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Somalis struggle to reach healthcare amid overwhelming fuel prices

- Fuel prices have sharply risen across Somalia, causing transportation costs to increase and pushing healthcare further out of reach for families.
- This fuel shock adds a growing barrier to care in a health system that was already on the verge of collapse.
- The international community must ensure resources are in place to keep humanitarian responses running.

NAIROBI/MOGADISHU — Fuel prices across Somalia have surged sharply in the wake of the escalation of conflict in Middle East, driving up transport and food costs, and making it more expensive, longer, or challenging for people to seek lifesaving healthcare.

In a country already hit by drought and multiple health challenges, Médecins Sans Frontières (MSF) warns these rising costs could have a devastating impact on access to general healthcare for millions of people and urges non-governmental organisations (NGOs) and the international community to step up their response in the country.

Fuel is also becoming scarce, or unavailable, in some areas, making it harder for patients to reach hospitals and for hospitals to keep running. For example, MSF has spent 20 per cent more on fuel, which is needed to keep hospital services functioning, so far in March, compared to February.

MSF facilities in Baidoa and Mudug are among the few functional providers of free healthcare. Our teams are seeing children arrive in critical condition after journeys of hundreds of kilometres, as patients are often travelling long distances to seek care. With fuel prices soaring, these journeys are becoming unaffordable for many families, and transport costs are already a growing barrier to reaching hospitals.

“We delayed coming because we could not afford the transport,” says Halima Omar, a patient at MSF's Mudug regional hospital. She travelled 12 hours with her 45-day-old son, Muscab, to get to the hospital. “It has become much more expensive than before, and many people are now forced to walk long distances just to reach healthcare,” she says. Halima Omar, a patient at MSF's Mudug regional hospital “We delayed coming because we could not afford the transport. It has become much more expensive than before, and many people are now forced to walk long distances just to reach healthcare.”

Halima Omar arrived at Mudug Regional hospital carrying her 45-day-old son, Muscab, after a 12-hour journey from Mayla, a rural area in the Nugal region. The journey cost her US$75, money that took time to gather. Muscab was born with an imperforate anus, a congenital condition in which the anal opening is absent or blocked, preventing the passage of stool. Without surgical intervention, the condition is fatal. Shortly after birth, Muscab underwent corrective surgery at a hospital in Garowe, funded through contributions from family members at a cost of nearly $1,000. Follow-up care was required after the procedure. Returning to Garowe was not financially possible. With no affordable options closer to home, Halima made the journey to Mudug Regional hospital, where MSF supports the provision of free medical services. “I came here because the services are free, and no fees are required,” she says. “Without this, I would not have been able to access treatment for my child at all.” Transport costs in the Mudug region have risen sharply. Fuel prices in Galkayo have increased by 33 per cent, and transport costs across parts of Somalia have risen by as much as 50 per cent. Halima noticed the change immediately. “It has become much more expensive and difficult than before,” she said. “Many people are now forced to walk long distances just to reach healthcare.” She added that there had been times when she needed medical attention but could not make the journey because she lacked the money for transport. The access barriers Halima describes reflect a broader pattern across Somalia. Over 200 health and malnutrition treatment facilities have closed since early 2025 following a collapse in humanitarian funding, concentrating patient demand on the few remaining services. Severe acute malnutrition admissions at MSF facilities in Galkayo rose by nearly 60 per cent in 2025. MSF’s own fuel costs in the region increased by over 20 per cent in March 2026 compared to the previous month; costs that affect the day-to-day running of hospital services, mobile clinics, and water trucking operations. Muscab was admitted for assessment and continued post-operative care. Halima remained with him at the facility.

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In Baidoa, MSF has noted a 25% rise in the local price of fuel, from US$1.20 to $1.50 per litre. Water trucking costs have risen 40% within the city, from US$50 to $70 per trip. In Mudug, the price of fuel has increased by 33%, from US$0.75 to $1.00 per litre, and local transport costs have risen by 50%.

Electricity price increases are expected in both locations as bills catch up with the market. For the communities our teams serve, and for the smaller facilities and local health workers with no institutional budget to absorb the shock, the impact is expected to be far worse —

particularly as rising fuel prices push up the cost of transporting medical supplies and other essential items, making it more expensive to deliver care.

“Fuel is becoming scarce and unaffordable, and the people who pay the price are our patients; mothers who cannot reach the maternity ward, children who never make it to the feeding centre,” says Dr Elshafie Mohammed, MSF’s country representative in Somalia.
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The disruption goes beyond fuel. Somalia imports almost all its critical medical and humanitarian supplies, and many organisations’ regional warehouses are located in the Middle East. Sustained disruption to shipping and air corridors could delay the supply of lifesaving medicines, food to treat malnutrition, and equipment, by months.

Somalia was already in dire condition before fuel prices reached their highest level in years. More than 6.5 million people, nearly one in three Somalis, face acute food insecurity. Over 1.84 million children under five are at risk of acute malnutrition.[1]

In 2025, MSF teams in Baidoa recorded a 42 per cent surge in admissions for severe acute malnutrition compared to 2024; in Mudug, admissions rose nearly 60 per cent in the same period.

Somalia imports roughly 90 per cent of its food, and prices for staples were already rising before the latest crisis. With global shipping disruptions pushing costs higher, families are struggling to afford both food and the transport needed to reach healthcare.

The fuel shock compounds a health system already on the verge of collapse. Since early 2025, more than 200 health and nutrition facilities have closed across Somalia due to a sharp cut in humanitarian funding.

“Somalia's communities cannot afford for the humanitarian response to slow down at this moment.” says Dr Mohammed. “Every organisation working here must step up, and the international community must ensure that the resources are in place to keep that response running.”

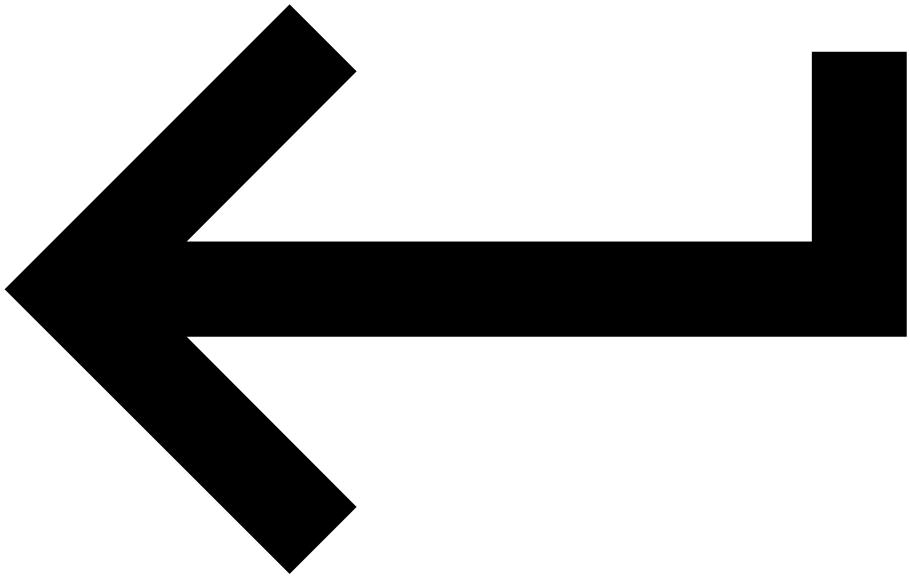
“Without collective action now, people will lose access to the healthcare they desperately need and have nowhere else to turn to,” he concludes.

In Baidoa and Mudug, MSF supports hospitals, runs mobile clinics, and is conducting a drought emergency response.

In January and February 2026, MSF-supported facilities and mobile teams provided 42,765 outpatient consultations for children and adults, including 13,379 consultations for children under five years old. Over the same period, MSF outreach teams screened 17,133 people for malnutrition, admitting 4,564 children with severe malnutrition to outpatient and inpatient therapeutic feeding centres. In addition, our teams have been responding to the current drought in the country, where we delivered over 32 million litres of safe

drinking water, rehabilitated two boreholes, and distributed 1,050 hygiene kits and jerry cans for water to displaced families in the first two months of 2026.

- According to a February 2026 Integrated Food Security Phase Classification (IPC) and UN report.



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