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Coordination without commitment in aid alignment and the use of country systems in the health sector of Somalia from 2014 to 2026

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Abstract

Two decades after the Paris Declaration, most external health financing in fragile and conflict-affected states still bypasses the government systems expected eventually to carry it. Somalia's health sector offers an unusually observable longitudinal record of attempts to change this. Between 2014 and 2026, the Federal Government of Somalia and its partners adopted at least seven successive aid-alignment instruments, from an interim use-of-country-systems roadmap under the Somali Compact to a government-managed pooled-financing proposal.

This analysis assembles a documented register of those instruments; codes each, from its own text, for the obligations, monitoring, compliance reporting and financing conditions it created; and compares the sequence with two independently defined outcome sets: system-use assessments across three cycles (2021, 2024, 2026) and the financing-composition series generated by the Ministry's resource mapping and expenditure tracking (RMET) platform. Every headline figure is assigned an explicit basis (commitment or disbursement) and an evidence grade.

Institutional deepening was continuous: a standing coordination architecture with ten technical working groups, joint annual reviews and government-led resource tracking. Fiduciary alignment moved far less: on-budget, on-parliament, on-treasury and on-account dimensions were assessed as not met in every cycle for the sector's flagship instruments, and 82.1% of US\$1,239.2 million in registered 2022–2026 project value remained entirely off-budget. Recorded on-budget growth (9% to 33% of external health financing, 2022–2025, disbursement-recorded) was concentrated among financiers whose own operating models internalise government systems. The instruments' texts contain coordination provisions but, before 2026, no binding commitments, published compliance or consequences.

This pattern is consistent with a collective-action and credible-commitment problem, but the documentary record cannot rank that explanation against fiduciary-risk, legal, humanitarian, federal and political-economy alternatives, which are set out explicitly. Alignment monitoring should track financing modality and system use, not architecture alone; the 2025–26 financing contraction makes the commitment design of Somalia's proposed pooled fund a live policy test with relevance across fragile states.

Summary box

- Between 2014 and 2026 Somalia's health sector adopted at least seven successive aid-alignment instruments — from an interim use-of-country-systems roadmap under the Somali Compact to a government-managed pooled-financing proposal — while external partners financed the overwhelming majority of health expenditure.
- Coded against their own texts, the instruments created planning, reporting and coordination provisions but, until the 2026 pooled-financing proposal, no binding financing obligations, published compliance reporting or consequences for non-implementation.
- Coordination and transparency deepened continuously (standing sector architecture, joint annual reviews, government-led resource mapping), yet the fiduciary dimensions of alignment — on budget, on parliament, on treasury, on account — were assessed as not met in every cycle for flagship instruments, and 82.1% of US\$1,239.2 million in registered 2022–2026 project value was entirely off-budget.
- Recorded on-budget growth was concentrated among financiers whose own operating models internalise government systems; this pattern is consistent with, but does not demonstrate, a collective-action and commitment problem, and competing donor-side explanations cannot yet be excluded.
- Monitoring of alignment should track financing modality and system use, not only coordination architecture; the 2025–26 contraction makes the design of Somalia's proposed pooled fund a live test of whether commitment features can convert coordination into aligned financing.

Introduction

How external financing enters a country's public financial management systems is one of the oldest questions in development co-operation and one of the least resolved in global health. The Paris Declaration (2005), the Accra Agenda for Action (2008), the Busan Partnership (2011) and the New Deal for Engagement in Fragile States (2011) each committed donors to align behind country priorities and, progressively, to use country systems — budget, treasury, accounting, procurement, audit and parliamentary oversight — as the default channel for assistance [1–3]. In health the case for alignment is not procedural. Where external funds bypass the budget, health ministries cannot plan against a known envelope, finance ministries cannot exercise portfolio oversight, parliaments cannot scrutinise the largest share of health spending, and the administrative systems expected eventually to carry the sector are denied the very transactions through which capability is built [9,10]. In fragile and conflict-affected settings — where external financing often dominates and state authority is contested — the stakes are highest and measured use of country systems is lowest [4,15].

A substantial literature explains why. Fragmentation multiplies transaction costs and burdens scarce administrative capacity [5], and high donor fragmentation is associated with deteriorating bureaucratic quality in recipient administrations [6]. Reviews of health financing in fragile settings repeatedly document parallel delivery, short funding horizons and weak use of national systems [7,8]. A second strand examines the instruments intended to change this: global monitoring rounds record persistent gaps between alignment commitments and practice [4]; budget-transparency work has decomposed “on budget” into distinct dimensions of the budget cycle that can move independently [11]; and the state-capability literature warns that institutional forms are often adopted for legitimacy without the functions they signify — “isomorphic mimicry” [12,13]. World Bank analysis of channelling health assistance through country systems concludes that alignment depends as much on donor operating models and fiduciary assurance as on recipient capacity [10].

What this literature rarely provides is a longitudinal, within-country audit that links a full sequence of alignment instruments to independently defined system-use outcomes over an extended period. Alignment is usually assessed cross-sectionally, or inferred from the existence of coordination architecture — plans, forums, reviews — rather than from the financing modalities actually used. Commitments and disbursements are frequently conflated, and “on budget” is treated as a single property rather than a bundle of budget-cycle

dimensions [11]. As a result it is difficult to say, for any given country, what a decade of alignment instruments actually changed.

Somalia's health sector offers an unusually observable record with which to ask that question. External partners have financed the overwhelming majority of health expenditure throughout the period [23,27,34]; the Federal Government and its partners adopted a traceable sequence of alignment-related instruments between 2014 and 2026 [18–21,24,26,29]; the Federal Ministry of Health and Human Services (FMoHHS) now operates a resource mapping and expenditure tracking (RMET) platform that generates an administrative financing-composition series [27]; three system-use assessment cycles (2021, 2024, 2026) span the period [21,26,27]; and the period closes with a sharp contraction of external financing that stress-tests the entire architecture [16,27]. Few fragile settings combine this density of instruments with this density of administrative measurement.

This analysis therefore asks: how did Somalia's health-sector aid-alignment instruments and coordination architecture evolve between 2014 and 2026; what changes are observable in the use of national systems and in financing composition; and what institutional and donor-side constraints plausibly explain the remaining gap?

It makes four contributions. First, a documented register of seven successive alignment instruments, each coded from its own text for the obligations, monitoring, compliance reporting, consequences and financing conditions it created (table 2). Second, a measurement contribution: alignment is decomposed into eight budget-cycle dimensions, separating procedural coordination from fiduciary integration, and every headline figure is assigned an explicit basis and evidence grade (tables 1 and 3). Third, a descriptive finding with policy weight: coordination deepened continuously while fiduciary alignment barely moved, and the on-budget growth that did occur was concentrated in financiers whose own operating models internalise government systems. Fourth, a disciplined interpretation: the pattern is consistent with a collective-action and commitment problem, but the documentary record cannot rank that explanation against eight competing donor-side explanations, which are set out explicitly (table 4) before any theoretical reading is offered.

Setting and concepts

Somalia's federal system distributes public functions across the Federal Government and Federal Member States under the 2012 Provisional Constitution, with health service delivery heavily contracted to non-governmental and United Nations implementers [17,23]. The

FMoHHS’s direct budgetary scope is federal; member states budget and execute separately, and Somaliland administers its own system. The alignment classifications analysed here therefore describe federal systems — a scope limitation examined below. Health financing is dominated by external partners: mapped resources of roughly US\$12.50 per capita per year against a federal government contribution of roughly US\$0.18 per capita over 2022–2026, with development partners supplying an estimated 85–90% of total health financing (table 3, indicators 8 and 11) [27,34].

Alignment ambitions long predate the instruments examined here. The second Health Sector Strategic Plan (HSSP II, 2017–2021) already committed the sector to common management arrangements, joint funding and the progressive channelling of donor funds through government [22]; HSSP III (2022–2026) assigns the Ministry an explicit donor-coordination role and documents continued external dependence [23]. This analysis does not treat alignment as a post-2021 invention; it examines why a long-standing formal ambition has translated so unevenly into financing practice.

Precision about terms is essential, because “alignment” is used in policy debate to mean anything from attending coordination meetings to receiving budget support. Following the budget-cycle decomposition developed in African budget-reform work [11], table 1 defines eight dimensions — on plan, on budget, on parliament, on treasury, on procurement, on account, on audit and on report — and groups them into procedural dimensions (on plan, on report), a fiduciary core (on budget, on parliament, on treasury, on account) and operational country systems (on procurement, on audit). Table 1 also distinguishes four adjacent concepts often conflated with these dimensions: government-led coordination, implementation through government entities, pooled financing and direct budget support. Two points follow. A project can be fully aligned with the sector plan while entirely bypassing the budget; and off-budget financing is not automatically ineffective or inappropriate — humanitarian principles, speed and fiduciary assurance can each justify parallel channels. The question examined here is narrower: what did the alignment instruments themselves change?

Table 1. Alignment dimensions and adjacent concepts: definitions used throughout this analysis

Panel A — Eight budget-cycle dimensions (adapted from the CABRI “putting aid on budget” decomposition [11]). Each dimension is assessed independently; “alignment” claims in this paper always name the dimension concerned.

Dimension	Met when...	Group
On plan	The activity and its resources are reflected in the sector strategic plan and annual operational planning	Procedural
On report	External financing is reported into government systems (e.g., through RMET) in time to inform planning and review	Procedural
On budget	The financing is included in federal budget documentation approved by government	Fiduciary core
On parliament	The financing is appropriated and subject to parliamentary scrutiny	Fiduciary core
On treasury	Funds are disbursed through the treasury single account / government treasury systems	Fiduciary core
On account	Transactions are recorded in the government accounting system and reflected in financial statements	Fiduciary core
On procurement	Goods and services are procured through national procurement systems	Operational country systems
On audit	Expenditures are audited by the supreme audit institution	Operational country systems

Panel B — Adjacent concepts, distinguished to prevent conflation.

Concept	What it is	What it is not evidence of
Government-led coordination	Government chairs and convenes sector planning, review and information-sharing structures	Any fiduciary dimension being met
Implementation through government	A government entity implements activities, possibly with donor-managed funds	On-budget, on-treasury or on-account status
Pooled financing	Multiple financiers contribute to a common mechanism under agreed governance	Use of country systems — a pool can sit outside them
Direct budget support	External funds transferred into the budget and treasury for appropriation	Plan alignment, or effectiveness of the spending it finances

Methods

Design

This is a longitudinal documentary and administrative-data analysis — a policy-process audit — not a causal evaluation. It links three elements: a register of alignment instruments coded for design features; system-use assessments across three cycles; and a financing-composition series. Description is kept separate from interpretation throughout, and every headline quantity is graded for evidence quality. Figure 2 summarises the analytical chain used to organise the evidence: instrument design and implementation bear on each financier’s modality choice only through donor-specific constraints and incentives, and observed system use is the downstream measure. The arrows in that framework denote hypothesised, not demonstrated, influence.

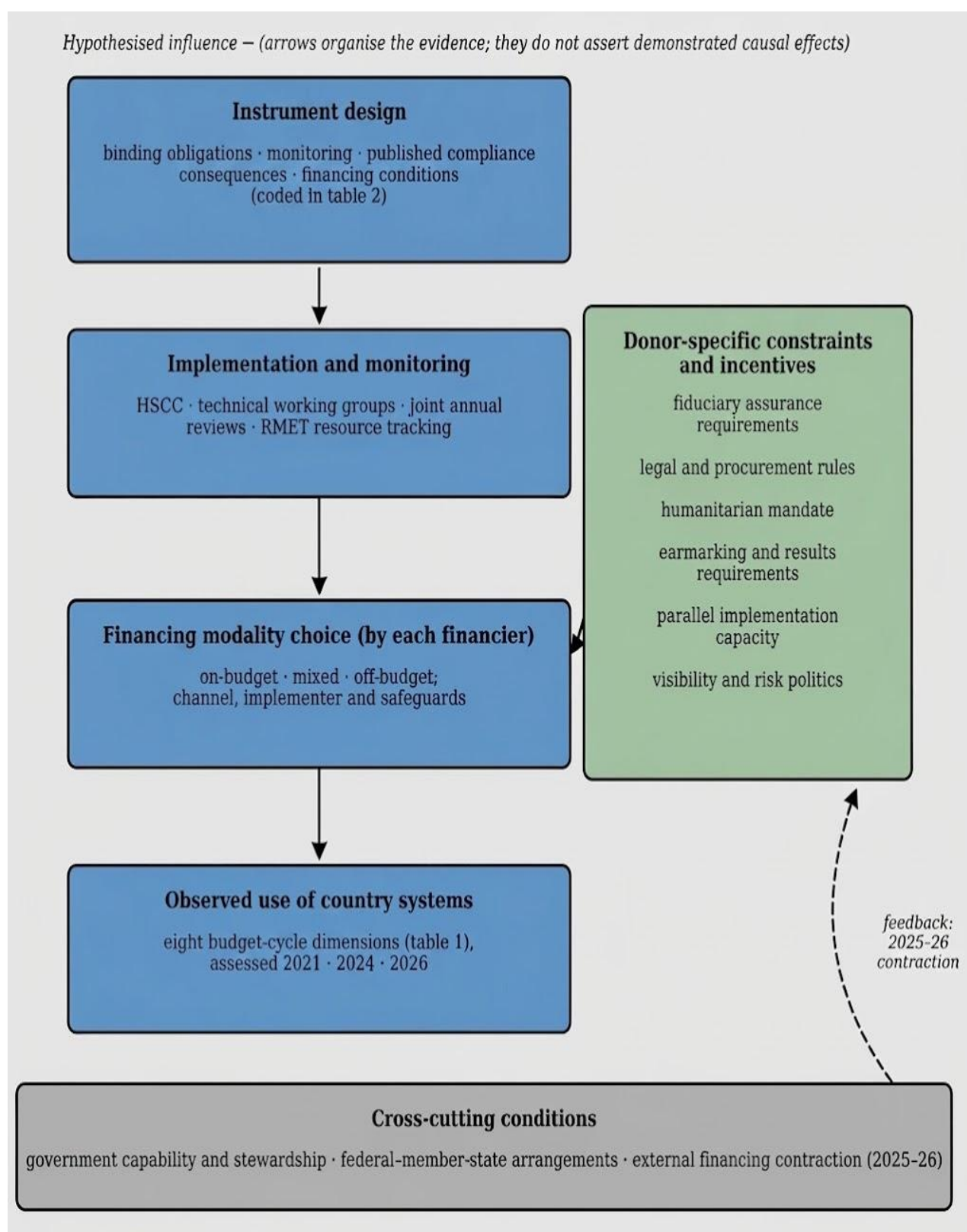


Figure 2. Analytical framework linking instrument design, donor constraints and observed use of country systems.

The framework organises the evidence presented in the Findings; it does not assert a demonstrated causal ordering. HSCC: Health Sector Coordination Committee; RMET: resource mapping and expenditure tracking.

Instrument register

Instruments were included if they were sector-level documents formally issued or endorsed between 2014 and 2026 whose stated purpose includes aid alignment, sector coordination or the use of country systems. Seven qualify (table 2): the 2014 interim use-of-country-systems roadmap prepared under the Somali Compact; its 2016 revision; the 2017–2019 reaffirmations recorded at successive partnership fora (London 2017, Brussels 2018, Mogadishu 2019); the 2021 Use of Country Systems Roadmap, which established a diagnostic baseline; the 2023 Health Sector Alignment and Sector Coordination Roadmap, which created the standing sector architecture; the 2024 implementation review; and the 2026 pooled-financing policy plan. The pre-2021 chronology is reconstructed from the 2021 Roadmap and successor documents; primary communiqués and signed versions are under verification, and entries that rest solely on this reconstruction are identified as such in the final column of table 2.

Instrument coding

Each instrument’s text was coded for five design features: binding financing obligations on signatories; a monitoring mechanism; published compliance reporting; consequences for non-implementation; and financing conditions, such as entry terms for a common mechanism. Coding records “none identified in text” where a feature is absent, distinguishing this from “not assessable” where text is unavailable. I coded each instrument against its verbatim text; the coding sheets (supporting file S1) are available from the corresponding author on reasonable request. The absence of independent double-coding is a limitation stated below.

System-use assessments

Alignment status was assessed on the eight dimensions of table 1 across three cycles — the 2021 baseline diagnostic, the 2024 implementation review and the 2026 RMET-linked assessment — for the sector’s flagship externally financed instruments (the World Bank/Global Financing Facility-supported Damal Caafimaad programme, the Recurrent Cost and Reform Financing health window and a COVID-19 response project), not for the sector as a whole [21,26,27,31,32]. Government self-assessments are reported separately from my document-based coding (supporting file S3), and “not assessable” is permitted rather than forcing a “no”.

Financing composition

Two administrative series are used and never combined. First, the 2021 Roadmap's 2015–2020 series for the on-budget share of total aid to Somalia (3% in 2015 to 27% in 2020, with a dip to 12% in 2018), whose definitional basis the source does not state; it is used as background only (table 3, indicator 1) [21]. Second, the RMET health-sector series for 2022–2026, in which annual on-budget shares for 2022–2025 are disbursement-recorded and the 2026 value is commitment-based and marked as such wherever it appears [27]. The project register underlying the 2022–2026 analysis records the twenty largest externally financed projects, valued at US\$1,239.2 million in total recorded project value (commitments), classified by budget channel (fully on-budget; mixed; entirely off-budget) and, separately, by alignment with HSSP III (aligned; partially aligned; parallel) [28]. Classification rules, per-project coding and partner definitions are documented in supporting file S1; because the register captures the largest, best-documented projects rather than a census, its off-budget share is read as a conservative lower bound, an assumption tested in supporting file S2. Federal budget allocations and execution are taken from Ministry of Finance appropriation and utilisation reports [33].

Evidence grading

Every headline figure in table 3 is graded: A, directly supported by a published official source; B, calculated from primary administrative data with dataset and formula available; C, reported by a credible source without accessible raw data; D, author interpretation of descriptive data; E, at risk of misleading comparison because basis, denominator or classification differs from adjacent figures. No figure in the current record reaches grade A; key figures would move from C to B on public release of the underlying series, and current access arrangements are given in the data availability statement.

Reflexivity and ethics

I hold health-financing roles in the FMoHHS and drafted several documents analysed here, including the pooled-financing policy plan [29,30]. This proximity provides access to the longitudinal record and creates an interpretive risk, addressed by verbatim-text coding, separation of self-assessment from author coding, triangulation against public documents where they exist, and making the coding materials available for audit on request. The study analyses aggregate institutional data only; no human participants were involved. The Ministry approved use of the register and RMET data for publication.

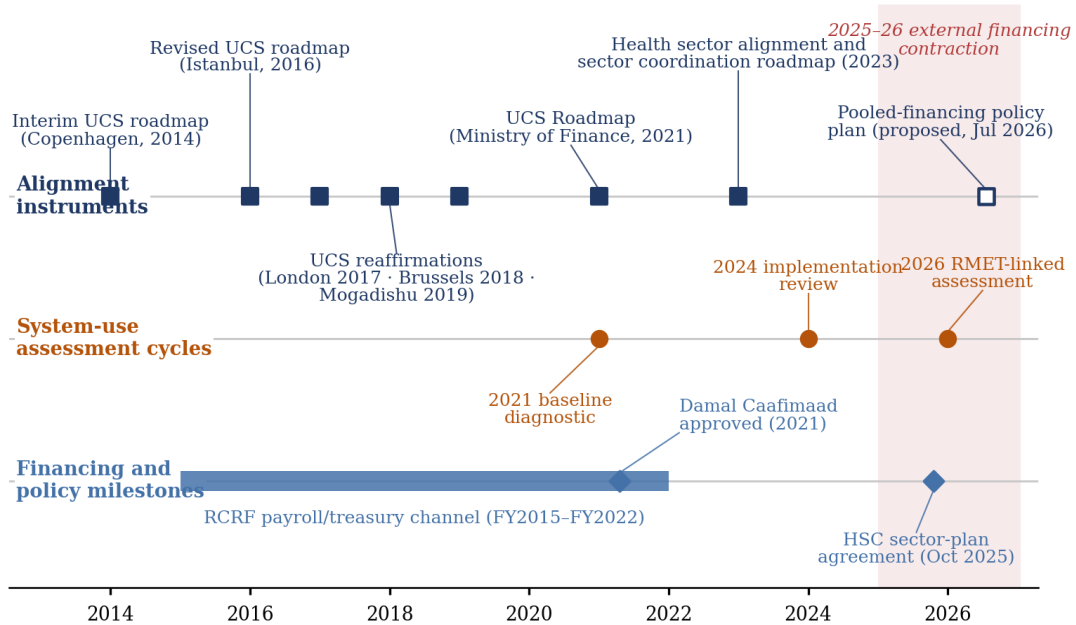
Findings

Finding 1 — Instruments accumulated and the coordination architecture deepened

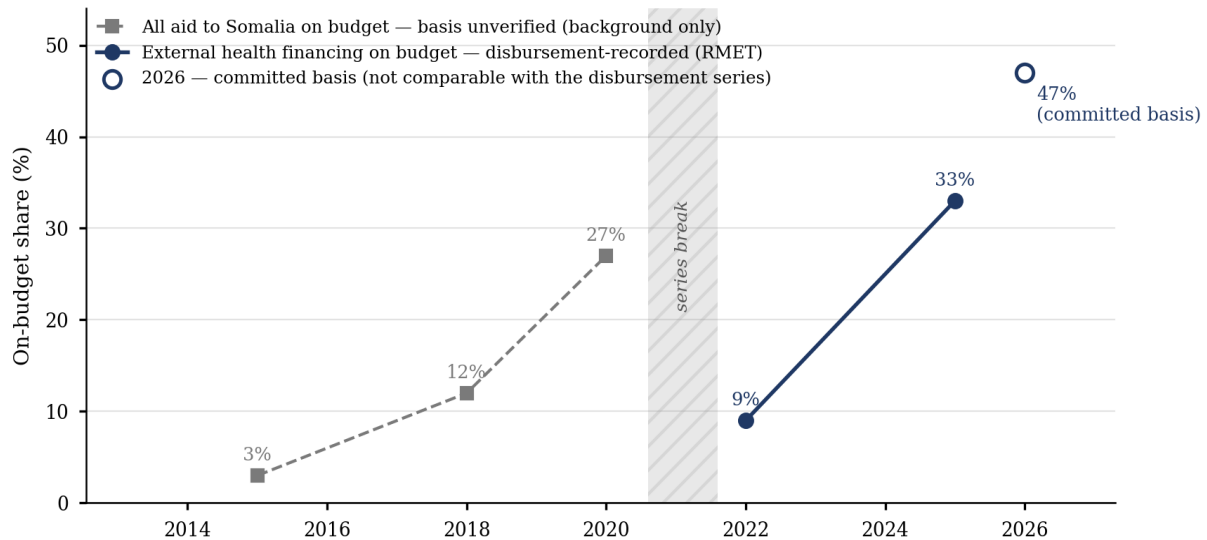
Between 2014 and 2026 the sector moved from a single, loosely specified interim roadmap to a tiered standing architecture: a Health Sector Coordination Committee, ten technical working groups, joint annual reviews, a government-operated RMET platform with successive rounds and, by July 2026, a fully specified pooled-financing design (figure 1, panel A; table 2) [21,24,26,27,29]. This deepening is not merely documentary. The 2023 roadmap's structures were stood up and met [24,25]; RMET rounds were executed and validated with partner participation [25,27]; and the World Bank/GFF-supported Damal Caafimaad programme explicitly finances RMET institutionalisation, resource tracking and stewardship capacity, embedding the coordination function in a financed operation [31].

The most defensible reading of this trajectory is that the sector built genuine coordination and information capability — the preconditions for pooled or aligned financing. It must equally be acknowledged that architecture can operate without changing behaviour: standing up committees is itself an output that governments and partners can point to, independent of any financing consequence. Which reading is correct is an empirical question about outcomes, and it is to the outcome record that the remaining findings turn.

A — Alignment instruments, assessment cycles and financing milestones



B — On-budget share of external financing: two administrative series, never combined



Only values reported in the sources are plotted; connecting lines are visual guides, not interpolations.

Figure 1. Alignment instruments and documented outcomes in Somalia’s health sector, 2014–2026.

Panel A places the seven coded instruments (table 2), the three system-use assessment cycles and the principal financing and policy milestones on a common timeline; the proposed 2026 pooled-financing plan is shown as an open marker, and the shaded band marks the 2025–26 contraction in committed external financing. Panel B plots the two administrative on-budget series, which are never combined: the 2015–2020 all-aid series (basis unverified; background only) [21] and the 2022–2025 disbursement-recorded external health financing series [27], separated by a series break; the 2026 value (47%) is commitment-based and is therefore plotted as an unconnected open marker. Only values reported in the sources are plotted; connecting lines are visual guides, not interpolations. Sources: [21,24,26,27,28,29].

Table 2. Register of alignment instruments, 2014–2026, coded from instrument texts for design features

Instrument (year; issuer; forum)	Status	Coordination provisions	Binding financing obligations	Monitoring mechanism	Published compliance	Consequences for non-implementation	Financing conditions	Implementation evidence / verification status
1. Interim use-of-country-systems roadmap (2014; Federal Government of Somalia; Copenhagen high-level forum)	Issued	Yes — planning and dialogue	None identified in text	None identified in text	None identified	None identified	None identified	Superseded by the 2016 revision. Chronology reconstructed from the 2021 Roadmap [21]; archival copy and forum communiqué under verification.
2. Revised use-of-country-systems roadmap (2016; FGS; Istanbul high-level forum)	Issued	Yes — planning and dialogue	None identified in text	None identified in text	None identified	None identified	None identified	Carried into the 2017–2019 fora. Archival copy and communiqué under verification.
3. Reaffirmed UCS commitments (2017–2019; FGS and partners; London 2017, Brussels 2018, Mogadishu 2019 fora)	Reaffirmed	Yes — mutual-accountability language	None identified in text	None identified in text	None identified	None identified	None identified	Recorded in the 2021 Roadmap narrative. Primary communiqués under verification; entries resting solely on the reconstruction are marked as such.
4. Use of Country Systems Roadmap (2021; Ministry of Finance)	Adopted	Yes — cross-government actions	None identified in text	Diagnostic baseline (2015–2020 on-budget series)	None identified	None identified	None identified	Baseline published within the document [21]; no compliance cycle followed. Adopted version held.
5. Health Sector Alignment and Sector Coordination Roadmap (2023; FMoHHS)	Adopted	Yes — HSCC, ten technical working groups, joint annual review	None identified in text	Structures and review calendar	None identified	None identified	None identified	Architecture stood up: TWG terms of reference; 2023 alignment workshop and RMET rounds with partner participation [24,25,27].
6. Alignment roadmap implementation review (2024; FMoHHS)	Conducted	Yes — review process	Not applicable (assessment)	Yes — eight-dimension assessment	Not published	None identified	None identified	Internal review document [26], not publicly available; on-procurement and on-audit values transcribed into supporting file S3.
7. Pooled-financing policy plan (2026; FMoHHS)	Proposed	Yes — common governance design	Proposed — contributor terms	Proposed — fund reporting	Proposed	Proposed — entry and exit rules	Yes — first instrument in the sequence specifying entry terms and financing conditions	Builds on the October 2025 Health Sector Committee sector-plan agreement; issued July 2026 [29]; approval, signed agreements, capitalisation and operationalisation pending as of July 2026.

Coding protocol and verbatim extracts: supporting file S1, available from the corresponding author on reasonable request. “None identified in text” records absence in the instrument text; “not assessable” would record unavailable text. The chronology of endorsement fora (2014–2019) reflects how the instruments are described in the 2021 baseline and successor documents;

primary communiqués are under verification, and entries resting solely on that reconstruction are identified in the final column. HSCC: Health Sector Coordination Committee; TWG: technical working group; UCS: use of country systems.

Finding 2 — Fiduciary alignment did not move in step

Across all three assessment cycles the fiduciary core — on budget, on parliament, on treasury, on account — was assessed as not met for the flagship instruments, while only the procedural dimensions moved: on plan and on report shifted from “no” towards “partial” as RMET reporting and sector planning took hold (table 3, indicator 7) [21,26,27]. The register tells the same story at portfolio level: of US\$1,239.2 million across twenty projects, none flows through the federal budget system in full; seventeen projects worth US\$1,018.0 million (82.1%) are entirely off-budget; and three worth US\$221.3 million (17.9%) are mixed, combining a government-channelled component with a parallel donor-managed component (indicator 6) [28]. On the separate plan-alignment axis, 25.0% of register value is classified as aligned with HSSP III, 43.2% as partially aligned and 31.8% as parallel [28].

These figures indicate that coordination gains did not convert into fiduciary integration: the two families of dimensions moved independently, which is precisely why they must be measured separately. Three measurement qualifications attach. The classification describes federal systems only, so financing routed through member-state arrangements is invisible to it; the register lacks a “partially on-budget” category below project level, which may understate partial integration; and self-assessed “no” values may be conservative. None of these, however, plausibly converts an 82.1% entirely-off-budget share into a picture of fiduciary integration. The monitoring implication is direct: frameworks that count coordination structures will systematically overstate alignment.

Table 3. Headline financing and system-use indicators, with basis and evidence grade

Indicator	Value as recorded	Basis	Source	Grade	Key caveat
1. On-budget share of total aid to Somalia	3% (2015) → 27% (2020); dip to 12% (2018)	Not stated in source	2021 Roadmap [21]	C/E	Definitional basis unverified; used as background only; never combined with the health-sector series
2. On-budget share of external health financing	9% (2022) → 33% (2025)	Disbursement-recorded (RMET)	RMET [27]	C	Grade rises to B once the full annual numerators and denominators are publicly released (supporting file S2)
3. On-budget share, 2026	47%	Commitment basis	RMET 2026 [27]	C + E-flag	Not comparable with indicator 2; plotted only as an open marker (figure 1, panel B), never joined to the disbursement series
4. World Bank/GFF share of annual external health financing	8% (2022) → 40% (2026)	Mixed commitment/disbursement across years	RMET; register [27,28]	C	Basis stated per year in supporting file S2; donor-level decomposition reported there
5. RCRF flows via payroll/treasury	≈US\$466 million, FY2015–FY2022	Project financing channelled	World Bank RCRF documents [32]; 2021 Roadmap [21]	C	Disbursed totals under verification against completion reports; “channelled” is not “disbursed” until verified
6. Project register	US\$1,239.2m across 20 projects; 17 projects (US\$1,018.0m; 82.1%) entirely off-budget; 3 mixed (US\$221.3m; 17.9%); 0 fully on-budget. HSSP III alignment: 25.0% aligned / 43.2% partial / 31.8% parallel	Total recorded project value 2022–2026 (commitments)	Register [28]	B/C	Largest-project sample, not a census (lower-bound reading tested in supporting file S2); “partially on-budget” category to be added; two distinct classification axes
7. System-use dimensions	Fiduciary dimensions (budget, parliament, treasury, account) “no” in all three cycles for flagship instruments; on plan / on report moved no → partial	Assessment cycles 2021, 2024, 2026	[21,26,27]	D	Government self-assessment separated from author coding (supporting file S3); “not assessable” preserved
8. Federal government health allocation	US\$2.7m → US\$9.3m (+239% nominal); 6.9% of mapped financing	Approved budgets; RMET denominator	MoF; RMET [33,27]	B/C	Nominal terms; approved (not executed) allocation; denominator sensitivity; reconciled with HSSP III’s 2018–2020 government-share series in supporting file S2 [23]
9. Domestic budget execution	77–99% annually, 2022–2026 (latest year to date)	MoF budget utilisation reports	[33]	B	Composition and scale limit comparability with external portfolios; not evidence that capacity is non-binding
10. 2026 contraction	Committed external financing –61% versus 2025; humanitarian channel –81% from peak	Commitment basis	RMET 2026 [27]	C	Underlying annual totals and comparison years documented in supporting file S2
11. Envelope and dependence	≈US\$12.50 per capita per year external; ≈85–90% partner-financed; government ≈US\$0.18 per capita	Mapped resources 2022–2026	RMET [27]; policy brief [34]	C	Population denominator and price basis stated in supporting file S2; the 85–90% figure is a secondary estimate

Indicator	Value as recorded	Basis	Source	Grade	Key caveat
12. Architecture and concentration	28 external partners; four financiers 59% of external funding; one financier group 40% of committed 2026 resources and sole treasury channel	Partner register; RMET 2026	[27,28]	C	“Partner” definition (donor / implementing agency / UN / NGO / pooled fund) stated in supporting file S1

No indicator currently reaches grade A. Grades: A — directly supported by a published official source; B — calculated from primary administrative data with dataset and formula available; C — credible source, raw data not accessible; D — author interpretation of descriptive data; E — at risk of misleading comparison (basis, denominator or classification differs from adjacent figures). GFF: Global Financing Facility; MoF: Ministry of Finance; RCRF: Recurrent Cost and Reform Financing facility.

Finding 3 — The alignment that occurred was selective and financier-specific

The on-budget share of external health financing recorded by RMET rose from 9% in 2022 to 33% in 2025 (disbursement-recorded; figure 1, panel B; table 3, indicator 2) [27]. Over the same period the World Bank/GFF share of external health financing rose from 8% to 40% (a mixed commitment/disbursement basis across years, flagged accordingly; indicator 4) [27,28], and this financier group is currently the sole channel transacting through treasury (indicator 12). The pattern is older than RMET: the Recurrent Cost and Reform Financing facility channelled approximately US\$466 million through government payroll and treasury systems across FY2015–FY2022 (indicator 5; pending verification against completion reports) [32], and the largest tracked project, Damal Caafimaad (US\$104.25 million), is mixed-budget and fully HSSP III-aligned, while the largest single off-budget flow is a humanitarian portfolio of US\$284.0 million [28].

The pattern that emerges is one of selective, financier-specific alignment: measured movement is concentrated where a financier’s own operating model — appraisal-based fiduciary assurance, an established treasury-channel precedent, project-level safeguards — internalises the use of government systems, rather than being distributed across the signatories of the collective instruments. An alternative, partly mechanical explanation cannot be dismissed: some of the rise in shares may be compositional, because if off-budget financiers reduce or exit, the on-budget share rises with no change in anyone’s modality. For this reason a donor-level decomposition of the change, including a scenario that excludes World Bank/GFF-supported operations, is specified in supporting file S2, and the claim is stated here in the bounded form the present record supports: the collective instruments cannot yet be credited with the observed movement.

Finding 4 — The instruments contain coordination provisions but, before 2026, no commitment devices

Coding each instrument against its own text (table 2) shows a consistent design: every instrument creates planning, reporting or coordination provisions; none before the 2026 pooled-financing proposal creates binding financing obligations, published compliance reporting against named signatories, consequences for non-implementation, or financing conditions. Monitoring, where present, takes the form of baselines and reviews rather than compliance mechanisms. The 2026 policy plan is the first instrument in the sequence to specify financing conditions — a common mechanism with entry terms — and it remains a

proposal: it builds on an October 2025 Health Sector Committee agreement on a consolidated sector plan, was issued as a policy plan in July 2026, and its approval, signed agreements, capitalisation and operationalisation are pending (table 2, row 7) [29].

The absence of commitment features is therefore a documented property of the instruments, not a theory about donor motives; whether that absence explains the outcome pattern is a separate, interpretive question taken up below. Nor can design absence and constraint bindingness be cleanly separated within a single country: even binding provisions might have failed against donor-side legal, humanitarian and risk constraints. What the coding does establish is narrower and more actionable — the design gap is the one feature of this record that government and partners can directly change.

Finding 5 — The 2025–26 contraction stress-tests the architecture

Committed external health financing for 2026 contracted by 61% against 2025, with the humanitarian channel down 81% from its peak (commitment basis; table 3, indicator 10), against a backdrop of falling global official development assistance [16,27]. The federal government raised its approved health allocation from US\$2.7 million to US\$9.3 million (+239% in nominal terms), lifting the government share of mapped financing to 6.9% — a real shift in effort, though from a very low base and measured against a shrinking denominator (indicators 8 and 9) [27,33]. Within the smaller 2026 envelope, 47% of committed financing is on-budget (indicator 3) [27]; because this is a commitment-based value it is never compared with the disbursement-recorded 2022–2025 series in this analysis. The architecture is simultaneously concentrating: 28 external partners remain, four financiers account for 59% of external funding, and one financier group holds 40% of committed 2026 resources and the only treasury channel (indicator 12) [27,28].

Read together, these movements suggest consolidation by default rather than by design: exits and contraction, not deliberate modality choices, appear to be doing much of the work, and part of the rise in on-budget shares is arithmetic. Some genuine modality change under fiscal pressure cannot be excluded, but no documentary evidence yet distinguishes it from composition effects. What the contraction unambiguously creates is both the necessity and the opportunity to convert the coordination infrastructure of the past decade into a deliberately designed financing arrangement — which is precisely what the pooled-fund proposal attempts.

Interpretation

What the record demonstrates, and what it does not

Three tiers must be kept distinct. The record demonstrates (i) a sequence of instruments whose texts contain coordination provisions without commitment features until 2026; (ii) deepening coordination and information capability; and (iii) persistent non-integration of most external financing into federal fiduciary systems, with measured on-budget movement concentrated in one financier group. The record is consistent with — but does not demonstrate — an explanation in which voluntary instruments failed to change individual donor payoffs. And the record cannot demonstrate why individual donors chose the modalities they did: no donor decision documents, interviews or comparative donor analysis are included here.

Competing explanations

Table 4 sets out eight explanations for persistent off-budget financing, each with the evidence that would discriminate it from the others. Several are mutually compatible and none can currently be excluded. Fiduciary risk: donors may judge treasury and procurement assurance insufficient, and the register's concentration of treasury use in a financier with its own appraisal-based assurance machinery is as consistent with risk management as with collective-action failure. Legal and procurement rules: several bilateral and humanitarian funders face statutory or institutional constraints on direct government financing. The humanitarian–development divide: the largest single off-budget flow in the register is humanitarian, governed by mandates that deliberately preserve independence from government channels. Federalism: “country systems” in Somalia are plural, and a financier may use member-state or non-federal channels invisible to a federal classification. Earmarking and results-based requirements, parallel implementation capacity built over three decades, contested ownership and the political economy of visibility and risk complete the set. The honest formulation is this: the observed pattern is compatible with a collective-action problem, but the available documentary evidence does not permit causal ranking against fiduciary, legal, humanitarian, federal and political-economy explanations.

Table 4. Competing explanations for persistent off-budget financing: predictions, current evidence and discriminating evidence

Explanation	What it would predict in this record	Documentary evidence currently available	Evidence that would discriminate
Fiduciary risk	Treasury use confined to financiers with their own assurance machinery; expansion follows PFM and audit gains	Treasury use concentrated in one financier group with appraisal-based safeguards [27,28,31,32]	Fiduciary assessments, audit reports, project appraisal risk ratings, donor risk registers
Donor legal and procurement rules	Some funders never transact through government regardless of instruments	Not directly observed here	Donor policy documents, grant agreements, statutory financing restrictions
Humanitarian–development divide	Humanitarian flows remain parallel under any alignment instrument	Largest single off-budget flow is a humanitarian portfolio (US\$284.0m) [28]	Portfolio categorisation by mandate and funding modality; humanitarian policy documents
Federal institutional arrangements	Financing uses member-state or non-federal channels invisible to a federal classification	Classification is federal-only; member-state flows unobserved	Institutional mapping; federal–member-state financing flows; intergovernmental agreements
Earmarking and results-based requirements	Vertical and performance-verified funds keep separate systems	Not directly observed here	Project-level earmarking, results frameworks, verification protocols
Parallel implementation capacity	Donors default to NGO/UN/project-implementation-unit channels that already exist and deliver	Delivery heavily contracted to non-government implementers [23,28]	Implementation structures, staffing, procurement and delivery arrangements
Contested ownership and legitimacy	Donors diverge on priority-setting and inclusion and hold back from government channels	Not directly observed here	Interviews, meeting minutes, aid-architecture records
Political economy of visibility and risk	Visibility, contractor interests and risk aversion shape modality choices regardless of commitments	Not directly observed here	Interviews, procurement data, donor decision records, comparative country evidence

Several explanations are mutually compatible; none can currently be excluded. The collective-action/commitment interpretation in the main text is presented as consistent with the record, not as demonstrated against these alternatives. PFM: public financial management.

The commitment-device reading, bounded

With that caveat stated, one interpretation connects most directly to the coded design evidence. Collective alignment has the structure of a coordination-and-commitment problem: each donor's best response depends on others' behaviour; early movers into government systems bear fiduciary and reputational risk while benefits accrue jointly; and instruments that create no obligations, no published compliance and no consequences leave individual payoffs unchanged [12,14]. On this reading the instruments functioned as coordination devices — building shared information, plans and forums, at which they demonstrably succeeded — rather than commitment devices that alter modality choices. Institutional isomorphism [13] is retained only as a tentative lens for the divergence between adopted forms and financing functions; nothing here demonstrates that instruments were adopted for legitimacy rather than intent, and the state-capability literature's warning about form without function [12] is treated as a hypothesis this record cannot test. The 2026 pooled-financing proposal is, in design terms, the sequence's first attempted commitment device; whether it can be approved, capitalised and governed is an empirical question the next assessment cycle can answer.

Implications for donor transition

Measure modality, not architecture

The first implication is metrological. Sector performance frameworks — Somalia's and others' — should track financing modality and system-use dimensions annually (the eight dimensions of table 1, plus on-/mixed-/off-budget composition on a stated basis), alongside, not instead of, coordination indicators. Somalia's RMET platform shows this is feasible in a highly constrained setting; publishing its classifications and project-level coding would allow partners to audit numbers this analysis can currently grade no higher than C.

Design the pool as a commitment device — conditionally

Table 5 translates the coded design gap into the features the proposed pooled mechanism would need for the commitment interpretation to be tested fairly: entry conditions tied to published criteria; a fiduciary assurance framework co-designed with contributing partners rather than asserted; compliance reporting published against named signatories on both the donor and government sides; multiyear commitments; explicit transition and sunset arrangements for parallel projects and project implementation units; and governance seats for

Federal Member States. Each is conditional: this record shows these features were absent, not that adding them is sufficient, and feasibility depends on donor legal authority, humanitarian mandates and capitalisation that no document yet evidences.

Table 5. Design features for a commitment-capable pooled mechanism: conditional translation of the coded design gap

Design feature	Rationale from this record	Feasibility condition / evidence needed
Entry conditions tied to published criteria	No prior instrument created financing conditions; participation carried no differential obligation (table 2)	Donor legal authority to accept conditions; agreed eligibility criteria; signed framework agreements
Co-designed fiduciary assurance framework	Treasury use is currently confined to a financier group with its own assurance machinery (finding 3)	Joint fiduciary assessment; audit, procurement and cash-management arrangements acceptable to contributors
Published compliance reporting, donor- and government-facing	No instrument published compliance against named signatories (table 2)	Agreed indicators and publication calendar; audited RMET classifications; mutual-accountability mandate
Multiyear commitments	Annual re-decision keeps first-mover risk high and horizons short	Donor budgetary authority for multiyear pledges; replenishment design
Transition and sunset arrangements for parallel projects and PIUs	Parallel implementation capacity is an entrenched competing channel (table 4)	Project-by-project transition plans; staffing and service-continuity safeguards; humanitarian carve-outs
Federal Member State governance representation	“Country systems” are plural; a federal-only pool risks re-fragmenting flows subnationally	Intergovernmental agreement on roles, allocation and reporting, consistent with the constitutional framework [17]
Independent verification of RMET classifications	Headline figures currently grade no higher than C; the pool’s metrics must be auditable to be credible	Third-party or supreme-audit-institution verification protocol; public data deposit

Each feature is conditional: this record shows the features were absent, not that adding them is sufficient. Feasibility depends on donor legal authority, humanitarian mandates and capitalisation that no document yet evidences. PIU: project implementation unit.

What may travel — as propositions, not conclusions

Somalia’s specifics — near-total external dependence, federal plurality, a large humanitarian share, one dominant treasury-channel financier — caution against generalisation. Three propositions are nonetheless testable in other fragile settings.

1. P1. Voluntary alignment instruments without commitment features will deepen coordination without shifting financing modality where donor-side constraints bind.
2. P2. Where alignment advances, it advances selectively through financiers whose own operating models internalise country systems, before or instead of collectively.
3. P3. Financing contractions mechanically raise on-budget shares; monitoring that does not separate composition effects from modality change will misread retreat as reform.

Comparative work across fragile states — coding instruments and outcomes with the same rubric — could confirm, refine or refute all three.

Limitations

This analysis is descriptive and observational; nothing here estimates what financing composition would have been without the instruments. It relies on administrative and documentary sources, several of them internal Ministry documents that are not yet publicly available, and on a project register that samples the largest projects rather than a census; donor reporting to RMET may be incomplete. Denominators change across the period as partners enter and exit, and commitment- and disbursement-based values coexist in the source record; this analysis separates them but cannot retrofit a single consistent basis. The system-use assessments blend government self-assessment with author coding, both performed within the institutions being assessed, and instrument coding was single-author without inter-rater reliability. The alignment classification is federal in scope and does not observe member-state or Somaliland channels. Donor decision-making is entirely unobserved — no interviews, board records or comparative donor analysis are included — which is why no causal claim is made. I drafted several documents in the analysed record, including the pooled-financing plan, a competing interest declared below. Finally, Somalia is one case; the propositions above are offered for testing, not as established regularities. The analysis remains useful despite these limits because it does three things rarely done together: it assembles and codes a full instrument sequence, defines and grades every headline number, and states competing explanations before its preferred one — leaving a record that others can audit, extend or refute.

Conclusion

Twelve years of alignment instruments left Somalia's health sector with far better coordination, information and stewardship infrastructure than it began with — and with most external financing still outside the federal budget, treasury, accounting and parliamentary systems. The instruments that produced the first result contained, until 2026, none of the commitment features that could plausibly have produced the second. Whether commitment design is the binding constraint, or merely one constraint among fiduciary, legal, humanitarian and political ones, is the question Somalia's proposed pooled fund — arriving amid a 61% contraction in committed external financing — will now test in practice. The way to learn from that test, in Somalia and beyond, is to measure what this analysis measures: not the accumulation of architecture, but the movement of money through systems.

Declarations

Ethical approval

Not applicable. This study analysed published and official documents and aggregate institutional financial and administrative data only. It involved no human participants, human data or human tissue, and ethical review was therefore not required. The Federal Ministry of Health and Human Services approved use of the project register and RMET data for publication.

Consent to participate

Not applicable. The study involved no human participants.

Consent to publish

Not applicable. The manuscript contains no data from any individual person.

Data availability

The datasets generated during and/or analysed during the current study are not publicly available due to their status as internal administrative records of the Federal Ministry of Health and Human Services of Somalia that require Ministry clearance before public release but are available from the corresponding author on reasonable request.

Competing interests

The author is a Health Financing Specialist in the Federal Ministry of Health and Human Services, whose documents and administrative data are analysed here, and is affiliated with the Institute of Public Finance, Somalia. The author drafted several documents in the analysed record, including the 2026 pooled-financing policy plan, and participated in RMET and assessment exercises. These roles provided access to the longitudinal record and constitute a potential source of interpretive bias; the mitigations are described under Reflexivity and ethics, and all coding materials are available from the corresponding author for audit on reasonable request.

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Author contributions

KMM conceived the study, assembled the register and datasets, performed the coding and analysis, and wrote and revised the manuscript. KMM is the guarantor.

Patient and public involvement

Patients and the public were not involved in the design, conduct or reporting of this documentary analysis.

Related manuscripts

Companion manuscripts from the same programme of work examine distinct questions on partially overlapping administrative sources; the overlaps and the sequencing of submissions are disclosed in the cover letter.

Supporting files

Supporting files S1–S3, cited in the text and tables, are not published with this article; they are held by the corresponding author and are available on reasonable request, as set out in the data availability statement. S1 contains the document register with archive links, the instrument coding sheets and the project-register classification rules with per-project coding; S2 contains the RMET-derived annual series with numerators, denominators and basis by year, the contraction calculation, and the donor/modality decomposition workbook, including an on-budget series excluding World Bank/GFF-supported operations and a register-coverage sensitivity check; S3 contains the system-use coding matrix by cycle and dimension, separating government self-assessment from author document coding, with “not assessable” entries preserved.

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