



**TRANSPARENCY
INTERNATIONAL
ZIMBABWE**

the coalition against corruption

**A REPORT ON
CORRUPTION
IN THE PUBLIC HEALTH SECTOR
IN ZIMBABWE**



About Transparency International Zimbabwe

Transparency International Zimbabwe (TI Z) is a non-profit, non-partisan, systems-oriented local chapter of the international movement against corruption. Its broad mandate is to fight corruption and promote transparency, accountability and integrity at all levels and across all sectors of society. TI Z believes corruption can only be sufficiently tackled by all citizens including people at grass root level.

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A REPORT ON CORRUPTION IN THE PUBLIC HEALTH SECTOR IN ZIMBABWE

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Acronyms

ACHPR	African Charter on Human and People's Rights
ALAC	Advocacy and Legal Advice Centre
BBC	British Broadcasting Corporation
CESCR	Committee on Economic, Social and Cultural Rights
CMA	Community, Mobilisation and Advocacy unit
CMI	Chr. Michelsen Institute
CPI	Corruption Perceptions Index
DFID	Department for International Development
FGDs	Focus Group Discussions
GCB	Global Corruption Barometer
KIIs	Key Informant Interviews
NACS	National Anti-Corruption Strategy
NatPham	National Pharmaceutical Company of Zimbabwe
PSMAS	Premier Service Medical Aid Society
SDGs	Sustainable Development Goals
TI Z	Transparency International Zimbabwe
UN	United Nations
UNCAC	United Nations Convention Against Corruption
UNDP	United Nations Development Programme
USD	United States Dollar
WHO	World Health Organisation

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Health is a critical variable for measuring human development and human well-being. Improved health is linked to economic development. Quality health care provision is dependent on effectively merging financial and human resources and providing health services in a timely fashion when needed throughout the country. The quality of health care in Zimbabwe remains compromised due to many factors, corruption being one of them. Whilst corruption affects all sectors and has adverse effects on a country's political, economic and social development, its impact on the health sector is dire and can lead to the difference between life and death.

Corruption in general and specifically in the health sector is a major driver of health and gender inequalities as it disproportionately affects the disadvantaged and marginalised populations. It has been noted that the principle of stewardship remains central to health governance. The State, vested with the primary responsibility for ensuring quality health outcomes for its citizens, acts as a steward when it exercises authority and utilises public resources to ensure the provision of stronger and more effective health systems. However, corruption in Zimbabwe continues to have negative direct and indirect consequences on the performance of the public health system. This is despite the right to health being enshrined as a fundamental right in the Constitution of Zimbabwe (No.20) Act 2013. Corruption undermines the government's ability to respect, protect and

fulfil the right to health, as it reduces the resources channelled towards health services, thus compromising the quantity and quality of health services.

This report by Transparency International Zimbabwe, comes against a backdrop of countries world over grappling with the outbreak of coronavirus (COVID-19) which was declared a global pandemic by the World Health Organization in March 2020. The outbreak of the COVID-19 pandemic amplified the impact of corruption on the overall performance of health systems as noted in the 2020 Corruption Perceptions Index (CPI) Report by Transparency International. The CPI ranks 180 countries and territories by their perceived levels of public sector corruption, according to experts and business people. It uses a scale of zero to 100, where 0 is highly corrupt and 100 is very clean. In the 2020 CPI, Zimbabwe has a score of 24 out of 100 and is ranked 157 out of 180 countries.

An overview of the 2020 CPI Report revealed that endemic corruption is weakening governments' response to the pandemic, further threatening people's health and livelihoods. The report further highlighted that countries that perform well on the index invest more in health care, are better able to provide universal health coverage and are less likely to violate democratic norms and institutions or the rule of law. In contrast, countries that do not perform well on the CPI are grappling with the response to COVID-19 and other diseases.

Transparency International Zimbabwe has been advocating for transparency and accountability within various sectors based on reports generated by its Advocacy and Legal Advice Centre (ALAC) and the Community, Mobilisation and Advocacy unit (CMA). Between January 2019 and March 2020, Transparency International Zimbabwe received various reports on corruption within the health sector, which necessitated the commissioning of this report. The objective of this report was to further explore ways in which corruption in the public health sector occurs using lived experiences and shared perceptions.

Transparency International Zimbabwe believes that combatting corruption is possible, and we seek to contribute towards effective anti-corruption strategies, informed by evidence, experience and context. As such, this report concludes by providing policy recommendations on how to mitigate corruption in the public health sector. Eliminating corruption in the health sector will contribute to Zimbabwe attaining Universal Health Coverage and the Sustainable Development Goals.

Muchaneta Mumbo

Executive Director





Zimbabwe has a diversified health care facility system which has seen the participation of various actors such as the government, rural and urban councils, and the private sector delivering health care services such as primary health, reproductive health and specialised treatments. Sadly, the existence and performance of this wide range of facilities are affected by bad governance, corruption and illicit financial flows.

Corruption within the health care sector is a global concern. It deepens inequality and disenfranchises low-income individuals and households from accessing basic health care rights. The extent of corruption remains self-evident in developing countries and during public health crises as has been noted during the COVID-19 pandemic. Zimbabwe continues to face a declining public health system characterised by severe brain drain and shortage of basic medicines and equipment.

This report by Transparency International Zimbabwe explores the nature and impact of corruption within the public health care sector. The report underlines the existence of various forms of corruption and gross inconsistencies that affect access to quality health services. These include public procurement corruption, nepotism, theft of essential medicines, bribery and absenteeism by medical health workforce. These and other forms of corruption prevalent in the health sector contribute to the lack of trust in the health care sector. 75% of the respondents in the study

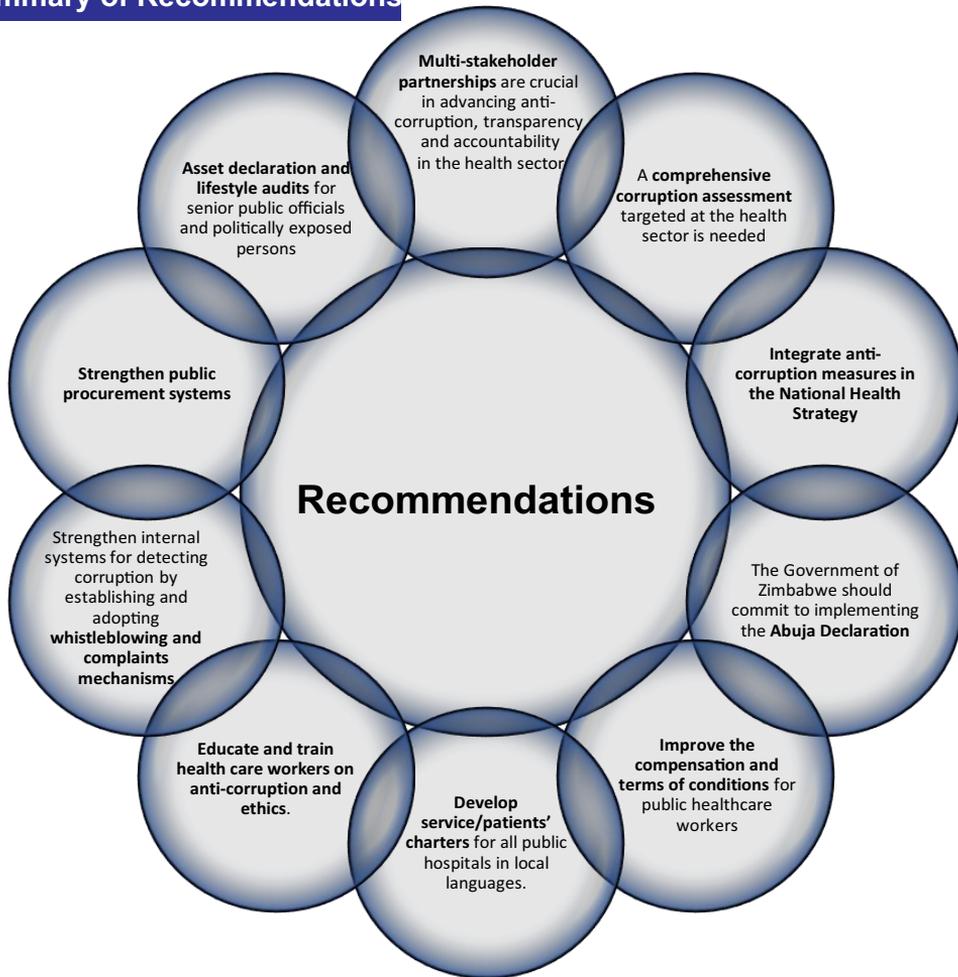
expressed a lack of confidence in Zimbabwe's public health care sector and 81% pointed out that they have witnessed or experienced various forms of corruption. There are also leakages in the handling and management of essential medicines. There has been a proliferation of a parallel health care sector or grey market led by medical practitioners. Users of public health care systems are at times diverted by the health practitioners to purchase medicines outside the formal channels. The study further indicates the emergence of non-monetary forms of bribery in the health care sector, such as sextortion.

Key Messages

- The COVID-19 pandemic has amplified the impact of corruption on the overall performance of health systems.
- Corruption has been normalised in Zimbabwe as evidenced by everyday practices in health-related services which many do not consider as corruption. However, their accumulation and “acceptance” by various stakeholders has a detrimental cumulative effect on the performance of the public health-care system.
- Despite being a signatory to the Abuja Declaration, Zimbabwe's total budget towards the health care sector remains below the stipulated 15% of its national budget.
- The most common forms of corruption noted include corruption in public procurement, theft and sale of essential medicines on the grey market, bribery, favoritism and false referrals.

- Addressing corruption in the health sector is urgent and requires a multifaceted approach from the government and other stakeholders.
- There is need for the development of systems of detecting and responding to all forms of corruption in the health care sector chain.
- Transparency and accountability are crucial anti-corruption tools in mitigating corruption in the health sector.

Summary of Recommendations





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“ She deserves a corruption free Zimbabwe ”

1. Overview

“Corruption might mean the difference between life and death for those in need of urgent care. It is invariably the poor in society who are affected most by corruption because they often cannot afford bribes or private health care. But corruption in the richest parts of the world also has its costs (Transparency International, 2006).”

1.1 Introduction

In the past year, there has been a surge of interest in the impact of corruption on the public healthcare sector, understandably so due to the outbreak of the novel coronavirus (COVID-19) pandemic¹. What has been visibly apparent is that the pandemic has not only amplified the effects of corruption on the health sector but has also exposed corruption risks and vulnerabilities in that sector. For instance, the sharp increase in the urgent need to procure COVID-19 related medical supplies and personal protective equipment has exposed corruption risks that occur during public procurement in the health sector.

In its pioneer study on the pandemic, Chr. Michelsen Institute (CMI), one of the leading anti-corruption global think tanks, made a key finding that, “...in many countries, responses to COVID-19 have seen breaches of anti-corruption standards such as cutting corners in procurement processes, or persons in power taking advantage of the crisis to increase their private benefits” (CMI, 2020).

Zimbabwe is no exception. As of the writing of this report, Zimbabwe is experiencing a major corruption scandal in the health sector involving the procurement of COVID-19 response equipment. The scandal dubbed the “COVID-gate” scandal was first exposed by the media, who revealed that the government had entered into contracts with briefcase or shelf companies for the procurement of COVID-19 response equipment such as test kits and personal protective equipment at highly inflated prices. At the centre of this scandal is the former Minister of Health and Child Care,

Zimbabwe is experiencing a major corruption scandal in the health sector involving the procurement of COVID-19 response equipment.

Obadiah Moyo² and what appears to be a shelf company by the name Drax International LLC. This company does not have a physical location and was registered in February 2020³. Therefore, it had been in existence for only two weeks when it was awarded a multimillion-dollar contract by the Ministry of Health and Child Care to supply materials to fight the COVID-19 virus. Matthew et al (2020) correctly assert that the “COVID-19 pandemic in Zimbabwe is one of the highly politicized discourses

1. According to WHO SARS-CoV-2 is the name of the virus and COVID-19 is the disease it causes.

2. Health minister Moyo sacked | The Herald

3. See Drax International LLC website; <https://internationaldrax.com/>

that has lost its humanitarian nature” (p.25). It is, however, important to note that work on this report commenced before the COVID-19 pandemic and has been part of Transparency International Zimbabwe's ongoing longitudinal studies into corruption in various sectors. The quality of health services in many developing countries such as Zimbabwe is compromised by many factors, corruption being one of them. The United Nations Special Rapporteur on the Right to the Highest Attainable Standard of Health has documented that corruption in government, institutions and society, in general, is a significant obstacle to the enjoyment of the right to health of individuals and groups (2017). Consonant with the Special Rapporteur's findings, the economic crisis, political instability and rampant corruption that has engulfed the country since early 2000 has led to a significant decline in the status and quality

of health care in Zimbabwe. This contrasts with the situation that was prevailing in the 1980s where Zimbabwe's health sector was one of the best in sub-Saharan Africa (Gilson and Mills, 1995). According to Kidia (2018:1), during this period the country had a “thriving teaching hospital network, a strong primary healthcare system ... and a motivated, highly trained health workforce.”

Furthermore, despite being a signatory to the Abuja Declaration, Zimbabwe's total budget towards the health care sector remains below the stipulated 15% of its national budget. For instance, in the 2020 national budget, health care was allocated 10%, thus, contributing to the reversal of the gains that the government had made to improve health services following independence (Kidia, 2018).

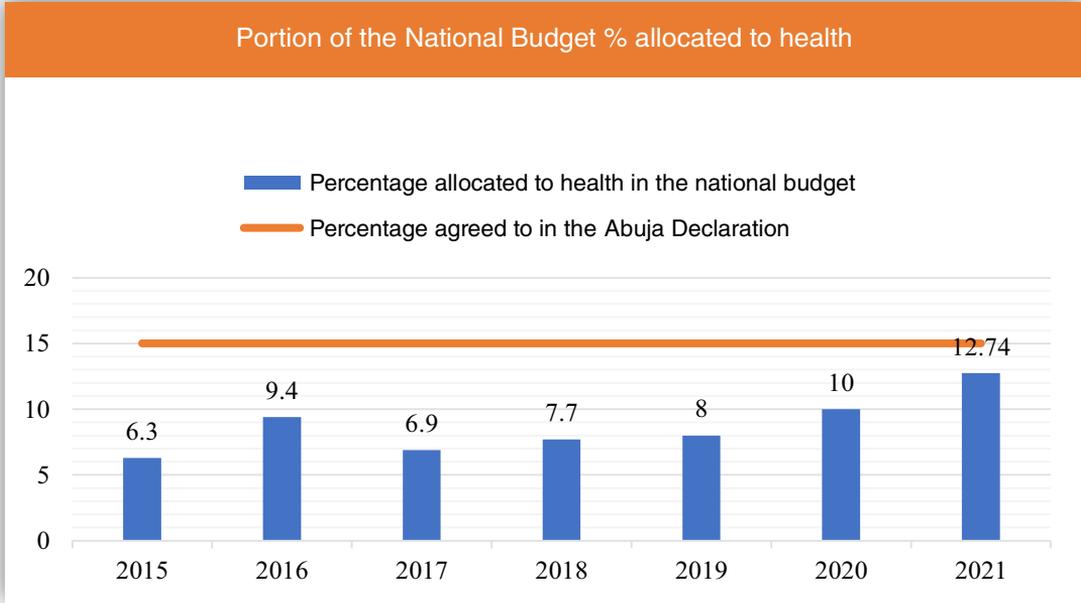


Figure 1: Portion of the National Budget allocated to the health sector as a percentage compared to the commitment made under the Abuja Declaration

1.2 Background

The right to health provides a valuable normative framework to assess the impact of corruption on human rights and service delivery. It is a constitutionally guaranteed right in terms of section 76 of the Constitution of Zimbabwe (No.20), Act 2013. Furthermore, the right to health is enshrined in other international and regional human rights instruments ratified by the Government of Zimbabwe, such as the African Charter on Human and People's Rights (ACHPR)⁴. However, corruption in general and specifically in the health sector obstructs the ability of the State to fulfil the obligation towards the right to health and to guarantee available, accessible, acceptable, and quality health services, goods, and facilities (Toebe, 2010). Not only does corruption reduce the resources to be channelled towards health services, but it also lowers the quality of health care and increases the cost thereof, thus affecting the vulnerable and poor even more. This is true of Zimbabwe as has been evidenced during cases of outbreaks such as the cholera outbreak in most parts of Harare and recently the COVID-19 pandemic. In this regard, Cockcroft (2014) asserts that strengthening governance and reducing corruption are essential interventions needed to improve health systems.

The global community recognizes that health is a critical variable for measuring human development as well as human wellbeing (UNDP, 2016). Improved health is linked to economic development. However, quality health care provision is dependent on effectively merging financial resources, human resources and supplies as well as providing the health services in a

timely fashion when needed throughout the country, (Transparency International, 2006). The World Health Report (2000) states that unlike other social systems such as education, it is particularly important that the goals of fair financing and responsiveness be prioritised in health. This is because in most countries, Zimbabwe included, health care is catastrophically costly such that the majority of citizens rely on public health systems, which are supposed to protect them against the financial cost of an illness. However, corruption both at micro and macro levels continues to pose a threat to the poor and vulnerable accessing responsive and quality health service delivery.

SDG 3 on health and wellbeing is at risk if corruption in public health institutions is not urgently addressed.

Why we need to address corruption to achieve the Sustainable Development Goals (SDGs) | World Economic Forum (weforum.org)

It is also important to note that although numerous everyday practices in health-related services may not be considered as corruption, their accumulation and their acceptance by various stakeholders have a detrimental cumulative effect on the performance of health-care systems and, indirectly, on individual and societal health. A poignant example is the exorbitant salaries and allowances paid to senior public officials and executives in the health sector in Zimbabwe in what is known as the "salary-gate" scandal. In 2013, the Premier Service Medical Aid Society (PSMAS) paid

salaries of approximately US\$18,6 million for its thirteen executives with the chief executive officer earning US\$500,000 monthly (Maodza, 2014), whilst most civil servants who rely on the medical aid service provider were failing to access quality health care at health institutions. It is against this background that this report by Transparency International Zimbabwe is focused not only on those forms of corruption that are legally defined as breaking the law, but also on those practices which undermine principles of medical ethics, social justice, as well as effective and transparent health-care provision. When such practices are not properly addressed, they give way to non-transparent decisions at all levels of policymaking, policy implementation and service provision, leading to the emergence and normalization of corrupt environments

1.3 Justification of Research

Transparency International Zimbabwe (TI Z) has repeatedly been advocating for transparency and accountability within various sectors. Reports generated by TI Z's Advocacy and Legal Advice Centre (ALAC) and the Community, Mobilisation and Advocacy Unit have identified major forms of corruption affecting the health, judiciary and local government sectors. Such observations have underlined the importance of further research to assess the scale and impact of corruption on these sectors as well as explore possible anti-corruption strategies to provide stakeholders with policy options for improving and responding to corruption within these sectors. In this instance, the health sector.

1.4 Research Objectives

- The primary objectives of this study were as follows:
- Explore ways in which corruption in the public health sector in Zimbabwe occurs.
- Provide recommendations on how to mitigate corruption in the health sector.



2. Literature Review

This chapter reviews the existing literature and other secondary sources of data that are used to explain key concepts used in this report, such as corruption, health system and public health system. It further outlines the various theoretical frameworks used to understand corruption in the health sector and provides a general analysis of the impact of corruption in the sector.

2.1 Definitions of terms used

2.1.1 Corruption

There is no specific definition of the word “corruption” in Zimbabwe. However, various national anti-corruption legislative frameworks list certain types of practices that may be deemed as corrupt. For instance, the Prevention of Corruption Act, Chapter 9:16 in section 3 provides acts that are considered as corrupt practices. These mostly relate to acts or omissions undertaken by public officials. Consequently, this poses a challenge when interrogating corruption within the health sector as the private sector also plays an important role, be it in the direct provision of health services, medicines and medical products, training the health workforce, information technology, infrastructure, and several other support services (see below “health system”). The impact of private sector corruption should, therefore, not be undermined and is worth studying carefully. Likewise, there is no “criminal abuse” of public office when a senior health sector official is awarded an exorbitant salary and other benefits.

Therefore, in this report, corruption is defined as the “abuse of entrusted power for private gain” as articulated by Transparency International. This definition

does not only recognize the power conferred upon public officials but also that conferred upon all private persons or entities. In addition, this research is consistent with the United Nations Special Rapporteur on the Right to health report that refers to corruption in its broadest sense by not only focusing on the forms of corruption that are legally defined as breaking the law, but also includes other practices which undermine principles of medical ethics and social justice, as well as effective and transparent health-care provision (UN Special Rapporteur, 2017).



2.1.2 Health System

The World Health Organisation (WHO) defines a health care system as “all organizations, people and actions whose primary objective is to promote, restore or maintain health” (WHO 2009:17-3). Hoffman and Cole (2018:4) refer to the global health system as a system that comprises ‘transnational actors that have a primary intent to improve health and the polyilateral arrangements for governance, finance, and delivery within which these actors operate.’

Thus, the health system is complex and involves various components, such as health financing, health workforce, health facilities, health therapeutics, educational

and research institutions, and health care users. In this regard, stakeholders/actors in the health care system can thus be classified into five categories namely;

- Government regulators (health ministries, parliaments and specialized agencies)
- Payers (social security institutions, government offices and private insurers)
- Providers (hospitals, doctors, pharmacists, NGOs and faith-based organizations)
- Consumers (patients)
- Suppliers (medical equipment, pharmaceuticals and construction).

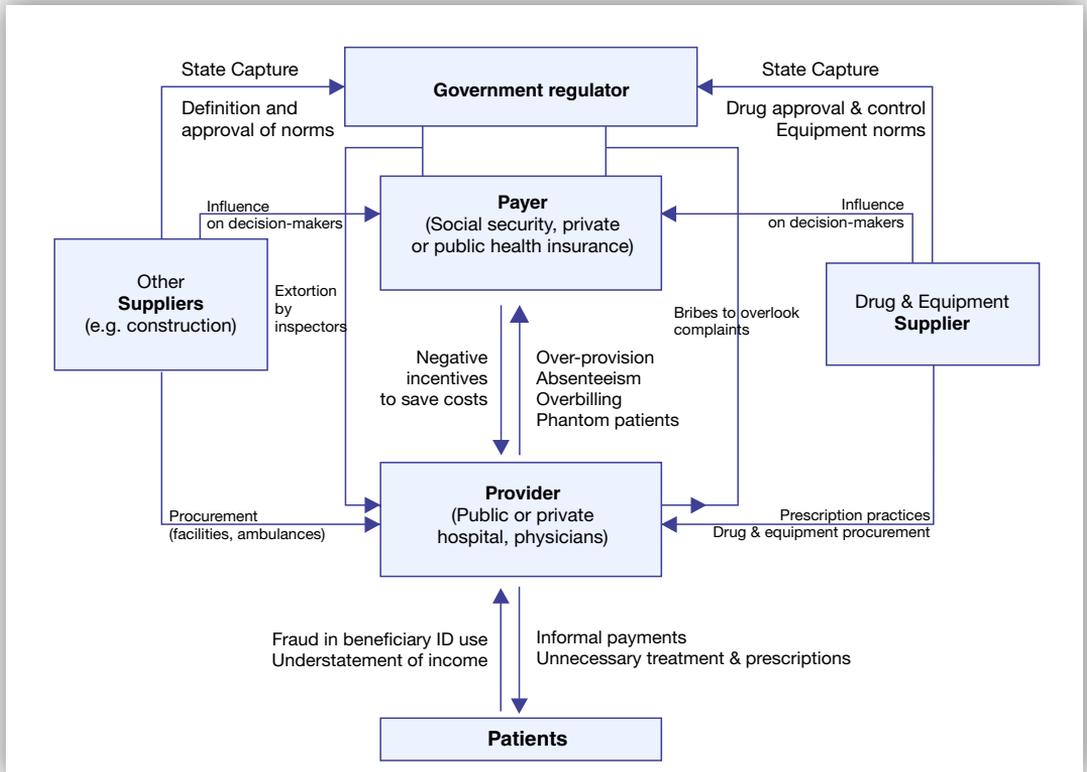


Figure 2: Five key actors in the health system (Source: Savedoff 2007:3)

The World Health Organisation developed a framework that further outlines factors that make an efficient health system. These are disaggregated into six major building blocks, that is information, governance, human resources, financing, medicines and technologies, and service delivery (WHO, 2007).⁵

It is important to highlight that these six components are not mutually exclusive. Rather, they are interdependent (De Savigny and Adam, 2009). It is only when viewed and assessed collectively that health outcomes are achieved.

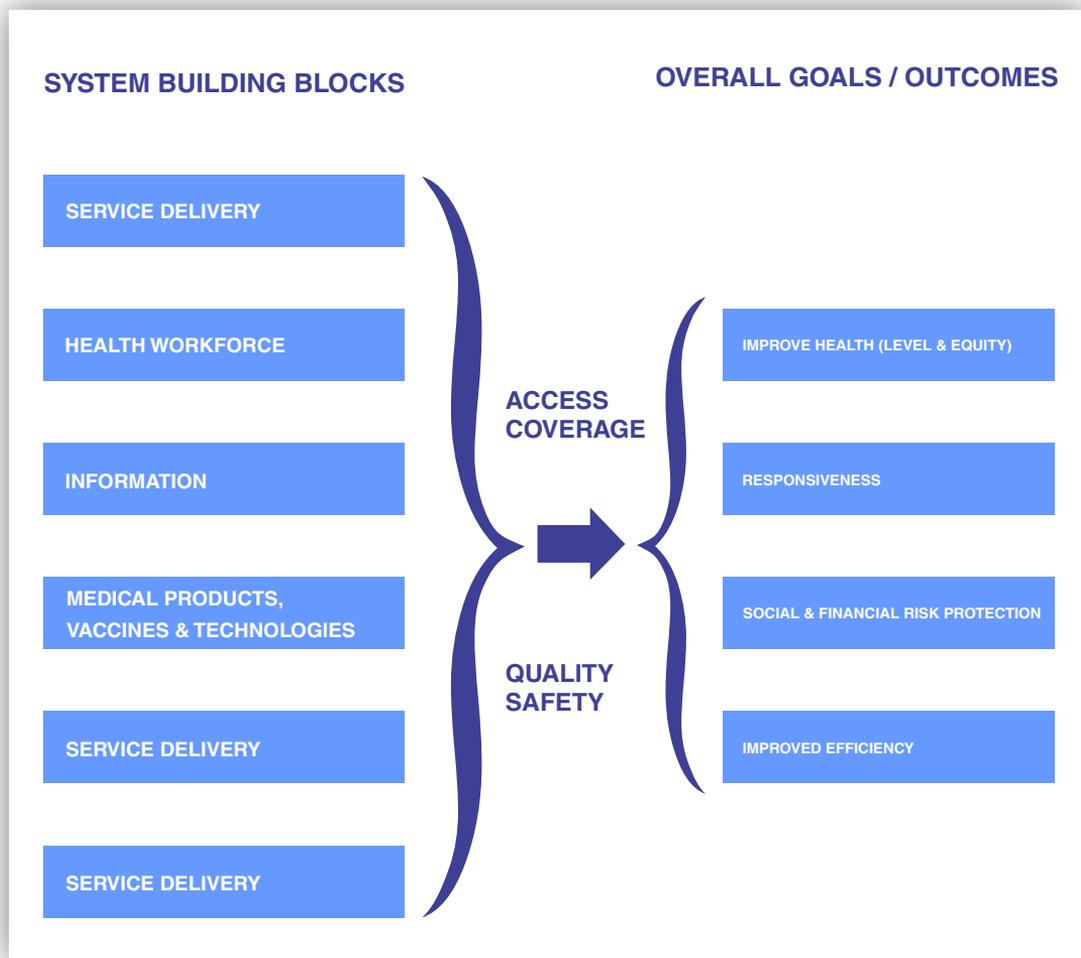


Figure 3: The WHO's Health System Framework (Source: World Health Organization. Everybody's Business: Strengthening health systems to improve health outcomes—WHO's Framework for Action. Geneva: WHO, 2007, page 3)

5. In line with the realisation that people/communities form an integral part of the health system through participating and influencing each component of the building blocks), the WHO published an adapted version of the building blocks which places people at the centre of the building blocks. Savigny, Donald de, Adam, Taghreed, Alliance for Health Policy and Systems Research & World Health Organization. (2009). Systems thinking for health systems strengthening edited by Don de Savigny and Taghreed Adam. World Health Organization. <https://apps.who.int/iris/handle/10665/44204> page 32

In Table 1 below, we offer a summary of what each building block entails.

BUILDING BLOCK	DESCRIPTION
Information	A well-performing health system should ensure the production, analysis, dissemination and use of a timely and reliable information system. This will enable the public to keep abreast with the nature and way the health system operates. In this way, the efficiency and effectiveness of the system can be realised.
Human Resources	The ability of any country to meet its health system goals largely depends on the knowledge base, skills motivation and deployment of people responsible for organising and delivering health services (WHO 2010). As such, a fully functional health care system should comprise skills, policies and a well-performing workforce.
Financing	For the efficiency of the health system, financing should be adequate. Governments should raise enough funds and resources for the health system. This will go a long way in protecting people from financial catastrophe. Furthermore, resources should be allocated properly, and the purchase of goods and services should be done in a way to improve and enhance efficiency, equity and equality. Where necessary government should abide by regional and international instruments that promote adequate financing of the health sector.
Medicines and technologies	A well-functioning health system needs to ensure the need for supply programmes and procurement of relevant resources to be certain of quality, equitable access to essential medical products, technologies, vaccines, and cost-effective use. To achieve this, there is a need to ensure that procurement supply, storage and distribution systems are effective to reduce leakages. The availability and information dissemination of the prices of medicines and other technologies should be timeous and reliable to promote transparency and accountability of the system. All this can be achieved through the establishment of national policies, guidelines, standards and regulations that support government health policy.
Service delivery	Good health care service delivery should go beyond the basic provision of health to also consider quality, access, safety and coverage.
Leadership and Governance	Effective leadership and governance structures ensure the existence of strategic policy frameworks and effective oversight within the health system. They also help build coalitions, provisions of appropriate incentives and promote accountability. Effective oversight promotes accountability in the way services are applied, ensures resources are adequate, reliable information is disseminated on time thus contributing to the monitoring and evaluation of the system as well as ensuring that enforcement and implementation of policies are realised.

Table 1: Building blocks that make an efficient health system

2.1.3 Public Health System

The public health system can be defined as a system that brings together governmental and non-governmental stakeholders with the aim of promoting public health (Prem et al. 2020). Public health focuses on improving the health of the larger population or community.

2.2 Frameworks to Understand and Mitigate Corruption in the Health Sector

Corruption generally affects all sectors. However, the health sector is particularly susceptible to corruption due to several attributes. These include:

- power asymmetries or an imbalance of information, inter-alia, between health-care provider and patient and between government, the private sector and rights holders
- the uncertainty inherent in selecting, monitoring, measuring and delivering healthcare services.
- the complexity of health systems: the large number of parties involved makes it more challenging to generate and analyse information in a transparent manner.
- a practice colloquially known as “provider moral hazard”, that is, health professionals, public officials or private actors may choose to act in their own interests rather than in the interests of the rights holders towards whom they bear duties.

It has also been noted that a lack of transparency, participation and accountability in the health system is inevitably a fertile ground for breeding corruption (UN Special Rapporteur, 2017). Therefore, in designing strategies to

prevent or control corruption, it is key to understand the factors that explain the patterns of such practices. Hussmann (2011) posits that people often engage in corruption when two situations present themselves, that is, when they have an opportunity to abuse their power and when they feel pressured to do so. Hussmann's assertion is consonant with the principal-agent and collective action theories. Whilst the principal-agent theory is often used to explain the theoretical framework for the occurrence of corruption in the health sector, it was important for this report to look at alternatives that also seek to explain why corruption occurs.

It has also been noted that a lack of transparency, participation and accountability in the health system is inevitably a fertile ground for breeding corruption (UN Special Rapporteur, 2017).

The principal-agency theory recognises and proposes solutions to problems that arise from the delegation of authority by the 'principal' to the 'agent' (Eisenhardt, 1989). Eisenhardt posits that when an institution grows in the intricacy of its functions, it increasingly becomes more challenging for an individual (principal) to perform all the tasks. The principal then delegates authority to an agent to perform some functions on its behalf. This results in the establishment of several actors in any specific sector, leading to a disconnect between ownership and decision-making results. With each degree of separation from the principal, significant levels of information asymmetry and potential divergence of interests emerge (Vian, 2008).

Consequently, the high degree of information asymmetry creates vulnerabilities for corruption. It becomes difficult to fully monitor the actions of the several actors in order to hold them accountable for their actions as well as to detect and attach responsibility for harm. This discretion given to service providers also puts citizens in a vulnerable position if providers choose to abuse their position or authority (DFID, 2010). The principal-agent theory further narrows down drivers of corruption to just three. According to this theory, corruption is a result of public servants who abuse public power and position for private gain because they:

- feel pressured to abuse (either financially or by clients).
- can explain their behaviour or feel justified (attitudes and social norms support their decision).
- have the opportunity to abuse power (Vian, 2008).

Closely linked to the principal-agent theory is the economic theory. According to this theory, those in positions of authority evaluate the costs and benefits of engaging in corrupt practices versus the costs and benefits of acting with integrity and ultimately choose to act in the way that best serves their self-interest (Jaén and

Paravisini, 2001). On the other hand, the collective action theory as postulated by Persson et al (2013) is premised on the notion that all stakeholders – including rulers, public officials and citizens alike – are mostly concerned about their own interests versus those of others. Accordingly, the way they act to capitalise on their interests is highly dependent on shared expectations about the behaviour of others. The cost of engaging in corruption is, therefore, highly dependent on how many other people in the same society are engaged in similar activities. Subsequently, if corruption is the expected behaviour or if it makes little sense to act to the contrary, individuals will choose to engage in corrupt practises as the cost of exercising integrity far outweigh the benefits of engaging in corruption, at least at the individual level. This is often the case where corruption is so endemic and systemic such as in Zimbabwe. Thus, in terms of the collective action theory, the conundrum of corruption is embedded in the fact that where corruption is prevalent and 'localised' (our emphasis), those in positions of power or authority engage in corrupt practices at the expense of the greater society resulting in corruption becoming the norm (DFID, 2015).

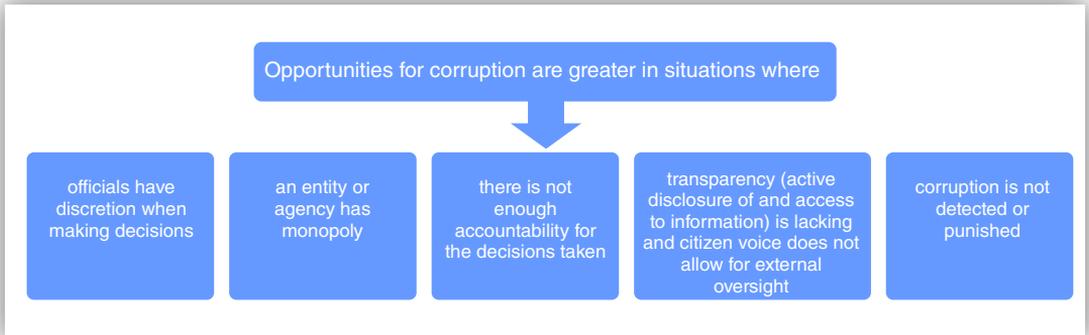


Figure 4: Opportunities for corruption summary

Despite corruption being endemic and systemic in Zimbabwe, TI Z has noted over the years, that the political economy of corruption differs by sector, that is, the political context and political actors involved. Therefore, to come up with appropriate anti-corruption strategies that address the vulnerabilities and risks in each sector, there is need to adopt a sectoral approach. Edgardo and Bhargava (2007) state that such an approach will in turn provide a road map as to which reforms might have the greatest impact. TI Z asserts that this approach is particularly important for resource-constrained countries such as Zimbabwe.

The country recently adopted its maiden National Anti-Corruption Strategy (2020-2024 NACS). The strategy is a noble document; however, the implementation thereof requires and is dependent upon adequate financial resources. A look at the 2020 National Budget indicates that the Zimbabwe Anti-Corruption Commission (ZACC), which is tasked with spearheading the NACS, was allocated ZWL\$71.6 million, which is about 0.1% of the total budget. As such, there is need to consider a sectoral approach in addressing corruption in the health sector

2.4 Transparency, Accountability and Participation

As stated in the introduction, the right to health provides a valuable normative framework and constitutes a legally binding imperative to analyse and address corruption affecting health and occurring even beyond the health sector. The framework reflects notions of good governance, transparency, accountability and participation, which are key when it

comes to combating corruption.

Transparency unveils corruption and is inextricably linked to the right to accountability and participation. In the context of the health sector, accountability comprises three elements namely: monitoring (“what is happening, where and to whom (results) and how much is spent, where, on what and whom (resources)”), review (“analysing whether pledges, promises and commitments have been kept by countries, donors and non-state actors”) Commission on Information and Accountability for Women's and Children's Health (2012:7).

Participation goes beyond merely being educated, informed, or consulted. It implies a right to actively engage individuals and groups in the development, implementation and review of policies, standards, indicators, benchmarks, or legislation, particularly aimed at including the voices and needs of more vulnerable or otherwise underrepresented and especially affected populations (Hesselman et al 2017:317).



3. Methodology

The study adopted a two-pronged approach which measured institutional vulnerability by combining data on perceptions from key informants (health professionals) as well as service end-users in the health care sector (citizens). These perceptions were also framed within the World Health Organisation health care sector building blocks. An analysis of these shaped and influenced the finding and policy recommendations outlined in this study.

Information was gathered from eight areas in Zimbabwe namely Manicaland, Harare, Bulawayo, Matabeleland North, Matabeleland South, Mashonaland East, Mashonaland Central and Midlands (Figure 5). 1103 respondents responded to the questionnaire, twenty-one key informants were interviewed, and three focus group discussions were conducted with forty participants.

Respondents disaggregated by province

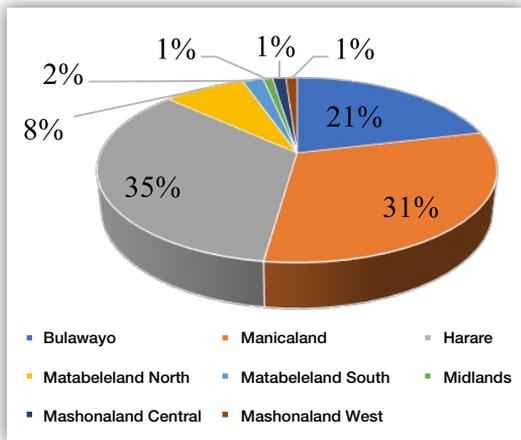


Figure 5: Respondents disaggregated by province

Respondents disaggregated by gender

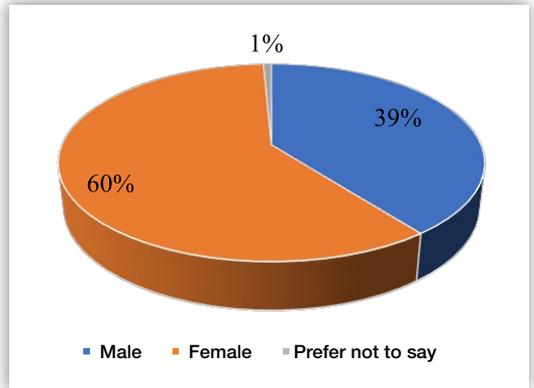


Figure 6: Respondents disaggregated by gender

Efforts were made to reach out to respondents in vulnerable areas to gather their views. Though the data collected is largely urban-centered, there were efforts to reach out to rural and peri-urban communities as highlighted in Figure 7.

Respondents disaggregated by geographical location

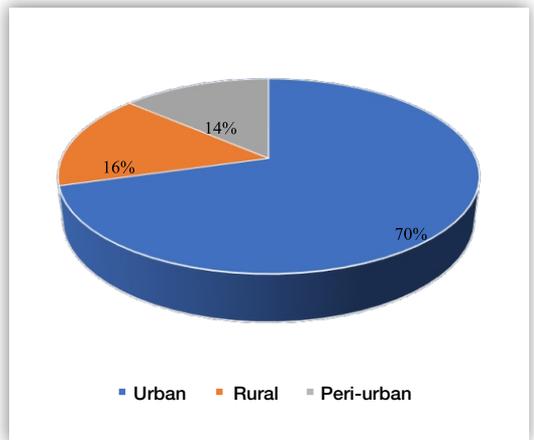


Figure 7: Respondents disaggregated by geographical location

The study design comprises four categories of respondents specifically:

- general citizens who are the users of the public health care facilities
- health care workers (These include doctors, nurses, administrators, pharmacists, health care practitioners, etc.)
- relevant civil society organisations and community-based organisations operating in the health sector.
- local chiefs in rural areas.

Key Informant Interviews

Key Informant Interviews (KIIs) were held with health experts from the public sector, civil society and the private sector. 21 key informants were interviewed. The research sample was drawn from five provinces namely Bulawayo, Harare, Matabeleland North, Matabeleland South and Mutare based on the assumption that these provinces are indicative of the Zimbabwean health environment. The districts within each province were selected using a balance of rural and urban environments. Areas were selected using the stratification process taking into consideration the various geographical and socio-economic manifestations of Zimbabwe including areas served by poorer disadvantaged and under-resourced health facilities and affluent areas served by better-resourced health facilities.

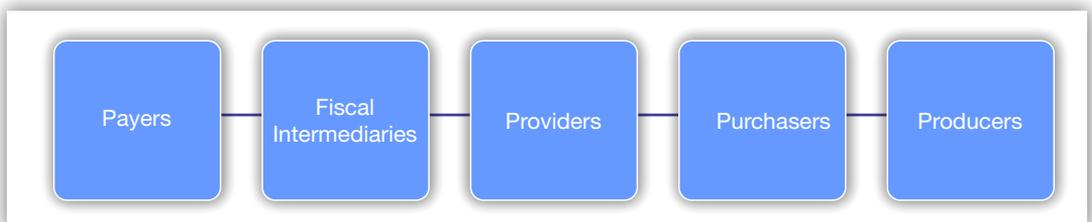
Focus Group Discussions

Focus groups with relevant guidelines for group discussions between health care service recipients and non-health care service recipients were conducted. The Focus Group Discussions (FGDs) utilised a participatory approach and explored the corruption risks within the health care sector value chain.

Focus group discussions sought to understand the views of citizens, health care workers and health professionals on the efficacy and proficiency of the health care system in Zimbabwe and to:

- identify malpractices and potential corruption risks in the healthcare sector
- assess confidence levels in the health system in Zimbabwe.
- interrogate the extent to which vulnerable groups (mostly women, youths and the elderly) are affected by corruption in accessing the health care sector.

Figure 8: Health care sector value chain



Forty people participated in the FGDs. Mostly, women were identified to take part in the study (see Figure 9 below).

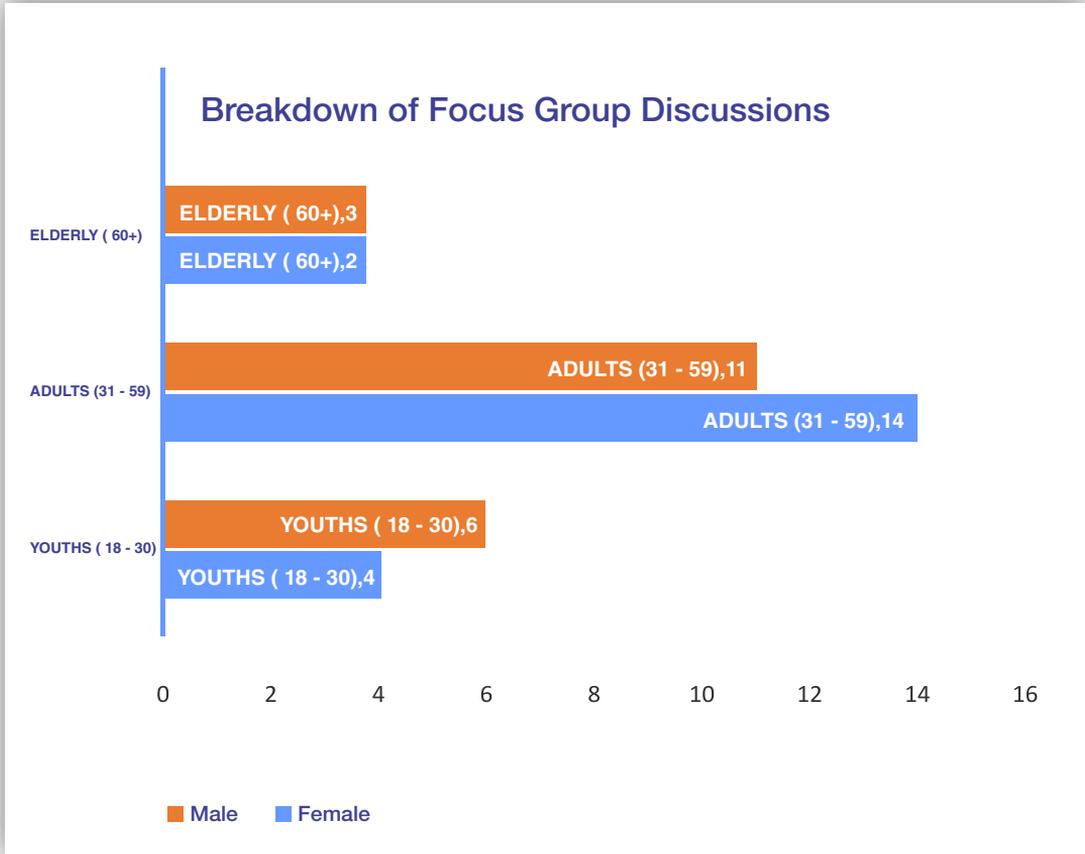


Figure 9: Breakdown of Focus Group Discussions

Secondary Data Collection

The study also utilised desktop research to triangulate data from respondents. This was achieved through a review of existing documents such as academic journals, health reports and newspaper articles on the health care sector in Zimbabwe. Additionally, other independent “grey” literature was utilised, mostly reports from hand-searched pre-selected websites of institutions and civil society groups who have had worked and researched on corruption in the health sector in Zimbabwe.

4. Findings

4.1 Introduction

The health sector is prone to corruption due to several reasons (see section 2.2 of the report). Additionally, corruption can also arise when states fail in their obligation to ensure that there is an adequate number of health professionals receiving domestically competitive salaries as this provides the impetus for health professionals to engage in petty corruption (CESCR, 2000). Service delivery in the health sector is an immediate output of the inputs into the health system, such as the health workforce, procurement and financing. The UN Report on the right to health documents that corruption at the service delivery level is often caused by deeper structural problems that are beyond the control of underpaid and overworked front-line service providers (UN Special Rapporteur, 2017). This section of the report provides an analysis of the findings generated from the research.

4.2 Overall perceptions on the public health care sector

Findings revealed a general lack of confidence in the public health care system in Zimbabwe. Seventy-five percent of the respondents expressed lack of confidence in the public health care sector.⁶ Such low confidence levels are partly attributable to corruption within the sector. Respondents pointed out that most health care personnel tend to be unethical (corrupt) in the

execution of their duties due to the deteriorating socio-economic situation prevailing in the country. Poor remuneration

The UN Report on the right to health documents that corruption at the service delivery level is often caused by deeper structural problems that are beyond the control of underpaid and overworked front-line service providers (UN Special Rapporteur, 2017).

of health care workers coupled with the high cost of living has led health care workers to solicit for or accept bribes to improve their standards of living. It is important to highlight that whilst increasing salaries on its own is not an effective anti-corruption strategy, especially in cases where corruption has been normalised, low salaries do provide justification and rationalisation for people to engage in corruption, “survival corruption”. In a country such as Zimbabwe where most of the citizens including civil servants are living beyond the poverty datum line due to low salaries, the inclination to make extra income becomes a driver of corruption. Greenidge and DaCosta (2009) argue that the motivation for earning an extra income is strong especially in countries with a high rate of inflation. The huge salary/income gap between public service employees and private sector employees in Zimbabwe, results in a difference in living standards and wide income gap between

6. This high figure might have also been compounded by the fear of the COVID-19 pandemic which coincided with the timing of the research

the private and public sector. This further serves as motivation for those employed in the public sector to engage in corruption when they compare themselves with their clients. Lambsdorff (2006) states that given the nature of public service and the broad discretion of many public officials in developing countries, opportunities for corruption are many and corruption becomes a viable alternative for augmenting poor income. Respondents further indicated that there were some incidences of health care workers falsely recommending clients to undergo unnecessary treatment or nudging clients to use private health facilities that are exorbitant and beyond the reach of many.

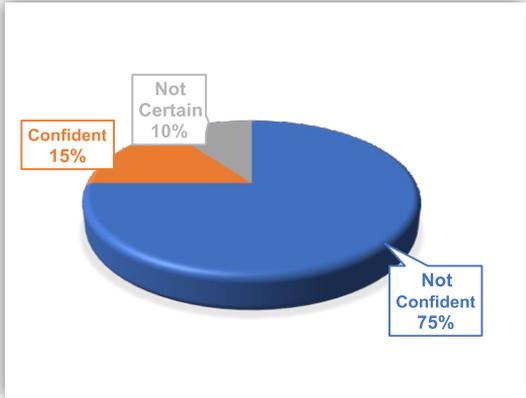


Figure 10: Overall perceptions on the health care sector

Respondents were also asked if they had witnessed or experienced any form of corruption within the public health care sector. Most respondents (81%) agreed that they had experienced, witnessed, or heard of corruption occurring in the public health sector

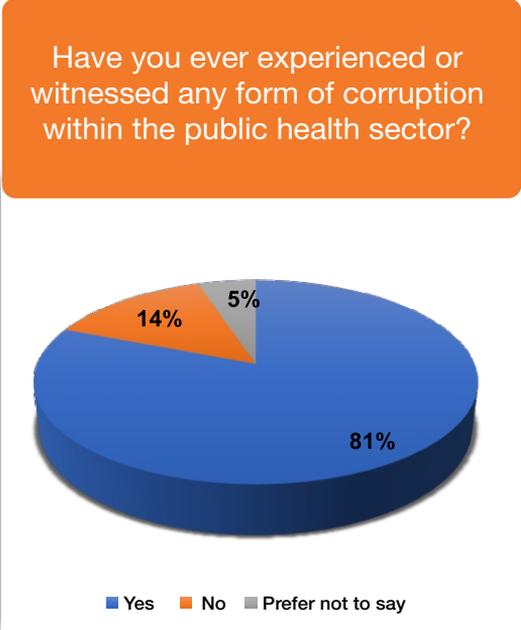


Figure 11: Percentage of people experiencing or witnessing any form of corruption within the public health sector

4.3 Common forms of corruption in the public health care sector

The key informants interviewed revealed that there is a mass migration of qualified health workers from government or local council clinics to private sector institutions or outside the country creating a vacuum in the sector. In some cases, public health sector workers are dividing their time between the public and private sectors. This inevitably leads to certain forms of corruption such as bribery, absenteeism, illegal referrals, moonlighting and selling of government posts. Similarly, the respondents reveal a long and growing catalogue of corrupt practices which highlights how badly the public health sector has been exposed to corruption - listed in Figure 12 on the next page⁷

7. Respondents had the option of selecting more than one form of corruption which they had either experienced or heard of occurring in the health sector.

Have you ever witnessed or experienced any of the following when trying to access health care services?

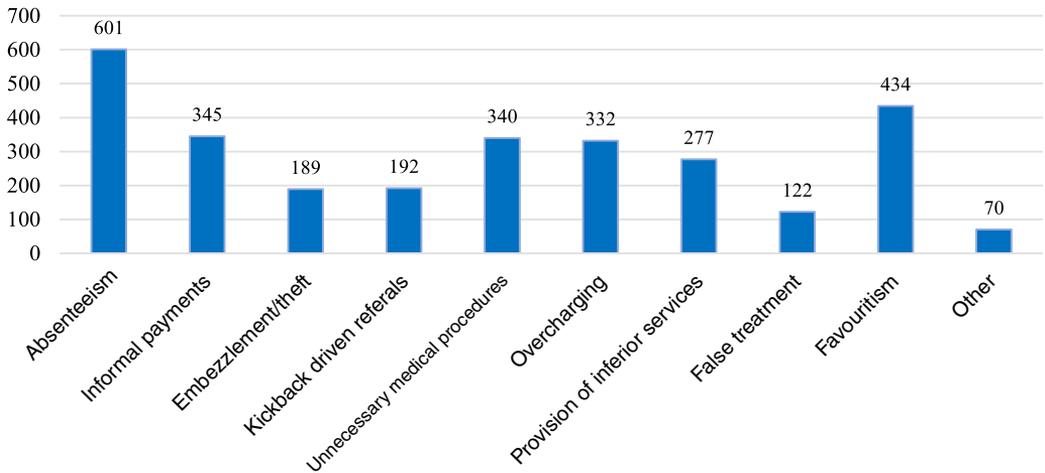


Figure 12: Common forms of corruption in the health sector

In response to these forms of corruption, respondents generally believed that the government had the responsibility to prevent and address workforce-driven corruption and malpractice.

“If the government continues to fail in provide adequate remuneration, welfare and improve the working conditions in hospitals and clinics, it will obviously affect us the end users of these facilities. People are not motivated to come to work and they are hungry”. (Respondent 13)

“Corruption is sometimes driven by poverty hence government should take care of the needs of the healthcare workers and make sure they are sufficiently motivated to work (Respondent 17)



4.3.1 Corruption in Public Procurement



Public procurement can be broadly defined as the purchase of goods, services and works by governments or state-owned enterprises from the private sector. For public procurement to contribute to effective and efficient health outcomes, it must be conducted in a manner that meets the value for money criteria. Goods and services must not only be obtained at the lowest cost possible, but the goods and services must be of quality and obtained in more suitable quantities, when needed and from better suppliers at prices that continue to improve. However, due to the huge amounts of money involved and the number of interested parties with vested interests in ascertaining that the outcomes of public tenders are in their favour, public procurement in all sectors (in this instance the health sector) is vulnerable to corruption.

Whilst the health sector in Zimbabwe continues to be allocated less than 15% of the National Budget, it remains one of the largest recipients of the national budget funding and a considerable amount of the budget is spent on public procurement. Corruption in public procurement within the health sector is facilitated by various factors

such as weak oversight procedures and institutions, the discretion afforded to stakeholders without any accountability mechanisms, undue influence, conflict of interest in decision making and cartelism. Health sector procurement is particularly vulnerable to corruption due to its technical complexity, numerous stages and requirement of high expertise.

Key informants stated that most of the corruption in public procurement largely occurs in the high echelons of power, such that no punitive action is taken against the perpetrators. They further stated that in most instances, reputable pharmaceutical companies are sometimes left out in the bidding processes whilst briefcase companies with links to politically exposed persons are given preferential treatment and given the specifications of the tender before it is even advertised.

“Our challenge in the sector has been that tenders are given to those with political connections. Local and well-established companies are excluded, yet these companies provide employment and contribute significantly to the economy. We have heard of political individuals getting tenders of millions of dollars on overpriced goods.”

“Recently, the Zimbabwe Anti-corruption Commission said it was investigating a company linked to the Deputy Minister of Health and Child Care for corruption on allegations that he influenced the National Pharmaceutical Company to award a COVID-19 tender to a company which was not even eligible to be awarded a government contract.”

Whilst risks of fraud and corruption are always present in public procurement, they are elevated during emergencies and pandemics such as the COVID-19 pandemic. This is because there is an increased need for governments to secure essential supplies such as medicines and personal protective clothing. As a result, procurement procedures and guidelines are often relaxed, and this creates opportunities for corruption to thrive as institutions and oversight are weak during a crisis or pandemic. Corruption in this instance occurs in the form of price rigging and gouging of essential items and influencing the tender processes. For instance, there are allegations that the former Minister of Health and Child Care, Obadiah Moyo was involved in skewed public procurement processes for medical supplies to combat COVID-19 (BBC, 2020).

4.3.2 Theft and sale of essential medicines and products on the parallel or grey markets

The effects of public procurement corruption and the embezzlement of funds meant for the health sector are evident in the shortage of essential medicines and products at major public health institutions. A well-functioning health system ensures inter-alia equitable access to essential medical products and vaccines assured quality, safety, efficacy, and cost-effectiveness. However, findings from this research indicate that most public health institutions do not have the necessary medicines and in instances where such medicines are supplied by stakeholders such as the National Pharmaceutical Company of Zimbabwe (Natpham), they find their way to the parallel market. 56% of

the respondents stated that they had purchased medication that would normally be found at public health institutions on the parallel market.



Have you ever purchased essential medicines or products which you would normally get or expect to get at a clinic/hospital on the parallel/illegal market?

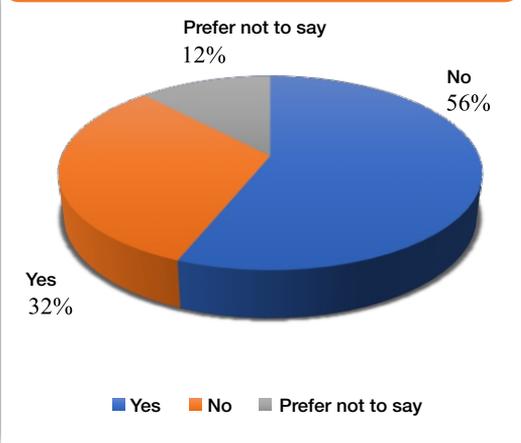


Figure 13: Experience of having purchased essential medicines in the parallel market

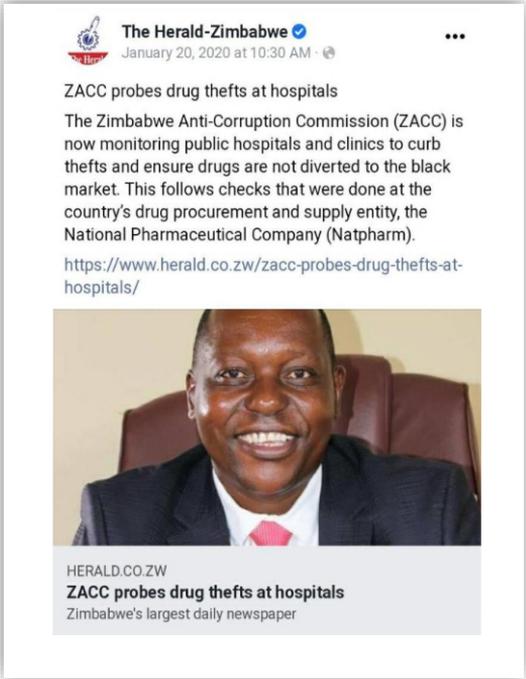
Key informants highlighted that medical personnel were also intentionally diverting medicines from public health institutions to private health facilities. In an effort to respond to this type of corruption, the country's anti-corruption agency, the Zimbabwe Anti-Corruption Commission, undertook to monitor public hospitals and clinics for the theft and diversion of essential medicines in January 2020. However, the impact of its efforts is yet to be realised as the practice is still common as confirmed by a key informant in September 2020 during this research.

“Essential drugs are being corruptly sold to private players and some health care workers connive with doctors who own private surgeries to which they divert drugs” (Munyoro 2020)

4.3.3 Bribery

Petty forms of corruption such as bribery or “facilitation fees” reveal structural problems in the health care system which include but are not limited to over-regulation, low salaries, inefficient or lack of rules and regulations, lack of accountability and inadequate services. As noted by Transparency International Zimbabwe, over the years there has been a general rise in citizens resorting to bribery to acquire service delivery in Zimbabwe. Findings from this research reveal that the public health sector is no exception. Petty corruption in the health sector continues to affect the quality-of-service delivery and the realisation of health targets. 74% of the respondents indicated that they had been asked to pay a bribe while accessing health care services at public hospitals.

It was noted that on average people pay less than fifty United States dollars (50 USD) to access services, as illustrated in Figure 15 below. However, whilst this figure might appear to be minimal, it is important to analyse it in the context of the prevailing economic situation in Zimbabwe. The stated average is relatively high and is equated to the average food poverty line as of December 2020. Argued differently, money lost during a corrupt transaction when trying to access health provisions in the public health sector is high and is potentially beyond the reach of many citizens. For example, the Food Poverty Datum Line for one person as of December 2020 was ZWD\$ 3,494.00 per month (approx. USD\$ 42.00).⁸



⁸ http://www.zimstat.co.zw/wp-content/uploads/publications/Income/Finance/Poverty_Leaf_November_2020.pdf

Have you been asked to pay a bribe whilst trying to access health care services?

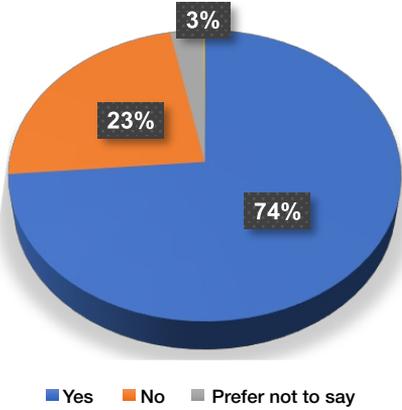


Figure 14: : Experience of respondents

If yes, how much in USD?

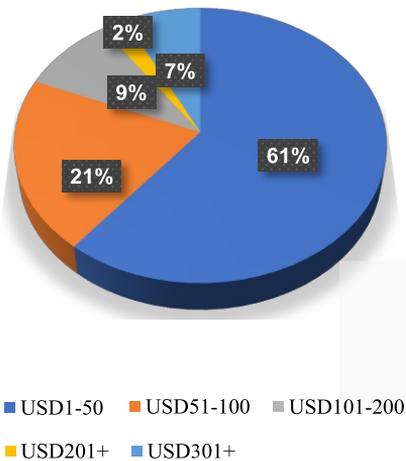


Figure 15: Average fees paid as a bribe to access health care services

Therefore, any amount of money potentially lost by citizens due to corruption as they access health care services affects the quality of their lives overall.

Whilst conventional literature has limited the study of corruption in the health care sector to monetary transactions, this study points out other non-monetary transactions involved when trying to access services at public health institutions. 123 respondents indicated that they had been asked to pay a bribe in non-monetary terms ranging from giving nurses goods such as farming implements, groceries and foodstuffs, and offering a health worker transport.



"In most cases, if you do not bribe the health care workers on duty, it will take long for you to be attended. Sometimes health conditions of patients will be serious and requiring urgent attention. When such things happen, you will be indirectly forced to give them a kick-back for assistance..."
(health care user in Mutare)

Have you ever been asked to pay a bribe in non-monetary forms when trying to access health care? If so in what forms?

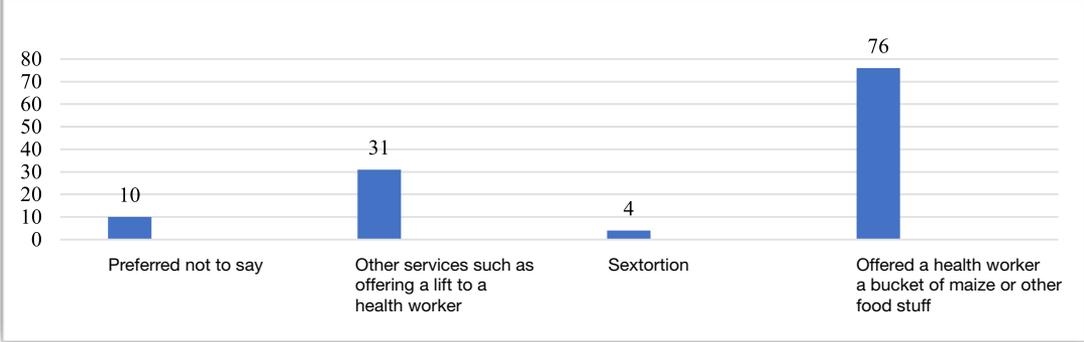


Figure 15: Experience of being asked to pay for a bribe in non-monetary forms when trying to access health care

Bribery is also common at hospitals and clinics that are run by local councils. A key informant stated that council-run facilities often lack adequate resources due to low budget allocation from the central government.

“In most cases the councils will resort to diverting budgetary allocations from other departments to keep the health sector functional as we are not getting any assistance from the central government. This affects the salaries of our personnel and opens up opportunities for corruption”.

4.3.4 Nepotism and favouritism

There was a general view from the respondents that nepotism and favouritism are very high in the sector. Nepotism is patronage based on affinity rather than merit. Key informants from Matabeleland North province expressed concern over the seemingly skewed employment processes and opportunities for training as nurses.

“We understand that nurse employment has been frozen some time, but it worries us that there are people from as far as the capital city who come and take up positions as nurses here. We don't even know where and how they are selected, yet we also have qualified nurses within our region who are still waiting to be employed.”

Closely linked to nepotism is corruption in the form of “revolving doors” where former senior government employees are switching jobs between the public and private sector intending to leverage their knowledge, skills, or contacts without allowing for a cooling period. Furthermore, some of the respondents were of the view that corruption in the health sector starts from the ministry going down to the local health facilities where officials meet the health care users. This creates a vicious cycle of corruption in the health sector. They cited the lack of strong and independent institutions to respond to corruption coupled with impunity as some of the reasons corruption in the health sector is rampant. Recurrences of such corrupt behavior have witnessed the

majority of citizens losing confidence in the public health care system in Zimbabwe.

“Zimbabwe's political system is designed to reward the corrupt and not punish them.”

“There are several anti-corruption laws to curb corruption within the healthcare sector but very little is done to enforce them. There is a code of conduct in every government or local healthcare facility, but adherence is lacking in Zimbabwe. There is a culture of impunity... some of the people in charge are untouchable.”

Findings also revealed that in most public hospitals, there are unnecessary delays and poor service delivery which creates opportunities for extorting patients or clients. Relatives or friends of health care personnel are given preferential treatment in public hospitals. Those who do not have links to health personnel feel disadvantaged and, in some cases, are forced to pay a bribe or render favours to health personnel.

4.3.5 False referrals - Public and Private sector relations

A useful indicator on the levels of corruption in health care was noted on perceptions of false referrals by public health care officials and their recommendation for citizens to seek additional assistance in private health care. Since 1991, there has been a tremendous increase and growth of private healthcare centres largely underpinned by an extensive private sector health insurance system (Mugwagwa et al 2017)

and government policy support for private sector involvement. This has facilitated medical specialists and general practitioners to open private health facilities whilst rendering their services in the public sector. Respondents raised concern over perceived false referrals by health care workers in the public sector to drive clients to seek services in the private sector. It was stated that doctors usually recommend patients to go to their private facilities where they are charged exorbitant fees for seeking health care. Whilst there is evidence of lack of drugs and equipment in public hospitals, this creates a notion that private hospitals or clinics have better services leading to exorbitant charges in those private facilities. 32% of the respondents indicated that they had witnessed or have been asked to undergo unnecessary procedures, which they only realised after seeking second opinions.

“...most public health care workers connive with those in the private sector to make unnecessary referrals of patients for them to get more money. This normally happens in situations where essential medical equipment or drugs are limited in the public health facilities like hospitals or clinics...’
(health care worker in Harare)

“I have seen a lot of medical practitioners referring patients to private doctors/labs for something that could be dealt with here. Medical practitioners are referring patients to a 'networked' fellow practitioner for onward services in return for kickbacks.’
(health care worker in Bulawayo).

Key informants in the health sector also cited the lack of transparency in the

health sector also cited the lack of transparency in the distribution of pharmaceutical resources to local health care facilities by Natpham as contributing to pilferage of essential medicines and products such as thermometers and scans which has created room for doctors and nurses to extort for money and make unnecessary referrals to their private pharmacies or clinics





5.1 Conclusion

Findings from this report reveal the existence of corruption in the public health system in Zimbabwe. It occurs in various forms such as public procurement corruption, bribery and diversion of essential drugs and medicines to the parallel/illegal market. The impact of corruption in general and in this instance, within the public health care system is borne by the ordinary citizens both directly and indirectly. Resources meant to contribute to the effective and efficient functioning of public health systems are lost through public procurement corruption and embezzlement and this increases the cost of health care services for ordinary citizens. Previous outbreaks of cholera and typhoid in parts of Zimbabwe and more recently, the COVID-19 pandemic continue to highlight the importance of crafting anti-corruption measures that will strengthen health systems. Zimbabwe is part of the countries that have committed to achieving universal health coverage and other Sustainable Development Goals by 2030. However, corruption impedes achieving the goals. Therefore, there is an urgent need to address corruption risks and vulnerabilities in the health sector. Transparency International Zimbabwe provides the following recommendations:

5.2 Recommendations

1. Multi-stakeholder partnerships: in advancing anti-corruption, transparency and accountability in the health sector: Addressing corruption requires a multi-

faceted approach. There is a need for actors in both the health and anti-corruption sectors to form partnerships in controlling corruption. In line with Article 5 of the United Nations Convention Against Corruption (UNCAC), Zimbabwe adopted its maiden National Anti-Corruption Strategy for the year 2020-2024. This strategy seeks to, among other things, coordinate the efforts of different stakeholders in combatting corruption. The NACS, therefore, provides an impetus for partnerships and collaborations between state and non-state actors such as the Zimbabwe Anti-Corruption Commission, the Office of the Auditor General, Parliamentary portfolio committee on Health and child care, Ministry of Finance and Economic Development and civil society organisations to work closely with stakeholders from the Ministry of Health in crafting strategies that will promote transparency and accountability in the sector

2. Comprehensive corruption assessment targeted at the health sector:

The Ministry of Health and Child Care and the Zimbabwe Anti-Corruption Commission should commission a comprehensive corruption assessment that analyses the perceptions, experiences, risks and vulnerabilities within the health sector. This will enable the relevant stakeholders to identify strategic priority areas of intervention.

3. Integrate anti-corruption measures in the National Health Strategy:

The Ministry of Health and Child Care should include in its national health strategy safeguards against corruption and action plans aimed at promoting transparency, accountability and integrity throughout health care systems.

4. The Government of Zimbabwe should commit to implementing the Abuja Declaration by allocating the set target of at least 15% of the annual budget to improve the health sector.

5. Strengthen public procurement systems:

The Ministry of Health and Child Care working with stakeholders such as the Zimbabwe Anti-corruption Commission, the Procurement Regulatory Authority of Zimbabwe, the private sector and civil society organisations should strengthen public procurement systems and legislation. This can be done by adopting and encouraging the use of open contracting approaches such as integrity pacts and electronic procurement for the health sector and advocating for beneficial ownership transparency.

Open contracting can be defined broadly as an approach to public procurement that advocates for transparency in public procurement by encouraging governments to make public procurement data more accessible and usable thus fostering participation between the public sector, private sector and civil society. Internal systems for detecting public procurement corruption should also be strengthened.

- **Integrity pacts:** these are mutual commitments between public and private contracting parties to guarantee transparency and desist from corruption

during a public procurement transaction. An independent third party, usually civil society, is granted access to documents and procedures in the procurement processes to ensure that both parties adhere to the terms of the integrity pact, thus minimising the occurrence of corruption.

- **Beneficial ownership transparency:** In 2019, the Government of Zimbabwe enacted the Companies and Other Business Entities Act [Chapter 24:31] which includes provisions for beneficial ownership. Companies are required to maintain an accurate and up-to-date beneficial ownership register and file the same with the Register of Companies. However, this information is only accessible to law enforcement agencies. Watchdog institutions such as civil society organisations and the media, with an interest of knowing the beneficial owners of companies awarded public tenders, will only be able to access such information with consent from the company or through a court order, thus making it a cumbersome and expensive process. Publicly availing information on beneficial ownership (beneficial ownership transparency) will allow for the detection of conflict of interests and other forms of corruption in public procurement.

6. Asset declaration and lifestyle audits:

This report brought to the fore evidence of public procurement corruption characterised by conflicts of interests and undue influence in tendering processes. In this instance, there is need for the country to develop and adopt asset declaration laws that make it mandatory for senior public officials to declare their outside activities, employment, investments,

assets and substantial gifts or benefits from which conflict of interests may result with respect to their functions as public officials. Currently, Zimbabwe does not have a comprehensive asset declaration legislative framework.

7. Strengthen internal systems for detecting corruption by establishing and adopting whistleblowing and complaints mechanisms such as toll-free numbers and anti-corruption desks at public health facilities. However, anti-corruption agencies and relevant stakeholders should be seen to be acting on the corruption and other anomalies exposed, with perpetrators sanctioned. Failure to do so will only result in citizens losing faith in the system. Such initiatives must be gender-sensitive and supported by comprehensive whistleblower protection legislative and institutional frameworks.

8. Educate and train health care workers on anti-corruption and ethics: This will contribute to a better understanding of the harmful effects of corruption on the right to health, especially on the vulnerable and poor groups. This should be supported by clear policies and codes of conduct that shun corruption.

9. Develop service/patients' charters for all public hospitals in local languages:: This will improve patients' rights and knowledge on what to expect and improve communication and feedback between the patients and the health personnel.

10. Improve the compensation and terms of conditions for public healthcare workers through financial and non-financial incentives. Adequate and timely remuneration of public health care workers in line with regional standards will contribute to mitigating incidences of moonlighting, theft of medicines, bribery and absenteeism.

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