

A PERSONAL TESTIMONY

The Man Who Never Left

Twenty-one years walking beside Dr. Abdulrazaq Yusuf Ahmed (Dr. Jalaaludiin)



Editorial illustration: a journey from frontline service to national health leadership. Not a documentary image or literal portrait.

"Every person has a history. But the history of service is written only by those who stand up at the exact moment everyone else steps back."

A colleague's reflection

A tribute from a colleague, a brother in service, and a witness to a life devoted to others

Editorial note. This tribute is written as a personal testimony. Its five visuals are original editorial illustrations created for this booklet and are not documentary photographs or literal portraits.

A PERSONAL TESTIMONY

I want to tell you about a man

Not the certificates displayed on his wall. Not the titles before his name. Not the offices he has held or the honours he has received. I want to speak about the man I have seen kneel beside a malnourished child in a drought-stricken village, checking a pulse with the same hands that would later sign national health-policy papers.

I remember him standing before exhausted and frightened health workers during the darkest weeks of COVID-19, saying without theatre or self-regard that they would move forward and would not leave people behind.

That man is Dr. Abdulrazaq Yusuf Ahmed, known to many as Dr. Jalaaludiin. I write as someone who has walked beside him, seen the weight of difficult decisions, witnessed the setbacks, and watched him return, again and again, to the same compass point: the wellbeing of others.

The journey at a glance

Four movements that define a life in service

01	02	03	04
Go where the need is	Hold steady in crisis	Rebuild institutions	Build the future
Frontline medical and humanitarian service	Emergency leadership when systems are under pressure	Hospital renewal, quality, and access for the poorest	Teaching, evidence, and social health insurance

CHAPTER 01

It started before the title

Long before he became Director General of any institution, Abdulrazaq had learned that leadership is not a status but a direction of travel. As a student leader, including service as president within student bodies, he did not treat leadership as a platform for visibility. He understood it as a responsibility to move toward the places where people were most exposed.

When drought forced families into camps and children were dying from preventable causes, he did not confine his response to letters, meetings, or speeches. He went. When people asked why he kept

choosing the hardest places, the answer was already clear: he had decided that a health professional's duty is to walk toward suffering, not away from it.



Editorial illustration: community-health outreach in a drought-affected setting. It represents the spirit of frontline service; it is not a documentary photograph.

CHAPTER 02

The years that could have broken him

In 2009 and 2010, as Somalia faced drought, displacement, cholera, and conflict, Abdulrazaq had only recently qualified as a doctor. He could have chosen the relative safety of Mogadishu or built a quieter path in private practice. Instead, he travelled to communities where survival depended on water, transport, medicine, and the presence of a clinician willing to stay.

He met families living beneath plastic sheeting, mothers with nothing left to give, and elders who had endured repeated cycles of war and displacement. Those visits carried personal danger. During a humanitarian cholera response, he was held captive and physically assaulted; he survived an attempt on his life and continued to serve in settings defined by disease, insecurity, and severe constraint.

He later expressed the ethic plainly: a doctor cannot allow fear for his own life to become the final reason a patient is left without care. This was not a performance of courage. It was the moral grammar by which he had chosen to live.

CHAPTER 03

When COVID-19 came, he was ready

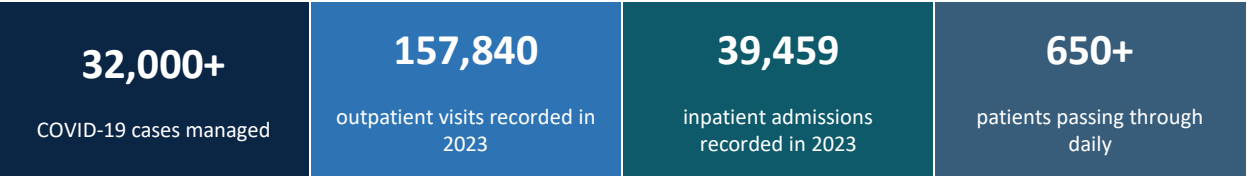
In 2020, as countries across the world locked their doors and counted ventilators, Somalia confronted the pandemic with a fragile health system, crowded urban settlements, displaced populations, limited intensive-care capacity, and almost no financial buffer for illness. Abdulrazaq was appointed Incident Manager for Somalia's national COVID-19 response.

This was not a ceremonial appointment. It required decisions at every hour, often with incomplete information, scarce resources, and the knowledge that delay could cost lives. Under his leadership, De Martino Public Hospital, the country's historic public facility established in 1922, became a principal COVID-19 treatment centre and managed more than 32,000 cases.

He strengthened community awareness, helped establish telemedicine capacity, and carried vaccination and prevention messages beyond hospital walls. He did not wait for people to reach safety; he worked to bring safety closer to them.

Service under pressure

A scale of care that makes the transformation tangible



Figures are presented as stated in this personal testimony and are intended to convey scale, not serve as an institutional statistical report.



Editorial illustration: a symbolic public recognition of service. It is not a record of a specific award ceremony.

CHAPTER 04

Rebuilding what others called ruins

As Director General of De Martino Public Hospital, Abdulrazaq inherited an institution rich in history but under extraordinary pressure: ageing infrastructure, constrained funding, an overstretched workforce, and the obligation to provide free care to the poorest families, displaced people, children, and mothers. The needs far exceeded the available budget.

"Impossible is where we have always started."

A conviction remembered by a colleague

The years that followed brought purposeful renewal. Surgical capacity expanded, the intensive-care unit was renovated, and a Trauma and Emergency Centre was built. A dedicated paediatric building opened, bringing together outpatient care, neonatal intensive care, and services for severe acute malnutrition. Laboratory capability improved, and the hospital became better equipped to respond to life-threatening illness.

The numbers matter because they represent people: more than 650 patients passing through the doors each day, 157,840 outpatient visits, and 39,459 inpatient admissions recorded in 2023. His central conviction remained simple and uncompromising: healthcare is a right, not a privilege determined by the contents of a person's pocket.



Editorial illustration: the work of translating frontline experience into national health-policy architecture. It is not a documentary image or literal portrait.

CHAPTER 05

The teacher nobody talks about enough

A CV can easily understate one essential part of Abdulrazaq's work: at heart, he is a teacher. For years, he has taught in lecture halls, clinical rounds, and policy seminars, guiding students, public-health professionals, health-leadership candidates, and colleagues working to understand systems they had suddenly been asked to repair.

He understands that one good doctor may save many patients, while one good teacher can help form hundreds of professionals who will save many more. He does not simplify complexity to make it more comfortable. He stands beside people within it, showing that evidence and compassion are not opposites and that public-health leadership is, in the end, an act of care.

His MPH, MSc in Health Management, PhD in Health Economics, and PhD in Demography and Social Sciences are not decorations. They are instruments. Through his scholarly work, he gives visibility to the realities of fragile health systems, displacement, financial hardship, and the pursuit of universal health coverage in settings too often discussed without being heard.

CHAPTER 06

The thing he never made a story of

There is another part of his life that he would never choose as an opening line: Abdulrazaq lives with one kidney. He donated his right kidney to his brother quietly, and without seeking recognition.

For those who know him, the act does not stand apart from the rest of his life. It expresses the same moral clarity: a human life is a sacred trust, and care for it is both duty and devotion. He has always given what many would consider too much, setting aside the calculation of personal cost when another person needed what he could offer.



Editorial illustration: a field visit alongside communities and health teams - a visual expression of partnership, proximity, and service. Not a documentary photograph.

The work continues

Twenty-one years, a journey still under way

Today, as Director General of Somalia's Social Health Insurance Authority (SHIA), Abdulrazaq is undertaking another difficult national task: helping to build a formal social health-insurance system from near-zero institutional foundations in one of the world's most fragile settings. The work requires policy judgement, fiscal realism, political patience, reliable data systems, public trust, and the courage to build before every condition is perfect.

I have seen the architecture he is trying to shape and the obstacles before it: limited data, a thin fiscal base, fractured trust, and the complexity of a federal system still defining its operating relationships. This work belongs to him because his professional formation has taken place in some of the hardest classrooms on earth: drought zones, hospital wards, emergency meetings, lecture halls, and institutions expected to do more than their resources allow.

If anyone can help carry this work forward, it is someone who has spent more than two decades learning that the most vulnerable should not wait while help is being discussed. You go to them, build for them, and build with them.

"If we want a Somalia that is healthy, we must build a health system that begins with the most vulnerable, strengthens its health workforce, is led by evidence, and places integrity at the spine of public service."

Dr. Abdulrazaq Yusuf Ahmed (Dr. Jalaaludiin)

A closing testimony

What transformational leadership looks like

I have been asked many times what transformational leadership actually looks like. I describe a doctor entering a drought zone with inadequate supplies and absolute resolve; a hospital director walking into his own intensive-care unit at three in the morning during a pandemic; a teacher staying late because a student is struggling with a concept that may one day matter to another person's life; and a man who gives a kidney to his brother without making it the centre of his biography.

I describe Dr. Abdulrazaq Yusuf Ahmed, Dr. Jalaaludiin. The journey is not finished. Somalia is not finished. Neither is he. Yet the sacrifice already offered, the people served, the students shaped, the patients treated, and the institutions strengthened together form a legacy of substance.

It is the legacy of a person who has chosen, repeatedly and deliberately, to move toward suffering rather than away from it. Across twenty-one years, that choice has shown what heroism can look like in public service.

Written with admiration, gratitude, and deep respect by a colleague privileged to witness the journey firsthand.