Operationalizing the Somaliland National Health Professions Council

Consultant Report submitted to:

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Executive Summary

Two decades of civil struggle and political instability completely destroyed Somaliland's infra-structure and led to the collapse of the health system in the country. The post-conflict unregulated nature of the health sector and an acute shortage of health professionals have allowed the proliferation of unqualified healthcare workers, and unregulated facilities such as clinics, pharmacies and medical laboratories and education institutes. This situation raises public safety concerns and is a barrier to improving the quality of health services.

Although the Act 19/2001 set up a National Health Professions Council (NHPC) a decade ago, the country has failed to implement the provisions of the Act. However changes in the MOH leadership and new and reinforced health policy directions and human resource management have strengthened the case for the proper regulation of the health system. In 2011, this resulted establishment of an Interim NHPC Board, the hiring of an Executive Director, staff and rental of premises for the NHPC. The first act of the Interim Board was to work on amending the 2001 Act and a draft of the amended law should be ready for legislative approval early in 2012.

After assessment of the current situation five strategic directions were identified to guide NHPC development over the coming five years, and a two year work plan was developed.

1. The NHPC will be a statutory body with the authority and powers to implement the provisions of the Health Professions Act.
2. The NHPC will have a robust organizational structure and sufficient and sustainable resources (human, material and financial) to fulfil its statutory mandate.
3. The NHPC will establish its identity and be recognised as the competent authority responsible for regulating the health professionals, their education and health services.
4. The NHPC will be a fully functioning regulatory authority registering and licensing health professionals; accrediting institutions and programmes that educate health professionals; accrediting health services providers (programme and facilities); and enforcing the provisions of the law.
5. The NHPC is well placed to engage in relevant policy discussion and formulation with the Ministry of Health and other major stakeholders.

Recommendation's to strengthen Board performance and strengthening the operational responsibilities of the NHPC are:

1. Continue to strengthen the Executive Branch of the NHPC by hiring professional staff as the need arises to work with the sub-committees in standard setting, and developing the necessary procedures for registration, licensure, and accreditation.
2. Establish good employment practices for NHPC staff to attract and retain well prepared professionals and support staff.
3. Provide technical and financial support for training of new staff and sub-committees as the need is identified.
4. Support short field visits for key board members, executive staff and other NHPC as needed to well-established functioning Regulatory Bodies in the region.

5. Provide technical support to develop a communication strategy, methods and assistance in its implementation e.g. web site, information sheets, guidance, NHPC branding activities.
6. Explore with Capacity Plus the use of *Qualify* as the software to create Council data bases, including the level of technical assistance that they may be able to provide.

Background

In 1999 Republic of Somaliland Parliament passed a Health Professions Act (Bill No 19/2001)which established the National Health Professions Council (NHPC) whose main function is to register and license health professionals and facilities. Although the NHPC was constituted in 2001, it failed to establish the necessary structures and operations required for a functioning regulatory body. In November 2006 and 2008, a working group of stakeholders was constituted to consider how realise the NHPC to regulate the plethora health professionals and service and education facilities appearing in the health sector.

In February 2009, a consultant reviewed the situation and provided a detailed technical and managerial report which focused on strategies and methods to re-start the NHPC. Agreement was reached among the stakeholders on the directions to take for future action plan and budget for 2009 established.

For various reasons, action on the consultant's report did not follow and work on the NHPC went into abeyance until April 2011. At that point with assistance from THET, premises were rented and an Executive Director and two staff persons hired. An Interim Board was established in May 2011.

A consultant was hired by THET to provide technical assistance to the Board and Executive Director to begin to operationalise the work of the NHPC. This is a report of the outcomes of that consultancy.

Terms of Reference

I. Support the National Health Professional Council (NHPC) and stakeholders to outline the strategic direction of the Council.
II. Work with NHPC staff to improve knowledge and skills in the areas of regulation and accreditation and set initial work plans including an initial assessment period.
III. Support the development of frameworks for institutional accreditation, regulation of health workers in the public and private sectors and registration systems.

Methods of Work

1. Review and analysis of relevant documents.
2. Discussion with key policy and decision makers in the Ministry of Health and leaders of professional associations, those responsible for educating health professionals, and a variety of health service providers, (See annex 1 for work programme).
3. Meetings with the Interim NHPC Board – current status of Council, suggested revisions of amendments to the NHPOC law, organizational structure of NHPC, and future strategies and work plan.
4. Working with NHPC Executive Director a) to review the current draft of amended Health Professions Act Bill No. 19/2001 (see annex 2 for draft of amended law with comments), and b) to formulate strategic directions and work plan.
5. Two-day workshop workshop on professional regulation (See annex 3for report)

The Context

Two decades of civil struggle and political instability completely destroyed Somaliland's infra-structure and led to the collapse of the health system in the country. The dramatic loss of qualified health professionals and the disruption to human resources development led to the loss of a generation of trained staff. Consequently Somaliland suffered from severe shortage of health professionals with appropriate skills and experience, and continues to do so to this day. After declaration of independence in1991and despite a lack of international recognition, Somaliland has succeeded in gaining some political stability. Face with multiple challenges, work to rebuild the country's infrastructure including the health sector started.

Somaliland has a poor maternal mortality rate, estimated to be between 1400 and 1000 per 100,000 live births. Life expectancy at birth is between 47 and 57 years. The infant mortality rate is 90/1000, while the under-five mortality is about 145/1000. Only 5% of children are fully immunised, and access to clean water and good sanitary services pose real challenges. The top ten leading causes of morbidity are mainly preventable and curable infectious diseases. The 2010 assessment of progress towards meeting the Millennium Development Goals (MDGs) indicates that Somaliland progress is insufficient in nearly all the MDG areas, and considerable efforts will be required to meet the MDG Goals by 2015.

The delivery of health care in Somaliland is carried out by a variety of agencies. These include:

- The public sector system -- Hospitals, Referral Health Centres, Health Centres and Primary Health Units;
- The private sector (for profit) system – Hospitals, Pharmacies, Clinics, Laboratories and Traditional Medicine Providers; and
- Private not-for profit -- Hospitals and Clinics, some of them supported by international organizations and others are owned by individual philanthropists.

The Ministry of Health (MOH) is responsible for the health care of the nation and charged with the overall production, delivery and coordination of the health sector. However, the private sector is considerable providing an estimated 60% or more of health care.

While the available infrastructure of the health facilities appears to be in relatively good working condition, it was insufficient to meet population needs. To increase access to health care, the MOH is striving to implement the Essential Package of Health Services (EPHS) and has been decentralizing functions and power to its six regions. A region is headed by a Regional Medical Officer appointed by the Director General of the MOH. In each region, a Regional Medical Officer and works to support to the district health programme works in collaboration with a Regional Health Board whose composition represents the community. The regional health system is further divided into districts, each governed by the Executive Committee which comprises of an elected mayor and the deputy and an executive secretary. However, District Medical Offices are functional in a few areas.

Traditional and Complementary Medicine Practitioners (TCMPs) such as herbalists, spiritualists, traditional birth attendants and traditional dentists still play a significant role in health care. An estimated 60% of the population seek care from them before resorting to the formal health sector. In the communities, most TCMPs have no functional relationship with public and private health providers.

Service utilization is low, especially in the primary health care sector, for example only 4% attend antenatal clinics 4 times while 9% deliver in a health facility. Several factors contribute to this low uptake -- poor quality and ill-equipped facilities both materially and in terms of human resources; the unavailability of healthcare services (some live as much as 100 km from the nearest health facility); difficulties in providing suitable eservices for the considerable proportion of the population who remain pastoralists and the nomads; and preference for private health providers. Thus, although progress has been made in redressing the devastation caused by the years of conflict, the MOH still remains poorly resourced, and access to health services inequitable and unbalanced.

Sustainability of the health system remains an issue as only 3% (1.25 $US) of the national budget is allocated to health and the budget only covers salaries and maintenance. Other sources of funding include donations from diaspora and community philanthropists; municipality contributions (from taxes); and international donor financing. Government is largely dependent on donors and international partners to develop and improve health services.

Currently there are two medical schools, five nursing schools and two schools of midwifery. Enrolment is still low in relation to the demand for health professionals. Except for the medical colleges, these training schools have not been accredited. Distribution of health workers in the country is also skewed in favour of the major urban conglomerations. Because of poor salaries and unfavourable working and employment conditions in the public sector, many of the available health professionals work in the private sector, or with international non-governmental or the international intergovernmental technical agencies. Many hold two or more jobs and consequently may work unusually short shifts especially in the public sector.

The unregulated nature of the health sector and the shortage of health professionals have created a health system where an unknown number of persons work as unqualified “health professionals” and proliferation of unregulated healthcare facilities such as clinics, pharmacies and medical laboratories and education programmes for healthcare workers. This situation raised public safety concerns, and is a barrier to improving the quality of health services. Furthermore, the emergence of education and training programmes provided by unaccredited institutions means that the country continues to produce fresh graduates whose qualifications are currently unrecognised in any jurisdiction.

The National Health Professions Council

Although the Act 19/2001 (Annex 4) set up the Council a decade ago, the country has failed to implement the provisions of the Act, and is now faced with a unknown number of unregulated health service providers, health workers and institutions providing health professions education. Technical advice on how the Council would need to function if the Act is to be implemented was provided by a consultation in 2009. The Council failed to become operational for various reasons including a perceived lack of support from the MOH. However a change in the MOH leadership and new and reinforced health policy directions and human resources management strengthened the case for the proper regulation of the health system. As a result, in 2011 a NHPC Interim Board was appointed, an Executive Director and staff hired, and premises rented.

In meetings with the key groups – MOH authorities, professional associations, health service providers, educators – confirmed that they believed it was important for the Council to start operating as soon as possible. Expectations are high although understanding of what professional

regulation entails is uncertain and in some cases erroneous. Discussion with the medical, nursing and midwifery and medical laboratory associations were particularly helpful in exploring their specific role in regulation particularly in standards setting. All were anxious to participate in the regulatory process but were a little at a loss as to how to go about this task.

The SWOT analysis carried out by workshop participants (see below) was helpful in identifying some of the factors that need to be addressed with respect to creating an effective NHPC.

SWOT Analysis carried out by Workshop Participants:
Capacity of the NHPC to regulate Health Professionals

Strengths	Weaknesses
1. Establishment of NHPC and BOD 2. Functional executive structure established ***** 3. Strong relationship with MOH and professional associations***** 4. NHPC act exists***** 5. Working structure (BOD, executive, etc.) 6. Adequate resources (finance, physical, human) 7. National health policy supports the existence of NHPC	1. Lack of regulatory mechanisms and tools 2. Lack of experienced and skilled personnel in the executive with skills and knowledge in professional regulation***** 3. Lack of internal rules and regulations 4. Lack of standards for professional regulations 5. NHPC Act not yet implemented 6. Enforcement capacity inadequate and poor inter-sectoral collaboration 7. Lack of budgetary support from the government***** 8. Donor dependent funding (project based funding)***** 9. Poor communication with regional health professionals 10. Lack of NHPC owned premises
Opportunities	**Threats**
1. Strong government commitment-new MOH leadership in favour of the creation of NHPC ***** 2. Stable and secure government 3. Support from professional associations 4. Well-functioning MOH HRD department 5. Established professional associations***** 6. Community willingness 7. Favourable funding environment***** 8. Existence of academic institutions 9. Minimum technical assistance from the external support	1. Community ignorance, social pressure and lack of awareness ***** 2. Too many interest groups against regulations (health workers, teaching institutes, etc.) 3. Large number of untrained people doing the professional practices 4. Most of the private health sector owners are not professionals 5. Existence of private sector (private clinical institutes and private training institutions)***** 6. Pastoralist culture of noncompliance to regulations (traditional norms versus formal law) 7. Lack of regulations which control professionalism 8. Unstable government commitment 9. Lack of regular financial support ***** 10. Poor human resource for health management 11. Existence of unrecognized training institutions 12. No prior experience of professional control

***** Top three selected by workshop participants

With respect to the achieving an effective Council, discussion during the workshop and with others stakeholders focussed on the following concerns:

1. *The capacity of the Council to carry out its work effectively.* This means having sufficient and sustainable resources (human, financial, and material) for its operations, an efficient organisational structure, a knowledgeable Board, and technically competent staff.

   Current situation: The Interim Board is composed of committed persons serving on a voluntary basis and who have already contributed much time and effort to Council work. It is chaired by an experienced health professional, but on the whole members have little knowledge about health professional regulatory policies and practices. Since its appointment in May 2011, the Board has focused on drafting amendments to the Act setting up the Health Professions Council The Act 19/2001 on the statutes is judged to be inadequate to allow adequate professional regulation. The Board is in place for a one year term when it should be replaced by a Board constituted according to stipulations of the amended Act if it is passed by the legislature.

   Council staff comprises of an Executive Director and two technical/support staff. The Executive Director is an experienced manager and understands the requirements of the Council with respect its regulatory functions. She understands the role of the Board vis-à-vis the Executive branch of the Council, and has established good on-going communications with the Board. The two other staff members work well under the Executive Director's supervision. One is well versed in informatics and will be an asset when it comes to setting up the Council's Registration and Licensure data base.

   Council is housed in a rented property in Hargeisa which is adequate for its current level of activity. It is has basic IT equipment and supplies and sufficient funding to pay salaries of current staff. Funding covers rental and maintenance of the office, basic salary, and purchase of materials such as stationary. There are some funds available for technical assistance (e.g. seek technical expertise, hold workshops)

2. *Securing sufficient resources to support Council activities*. There was agreement that the success of the Council hinged on the availability of resources to support daily activities, hire suitable and train staff (administrative and professional), and support the work of the subcommittees and Board meetings. Sustainability of financial and other resources is a key requirement for the success of the Council. Access to funding should not come with conditions that would reflect adversely on the integrity of the Council.

   Current situation: The funding is provided exclusively by an international donor (THET). No government funding is provided at present. Once the Council is operational fees (registration, licensure, re-licensure, accreditation etc.) and payment for other services can be another funding source. These however will take time to develop. The prospect Government funding seems remote at present.

3. The scope of NHPC of regulatory activities? Is it appropriate for the NHPC to be accrediting healthcare facilities and carrying out quality and control of drugs? The number and diversity of

facilities providing health services make this a huge task, and quality and control of drugs is a complex technical task.

Current situation: The current Act makes the NHPC responsible for accrediting all health care facilities and quality and control of drugs. However a new body has taken on the responsibility drug quality and control (confirmed by the Minister of Health).As the MOH strengthens and develops its policies, plans and strengthens its capacity it may be more appropriate and effective to create a separate unit with the responsibility of approving all public and private health care facilities providing any health-related service (e.g. hospitals, clinics, pharmacies, radiology service etc.). In this case the accreditation role of the Council with respect to health service providers will have to be reviewed.

4. *Dealing with societal barriers to professional regulation*: Difficulties in enforcing regulatory requirements are not surprising in a society with little knowledge, tradition or experience of these types of control. Raising the level of awareness and providing clear information tailored to the needs of the different sectors of society, healthcare workers, the professional associations, the educational sectors and government policy and decision makers becomes a key Council responsibility.

   Current situation: While the health professionals and MOH authorities expressed nothing but strong support for the implementation of professional regulation, concerns about successful enforcement were articulated. It was generally acknowledged that society as a whole had little knowledge of the reasons and the benefits for them to have a regulated healthcare sector. The large number of unregulated persons and institutions currently working in health care may view the imposition of regulatory requirements and standards as a direct threat to their livelihood and financial health. A further potential barrier is that the NHPC has to operate in a society where tribal custom may take precedence over obeying modern laws. Thus protecting a clan member's livelihood which may be lost if a licence is denied or removed is more important respecting the law.

Amendments of the Act

As mentioned earlier the Interim Board considered amending the NHPC Act to be a priority. The amendments drafted by the Board were reviewed and with the Executive Director. Building on the initial work by the Board a second draft was completed, and discussed fully with the Board. Most of the suggested revisions were agreed. The Board still needs to reach consensus on:

- Method of selection of Board members by professional associations.
- Representation of board members.
- The length of the license period.
- Citizenship status of the chairperson

It is hoped that these points will be resolved very soon and the amended Act ready to enter the legislative process early in 2012 (annex2).

NHPC Responsibilities and Priorities

Registration and licensure was identified as the top responsibility followed by accreditation of educational institutions and standard setting. By far the first priority of many who were consulted was to implement a registration and licensure system. Communication and advocacy, establishing the NHPC organisational structure and building the capacity of the Board and Staff also were judged as high priority NHPC actions.

As registration and licensure is a top priority, the possibility of using an already tested software system was further explored. iHRIS *Qualify* is a free and open source software that captures information about health professionals from the time they enter preregistration training through registration, certification and licensure and to attrition. It is updated every time a professional's license or certification is renewed and can keep track of any continued professional development. It is being used in the African region (Councils in Botswana, Uganda and Southern Sudan) has good technical support. The software was downloaded by one of the Council staff who found it user friendly and comprehensive. Use of this software will save considerable development costs and time and enable the Council to set up a registration and licensure system in a much shorter time than will be possible if the Council undertakes its own database and software development (see http://www.capacityplus.org/hris/ for more information about the iHRIS software suite).

NHPC Structure

A possible organizational structure (Figure 1) was discussed with the Board of Directors. It has the following features:

1. The Board is a policy and planning body with an oversight responsibility for Council performance. Also it will engage in advocacy and fund raising. The Executive director and the Chairs of the Sub-committees report directly to the Board
2. Sub-committees (e.g. for Registration and Licensure, Education, Practice, Communication/ Information) work with professional Council staff, focus mail on standard-setting, and formulating policies and procedures (e.g. for licensure or educational accreditation). The Board will need to approval decisions in these areas before they become Council policy, standards or requirements. Coordination, preparation of documents etc. will be a staff responsibility.
3. The Executive Director is responsible for implementing Board decisions, managing day to day Council activity, staff and Council performance.

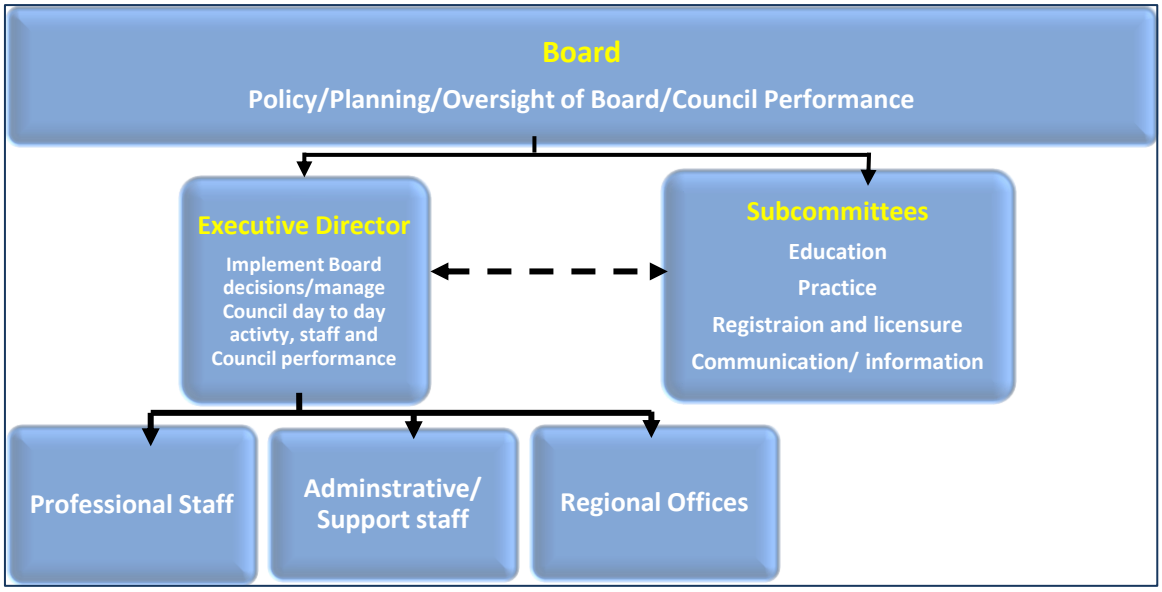

Figure 1: Proposed NHPC Structure

STRATEGIC PLAN 2012-2016

The responsibilities, priorities and the other actions required to operationalise the Council discussed in the previous section are reflected in the strategic plan. Strategic directions for the next five years have been identified. A two year work plan based on the strategic directions was formulated. The plan was presented and discussed with the Board and agreed to finalise and approval the plan at the next Board meeting.

VISION

The protection of the public health, safety and welfare through the regulation of the health professions by assuring that the population has access to safe health services, and competent treatment and care from health professionals.

MISSION

Act as a statutory body with a mandate to regulate the health professions, their education and practice, as well as the facilities where they practice, and to provide guidance to the health professions, policy makers, employers and the public on the practice, education, ethics and other professional issues in order to improve healthcare standards.

STRATEGIC DIRECTIONS 2012-2016

1. The NHPC will be a statutory body with the authority and powers to implement the provisions of the Health Professions Act.
2. The NHPC will have a robust organizational structure and sufficient and sustainable resources (human, material and financial) to fulfil its statutory mandate.
3. The NHPC will establish its identity and be recognised as the competent authority responsible for regulating the health professionals, their education and health services.
4. The NHPC will be a fully functioning regulatory authority registering and licensing health professionals; accrediting institutions and programmes that educate health professionals; accrediting health services providers (programme and facilities); and enforcing the provisions of the law.
5. The NHPC is well placed to engage in relevant policy discussion and formulation with the Ministry of Health and other major stakeholders.

WORK PLAN: 2012-2013

Strategic Direction 1				
The NHPC will be a statutory body with the authority and powers to implement the provisions of the Health Professions Act				
Activity	**Person/s responsible**	**Resources required**	**Completion date**	**Key outcomes**
1. Monitor and advocate for passage of proposed amendments of the Health Professions Act 19/2001.	Minister of Health NHPC Board NHPC ED	Cost of legal advisor	Mid-March 2012	Amended Act is passed by the legislature
2. Board orientation a. Key elements and concepts of professional regulation role and responsibilities; b. Council work methods (e.g. policy development, decision –making, staff Council relations); c. Responsibilities for advocacy and promotion of NHPC.	Board Chair and ED		January/February 2012	Board understands role and responsibilities Are engaged advocacy activities Satisfactory half yearly results of Board performance
3. Prepare a Board Handbook, (Including providing guidance on ethical behaviour expected of Board member (e.g. maintaining, confidentiality, declaring conflicts of interest, supporting the integrity of council) and best practice for Boards to follow.	ED with consultation with Chair	Printing costs	March 2012	Board handbook printed and distributed

Strategic Direction 1 (continued)				
The NHPC will be a statutory body with the authority and powers to implement the provisions of the Health Professions Act				
Activity	**Person/s responsible**	**Resources required**	**Completion date**	**Key outcomes**
4. Engage Council in the policy, decision making and advocacy activities to promote the Council (Policy training and developing policy manual) 5. Establish good communication practices between Board and Council Staff e.g. timely circulation minutes; regular updates by email; encouraging feedback from Board by providing response sheets etc.	ED, legal advisor ED and Board Chair	Cost of legal advice	April 2012	Policy format agreed Master list of policies required developed
6. Approve administrative rules (bylaws or rules and regulations) to expand on the law. a. Review approved act to identify areas requiring further expansion through formulation of bylaws. b. Prioritise and formulate draft for Board approval. c. Acquire Board approval of drafted bylaws.	ED, legal advisor Board	Cost of legal advice	On-going May- December 2012	▪ Priority areas for bylaw development identifies by Board ▪ A set of bylaws for the prioritised areas of NHPC work completed
7. Evaluate progress and take account of emerging trends 18 months after initiating first plan. 8. Extend action plan to cover a further 3 years period.	Board ED		April 2013 June 2013	Draft plan for 2014-16 approval by Board

Strategic Direction 2				
The NHPC will have a robust organizational structure and sufficient and sustainable resources (human, material and financial) to fulfil its statutory mandate.				
Activity	**Person responsible**	**Resources required**	**Completion date**	**Key outcomes**
1. Prepare and approve a proposal setting out structure, operations, and budget	ED, Board	Funding to cover budget proposal	May 2012	NHPC has permanent structure agreed and budget to cover operational costs
2. Create new positions as Council work expands and job descriptions.	ED, Board	Funding to cover salaries of new position in place	On-going	NHPC staff match NHPC functions
3. Setup internal NHPC office administrative policies and procedures.	ED		February 2012	NHPC has clear office policies and procedures that provide guidance, control and set accountability.
4. Prepare staff to fulfil position responsibilities a. Orient staff to professional regulatory processes, Council work and role in supporting Board members b. Provide staff development to match job requirements.	ED		As new staff are hired	▪ Orientation programme developed and implemented as necessary. ▪ Training needs identified ▪ Staff given training according to NHPC and available resources

Strategic Direction 3				
The NHPC will establish its identity and be recognised as the competent autonomous, authority responsible regulating the health professions.				
Activity	**Person responsible**	**Resources required**	**Completion date**	**Key outcomes**
1. Develop a communication and public relation strategy to raise the awareness and inform about purpose function, programme of work and benefits of having an active Council targeting: a. Health professions b. Persons engaged in educating health professionals, c. The public d. Policy and decision-makers, e. Potential funders	ED Board	Cost of communication consultant	End of April	Communication strategies with a two year work plan
2. Use multiple communication methods, including a dedicated website, to report on Council activities and achievements.	ED Communication consultant	Cost of communication consultant Printing an disseminating materials Web site development and maintenance	Ongoing	▪ Media contacts established. ▪ Website set up and kept updated. ▪ Press releases used to mark important events. ▪ Periodic briefing/fact sheets disseminated to the profession, key decision makers and other stakeholders

Strategic Direction 3 (continued)				
The NHPC will establish its identity and be recognised as the competent authority responsible regulating the health professions.				
Activity	**Person responsible**	**Resources required**	**Completion date**	**Key outcomes**
3. Involve the Health Professional Associations in information and advocacy work on behalf of the Council.	Ed Board	On-going costs	On-going	▪ Associations maintain in the communication loop. ▪ Board members invited to speak at meetings/conferences ▪ Council information available on the Association web site and other materials.
4. Develop Council identity through careful branding, protecting and controlling the use of Council Logo. a. Board approves rules and regulation for use of Council name and logo b. Have process in place for monitoring and taking action in the event of misuse of name and logo	Board , ED	Financial and human resources	On-going	▪ Rules for branding Council products/activities and use of the logo exist. ▪ Logo is protected from non-authorised use. ▪ Evidence that its use is monitored and action taken when use is non-authorised. ▪ Evidence that the NHPC is recognised within the professions and outside.

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Strategic Direction 4				
The NHPC will be fully functioning regulatory authority registering and licensing health professionals; accrediting institutions and programmes that educate health professional and provide health services; and maintaining professional discipline.				
Activity	**Person responsible**	**Resources required**	**Completion date**	**Key outcomes**
REGISTRATION AND LICENSURE				
1. Hire a professional staff member to be responsible for registration and licensure.	ED Board	Salary for professional staff Equipment (computer etc.)	June-July 2012	▪ Job description approved ▪ Person selected ▪ Oriented top NHPC and role responsibilities
2. Support visit for 4-5 persons from the Board and Council staff to a country region established registration and licensing system.	ED and funders	Costs associated with visit	February 2012	▪ Visit report indicating what was useful, and how applicable to this context ▪ An established working relationship with an experienced regulatory body
3. Develop terms of reference and rules and regulations (e.g. composition, reporting relations, records etc.)for the Registration and Licensure subcommittee	Board and ED		September 2012	TORs, bylaws, composition and working guidelines prepared and approved
4. Appoint and train the registration and licensure sub-committee	Board and ED		December 2012	Sub-committee operating
5. Sub-committee to propose registration and licensure requirements for medical laboratory technicians, midwives, nurses, pharmacists, and physicians and are approved by Board	ED, R & L Staff person, Chair sub-committee	Running costs	January 2013-December 2013	Registration and licensure requirements for the six professions are approved

Strategic Direction 4 (continued)				
The NHPC will be fully functioning regulatory authority registering and licensing health professionals; accrediting institutions and programmes that educate health professional and provide health services; and maintaining professional discipline.				
Activity	**Person responsible**	**Resources required**	**Completion date**	**Key outcomes**
6. Establish strategies for dealing with persons who seek registration and licensure but who do not meet Council requirements. a. Convene a workshop with key stakeholder to come up with strategies for the transition period b. Board and Sub-Committee members come up with strategies based on the workshop recommendations	ED and Council Staff	Workshop costs	April 2013	Acceptable strategies and application guidelines for dealing with for ineligible registrants
7. Establish the processes and procedures for registration and licensure, and develop the necessary information sheets, forms and any other required documents.	ED and Staff	Associated costs	March – October 2013	Registration and licensure: ▪ Procedures agreed ▪ Forms printed ▪ Registration process initiated
8. Develop and implement a communication plan about the purpose and processes for registration/licensure targeting potentials licensees, employers, and educators	ED and Staff	Costs associated with diffusion of communications	May- December 2013	Communication plan developed and implemented

Strategic Direction 4 (continued)				
The NHPC will be fully functioning regulatory authority registering and licensing health professionals; accrediting institutions and programmes that educate health professional and provide health services; and maintaining professional discipline.				
Activity	**Person responsible**	**Resources required**	**Completion date**	**Key outcomes**
9. Develop an implementation plan to secure the registration and licensure of all the health professional a. Scope out numbers, categories and whereabouts of health professionals that require to be regulated b. Identify sequence in which of categories are to be registered and licensed	Ed, Staff		May- December 2013	Plan in place and communicated with stakeholders
10. Finalise and test the software for the computerised data base a. Select and test software system b. Train users	ED. Staff	Cost for installing , training and operation	June 2012	System running smoothly
ACCREDITATION OF EDUCATION PROGRAMMES AND INSTITITION				
11. Hire a professional staff member to be responsible for Education.	ED Board	Salary for professional staff Equipment (computer etc.)	September 2013	▪ Job description approved ▪ Person selected ▪ Oriented top NHPC and role responsibilities
12. Develop terms of reference and rules and regulations (e.g. composition, reporting relations, records etc.)for the Education Subcommittee	Board and ED		July 2013	TORs, composition, working guidelines prepared and approved
13. Appoint and train the Education Sub-committee	Board and ED		November 2013	Sub-committee operating
14. Sub-committee to propose education standard by Board	ED, R & L Staff person, Chair sub-committee	Running costs	March 2014	Programme and institution education standards for the six professions are approved

Strategic Direction 5				
The NHPC is well placed to engage in relevant policy discussion and formulation with the Ministry of Health and other major stakeholders				
Activity	**Person responsible**	**Resources required**	**Completion date**	**Key outcomes**
To start implementation from 2014 onwards				

Recommendations

1. Continue to strengthen the Executive Branch of the NHPC by hiring professional staff as the need arises to work with the sub-committees in standard setting, and developing the necessary procedures for registration, licensure, and accreditation.
2. Establish good employment practices for NHPC staff to attract and retain well prepared professionals and support staff.
3. Provide technical and financial support for training of new staff and sub-committees as the need is identified.
4. Support short field visits for key board members, executive staff and other NHPC as needed to well-established functioning Regulatory Bodies in the region.
5. Provide technical support to develop a communication strategy, methods and assistance in its implementation e.g. web site, information sheets, guidance, NHPC branding activities.
6. Explore with Capacity Plus the use of *Qualify* as the software to create Council data bases, including the level of technical assistance that they may be able to provide.

Documents Consulted

The Constitution of the Republic of Somaliland, Approved by referendum on 31 May 2001

Ministry of National Planning and Development. **Somaliland National Vision2030.**

The National Health Professions Council's (Re-) establishment: Possible Option for a Way Forward, Consultant Report, 2009.

Ministry of Health and Labour, **Human Resources for Health: Operational Policy and StrategyDocument**, June2009-June 2011.

Ministry of Health, **National Health Policy**, 2nd Edition, Draft Document.

Somaliland MDG Report, 2010, draft zero, no author.

A Proclamation of the National Pharmacy Regulatory Authority (NPRA), 2001, developed by Dr Mtana Lewa with sponsorship of UNICEF Somalia Support Centre Nairobi, Kenya.

ANNEX 1: **Programme of Work: 7-23 December, 2011**

Date	Activity
Dec 8	Arrival Hargeisa Introduction to THET Staff Security Briefing
Dec 9	Document Review
Dec 10	Orientation current status to NHPC by Dr Lula Hussein, Executive Director Meeting with some members of the NHPC Board
Dec 11	Meeting s with: ▪ Minister of Health, Dr Hussain Mohamad; Vice Minister of Health, Ms Nimco Hussain Qawdhan; and Director General of the ministry of Health Mr Abdi Ahmad Noor ▪ Medical Laboratory Association: Mohammad Hassan (President) and Mr Muhiyadin Ahmed Jibril ▪ Medical Association: Dr Ahmed Ibrahim ▪ UNICEF Marian Yusuf Fahiye (MCH) ▪ UNICEF ▪ Nurses and Midwives Association: Roda Ali Ahmed Acting executive Director
Dec 12	Site Visits ▪ Private Hospital (Manhal) Dr. Yassin Arab, Owner and Director ▪ University of Hargeisa Medical faculty, Dr. Derie Ismail Ereg, Dean ▪ Hargeisa Group Hospital, Fadumo Abdi Kahin, Hospital Director Work on law amendments
Dec 13	Work on law amendments with Executive Director
Dec14-15	Conducted Professional Regulation Workshop
Dec 16	Report writing and further work on law amendments
Dec 17-19	Working with Executive Director ▪ Completed drafting proposed amendments to law ▪ Explore possibility of using Capacity Plus Qualify Data-base for Council ▪ Structure of Council ▪ Strategic directions and Work plan
Dec 20 21	Meeting with Board re ▪ Draft of law amendments, ▪ Proposed Council structure, ▪ Strategic directions and work plan
Dec 22	Debriefing with THET in Somaliland Departure

ANNEX 2: Draft Amendments to NHPC Act

In the name of Allah The Most Compassionate The Merciful

THE REPUBLIC OF SOMALILAND

MINISTRY OF HEALTH

AMENDMENT OF THE HEALTH PROFESSIONS ACT

(Bill No. 19/2001)

MINISTER OF HEALTH

	Comments
Having seen: Article 17 of the National Constitution	
Having given regard to: The need for an Act that promotes, preserves and protects the public health, safety and welfare through the regulation of the health professions by assuring that the population has access to safe health services, and competent treatment and care from health professionals.	
Having noticed: That Health Professions Act No. 19/01, has not come into effect, and is still pending, and which in its present form will only increase the problems it was intended to solve; and that The National Health Policy document recommends that: • *Establish National parastatal institutions - NHPC, and Drug Authority and have the following roles:* – ***NHPC**: Standard setting, and Quality Assurance; Licensing of all private and public health facilities; accreditation of health training schools and registration of all qualified medical and allied health professionals in the country and enforce compliance. Disciplinary actions will be taken against* – ***Food and Drug Authority**: Quality control of imported drugs; registration of new drugs; inspection of premises, licensing for importation of drugs; and regularly conduct pharmaco-vigilance compliance.*	Health Professions Act No. 19/01 has many omissions and fails to give the NHPC the mandate and sufficient powers to fulfil the aim of the Act
Having realized: That health science, treatment and health services are advancing and expanding there is a need for an Act regulating the practice and education of health professionals and the quality of health care services and facilities in line with the international standards	States the need for the Act in the current changing healthcarecontext
Having acknowledged: That it is necessary to amend Health Professions Act No. 19/01, and that the amendment process accommodates the views of the Ministry of Health and the various health professional groups, and that its implementation be participated by all interested parties.	

Proposed Amendment of Act 19/.2001

		Comment
Article 1 Purpose of the Act	1. To regulate the health professions, their education and practice, as well as the facilities where they practice. 2. To give authority to the Council to establish such rules, regulations and procedures necessary to accomplish the purposes of the Act.	Sets out what are the purposes or aims of the act. This needs to be clearly stated, as it will be the foundation for the development of the functions and authority of the Council
Article 2 Definition of Terms	**Definition of Terms** **Accreditation:** The process of review and approval by which an institution, programme or specific service is granted a time-limited recognition of having met certain established standards. **Council:** The National Health Professions Council which is the authority established by the Act responsible for the registration of, granting licences, and disciplining the regulated health professionals; for approving health service facilities and programmes; and accrediting the institutions and programmes that educate health professionals. **Educational Institute or Programme:** School,academy, college or university which is an educational organisation that offers programmes of education to qualify students to meet the standards of the Council for registration, licensure and recognition of other qualifications. **Health Professions:** Any health profession and its members that is recognised by this Act. **Health Professional Practitioner:** A person licensed by this Act to practice in a specific field of health care. **Health Service Provider:** Any facility, public or private, where a health service is provided, such as hospital, clinic, pharmacy, laboratory, , out-patients, radiology **License:** Permit issued by the Council allowing the licensee to practice as a health practitioner in the field in which he/she is licensed. **Minister:** Refers to the Minister of Health.	

		Comment
	Registration: **T**he process of adding the name of individuals who have met the standards of the Council to provide specified services to an official register maintained by the Council.	
Article 3 National Health Professions Council	1. This Act establishes the National Health Professions Council for Somaliland responsible for the protection of the public health, safety and welfare through the regulation of the health professions by assuring that the population has access to safe health services, and competent treatment and care from health professionals. 2. The Council works autonomously while maintaining its responsibilities, having close working and consultative relationships with the Ministry of Health, Health Professional Associations and Organizations, Heath Education Institutions, and other key stake holders.	
Article 4: Logo of the Council	1. Health Professions Council shall have its own logo, which shall be approved by the Board of Directors. 2. The logo shall not be affixed to any instrument or used in any other way except by the authority of the Council.	The logo needs to be protected from fraudulent use
Article 5: Headquarters of the Council	The headquarters of the Council is in Hargeisa, the capital of Somaliland. Branches may be set up in the regions of the country as needs arise.	
Article 6: The functions of the Council	1. Register and license health practitioners. 2. Accredit education institutions, programmes and health facilities. 3. Maintain professional discipline. 4. Maintain records of proceedings, and any other records required by the law of Somaliland. 5. Collect fees and receive funds. 6. Maintain working relationships with the Ministry of Health, other healthcare providers and the health professions. 7. Collect and analyse data with respect to health professions education, practice and human resources. 8. Advocate for professional development and health service improvements. 9. Inform licence holders about changes in the law and rules and regulations regarding their education and practice.	The functions of the Council enable the Council to implement the Act through standards setting, and the establishment of rules, regulations and procedures to underpin the way the Council fulfils its obligations in order to carry out its core functions.This includes registration, licensure, standard setting, professional discipline, communicating with the profession and the public and professional development.

		Comment
	10. Advocate for the advancement and development of the health professions. 11. Communicate with and participate at a national, regional, and international level in activities and matters related to professional regulation.	
Article 7: Organizational Structure	1. Board of Directors 2. Chairperson of the Board of Directors 3. Sub-Committees 4. Regional Offices 5. Executive Director and Council Staff	The Board needs to have support from a strong executive branch with well-prepared staff as it will provide the coordination and technical support to the Board (policy making strategic planning etc.) and the committees (developing standards, guidelines etc.). Also the staff will play a major role in developing the processes that will underpin the Council's work.
Article 8: Composition of the Board	1. The Board of Directors shall consist of at least Fourteen (14) persons. It will be members who are: a. Representative of the Somaliland Medical Association (SMA) b. Representative of the Somaliland Nursing and Midwifery Association (SLNMA) c. Representative of the Somaliland Laboratories Association (SOMLA) d. Representative of the Somaliland Pharmacists Association e. A member nominated by the Minister of Health from among the Regional Directors of the Ministry once every three years. f. Representative of the medical education faculties or institutions. g. Representative of the nursing and midwifery education faculties or institutes.. h. Representative of the laboratory education faculties or institutions i. Representative of the health service providers recognised by the government. j. Representative of the mayors group. k. Representative of the Somaliland Lawyers Association (SOLLA) l. Representative of the Somaliland National Human Rights Commission. m. Representative of the Good Governance and	

	Anti-Corruption Commission (GGACC). n. A member from Quality Control Commission. 2. The Board of Directors shall have advisory members who shall attend Council meetings on request from the Chairperson as observers but have no voting rights who are as follows: a. An official from the Ministry of Justice nominated by the Minister of Justice. b. A member from the Ministry of Internal Affairs nominated by the Minister. c. A lawyer who is also a legal advisor nominated by Somaliland Lawyers Association once every three years. d. An official representing the donor partners of the Council that support at least 15% of the Council's annual budget and is selected by these partners from among themselves once every three years.	
Article9: The Board of Directors	**1. Selection of Board** a. Health profession association members will be elected according to their Association bylaws. b. Other members will be selected through a process of nomination or appointment	The processes can be further expanded in the bylaws (rules and regulations)
	2. Qualifications and Terms of Office a. The health professionals who are members of the Council must be currently registered and licensed by the NHPC and have at least five (5) experience years in health services and/or education in the past seven (7) years. b. Members may serve a maximum of three (3) terms of three (3) years each. Members may serve only 2 consecutive terms. No more than half of the Council may be renewed at the same time.	Ensures that the Board has access to properly experienced members of the profession. Limiting the number of terms of office ensures that the Board is able to bring fresh perspectives and new ideas to its work. But members need to serve long enough to give stability to the Board. Renewing only half of the members at the same time allows the Board to retain members with experience at all times

		Comment
	3. Functions of Board a. Set strategic directions and approve a work plan. b. Make, adopt, amend and repeal administrative rules and regulations as deemed necessary to carry out the provisions of the Act. c. Interpret the provisions of the Act by issuing guidelines and authoritative interpretative statements with respect to health professions practice and education. d. Elect a Chairperson and other Office Bearers from the members of the Board as necessary. e. Approve the definitions of the scope practice of health professionals regulated by the Act.	The functions of the Board enable the Council to implement the Act through standards setting, and the establishment of rules, regulations and procedures to underpin the way the Council's works and to carry out the Council's core functions including registration, licensure, standard setting, professional discipline and professional development. The Board does this through strategic planning; setting policies; approving the proposals developed by sub-committee (e.g. standards, registration and licensure requirements) and staff (e.g. procedures); and overall monitoring of Council performance through the Executive Director. It also has an advocacy and communication role with a focus on raising awareness and understanding of the role and benefits of having a Council. It needs to communicate with society in general, health professionals, employers and policy-makers as well as working to ensure that sufficient resources are available to the Council to fulfil its mandate.
	f. Establish, enforce monitor and review standards for registration/licensure, practice, education, professional conduct, continuing competence and health service facilities. g. Designate and regulate other categories of health professionals. h. Approve the discipline decisions with respect to license holders and other accredited bodies. i. Approve decisions related to the accreditation and removal of accreditation of educational and health service institutions and programmes. j. Determine appropriate fees and approve the appropriateness of funding sources. k. Establish committees to carry out the work of the Council. l. Co-opt, or appoint persons who are not members of the Council to serve on committees, or to provide consultation and advice to the Council. m. Provide advice when requested to the Minister of Health on matters related to the regulation, education and practice of health professionals and health service standards. n. Appoint and employ an Executive Director and approve staff positions as may be necessary to administer the provisions of the Act.	
	o. Appoint and employ legal advisor as required. p. Approve a budget. q. Approve the annual report. r. Report as required to the Minister of Health.	

		Comment
	3. Officer Bearers a. The Board of Directors will elect a Chairperson and a vice-Chairperson at the first meeting which will be held within eight (8) days of the formation of the Board. b. The Chairperson shall be a health professional and a Somaliland citizen. c. Office Bearers may serve only two (2) terms in an Office. d. In the event of a vacancy occurring in the office of the Chairperson a replacement will be elected by the Board from the current Board members. e. The Chairperson can be terminated if more than half of the members of the Board of Directors voted for her/his termination. f. In the absence of the Chairperson, the Vice-Chairperson will act in her/his place. g. In the event of the Chairperson's death, resignation, or being absent without delegating to anyone, the Vice-Chair will act as Chairperson until he/she returns, or a new Chairperson is elected. h. In the event that the Chairperson is absent from the meeting or is outside of the country, her/his termination cannot be voted for.	Provides for full Board membership at all times
	4. Vacancies a. In the event of a vacancy in the Board arising as a consequence of the resignation, death or the disablement of a member, the appropriate organizations will be requested to fill the vacancy for the remainder of the term of office of that member The vacancy should be filled within four (4) weeks of the vacancy occurring. The person selected to fill the vacancy shall serve the remaining portion of the term but still be eligible to serve three (3) terms of office. b. Any member of the Board may resign from the Board by giving 30 days written notice to the Chairperson and Executive Director of the Council.	

		Comment
	5. Removal of Board Members a. The Board may remove a member of the Board by a majority of at least two thirds (2/3rd) of members for cause of serious and persistent deficiency in his/her attendance at meetings. or his/her conduct or performance in duties pertaining to the Council work. A person removed from the Board is not eligible to serve on the Board at any time. b. If removed the vacancy shall be filled as described in article __.	Allows for removal of non-functioning members and member who may have behaved in a way that brings disrepute to the Board
Article 10: Duties and Powers of the Chairperson	1. Chairing and controlling discussions. 2. Calling for and officially informing about meetings. 3. Preparation of meeting agendas with the Executive Director. 4. Monitoring the implementation of the decisions of Board of Directors. 5. Signing of official documents going out in the name of the Council or the Board. 6. Signing of the decisions of the Board of Directors 7. Representing the Council and the Board. 8. Assigning responsibilities and duties of the Board and sub-committees. 9. Implementing emergency powers of the Board between consecutive Board meetings, consulting with members of the Board of Directors and advisors depending on their availability. 10. Approval of the employment of officials in the departments and sections of the Council. 11. Carrying out other duties assigned by this Act, bylaws or the Board of Directors.	Chairperson's responsibility. This can be expanded further in job descriptions
Article 11: Board of Directors' Meetings	1. The Board shall meet a minimum of ten times (10) annually. 2. Extraordinary meetings may be called by the Chairperson or at the request of two-thirds (2/3rd) of the Board. 3. One meeting shall be designated as the annual meeting for the purposes of electing officers or carrying other matters related to the Board reorganisation. 4. The Executive Director who has no voting rights will attend each Board meeting.	Set a minimum standard for the number of Board meetings per year, but is flexible enough to allow the Board to have as many meetings as necessary to carry out its work. Makes provision when the Board members feel a need to have a meeting even when there is opposition from the Chairperson.

		Comments
	5. The Board may adjourn any of its meetings to another time and/or place. 6. More than half of the members shall form a quorum. 7. Each member present at a meeting of the Board shall be entitled to one vote. 8. Unless otherwise determined in accordance with these rules, any matters in respect of which a vote is taken shall be decided by a show of hands of those members present at the meeting. 9. If the Board so determines a secret ballot may be conducted. 10. A motion before the Board other than a motion for amendment or repeal of the law and rules shall be carried if a majority of the members of the Board present vote in its favour. Where the votes are equally divided the Chairperson shall exercise a casting vote. 11. The Board can invite the participation of sub-committees members and representatives from regional offices and or any other person who participation is deemed important. 12. Minutes of the deliberations/ decisions of the Board shall be kept for the number of years required by Somaliland law and forwarded to each member of the Board.	Sets the number of persons needing to be present in order to make Council decisions legal. Ensures that Board deliberations are recorded, circulated and kept the required period that the law of the land requires of such bodies.
Article 12: The Powers of the Board	1. The Board shall have the power to do all suchthings as are reasonably necessary to implement the Act, and has the authority to carry out its functions. 2. The final decision of the Council shall be released by the Board of Directors where appropriate. **3.** Any decisions taken by the Board of Directors are final administrative decisions, and shall only be appealed to the Supreme Court of the Republic of Somaliland.	This is an important enabling clause that gives the council implementing authority to carry out its functions.

		Comments
Article 13: Responsibilities of the Executive Director	1. The Executive Director is the most senior officer in managing the administration, technical programmes, communications, finances and Council staff. 2. The Executive Director shall be selected by the Board for her/his knowledge in management, administration and experience. 3. Selection shall be conducted in accordance with a procedure approved by the Board of Directors. 4. A fixed term contract will be offered by the Board of Directors, which includes a probationary period. 5. The Board of Directors is responsible for formulating the job description for the Executive Director in accordance with responsibilities. 6. The Executive Director shall be responsible for a. Performance of administrative, fiduciary and budget responsibilities of the Council. b. Employing and supervising Council staff. c. Maintaining the premises, equipment and documents of the Council. d. Monitoring the implementation of policies and decisions made by the Board. e. Managing communications. f. Coordinating and monitoring technical programmes,work of the sub-committees, central headquarters and the regional offices of the Council. g. Performance of any other duties as the Board may direct.	The Executive Director is responsible for and supervises the day-to-day administrative duties and work of the Council. Is also responsible for managing the other staff employed by the Council, and the overall performance of the Council. Can be further expanded in job descriptions
Article 14: Council Sub-Committees and Task Forces	1. The Board shall establish such sub-committees as necessary to accomplish its work. The committees are co-ordinated by the Executive Director and report to the Board. 2. Terms of reference and membership of the committees shall be determined by the Board. 3. The Board shall have the authority to establish ad hoc committees to work on tasks determined by the Board. Such committees shall be dissolved once they have accomplished the task.	Gives the Board the authority to establish, as needed, permanent andtemporary committees that will be asked to carry out a limited task.

		Comments
Article 15: Use Of Council Stamp and Executive Documents	All documents, deeds or instruments requiring execution by the Council shall be signed on behalf of the Council either by the Executive Director and one other member of the Council or by two members of the Council in the absence of the Executive Director	This is an important mark of authority of the Council. Placing it on a document gives the document the authority of the Council. Its use must therefore be carefully regulated to prevent fraudulent use and ensure that it is not placed on a document that does not represent the Council's will.
Article 16: Revenue, fees, and financial reporting	1. The Council is authorised to establish and collect fees for the services it provides, to accept funds from the government and other appropriate funding sources; and to borrow money to carry out its duties. 2. The Board is responsible for deciding on how available financial resources will be used to carry out the work of the Council. 3. The Executive Director shall produce for audit at least once in a year, and at such additional times as the Board may direct, and which is conformity with requirements under Somaliland law. 4. The Executive Director shall ensure that all books and documents of the Council is in her / his custody show a true and correct record of the financial transactions of the Council.	The Council may charge for any of the services it provides to the profession and others. This clause enables the Council to collect such fees, and to accept Government or other funding. The Board is also responsible to determine how revenue received should be used to support and further the work of the Council and demonstrate accountability for its financial transactions.
Article 17:Regional level Offices	1. The Board shall establish Regional Level Offices that represent the Council in their respective jurisdictions as is necessary. 2. The number of members of Regional Level offices, the process of their nomination and the limits of their duties will be set by the Board. 3. Regional Level Offices will have unified bylaws that shall be approved by the Board of Directors. 4. The Regional Offices are prohibited from issuing any licences and from undertaking a duty not assigned by the Board.	The rules and regulation must make it very clear that the Regional Offices have no regulatory responsibilities.

		Comments
Article 18: Maintaining registers and issuing licences for health practitioners	1. The Council shall maintain permanent records and current register/s of the names and other information deemed necessary of all persons who have been, or will be registered and granted a license to practice. 2. The Council shall maintain a separate registers for each of the health professionals registered under this Act, and for specialist qualifications. 3. Applicants who successfully meet the requirements of the Council are eligible to have their names entered in the register and be given a license to practice in Somaliland 4. A license shall be issued for a period of two (2) years.	This article holds the Council's responsible for setting up and maintaining up-to-date registers. Registers are an important source of data for making national human resource decisions. Limiting the period of licensure contributes to the maintenance of a live register.
Article 19: Title and practice protection	1. No person other than a licensed health practitioner can use the designated title or abbreviation or otherwise represent her/himself as a licensed health practitioner. 2. A health practitioner shall not be employed in a health employment whether private or public, or practice as an independent practitioner unless he/she is granted a licence from the Council.	Protects the titles and abbreviations of titles reserving for use only by persons who have met the Council's requirements. This is an important aspect of public protection. Reserves the right to practice to those who are licensed. Without a licence a person would be practising illegally.

		Comments
Article 20: Requirements for registration and licensure	1. The Council is authorised to set requirements for registration and licensure for all categories specified in this Act. 2. The council may require applicants to prove competence and qualifications to practice as a licensed health practitioner. 3. Registration and licensure may be denied if an applicant does not satisfy the requirements of the Council. 4. All foreign-trained health professionals must have permanent residence in the country and fulfil all registration and licensure requirements of the Council.	Gives authority to the Council to set standards and conditions for registration and licensure. Authorises the Council to administer competence assessment where necessary Allows the Council to register and license persons who have graduated from other jurisdictions who in their judgement meet Somaliland standards.
Article 21: Limited licence	1. In certain situations specified by the Board, the Council may issue a limited licence that sets limits to practice provided that basic requirements are fulfilled. 2. The limits will be determined after an assessment of the individual's level of competence.	
Article 22: Temporary license	1. The council shall issue a non-renewable temporary license to persons applying for licensure for a period not exceeding twelve months. 2. The council shall revoke the temporary license of any person who has failed to meet the requirements for licensure as provided by this act within the specified time period. 3. Temporary licensees may perform patient care services within limits defined by the Council. In defining these limits, the council shall consider the ability of the temporary licensee to safely and properly carry out patient care services. 4. Temporary licensees shall be held to the same accountability standards as a fully licensed health practitioner.	Gives the Council flexibility to deal with applicants who have yet to meet all the requirements
Article 23: Renewal of license	1. The applicant for the renewal of a license has to meet the requirements of the Council for license renewal. 2. Failure to renew the license within 30 days after the expiration date shall result in automatic forfeiture of the right to practice in the Somaliland.	Renewing the license is an important way to ensure a live register. It is also an opportunity to check for evidence of continuing professional development and skill up dating. The register and re-licensing data is an important source of datafor human resource planning.

Article 24: Reinstatement of lapsed license	1. A licensee who has allowed license to lapse by failure to renew may apply for reinstatement in accordance with the Council's procedures. If the license has lapsed for more than three (3) years, the Council shall require the applicant to complete a refresher programme approved by the Council 2. The Council may issue a full license if all conditions have been met, or it may issue a limited license or deny a license if it is not satisfied that all conditions have been satisfactorily met.	This article also deals with persons who return to practice after a long period away practice. It allows the council to evaluate that person's competence and specify what a person requires to do to regain a satisfactorily level of competence.
Article 25: Appeal if licence is denied	A person who been denied a licence to practice may appeal in writing to the Council for review of the decision.	
Article 26: Inactive register	1. When a licensee submits a request for inactive status, the Council shall issue to the licensee a statement of inactive status and shall place the licensee's name on the inactive register. 2. While on the inactive register, the person shall not be subjected to renewal requirements and shall not be permitted practice in Somaliland. 3. When such person desires to be removed from the inactive register and returned to the active register, the Council shall require evidence of competency to resume practice before returning the applicant to active status.	This allows the Council to retain data about health practitioners that are not practising. This is useful to guide future efforts to recruit health practitioners who have left the profession.
Article 27: Operating health facility or educational Institutions	1. No person or a group of persons can open a health facility without obtaining approval and or accreditation from the Council or other competent authority. 2. No person or a group of persons can operate an educational institution or provide an educational programme unless accredited by the Council.	Reserves the right to open, run and provide services whether they are education or health care to those that have obtained the approval or accreditation from the competent authority.
Article 28 Accrediting and issuing licences for institutions and programmes educating health professionals	1. No person can open or operate a place with the aim of offering programmes to educate or train health professionals without being accredited and granted licence by the Council. 2. The Council shall set institutional and programme standards for educational institutions and the establishment and conduct of health professions education programmes, including the clinical facilities used for learning experiences. 3. The Council may grant conditional accreditation. Obtaining conditional accreditation is a pre-requisite requirement to the enrolment of the first students entering the programme after approval is obtained from the relevant authorities. 4. The Council may grant full accreditation to educational institutions or programmes that have	Gives Council the authority to set standards and other conditions for accreditation of both institutions and education programmes. Recognises that there is a need to have a probationary period to check if the institution or programme can and continues to deliver the

	met the Council standards, once it has graduated its first students. 5. The accreditation is given for a period of five (5) years after which renewal of accreditation must be sought. 6. If an entity has been operating prior to the enactment of the Act, a temporary accreditation may be issued for a specified period of time if the entity meets certain requirements. 7. The Council may deny or withdraw any accreditation of an institution or education programme which either does not meet, or fails to continue to meet the Council requirements within a time period specified by the Council provided suchactions are in accordance with the rules of the Council. 8. An education institution or programme may appeal in writing to the Council for reinstatement of accreditation.	programme/s to the required standards. Full accreditationis only acquired once the institution or programme has demonstrated that it is capable of implementing and managing the educational institution and programme to the standards of the Council. Renewal of accreditationis required to ensure that standards are maintained and programmes and the delivery of education remains relevant. Council has the authority to close failing institutions or stop failing programmes. The right to appeal is important when permission to carry out an activity is removed.
Article 29 Accreditation of health facilities	1. No person can open or operate a facility offering any form of health service without being accredited and granted licence by the Council. 2. The Council shall set standards for health facility accreditation. 3. The accreditation is given for a period of five (5) years after which renewal must be sought. 4. If an entity has been operating prior to the enactment of the Act, a temporaryaccreditation may be issued for a specified period of time if the entity meets certain requirements. 5. The Council may deny or withdraw any accreditation of a health facility which either does not meet, or fails to continue to meet the Council requirements within a time period specified by the Council provided suchactions are in accordance with the rules of the Council. 6. A health facility may appeal in writing to the Council for reinstatement of accreditation.	It would be more appropriate if the Ministry of Health establishes a system for approval of health facilities .
Article 30 Professional discipline	1. The Council is authorised to take such action as it thinks necessary when a licensee fails to meet the standards of the Council. 2. In accordance with the provisions of the Act, the Council may require remedial education; issue a letter of reprimand; limit, refuse renewal, suspend, deny, or revoke any license to practice in	Gives Council authority to take action in face of unacceptable action or behaviour. Provides the council with a range of sanctions and thus gives some flexibility to

	Somaliland if the Council determines that the applicant: a. Has given false information or has withheld material information from the Council in procuring or attempting to procure a license to practice. b. Has had a license for practice denied, removed, suspended or otherwise restricted in another jurisdiction. c. Has been convicted of, or pleaded guilty to any crime that indicates that the health practitioner is unfit or incompetent to practice, has deceived or defrauded the public. d. Has a mental or physical disability or uses any medication to a degree that interferes with his or her fitness to practice. e. Engages in conduct that endangers the public health. f. Is unfit or incompetent to practice by reason of deliberate or negligent acts or omissions regardless of whether actual injury to the patient is established. g. Engages in conduct that deceives, defrauds, or harms the public in the course of professional activities or services. h. Engages in any acts that are unethical and contrary to the profession's code of ethics or any other acts that bring dishonour or disrepute to the profession. i. Has wilfully violated any provision of this Act or regulations enacted by the Council. 3. The Council shall establish professional disciplinary processes and an appeals procedure that comply with the laws of Somaliland. 4. The Council may reinstate a revoked license or remove licensure restrictions when it finds that the reasons for revocation or restriction no longer exist, and that the applicant can reasonably be expected to practice safely and competently.	allow for remedial intervention. Specifies the action or behaviours judged to be unacceptable and which would trigger the professional disciplinary process The right to appeal is important when permission to carry out an activity is removed. Puts in place procedures that do not contravene current Somaliland laws. Broadly specifies conditions that allow for reinstatement of license to practice.
Article 31 Violations and penalties	1. It shall be a violation of the Act for any person to: a. Sell, fraudulently obtain, fraudulently furnish any health professional qualification or aid or abet therein. b. Practice as a health professional under cover of any fraudulently obtained license. c. Practice without a license. d. Conduct a health professions programme or open an institution to educate health	The provisions of this article allow the council to take action against members of the profession who are not licensed and others who either commit fraud in some form related to obtaining or furnishing professional qualification or

	professions for licensure that is not approved by the Council. e. Provide healthcare services or open a health facility that is not approved or accredited. f. Employ unlicensed persons to practice as a health professionals. 2. Violations specified in this article shall be penalised according to the provisions made in the civil or criminal law of Somaliland for such acts.	licenses. It also allows the Council to act against persons practising illegally and opening and conducting unaccredited education and health service provision
Article 32 Bylaws to be derived from this act	All the procedures and bylaws derived from this law shall be prepared by the Board of Directors, and shall be signed by the Board.	
Article 33 Abrogation	This act shall abrogate all previous acts related with this matter that may contradict or cannot be compatible with it.	
Article 34 Taking into Effect	This act shall take effect when passed by the legislature and signed by the President of the Republic of Somaliland.	

ANNEX 3: Report of Professional Regulation Workshop

Professional Regulation

Report of a Workshop held in Hargeisa, 14-15 December, 2011

Conducted by Fadwa A Affara, International Consultant

**Supported by the Tropical Health and Education Trust
and the Somaliland National Health Professions Council;
Health**

Workshop report

As the nature, scope and capacity for growth of health professionals are directly influenced by the types of regulatory policies and practices in place, it is critical that those involved in implementing the regulatory legislation and formulating related policies and practices understand key regulatory concepts and their impact on health professionals' education and practice, and the quality of health care. To address this issue a two day workshop on professional regulation was conducted for persons holding leadership positions in the Ministry of Health, the professional associations, the private sector, health professions education, representatives from the key UN and INGOs(UNICEF, PSI, CCM, HPA, COOPI, MSF) working in the health sector, and the current NHPC provisional Board.

The objectives:

1. Explore the nature and dimensions of professional regulation.
2. Describe the main elements of a professional regulatory system.
3. Identify fundamental principles for professional regulation which are appropriate to national socio-economic, political, health policies and educational and systems.
4. Articulate the major responsibilities of the NHPC for ensuring the safe and competent practice of healthcare professional.
5. Identify stakeholders and their potential contribution to the advancing the mandate of the NHPC.
6. Identify the priority areas for NHPC work for the next two years.

See appendix 1 for the programme and appendix 2 for a list of participants

WORKSHOP RESULTS

SWOT analysis of *Capacity of the NHPC to regulate Health Professionals*

Group 1

Opportunities:

10. Strong government commitment
11. Well-functioning MOH HRD department
12. Established professional associations
13. Community willingness

Threats:

13. Lack of regular financial support
14. Community ignorance
15. Most of the private health sector owners are unprofessional
16. Lack of regulations which control professionalism
17. Unstable government commitment

18. Poor human resource for health management
19. Unrecognized training institutions
20. No prior experience of professional control

Strengths:

8. Establishment of NHPC BOD
9. Finalization of NHPC act
10. Functional executive structure established
11. Strong relationship with MOH and professional associations

Weaknesses:

1. Poor communication with regional health professionals
2. Lack of NHPC owned premises
3. Lack of regular government budget
4. Lack of regulatory mechanisms and tools
5. Lack of experienced and skilled personnel in the executive
6. Lack of internal rules and regulations

Group 2

Opportunities:

1. Favourable funding environment
2. Support from the government and professional associations
3. Peace and stability

Threats:

1. Too many interest groups against regulations (health workers, teaching institutes, etc)
2. Social pressure and lack of awareness
3. Pastoralist culture of noncompliance to regulations

Strengths:

1. NHPC act exists
2. Working structure (BOD, executive, etc)
3. Adequate resources (finance, physical, human)

Weaknesses:

1. Lack of regulatory framework
2. Lack of experience, skills and knowledge in professional regulation(lack of technical experts)
3. Donor dependent funding (project based funding)

Group 3

Opportunities:

1. New MOH leadership in favor of the creation of NHPC
2. Existence of professional associations as academic institutions
3. Minimum technical assistance from the external support
4. Stable and secure government

Threats:

1. Private sectors (private clinical institutes and private training institutions)
2. Negative influence of traditional norms in regulating against the law
3. Large number of untrained people doing the professional practices

Strengths:

1. Newly created NHPC executive and BOD in Somaliland
2. NHPC legislation and sub standards
3. National health policy indicated the existence of NHPC

Weaknesses:

11. Lack of standards for professional regulations
12. NHPC Act (not yet implemented)
13. Lack of budgetary support from the government
14. Enforcement capacity inadequate and poor inter sectoral collaboration

Top three selected by participants

Opportunities:

1. Existence of professional associations as academic institutions
2. Support from the government
3. Favourable funding environments

Threats:

1. lack of regular financial support
2. social pressure and lack of awareness
3. private sectors (private clinical institutions & private training institutions)

Strengths:

1. newly created NHPC executive & BOD in Somaliland (2 groups were answered similar)
2. strong relationship with MOH and professional associations
3. NHPC legislation and sub standards

Weaknesses:

1. Lack of budgetary support from the government
2. Lack of experience, skills and knowledge in professional regulation
3. Donor dependent funding (project based funding)

Principles of Professional Regulation

Group 1 presentation:

1. **Purposefulness:** *Regulation should be directed toward an explicit purpose*
   A) Relevant and acceptable for NHPC
   B) In agreement
   C) Has no adverse implications
2. **Relevance:** *Regulation should be designed to achieve the stated purpose*
   A) Relevant and acceptable for NHPC
   B) In agreement
   C) Has no adverse implications
3. **Definition:** *Regulatory standards should be based upon clear definitions of professional scope and accountability Regulation should be designed to achieve the stated purpose*
   A) Relevant and acceptable for NHPC
   B) In agreement
   C) Has no adverse implications
4. **Professional ultimacy:** *Regulatory definitions and standards should promote the fullest development of the profession commensurate with its potential social contribution*
   A) It should be concerned with the basic entry qualification for each professional to practice
   B) Disagree, it should also be aware of each professional continual development; in terms of further qualifications
   C) It is incomprehensive

Group 2 presentation:

5. **Multiple interest and responsibilities:** *Regulatory systems should recognise and properly incorporate the legitimate roles and responsibilities of interested parties – public, profession, government, employers and other professions – in aspects of standard-setting and administration*
   A) Very relevant
   B) No disagreement
   C) Mutual consultation, participation and development of regulatory process
6. **Representational balance:** *The design of the regulatory system should acknowledge and appropriately balance interdependent interests*
   A) Very relevant
   B) No disagreement
   C) Taking into the consideration of diverse interest of stakeholders and reducing conflict among different professionals
7. **Optimacy:** *Regulatory systems should provide and be limited to those controls and restrictions necessary to achieve their objectives*
   A) Very relevant
   B) No disagreement

C) Development of optimum regulatory framework and strictly followed on its implementation

8. **Flexibility:** *Standards and processes of regulation should be sufficiently broad and flexible to achieve their objectives and permit freedom for innovation, growth, and change*
   A) Very relevant
   B) No disagreement
   C) Periodic review in every three years of the regulatory system to adapt to the changing situations and participation of all stakeholders on the amendments to be made in future.

Group 3 presentation:

9. **Efficiency and congruence:** *Regulatory systems should operate in the most efficient manner, ensuring coherence and co-ordination among their parts*
10. **Universality:** *Regulatory systems should promote universal standards of performance and foster professional identity and mobility to the fullest extent compatible with local needs and circumstances*
11. **Fairness:** *Regulatory processes should provide honest and just treatment for those parties regulated*
12. **Inter professional equality and compatibility:** *In standards and processes regulatory systems should recognise the equality and interdependence of professions*

A) All are relevant
B) No disagreement
C) Implication
   - Need to acquire multi-skilled team
   - Interpretation of the laws and standards may lead to potential threats
   - Public confidence and trust (there should be multi disciplinary team)
   - Should be act legally

Stakeholder Analysis

Group 1							
Who	**What is the interest**	**Stakeholder importance what? Little/No 1 ; Some 2; Moderate 3; Very 4;. Critical 5**	**Stakeholder influence-what? Little/No 1; Some 2;. Moderate 3; Significant 4; Very influential 5**	**S**	**R**	**N**	**U**
1. MOH	National health authority and major service producer and as well as major employer	**5**	**5**	**S**	**R**		
2. Professional associations	Advocate for their profession	**5**	**5**	**S**			
3. Health training institutes	Producer of professionals and offices of implementing programmes and curriculum	**5**	**5**		**R**		
4. Ministry of justice and regional authorities	Implementations laws and acts. Also take action against offences	**5**	**5**			**N**	
5. Consumer	-Positive quality health care - desire to get employment into their members	**5**	**5**			**N**	**U**
6. Private business sector	-High profit maximize - cheap non registered staff and products	**5**	**5**		**R**		

Group 2							
Who	**What is the interest**	**Stakeholder importance what? Little/No 1 ; Some 2; Moderate 3; Very 4;. Critical 5**	**Stakeholder influence-what? Little/No 1; Some 2;. Moderate 3; Significant 4; Very influential 5**	**S**	**R**	**N**	**U**
1. Government institutions (MOH, MOJ, MOI)	Provision of save and quality health service to Somaliland community	5	5	S			
2. Professional associations	-Title and scope of practice protection - public protection	5	5	S			
3. Health care workers	-Profit oriented - provide health service	5	5	S	R		
4. Educational institutions	-To produce qualified and competent professionals - profit oriented	5	5	S	R		
5. Health service users (Community)	To get basic quality health service	5	5	S	R		
Group 3							
1. Health professionals (public/Private)	To protect the professional field of health from non professionals	5	5	S			
2. Community	Save and better service	5	5	S			
3. Government(central/ Local)	-Ideal : protect civilian -Reality: licensure conflict	5 1	5 5	S	 R		
4. Traditional /religious leaders	They don't want NHPC to involve	1	5		R		
5. Learning institutes – Public/private	-Produce qualified health professionals -Unrecognized, non-standard health professionals	4 4	4	S	 R		

NHPC responsibilities as identified by individual participants (in own words)

Ethics	Implementation of Law and operationalizing Council	Standards	Registration/ licensing	Accreditation institutions	Drug control	Supervision of Health professionals	Support/ advice to health professionals and employers
▪ Save community from professional, unethical practices/ services	▪ Implement Law /Act ▪ Rules and Regulation ▪ Facilitate the design of NHPC as an organization and approve from the council	▪ Develop and set standards ▪ Responsible for competency analysis ▪ Responsible for regulation and supervising the practice of professional ▪ Develop technical guideline standard for institutions and professionals and approve from the council ▪ Develop standards based on criteria ▪	▪ Certification and accreditation ▪ Performance assessment license ▪ Registration ▪ License ▪ Certification ▪ Accreditation ▪ Public protection through regulating health sector ▪ Regulate health professionals ▪ Registration of health professionals ▪ To license/regulate health professionals ▪ Review license of health providers	▪ To approve /accredit health institutes and their programs ▪ Follow up and monitoring ▪ Approval ▪ Accreditation of institution act ▪ Implement the standards ▪ Registration and license procedures in collaboration the legal functional stakeholders ▪ Accreditation of syllabus /curriculum ▪ Professional training	▪ Pharmaceutical control	▪ Supervision, development of health professionals	▪ Support and advice employers of professional and regulations

Ethics	Law	Standards	Registration/ licensing	Accreditation institutions	Drug control	Supervision of Health professionals	Support/ advice to health professionals and employers
		▪ Regulation standard of healthcare service ▪ Standards ▪ Develop standard guidelines of health professionals	▪ To register health professionals ▪ Accreditation and licensing ▪ To create profession registration record in Somaliland ▪ Develop regulation sub standards and regulation				

Group activity 5 NHPC priorities as identified by individual participants (in own words)

Implementing Act	Funding /Resources	Standard setting	Registration and licensure	Communication	Involving public and private sectors	Passage of Act	NHPC capacity building	Organisational structure
▪ Implement NHPC policy ▪ Implement-ation of act and make accreditatio n and licensing	▪ Get sustainable funding ▪ Resource allocation ▪ Create fee collection ▪ To explore sustainable funding maintenance	▪ Standards and guidelines ▪ Develop and set standards for professions ▪ Facilitate the production of technical standards, guidelines and procedures	▪ Regulation and license ▪ Develop regulation standards ▪ Accreditation for health care worker ▪ Registration and license development ▪ Register health professionals to separate professionals from non professionals ▪ To set up regulation /licensing /registration/acc reditation frameworks or tools ▪ Control registration of learning institutions ▪ Develop process of accreditation	▪ Awareness to public for NHPC role ▪ Sensitize and mobilize stakeholders the need for regulation of services/training /professional practice ▪ Communicate with health professionals quickly ▪ Involve all of the stakeholder immediate ▪ Advocacy for NHPC both in the country and outside ▪ Awareness and networking ▪ Community awareness from harmful practice through unprofessional groups	▪ Work alongside public and private sectors	▪ Finalize NHPC act	▪ Capacity building of NHPC members ▪ Capacity building of NHPC BOD and management to set internal control (policies and procedures) ▪ Organization al capacity building ▪ Develop NHPC capacity to implement sub standards (HR structure and Financial resource physical)	▪ Organization system set up ▪ To build/capacit ate NHPC office with proper resources to enable to achieve NHPC objectives ▪ Create of regional networks for health professionals ▪ To establish sub offices in all six region

CONCLUSION

This well attended workshop brought together interested parties from most of the key sectors. The lively discussions in plenary and during the group work was a testament to their interest and importance of the having a Health Professions Council in Somaliland. Some of the other issues that were touched on which need to be taken account of are:

Is it appropriate for the NHPC to be accrediting Health facilities? As the Ministry of Health (MOH) strengthens and develops its policies, plans and capacity it may be more effective to create a unit with responsibility of approving all public and private health care facilities providing health related service (e.g. .hospitals, clinics, pharmacies, radiology service etc.). In this case the accreditation role of the Council with respect to health service providers will have to be reviewed.

1. There may be a threat of retaliation against the Council a society where tribal custom is may take precedence over obeying modern laws. Thus protection of a clan member's livelihood which may be lost if a licence is denied or removed may be seen more important than taking action in the case of a person or institution failing to meet Council standards.
2. Clarification as to who has the right to issue licences and for what. Currently mayors may issue commercial licences e.g. for a pharmacy to sell drugs.
3. The huge challenge of raising the level of awareness and providing clear information tailored to the different needs of the different sectors of society, healthcare workers, the professional associations, the educational sectors and government policy and decision makers.
4. How can the Council secure sufficient funding to be an effective regulator?
    - Funds should not carry with them conditions that would reflect adversely on the integrity of the Council; and
    - Resources (material, financial and human) must support operations (staff, systems, equipment, premises, and operating costs including Board and committee work.

Both THET Somaliland staff, and particularly the staff of the NHPC, should be congratulated for their hard work in organising and providing support during the workshop.

Appendix 1 Workshop Programme

DAY 1	
0:008-08:30	Registration
08:30-09:15	Introductions (30 min) Workshop objectives
09:15-10:00	**Professional Regulation –** What is it? Presentation followed by discussion
10:00- 10:30	**Readings:** THE FUNDAMENTALS OF REGULATION PROFESSIONAL REGULATION: SCOPE AND SIGNIFICANCE
10:30-10:45	**Health Professions Act and Council in Somaliland** – current status?
10:45-12:15	Presentation followed by discussion Break SWOT analysis: Group work followed by feedback Capacity of the NHPC to regulate Health Professionals
12:15-13:30	Break
13:30 – 14:45	**Principles of Professional Regulation** Introduction followed by group work and feedback **Reading:** PRINCIPLES FOR PROFESSIONAL REGULATION
14:45-15:00	Concluding remarks

DAY 2	
08:30- 10:15	**The Regulatory System** -- What does it look like? What is the purpose and how does it work? Presentation followed by discussion Readings: THE STRUCTURE OF A REGULATORY SYSTEM A MODEL FOR LEGISLATION
10:15-10:30	Break
10:30 12:00	**Who are the stakeholders**? Introduction followed by Group work
12:00-13:15	Break
13:15-14:45	**Responsibilities and priorities for NHPC**
14:45-15:00	Conclusion

Appendix 2: Participant List

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ORDER

NO. ———— OF 1995.

Date

An order to establish the Health Professions Council of Somaliland to define it's functions; provide for the registration of doctors, dentists nurses, pharmacists, sanitarians, medical laboratory scientists, and other allied professions; to provide for registration of private hospitals, consulting rooms, surgeries, medical clinics, nursing homes, pharmacies; to define such powers of the health council of Somaliland; and to provide for matters connected to or incidental to the foregoing.

for Hon. Sheikh Omar Kabil.
Public Health Dept. Head.
Ministry of Health & labour.
Somaliland - Sept. 1993

Osman Qasim Qodah.

ANNEX 4 Health Professions Act 19/2001

PART I

PRELIMINARY

ORDED by the Legislature of Somaliland

Order

1. This order may be cited as the Health Council of Somaliland order, 1999, and shall come into force on such date as the Minister may appoint

Short title and Commencement

2. In this Order, unless the context other wise requires :-

Interpretation

"Government Hospital" means a hospital or health Service which is owned, fully financed and managed by or on behalf of the Government, but does not include an assisted non governmental health provider.

"health provider" means a person or an organization who or which provides health services

"Health service" includes primary care services, public health service, clinical service, and hospital service and private palliative care;

"hospital" includes any medical institution, providing in patient health care including health services, surgery, obstetrics, gynecology, medicine, pediatrics and laboratory or other specialized or supportive service;

"Professional staff" means any person holding such qualifications in such a health field as may be prescribed by the minister;

"Specialist" means any person holding such post-graduate qualifications as recognized by Health Council of Somaliland who is registered on the specialist register

"Nursing college" means any premises used or intended to be used for the training of nurses including the premises used for the reception of and the provision of nursing care to persons suffering from any disease, injury or infirmity;

"Nursing home" means any premises used or intended to be used for the purpose of providing specialised, follow-up or continued nursing care to persons suffering from any chronic disease, injury or infirmity;

"Registrar" means the person registered under registrar under section six;

"Specialist register" means the register kept under section eleven

PART II

THE HEALTH PROFESSIONS COUNCIL OF SOMALILAND

Establishment of council

3. There is hereby established the Health Council of Somaliland which shall be body corporate with perpetual succession and common seal, capable of suing and of being sued in its corporate name and with power subject to the provisions of this order, to do all such orders and things as a body corporate may by law do or perform

Functions of council

4. The functions of the Council shall be:-
a) Register hospitals, consulting rooms, nursing homes ; pharmacies, diagnostic services training institution and other specialised services;
b) monitor quality control and assurance of hospitals, consulting rooms, diagnostic services, nursing homes, pharmacies,training institutions and other specialised services;
c) accreditate health institutions

Registrar & other staff

5. a) There shall be a registrar who shall be employed by the council and shall be responsible for the day to day administration of the council under the supervision of the council
b) The council may employ on such terms and conditions as it may determine, such other staff as it considers necessary for the performance of it's functions under this order

PART III
REGISTRATION

Establishment of registers

6. (1) The council shall cause to be prepared and maintained registers of :-

(a) Fully registered practitioners, dental surgeons ;

(b) Provisionally registered medical, pharmacists;

nurses,technologists, and other health practitioners.

(2) The council shall cause to be prepared and maintained registers of fully registered, provisionally and temporarily registered medical, nurses; dental and other health practitioners -

(a) a register of medical practitioners;
(b) a register of dental surgeons;
(c) a register of opticians, optometrists and dispensing opticians;
(d) a register of nurses and midwives;
(e) a register of sanitarians;
(f) a register of physiotherapists;
(g) a register of occupational therapists;
(h) a register of radiographers;
(i) a register of medical laboratory technologists;
(j) a register of dental technologists;
(k) a register of clinical officers;
(l) a register of dental therapists;
(m) a register of environmental health technologists;
(n) a register of X-ray assistants;
(o) a register of medical licentiates;
(p) a register of osteopaths;
(q) a register of public health practitioners ;
(r) a register of biomedical scientific officers;
(s) a register of emergency care officers;
(t) a register of orthopaedic technologists;
(u) a register of nutritionists and dieticians;
(v) a register of audiometrists;
(w) a register of clinical psychologists;
(x) a register medical sociologists;
(y) a register of medical social workers;
(z) a register of oral hygienists; and
(za) any other register of any health profession as the council may approve.

(3) In a register there shall be entered the name, address, qualifications and such other particulars, if any relating to a registered person as may be prescribed by the Minister on the recommendations of the council.

(4) Any person registered under this order shall notify the registrar of any change of address within one month.

Regulations prescribing primary qualifications

8. The Minister may, on recommendation of the Council, by statutory instrument, make regulations prescribing degrees, diplomas or certificates which shall be primary qualification for the purposes of registration on any register kept under this order.

Provisional registration

9. (1) Subject to the other provisions of this order, a newly qualified health practitioner who has obtained a degree, diploma or certificate in Somaliland at a university, college or other such institution recognised by the council, qualifying such person to be registered under this order, shall be registered on the appropriate provision register for purposes of employment in Somaliland.

(2) A person shall not be registered on the appropriate provisional register for a period not exceeding two years or for more than three months after that person has ceased to be employed in Somaliland.

Temporary registration

10. (1) In the case of any health practitioner who qualifies outside Somaliland, such degree should be approved by the Council and recognised by the University of Somaliland as academically equivalent to a University of Somaliland degree in that subject and a certificate of internship or training or proof of having recently practised his profession from a competent authority in that country; and

(2) A person shall not be registered on the appropriate provisional register for a period not exceeding two years.

(3) A person shall not be registered on the appropriate temporary register for a period not exceeding two years.

(3) A person shall not be registered on the appropriate register for a period not exceeding three months after such a person has ceased to be employed in Somaliland.

Full registration

11. (1) Subject to the other provisions of this Order a person registered on the provisional or temporary register of health practitioners shall be registered on the register of fully registered health practitioners if that person:

(a) has been employed for a period not exceeding twelve months in a hospital or health service approved by the council for the

purpose and produces a certificate from the officer in charge of such hospital or health service

(b) has been employed for a period not exceeding twelve months in a hospital or health service approved by the council for that purpose and produces a certificate from the supervisor of such hospital or health service:

11. (2) (a) in the case of a private health practitioner, produces certificate from the officer in charge of a hospital, health services or consulting room who has obtained prior privilege to supervise from Council

11. (3) Subject to the other provisions of this Order a health practitioner, other than a fully registered health practitioner, who holds primary qualifications shall be registered on the appropriate register if he -

(a) complies with the other requirements prescribed under this Order; and

(b) is of good character;

11. (4) Notwithstanding subsection (1) a person may be registered on the appropriate full register if such person qualifies to be registered on the specialist register and is employed in Somaliland.

12. (1) A person registered under this Order shall be issued with a practising licence in the prescribed form. Practising Licence to Registered health practitioners

The council may, make rules relating to the issuing of annual practising licences. Ancillary Rules relating to issuing of annual practising licence

12. (2) The registration certificate issued under subsection (1) shall be valid from the 1st of January to the 31st December of each year.

13. A person shall qualify to be registered on the specialist register if has a post-graduate qualifications approved by the Council Specialist register

14. Any person aggrieved by a decision of the council under subsection (1), shall appeal to the High Court

15. Any person who -

(a) makes or causes to be made any unauthorised entry, alteration or erasure in a register, a certified copy of an entry, a register or a certificate;

(b) any person or employer who employs an unregistered person.

purpose and produces a certificate from the officer in charge of such hospital or health service

(b) has been employed for a period not exceeding twelve months in a hospital or health service approved by the council for that purpose and produces a certificate from the supervisor of such hospital or health service.

11. (2) (a) in the case of a private health practitioner ,produces certificate from the officer in charge of a hospital, health services or consulting room who has obtained prior privilege to supervise from Council.

11. (3) Subject to the other provisions of this Order a health practitioner, other than a fully registered health practitioner, who holds primary qualifications shall be registered on the appropriate register if he -

(a) complies with the other requirements prescribed under this Order; and

(b) is of good character.

11. (4) Not withstanding subsection (1) a person may be registered on the appropriate full register if such person qualified to be registered on the specialist register but is employed in Somaliland.

12. (1) A person registered under this Order shall be issued with a practising licence in the prescribed form. Practising licence for Registered health practitioners

The council may, make rules reading to the issuing of annual practising licences. Addition Rules relating to issuing of annual practising Licence

12. (2) The registration certificate issued under subsection (1) shall be valid from the 1st of January to the 31st December of each year.

13. A person shall qualify to be registered on the specialist register if has a post-graduate qualification is approved by the Council Specialist register

14. Any person aggrieved by a decision of the council under subsection(1), shall appeal to the High Court.

15 Any person who :

(a) makes or causes to be made any unauthorised entry, alteration or erasure in a register, a certified copy of an entry, a register or a certificate;

(b) any person or employer who employs an unregistered person

PART IV
MEDICAL EDUCATION

Powers of Council to consider training.

15. (1) The council may consider matters relating to professional and technical training and other relating to qualifications required for admission to the profession of any class of persons for whom a register is maintained under this Order or for whom the council is empowered to establish a register under this Order, and the conditions of practice after registration.

(2) The council may advise the Minister on any matter referred to in subsection (1).

17. The Council shall issue a certificate of competence for any class of health practitioner for whom a register is maintained under this Order.

PART V

REGISTRATION OF HOSPITALS, CONSULTING ROOMS, NURSING HOMES, PHARMACIES, DIAGNOSTIC SERVICES, TRAINING INSTITUTIONS AND OTHER MEDICAL SERVICES

Registration of consulting room, diagnostic service or private hospital

18. (1) A person shall apply to the Council for registration of a consulting room, diagnostic service or hospital in the prescribed form.

(2) The application referred to in sub-regulation (1) shall include the name of the owner and approved health practitioner in charge.

15. (1) The Council may refuse to register a consulting room, diagnostic service or hospital if :-

(a) The owner or health practitioner in charge of that consulting room, diagnostic service or hospital is not a proper or fit person;

(b) the premises are not suitable for a consulting room, diagnostic service or hospital or is situated in a place not suitable for a consulting room, diagnostic service or hospital;

(c) the construction, accommodation, equipment, medical and other staff are not suitable for a consulting room, diagnostic service hospital ;

(d) the person applying for registration or the person to be in charge of the consulting room, diagnostic service or hospital has not been on the appropriate full register for a period not exceeding three years ; or

(e) the person in charge of the consulting room, diagnostic service or hospital is not available at the prescribed times determined by the Council.

Registration certificate for

19. (1) The council shall issue a registration certificate for any consulting room, hospital or diagnostic,nursing home,pharmacy;

service registered under this part in the form prescribed by the Minister by statutory instrument.

consulting room, diagnostic service or hospital

19. (1) An application for renewal of a registration certificate of a consulting room, diagnostic service or hospital shall be made by the 31st of October of each year.

(4) Notwithstanding subsection (3), the Council may extend the renewal of registration of a consulting room, diagnostic service or hospital if it is satisfied that special circumstances prevented the submission of the application in time.

Registration certificate for consulting room, diagnostic service or hospital by foreign health practitioner

20. (1) Any health practitioner not resident in Somaliland who applies for a registration certificate for a consulting room diagnostic service or hospital, shall initially be attached to a hospital or health service recognised by the Council for a period of six months before the registration of certificate for the consulting room, diagnostic service or hospital is issued.

(2) The Medical health practitioner referred to in subsection (1) shall have the qualification set out under this Order to qualify to be registered on the appropriate register.

Consulting room, diagnostic service or hospital in rural areas

21. A person who establishes a consulting room, diagnostic service or hospital in a rural area shall pay reduced registration fees as may be determined by the Council.

22. Any circumstances which arise that constitute a grounds for refusing to register the consulting room, diagnostic service or hospital.

Treatment etc. only by registered health practitioner

23. (1) Subject to the provision of subsection (2), no consulting, advice, treatment or diagnosis shall be offered or giving at any consulting room, diagnostic service or hospital except by or under the personal supervision or authority of a health practitioner.

(2) The Minister may, in consultation with the Council make regulations setting out the qualifications and professional experience of a registered health practitioner to supervise the operations of a consulting room, diagnostic service or hospital at each level of consultation.

Rules relating to registration of consulting rooms, diagnostic services or hospitals

25. (1) The Minister may, in consultation with the Council, by statutory instrument, make rules relating to the registration of consulting rooms, diagnostic services or hospitals.

23. (2) A certificate issued by the Council and signed by the registerar that any costs have been ordered to be paid by a person under this section shall be conclusive evidence thereof.

PART VI
DISPLINE

PROFESSIONAL CONDUCT

Disciplinary Committee

24. (1) Four members of the Council, who shall be appointed by the president/chairperson for the purpose of any particular proceedings of the Disciplinary Committee.

(2) The term of office members of the professional Conduct Committee shall be the term of office of the members of the Council.

Proceedings of Disciplinary Committee

25. The president shall preside at any meeting of the Disciplinary Committee.

26. (1) The council may recommend re-training for a specified period in a specified field or a place specified by the Council

Inquiries & penalties by Professional Conduct Committee

26. (2) If any registered person is, after due inquiry, found by the Disciplinary Committee to have become mentally or physically disabled to the extent that the continued practice of that person's profession is contrary to the public welfare, the Disciplinary committee shall direct the suspension of such person before erasing his name from the register

26. The Chief Justice may, by statutory instrument, make rules Regulating appeals to the High Court under this section

PART VIII
FINANCIAL PROVISIONS

27. (1) The funds of the Council shall consists of such moneys as may — Funds of Council

(a) be appropriated by Legislature for the purpose of the Council;

(b) be paid to the Council by way of fees, levy, grants or donations; or

(c) vest in or accrue to the Council

(2) The Council may-

(a) accept moneys by way of grants or donations from any source in Somaliland and subject to the approval of the Minister, from any source outside Somaliland;

(b) raise by a way of loans or otherwise, such moneys as it may require for the discharge of it's functions, from any source in Somaliland, and subject to the approval of the Minister, from any source outside Somaliland;

(c) in accordance with the regulations made under this Order, charge and collect fees for services provided by the Council.

(3) There shall be paid from the funds of the Council –

(a) the salaries, allowances and loans of the staff of the Council;

(b) such reasonable travelling, transport and subsistence allowances for members or members of any committee of the Council when engaged in the business of the Council, at such rates as the Council may determine; and

(c) any other expenses incurred by the Council in the performance of it's functions.

28. The Council may invest in such manner as it thinks fit such of it's funds as it does not immediately require for the performance of it's function.

SCHEDULE

Composition of Council

The Council shall consist of the following members:

(a) a Director of Health services of the Ministry of Health and Labour;
(b) one representative of the Pharmaceutical Society of Somaliland;
(c) a representative from the private health sector;
(d) a representative from the social services of the sub-committee of the Legislature;
(e) a legal practitioner;
(f) Chairpersons of professional sub-committees