its healthcare infrastructure amidst ongoing political instability. By anchoring reforms in ethical principles, the country can rebuild not only its systems but also public confidence in them. As historical and contemporary evidence suggests, health systems that neglect ethical governance risk deepening inequalities, exacerbating crises, and ultimately failing the populations they aim to serve. [2-5] Bioethics, therefore, must be central, not peripheral, to the future of health in Somalia.

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CONFLICT OF INTEREST

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