

Allocating billions to MPs while hospitals struggle deepens inequality

As Uganda grapples with persistent challenges in its public health system, a proposal by Parliament to allocate Shs 5 billion for a specialised medical insurance scheme targeting Members of Parliament above 65 years has triggered sharp public debate.

At its core, the issue is not merely about whether the government can afford such a scheme, but whether it should, given competing national priorities.

Uganda's healthcare system remains under strain. Public hospitals frequently report drug stock-outs, understaffing, and inadequate infrastructure. For many citizens, access to quality healthcare is still a privilege rather than a guarantee.

Against this backdrop, the optics of dedicating billions to a small group of political elites are difficult to ignore.

Proponents argue the scheme is practical and necessary. Older MPs are more vulnerable to complex health conditions requiring specialised care. Ensuring their well-being, they contend, supports a functional legislature.

However, leadership is as much about symbolism as it is about policy.

This is not the first time parliamentary expenditure has come under scrutiny. Recurring allocations for vehicles, allowances, and now enhanced medical coverage contribute to a growing narrative of disproportionate personal benefit.

The more pressing question is whether such access should be prioritised ahead of systemic improvements that would benefit the broader population.

Ultimately, governance is about choices. Those choices send powerful signals about whose interests come first. If Parliament is to maintain public confidence, it must ensure that its decisions reflect not just institutional needs, but the lived experiences of the millions of people it represents.

Japheth Godwin Walakira,
aphethnexus@gmail.com

so n
sis: 1
Of th
only
and
tion
pen
stay
sage
of n
spe
is e

C