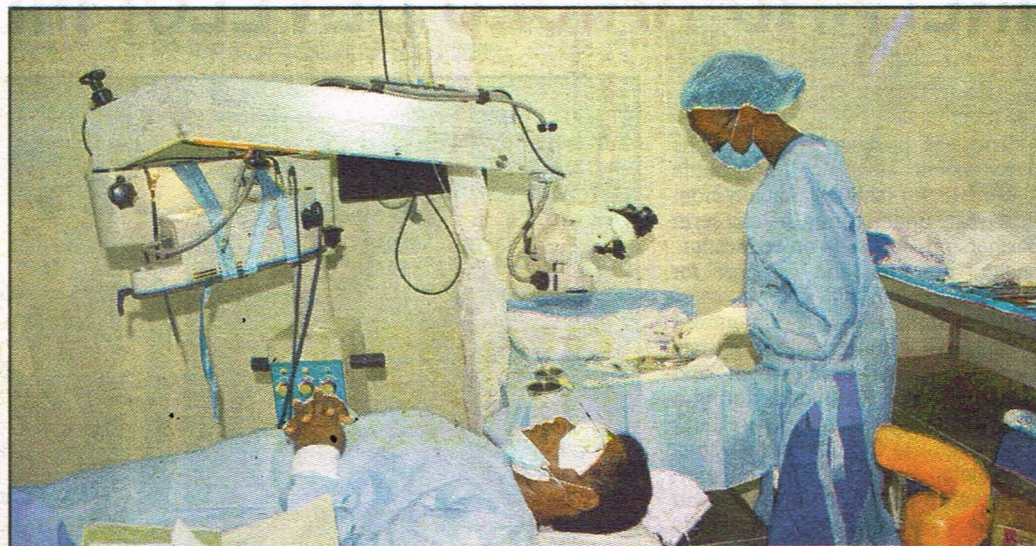


# 'STRENGTHEN COMPLAINT HANDLING WITH CLEAR TIMELINES' OVER 10,000 PRIVATE HEALTH FACILITIES MISSING FROM MINISTRY RECORDS



An ophthalmologist prepares to attend to a patient. Official records show that 54% of Uganda's population currently seek healthcare services from private health facilities

By Mary Karugaba

A total of 10,458 registered private health facilities cannot be traced in the Ministry of Health records, the 2025 Auditor General's (AG) report indicates.

In his report to Parliament, the AG, Edward Akol, revealed that while these facilities are recorded in the databases of regulatory councils such as Uganda Medical and Dental Practitioners Council (UMDPC), Uganda Nurses and Midwives Council (UNMC) and Allied Health Professionals' Council (AHPC), they could not be traced in the National Health Facility Registry of the Ministry of Health.

Akol said failure by the Ministry of Health to account for the numbers creates a "data gap" and undermines the effectiveness of regulatory oversight of private healthcare practice.

"This data gap limits the ministry's capacity to plan, co-ordinate, monitor and enforce compliance with minimum standards, as well as take timely corrective or enforcement action against non-compliant facilities," the report states.

Akol said this was after he assessed the ability of the ministry and the regulatory councils to regulate private healthcare practice.

Private healthcare practice refers to individuals and organisations that provide health services, but are not owned or directly controlled by governments.

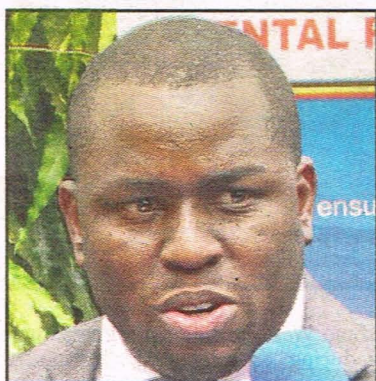
This includes facilities and practitioners that deliver care independently of public systems, whether for-profit or not-for-profit.

## REGULATION

Regulation of private healthcare practice is critical in safeguarding the population from quacks. Official records show that 54% of Uganda's population currently seeks healthcare services from private health facilities.

The UMDPC registrar, Dr Ivan Kisuule, previously admitted that the "data systems" were not aligning, but that the problem had been rectified.

"The Ministry of Health and the councils keep their own data. Unfortunately, the two were not



UMDPC registrar Kisuule

communicating. As the overall custodian of healthcare, the Ministry of Health should have a database of all health facilities in the country.

"When the AG pointed out the gap, we resolved it through a new system called the Vision Health Information System, which has all the databases of the health facilities, whether private or public. This means the private facilities will have to feed into the system all the information about their operations," he said.

According to the AG, regulation of private healthcare practice entails setting and enforcing standards; registering and licensing health professionals and private health facilities; as well as inspecting, supervising plus exercising disciplinary control over professionals and health facilities.

"Several regulatory challenges to private healthcare practice have been documented, published and include loose regulatory oversight of the operations of private health practice, leading to increased infiltration of unqualified individuals,

## ILLEGAL FACILITIES REMAIN OPERATIONAL

The report found that all 27 facilities recommended for closure were still operating with no evidence of reassessment or formal approval to reopen.

"Non-compliance with health standards that resulted in the closure recommendation was observed to exist. Additionally, out of the 39 sampled private facilities with issued corrective actions and recommendations, none of the facilities fully addressed the recommended corrective actions, with 36.67% implementing none and 63.33% only partially implementing them," the report states.

limited investigation and resolution of reported medical negligence and malpractice cases leading to a backlog and inadequate enforcement to ensure adherence to the health standards," Akol said in the report.

The AG also found that existing databases only covered professionals and facilities that voluntarily register.

He warned that this incomplete information hampers planning and regulatory interventions.

When contacted, Dr Charles Olaro, the director general of health



Health ministry: Dr Olaro

services in the Ministry of Health, said he needed to read the report and respond accordingly.

"Monitoring and registration of those health centres is done by the councils. But I need to read the report first and understand the context," he said.

## UNGAZETTED LICENSED FACILITIES

Regulatory councils — including the UMDPC, UNMC and AHPC — failed to gazette an annual average of 1,804, 406 and 295 licensed facilities, respectively, over a three-year period.

"Limited gazetting of private health facilities and professionals limits public awareness of those qualified to provide health services," the AG warned.

## SLOW COMPLAINT, DISPUTE RESOLUTION

The audit revealed a

backlog of 204 pending cases across regulatory councils' disciplinary committees. According to the report, average case resolution times were long, with the AHPC taking 12 months, UNMC, 37 months and UMDPC, 24 months to conclude complaints.

Public awareness about how to report complaints is also limited, further delaying redress for patients.

## WEAK INSPECTIONS AND SUPERVISION

The AG noted that the ministry and councils did not set clear targets or schedules for inspections. As a result, oversight was inadequate and patient safety risks increased.

According to the report, of 189 facilities inspected, 49 had not acted on inspection recommendations, while follow-up actions were primarily verbal and undocumented.

Akol recommended that the health ministry develop a comprehensive database covering both registered and unregistered private health facilities and professionals. This is in addition to updating the National Health Facility Registry to include all registered facilities and their authorised services.

"Gazette all licensed facilities and professionals or publish them online for public awareness. The ministry should also conduct a joint inspection by all councils to reduce duplication and improve coverage," he said.

The AG recommended that the councils strengthen complaint handling with clear timelines and multi-channel reporting platforms and revise legal provisions to empower councils to enforce compliance with health standards.

"While the Ministry of Health and regulatory councils have undertaken measures to regulate private healthcare, the audit concludes that these measures have been ineffective in ensuring adequate compliance with established standards and guidelines.

The gaps in registration, inspection, enforcement and complaint resolution leave patients exposed to malpractice and substandard care," Akol said.

**The Auditor General found that existing databases only covered professionals and facilities that voluntarily register.**



Auditor General Akol's report observed oversight weaknesses in the health sector