

# Two health systems, one country: A crisis of inequality



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Last year, during a vigil held in memory of his late mother, prominent businessman Hassan Basajjalaba disclosed that he was prepared to spend as much as \$2 million to secure a heart transplant for her in Cologne, Germany.

His revelation was not an expression of excess or privilege, but a deeply human reflection of a son's love, grief, and willingness to sacrifice everything in a desperate attempt to save his mother's life.

At the same time, the moment cast a harsh light on a painful national reality: access to such advanced and costly medical care remains an unimaginable dream for the vast majority of Ugandans, exposing profound inequalities within the country's healthcare system.

For the majority of Ugandans, the question is not whether treatment can be found abroad, but whether any meaningful treatment will be available at all. Uganda has gradually normalised a healthcare system where illness lays bare the country's deepest inequalities. When senior government officials or politically-connected individuals fall ill, arrangements for treatment overseas are often made swiftly and discreetly. Others receive care in well-equipped private hospitals within the country.

Meanwhile, ordinary citizens such as teachers, farmers, boda boda riders, and market vendors are left to rely on a public health system that is overstretched, underfunded, and struggling to deliver even the most basic services.

This crisis is not accidental. Many of the private hospitals that thrive today are owned or supported by individuals who also wield significant influence over public policy and national budgets. When those entrusted

with managing public resources personally benefit from private healthcare, investment in public hospitals inevitably becomes a lower priority. In such a system, neglect is not merely an unfortunate by-product; it becomes structurally convenient and politically tolerable.

The consequences of this neglect are visible in public health facilities across the country. At Mulago National Specialised Hospital, patients routinely share beds, while others sleep on the floor due to shortages of space and equipment. Families are forced to leave hospital grounds to purchase gloves, syringes, cotton, and even essential medicines prescribed by doctors. Health workers, despite their training and dedication, are pushed into a constant state of improvisation, attempting to provide care without the most basic tools. Over time, morale has eroded as the focus shifts from restoring health to merely preventing death.

Only a few kilometres away, the contrast could not be more striking. Private facilities such as Nakasero Hospital, Case Medical Centre, and International Hospital Kampala operate with modern equipment, fully stocked pharmacies, and reliable supplies. Medical staff in these institutions work with confidence, supported by functioning systems and adequate resources. Access to this level of care, however, is restricted by high fees and insurance requirements that remain far beyond the reach of the average Ugandan.

This is Uganda's two-tier healthcare system exposed in its starkest form. One system offers dignity, efficiency, and a genuine chance at survival for those who can afford it. The other demands endurance, patience, and quiet sacrifice from the majority who cannot.

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Four decades ago, Ugandans were promised a rebuilt nation founded on strong institutions, restored dignity, and social services that would serve all citizens. Healthcare was meant to be central to that vision.

Today, the gap between the health of those who govern and the health of those they govern has only widened. Government officials often point to new hospital buildings and infrastructure projects as evidence of progress, yet concrete alone does not save lives. A hospital without medicines, equipment, motivated staff, and accountability is little more than an empty structure.

For patients who wait for hours in long queues only to be told that essential drugs are unavailable, official speeches about development ring hollow. The daily reality of suffering contradicts the language of progress.

At its core, this crisis is not a failure of ideas or even a complete absence of resources. It is a failure of political will. Leaders who never depend on public hospitals do not experience their shortcomings firsthand. As long as those in power can seek treatment abroad or retreat into private wards, the urgency to reform and adequately fund public healthcare remains weak.

Until those who govern are compelled by law, policy, or conscience to rely on the same healthcare system as the people they lead, these two Ugandas will continue to exist side by side. While the Constitution recognizes health as a basic right and places an obligation on the state to provide medical care for all citizens, bridging this divide transcends mere policy; it is a moral duty tied to the nation's dedication to equality and justice.

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