An Exploration of Corruption in the Health Sector: A Case of Zimbabwe

by

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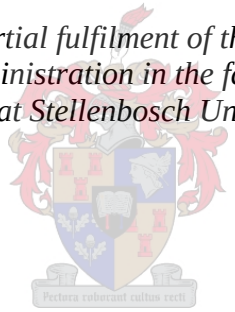

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ABSTRACT

One of the main issues that have wreaked havoc in the health sector in Zimbabwe is corruption. The problem of corruption is not unique to Zimbabwe but has become universal in the health care system across the globe. There are many forms of corruption and it happens on both small and large scales. Regardless of the magnitude of corruption, it has a negative effect overall on the welfare and health of the citizens as it undermines the efficiency in the delivery of health care services. In an attempt to fight corruption, the Government of Zimbabwe set up an Anti-Corruption commission. Despite this move by the government, corruption is still rampant. There is need for the government to set up Anti-Corruption initiatives and enforce several legislations to help in combating corruption. There is a need for the government to prioritise lobbying for better rules, transparency in public spending and contracting and also ensure that public institutions and officials are held accountable for their actions.

In the light of this, the study examined corruption in the Zimbabwean health sector. The study sought to identify the different forms or manifestations of corruption in the health sector, the root causes of the corruption, how the various occurrences of corruption affect service delivery and also how these forms of corruption can be curbed. The primary objective of this study was to identify the possible ways to intervene in the corruption problem in an effort to increase accountability and transparency.

To explore the conceptualisation of the forms of corruption and the anti-corruption strategies, a literary review was conducted. The literary review shows that there is a need for an effective, accountable and transparent management and also an effective application of anti-corruption strategies to curb corruption. A descriptive research design was adopted for the study. Simple random and purposive sampling techniques were used to select the corruption cases for the study. Data was collected in the form of cases and academic sources and was analysed using textual methods.

The results of the study indicate that there is massive corruption in the health sector. The main causes of corruption in Zimbabwe include low public funding, family networks and referrals, lack of detection and enforcement of punishments of corrupt officials as well as a lack of transparency and accountability in the health sector. The research also established that corruption in the public sector has negatively affected the delivery of health services which has resulted in shortages in health supplies and obsolete equipment.

The study concluded that corruption in the heath sector in Zimbabwe is prevalent. Although the government has implemented the anti-corruption Act, corruption is still prevalent. The study recommends restructuring the management in the health sector and also an effective implementation of anti-corruption strategies. The study further recommends the development of a culture of excellent service provision in order to create public confidence in the health institutions.

OPSOMMING

Een van die belangrikste kwessies wat die Zimbabwiese gesondheidsektor in Zimbabwe in die gesig staar, is korrupsie. Die probleem van korrupsie is nie uniek aan Zimbabwe nie, maar het universeel geword in die gesondheidsorgstelsel regioor die wêreld. Daar is baie vorme van korrupsie en dit gebeur op klein en ‘n groot skaal. Ongeag die omvang van korrupsie, het dit 'n negatiewe uitwerking op die welstand en gesondheid van die burgers, aangesien dit die doeltreffendheid van die lewering van gesondheidsorgdienste ondermyn. In 'n poging om korrupsie te beveg, het die regering van Zimbabwe 'n kommissie ingestel om die probleem van korrupsie die hoof te bied. Ondanks hierdie inisiatief deur die regering, kom korrupsie steeds algemeen voor. Daar is 'n behoefte aan regeringskant om teenkorrupsie-inisiatiewe in te stel en verskeie wetgewing af te dwing om korrupsie te help beveg. Daar is 'n behoefte aan die regering om ‘lobbywerk’ te prioritiseer vir beter reëls, deursigtigheid in openbare besteding en kontraktering, en ook om te verseker dat openbare instellings en amptenare aanspreeklik gehou word vir hul optrede.

In die lig hiervan het die studie korrupsie in die Zimbabwiese gesondheidsektor ondersoek. Die studie het gepoog om die verskillende vorme of manifestasies van korrupsie in die gesondheidsektor te identifiseer, die oorsake van die korrupsie, hoe die verskillende voorvalle van korrupsie dienslewering beïnvloed, en ook hoe hierdie vorme van korrupsie bekamp kan word. Die primêre doel van hierdie studie was om die moontlike maniere te identifiseer om in te gryp in die korrupsieprobleem in 'n poging om aanspreeklikheid en deursigtigheid te verhoog.

Om die konseptualisering van die vorme van korrupsie en die teenkorrupsie-strategieë te ondersoek, is 'n literêre oorsig gedoen. Die literêre oorsig toon dat daar 'n behoefte bestaan aan 'n effektiewe, verantwoordbare en deursigtige bestuur en ook 'n effektiewe toepassing van strategieë teen korrupsie om korrupsie te bekamp. 'n Beskrywende navorsingsontwerp is vir die studie gebruik. Eenvoudige willekeurige en doelgerigte steekproefnemingstegnieke is gebruik om die korrupsiesake vir die studie te selekteer. Data is in die vorm van gevalle en akademiese bronne versamel en met behulp van teksmetodes geanaliseer.

Die resultate van die studie dui aan dat daar groot korrupsie in die gesondheidsektor bestaan. Die belangrikste oorsake van korrupsie in Zimbabwe is onder meer lae openbare finansiering, familienetwerke en nepotisme, 'n gebrek aan opsporing en afdwinging van strawwe van korrupte amptenare, sowel as 'n gebrek aan deursigtigheid en verantwoordbaarheid in die

gesondheidsektor. Uit die navorsing is ook vasgestel dat korrupsie in die openbare sektor die lewering van gesondheidsdienste negatief beïnvloed het, wat gelei het tot 'n tekort aan gesondheidsvoorrade en uitgediende toerusting.

Die studie het tot die gevolgtrekking gekom dat korrupsie in die heidsektor in Zimbabwe algemeen voorkom. Alhoewel die regering die wet teen teenkorrupsie toegepas het, is korrupsie steeds algemeen. Die studie beveel aan dat die bestuur in die gesondheidsektor herstruktureer word, en dat die strategie teen korrupsie effektief geïmplementeer word. Die studie beveel verder die ontwikkeling van 'n kultuur van voortreflike dienslewering aan om die vertroue van die publiek in die gesondheidsinstellings te bewerkstellig.

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LIST OF ACRONYMS AND ABBREVIATIONS

MCAZ	Medicines Control official of Zimbabwe
CPI	Corruption Perception Index
ZSARA	Zimbabwe Service Availability and Readiness Assessment
NHS	National Health Strategy
WHO	World Health Organisation
HSA	Health System Assessment
MoHCW	Ministry of Health and Child Welfare
OOP	Out-Of-Pocket
ZANU	Zimbabwe African National Union
GDP	Gross Domestic Product
NATPHARM	National Pharmaceuticals of Zimbabwe
UNIDO	United Nations Industrial Development Organisation
DFID	Department for International Development
RTGS	Real Time Gross Settlement
NECI	New England Culinary Institute
UNICEF	United Nations International Children's Emergency Fund
ZLHR	Zimbabwe Human Rights Lawyers
TI-Z	Transparency International Zimbabwe
ZACC	Zimbabwe Anti-Corruption Commission

IMF	International Monetary Fund
USG	U.S. Government
UNDP	United Nations Development
UNCAC	United Nations Conventions Against Corruption
SOE	State Owned Enterprise
ACCZ	Anti-Corruption Commission Zimbabwe

CHAPTER 1

INTRODUCTION AND RATIONALE

1.1 Introduction and Overview

Globally, there has been an increase in concern over corruption especially in the public sector (Botha and van Heerden, 2014:338). Corruption is a common problem in the health system all over the world and is amongst the many challenges being faced in the health system sector. The effects of corruption have particularly been more devastating in less economically developed counties like Zimbabwe.

Corruption seriously threatens good governance. Healthcare delivery is often dependent on the assembly and allocation of personal and financial resources in a transparent and timely manner. Another important factor is the consistent monitoring of the systems' various activities with correct performance rewarded and misconduct penalized. The Global Corruption Report (2006) asserts that fighting corruption in the health sector is a complex challenge. Mary Robinson, the former UN High Commission for Human Rights and former President of Ireland noted that corruption is a human rights problem: "Corruption literally violates human rights, as people are denied the care that their governments are obligated to provide (Vian, Sayedoff and Mathisen,2010)." Unlike other sectors, corruption in the health sector reduces the resources that are available for its development, lowers the quality of service delivery and compromises comprehensive and effective coverage of health service delivery and also inflates the costs of services provided (Audibert et al, 2012). Corruption in the health sector has been seen to be unfavourable as it affects the health of the population and also economic development. Many scholars have argued that corruption is a permeating problem which has negative effects on the health and welfare of the population (Vian, Sayedoff and Mathisen, 2010) (Azfar, 2005; Lewis, 2006; Rose, 2006).

Zimbabwe is ranked among the top ten most corrupt countries in the world. Transparency International (2017) says that, "Zimbabwe is number 157 out of 180 countries of the most corrupt countries in the world. The Corruption Index (CPI) ranks Zimbabwe on number 166 out of 180 of the most corrupt countries with a score of 1.8 on the CPI scale where zero represents highly corrupt and ten represents highly clean on

the CPI scale." From this scale, Zimbabwe is heading towards the highly corrupt margin. With such a highly corrupt margin, public health programmes cannot be successfully implemented as the scarce resources are drained off, thus depriving especially the underprivileged groups.Hence, this study will need to contribute information to the topic of corruption and hopefully arouse scholarly interest on how corruption can be curbed in the health sector and also help find possible ways to improve accountability, transparency, citizen participation, detection and enforcement as well as helping to curb monopoly power. Furthermore, the study will also increase understanding in issues pertaining to the underlying factors of corruption in the health sector.

Keywords: *Corruption, healthcare, accountability, transparency, good governance, Zimbabwe.*

1.2 Research questions

The study will address the following questions:

i. What are the various forms or manifestations of corruption in the health sector?

ii. How have the levels of corruption affected service delivery in the health sector in Zimbabwe?

iii. What is the root cause of corruption in the health sector?

1.3 Problem statement

In an attempt to create a culture of combating corruption, the Government of Zimbabwe established the Anti-Corruption Commission. Corruption negatively affects service delivery and this remains a challenge in the public health institutions in Zimbabwe.Chene (2015) suggests that, "bribery, nepotism, embezzlement, theft, mismanagement and absenteeism are among some of the major forms of corruption that are affecting the health sector in Zimbabwe and the poor are the most affected group."Murasi (2016) asserts that there are numerous challenges that the health care sector in Zimbabwe is facing such as a "shortage of skilled professionals and health care staff, eroded infrastructure and ill-equipped hospitals lacking essential medicines and commodities." However, the strategies that have been implemented by health

institutions in an effort to fight corruption are ineffective. The willingness to end corruption in the health sector is lacking due to the numerous challenges that are being faced currently in the country's health sector. In view of this, there is a need for the Government of Zimbabwe to set up anti-corruption initiatives. Leaders and politicians must show the willingness to want to stop corruption. The government also needs to ensure that better rules and lobbying and political financing are made a priority as well as transparency in public spending. In addition, contracting needs to be more pronounced. Institutions too need to be held accountable. Therefore, this study seeks to explore corruption in the health sector specifically in Zimbabwe.

1.4 Research Objectives

(i) To explore the various forms or manifestation of corruption in the health sector with special reference to public hospitals;

(ii) To establish the levels of corruption and the challenges posed to service delivery in public hospitals; and

(iii) To identify current strategies, solutions and recommendations to effectively fight corruption

1.5 Significance of the Study

The study will enhance knowledge on public health and corruption in Zimbabwe. The study will also be a foundation for further research and promote studies on corruption and public health. Furthermore, the research will be an opportunity for the researcher to convert the learned theory into practice in terms of information gathering and data analysis and presentation. The findings of the study will assist the health sector in Zimbabwe in making relevant and desirable revisions on the current strategies to weed out corruption. The research will also give insight into the overall negative changes that corruption brings about.

1.6 Research design and methodology

A research design is a framework for gathering data that can be used to answer the research question (Vogt, 2006 cited in Vogt, 2008:15). He suggests that there are seven main types of research designs and these include "document analysis, secondary analysis, naturalistic observation, surveys, interviews, experiments and participation observation." The procedure involving the identification, selecting, processing and analysing data is known as the research methodology. Research methodology marries literature review to the research objectives in any research process. It elaborates on approaches needed to provide answers and solutions to the research questions. Research methodology influences the choice of the approaches and techniques that are used to answer the research questions. The research methodology section starts by giving an overview of the objectives set out in Chapter 1, which are meant to intertwine with the literature. This helps explain the reasons behind the choice of the research approach chosen. This section further explains the research philosophy guiding the research process. The research philosophy essentially reflects on the data collection approaches adopted.

The type of study that a researcher conducts is determined by the research design (Mouton, 2004; Brewer and Hunter, cited in Vogt, 2008:14). The research will be qualitative, making use of secondary data. The secondary data will comprise previous literature on corruption, making use of various texts, books, peer reviewed publications, organisational reports, case studies and other sources of information which include media reports. For Babbie (2010:65), the analysis of processed data that has been collected by another researcher is what is known as secondary analysis. The review of literature will be mainly focused on various expert books and articles related to the study. The study will employ a descriptive approach and data analysis will be non-empirical because the study relies on the main ideas and existing writings of various authors and sources.

1.6.1 Data Analysis

Data was be collected from various scholars. The data was thoroughly examined for the purpose of data presentation. Tables were used to present data as they were seen to be an effective way of presenting data (Adams, et al, 2008:178). According to Saunders (2009:50), the researcher must strike a balance between data and theoretical commentary

in order to provide a clearer meaning of the data. This allows the results to be clearly explained using tables, graphs and commentary and hence allows for easy comparison of the data.

1. 7 Conceptual Framework

Corruption has posed a lot of challenges, therefore some scholars such as (Habtemichael, 2009:75) have argued that corruption is unavoidable and is a part of human nature. Habtemichael (2009:75) notes that corruption is varied as it has taken many forms and is present at all levels of government and political systems. "In its base form it can be defined as the use of public office for private gain (Pradhan and Compos, 2007:9)." Nye (1967:420**)** defined corruption as, "abuse of public roles or resources for private benefit". In the public sector, corruption is "behaviour which deviates from the formal duties of a public role because of private-regarding (personal, close family, private clique) pecuniary or status gains, or violates rules against the exercise of certain types of private-regarding influence". Corruption always goes against the rights of vulnerable individuals and groups directly or indirectly and the rights may be formally or informally established. Factors such "as greed, unchecked decision-making power, financial policies within the health systems or the general state of the governance in a society are believed to contribute to corruption (Ensor, 2002; Rose-Ackerman, 2004 and Vian, 2008:84)." Zimbabwe is currently facing both real and apparent problems that are being propagated by corruption. The International Monetary Fund (IMF) documents that the issue of corruption affects health indicators of a country such as infant and child mortality, female education, health budgeting and spending, and the welfare of citizens. Vian (2008:85) notes that, "the different perceptions on the abuse of entrusted power for private gain have attempted to explain how the structure, management and governance of health care systems contribute to fuelling corruption."

Corruption in the health system may be understood by exploring the roles and relationships among a number of players to identify potential abuses that are likely to occur. Vian (2008:87) is of the same view that more often than not, "there is an insignificant difference between a donation and a bribe and other forms of reciprocity are regarded as typical in some countries but may be seen as illegal in other countries." To illustrate, a payment made to medical personnel that is unofficial for services that

should have been free, constitutes corruption according to Vian, Sayedoff and Mathsen (2010). Situations whereby a head of department employs a relative or friend who is unqualified for the job, or where an agent obtains expensive drugs above the stipulated price or in larger quantities, above what is needed, all count as corruption cases. There is a need to note that what constitutes corruption is subjective and depends on the norms in different societies, as noted above. However, generally speaking, any abuse of power or privileges for personal gain in the course of providing medical services can be deemed as corruption. As noted above, the most common types of corruption in health care include, informal payments to health personnel, payment of bribes to acquire jobs, absenteeism from work, fraud in the procurement of medicines and other health supplies, theft of medical equipment, insurance fraud, and embezzlement of user fees or other funds from the government. The table below shows the different types of corruption, examples and impact that corruption has on health systems (Vian et al,2008:83).

Table 1.1. Common types of corruption, examples and impact of corruption in health systems

Type of Corruption	Examples	Impact
Informal payments to providers	Payments made to various health facilities for services that are supposed to be free or subsidized or for hospital admission	Increases financial burden on patients and families, worsen access to health care; reduces equity in access to care
Corruption in procurement	Different types of abuse like bribes, kickbacks, fraud in invoicing, collusion with supply agencies, favour during monitoring and evaluation of performance of contract, unethical drug promotion etc.	Corruption in procurement increases the cost of health supplies material, substandard drugs and equipment leading to increasing inefficiency, many of health supplies material may not be delivered, or may not be required or may not be needed, or may be substandard quality.
Construction and maintenance of health facilities	Bribes, kickbacks, collusion with contractors / construction companies, favors to friends & relatives	Low quality construction, shabby conditions of health facilities, poor health services, unequal distribution of health facilities leading to unequal access.
Payment for government jobs	Payment made to a senior official or agent for securing a government job or for promotion etc.	Increases number of unqualified and inexperienced doctors staff; power may be abused by the staff to earn money; Quality of teaching in academic institutions affected
Absenteeism from work	Not attending work, or doing private practice during office working hours	Restricts access to and provision of health services to the needy people
Payment of bribes	Paying bribes for selection &procurement, admission in medical colleges, passing of medical examinations, selection for training etc.	Bribes in registration, selection and procurement can result in substandard, inappropriate, or duplicate medicines or fake medicines, which will have adverse consequences on quality of care.
Misuse or theft of public resources	Misuse or unlawful use of government resources like drugs, medical equipment, or vehicles for personal use, or resale or used for private practice	Results in shortage of medicines, incomplete treatment or interruptions in treatment, increase in cost of treatment etc., leading to adverse effect on access to care
Embezzlement of funds	Using or stealing funds belong to government organizations or health facilities	Shortage of funds for providing necessary care - leading to lower quality of care
Fraud and misuse	False invoicing, billing for ghost patients, or services not actually rendered to patients, diversion of accounts receivables into a personal account, or other type of frauds.	The siphoning off of government funds may result in insolvency; reduces quality of health care; deny access to care for needy patients or ineffective health care delivery or failure to achieve objectives of programmes.

Source: Vian,2008

From the above table, each type of corruption affects health care delivery one way or the other. Corruption may result in mediocre service delivery, inadequate health infrastructure, sub-standard medical equipment and poor supply of other materials which may negatively affect the provision of effective health care delivery.

1.9 Susceptibility of the health sector to corruption

According to Vian, Savedoff & Mathisen (2010) they explain that the health sector is predominantly susceptible to corruption due to uncertainty involved in the demand of services (who becomes ill, at what time and what are their needs; several discrete players which include regulators, payers, providers, consumers and suppliers who all interrelate in complex ways and lopsided information among these players, which makes it impossible to detect and control contravening interests (Vian et al,2010).

Vian et al. (2010) further argue that the government officials who take advantage of their discretion to provide licences and accredit health facilities are the ones who instigate the abuse of power and resources. The patient-provider relationship is clouded by risks which come from the imbalances in information and inflexibility in the request for services which further results in more corruption problems. Authors such as Matsheza, Timilsin and Arutyunova (2011) have highlighted that, "weak or absence of rules and regulations, over-regulation, lack of accountability and inadequate services are some of the factors that drive corruption in the health sector."

1.10 Overview of corruption in Zimbabwe's health sector

During the 1980s, it is said that Zimbabwe had one of the best health sectors in Sub-Saharan Africa. There was significant investment by the government to improve the health services after independence which resulted in the steady improvement of health indicators (Sithole, 2013). The economic crisis that hit the country in 2000 caused an economic decline, hyperinflation and political instability which resulted in a reduction in the health care budgets (Makochekanwa, et al, 2010). This nearly caused a collapse of the health sector which was influenced by the significant drop in health care coverage and decline in the quality of service delivery. A number of hospitals, clinics and health centres all over the country nearly closed during this period due to a shortage in medical personnel, equipment and medicine (Makochekanwa, et al, 2010). In Zimbabwe, corruption has become a form of "coping mechanism" and this has been described as "survival corruption" as doctors and nurses can go for months without receiving their salaries or the salaries will be inadequate (U4, 2008). The performance of the health system is adversely affected by corruption and this increases the inequality gap. There

is a need to study the ways of how corruption can be mitigated not only for better resource management however to address the unfavourable effects that corruption has on the health system and society.

1.11 Effects of corruption in the health sector

The effects of corruption occur at different levels and can be explained in a number of ways. The effects occur in three categories; "general effects", "effects on the health care system" and "effects on health outcomes."

1.11.1 General effects

Mackey and Liang (2012:12) note that corruption can be a driver of unequal distribution of income. The improvement of health services and the reformation and development of various health services can be inhibited by corruption (Ensor, 2004:238). Corruption can also increase the cost of essential public services hence inconveniencing the poor and other vulnerable groups (Faulingham, 2004; Rose-Ackerman, 2004; Zende, 2019). According to U4 (2008), one of the effects of corruption on the health system is the construction of hospitals and the purchase of pricey, technology equipment instead of placing the focus on primary health care programmes like immunisation and family planning. Less funding becomes available to pay salaries and pay for fund operations and maintenance as resources are drained off from health budgets through embezzlement and procurement fraud." This leads to demotivated personnel, lower quality in the delivery of services and also less available services (Lindelow, 2006). Pertaining to corruption in the form of informal payments, there is a reduction in accessing services especially for the poor resulting in delays in terms of seeking medical help (Mackey and Liang, 2012).

1.11.2 Effects of corruption on health outcomes

Corruption has been seen to be related to, lower immunisation rates, delays in vaccination and failure to treat the patients, lower utilisation of health clinics, decreased satisfaction in overall care and increased waiting times (Azfar, 2005). There have been arguments that corruption is negatively associated with health indicators like infant and child mortality, female education and health spending and urbanisation level (Mackey and Liang, 2012:13). The effects of corruption are uncertain given the fact that its causes

cannot be clearly noted. There is high likelihood that large scale corruption has dire effects on the access and quality of health care services and this in turn also has an effect on the health outcomes. Vian, et al, (2010) contend that the money lost directly to corruption seems immediate but most of the effects of corruption are long term. An estimated 140 000 deaths of children annually have been attributed to corruption (Hanf, 2011). Lio (2015) agrees that lower corruption levels lead to higher life expectancy and low infant mortality rate. Vian (2008:85) identifies the areas where corruption may take place and these are noted below;

- Health facility construction and rehabilitation
- Purchase of supplies, drugs and medical equipment
- Distribution of drugs and supplies
- Product, professionals and facility regulation
- Education of health professionals
- Medical research
- Health care service delivery

1.12 Definition of key terms

Defining key terms is important for clarity. The following terms will be defined

Corruption – "abuse of office and resources for individual benefit" (Johnston, 1998).

Accountability - the obligation to be responsible for all activities that affect a person or an organisation (Brinkerhoff et al,2017).

Good governance - running of a governmental or corporate administration in a non-corrupt manner where technical competence and legality are emphasised (Huss et al, 2011).

Transparency - provision of clear and accessible information concerning all activities by the government to the general public (United Nations Department of Economic and Social Affairs, 2007).

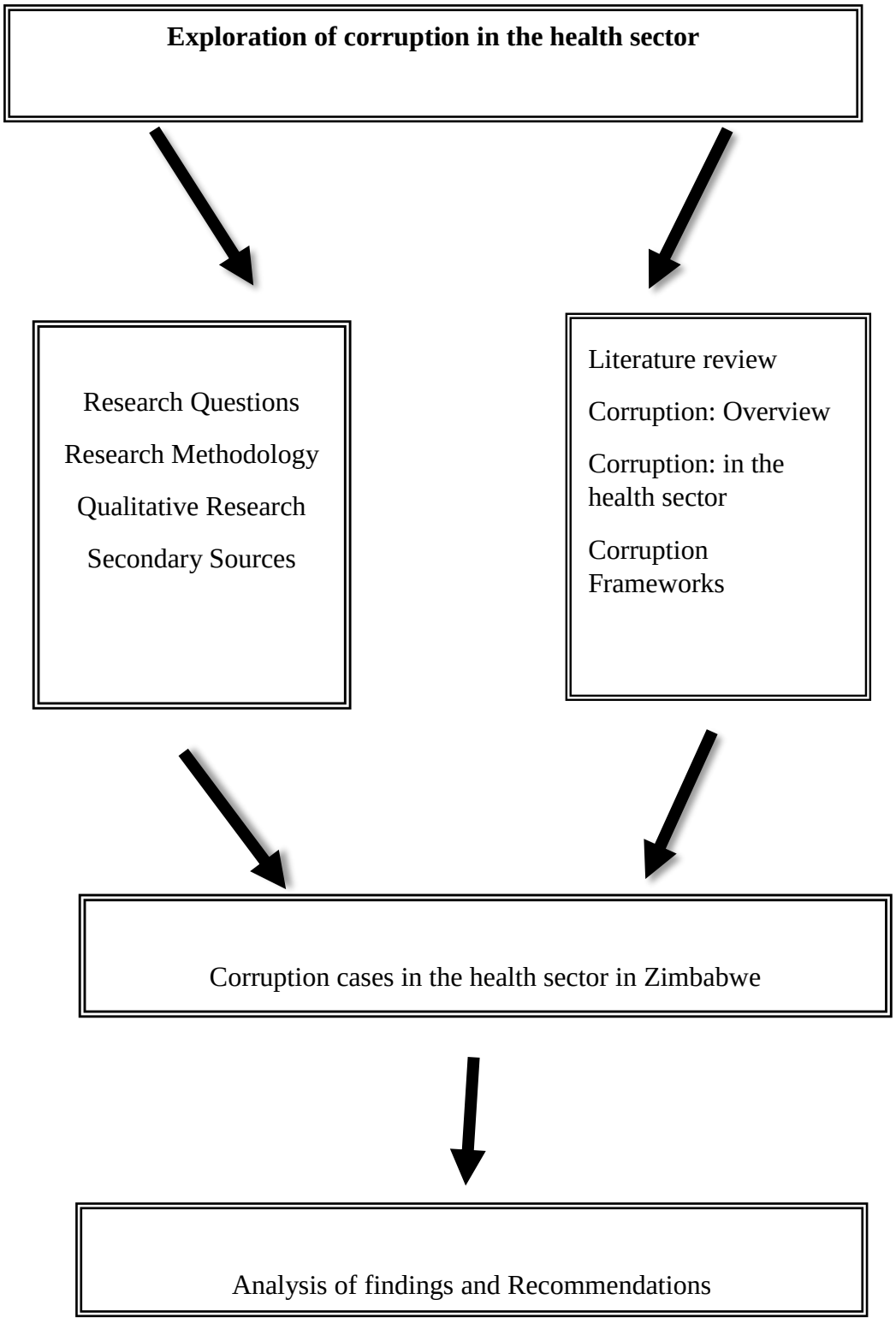


Figure 1.1: Structure of study

CHAPTER TWO

CONCEPTUALISING CORRUPTION IN THE HEALTH SECTOR IN ZIMBABWE

2.1 Introduction

It is public knowledge that corruption has been an area of interest in the past few years (Woods, 2015). Historians and Anthropologists have observed that in most societies, public officials have unique authority which enables them to provide services and goods to the public (Onongha, 2014:68). The authority bestowed upon public officials gives them the platform to promote public interest with utmost respect and professional integrity. Before the modern era, Mosaic Laws, Code of Hammurabi and Confucian principles held similar views for individuals who hold public office (Onongha, 2014:68). Public officials were seen as the most righteous and wisest members in the society as they promoted the welfare of the public. Corruption is a global problem and the magnitude is significantly higher in developing countries compared to developed countries (Corkcfoft, 2014). There are negative consequences that corruption brings about pertaining to economic growth and development and these critically affect the delivery of health services, accessibility, efficiency, affordability and equity (Holmberg and Rothstein, 2011:531). The health sector has been riddled by corruption across the globe (Kruger and De Klerk, 2016). From this point it is crucial to have a better understanding of corruption so as to devise better methods to combat it. At the end of the spectrum, civil society organisations can certainly help in moving the anti-corruption agenda within the health sector forward and make people more aware of the serious consequences on health of government deficiencies.

This chapter will analyse the forms of corruption, its manifestations, causes and most importantly the different anti-corruption initiatives that have been put in place. This chapter argues that corruption poses many threats and it is critical to analyse corruption in order to ensure that effective anti-corruption mechanisms are employed. Hence, this chapter gives an analysis of existing research in order to identify gaps that will be filled by this study on the exploration of corruption in the health sector in Zimbabwe and the rest of the world. A critical review of related literature is necessary to help a researcher develop a thorough understanding of and insight into previous research that is related to the research questions.

2.2 Defining Corruption

Corruption is inevitable and thus a part of human nature (Habtemichael,2009:86). The idea of corruption can be said to be multifaceted phenomenon which has various forms and is found in all levels of government (Lessig, 2013:554). Amongst the scholars there has been ongoing debate about the definition of corruption and there is no uniform definition for the phenomenon. Corruption is a loosely used term. For Norad (2008), corruption to everything from paying bribes to civil servants and large-scale theft from public funds to a wider range of economic and political practises that people consider abuses of power and that are increasingly criminalized (Norad,2008) According to Transparency International (2018), "corruption is the deprivation of medical care from people and the creation of a cycle of worsening health conditions where resources are misused by those in power (TI, 2018)." Similarly, Hadi (2015) defines "corruption as the abuse of public roles and resources for an individual's benefit." According to the World Bank (2018), corruption entails abuse of legal office for the personal benefit of an individual.

Development programmes that attempt to solve the health issues around the globe are all vulnerable to corruption. Corrupt acts, where and when they occur, can divert global health funding from its intended purpose and dilute the impact of programs aimed at preventing diseases, treating illness, and saving lives.Petterson and Lewis (2009) note that there are ongoing debates about the extent and impact of corruption and how global health programmes can address it. Nye (1967) quoted in Pereira (2009) states that corruption is a behaviour which deviates from the normal duties of a public role because of private-regarding pecuniary or status gains: or violates rules against the exercise of certain types of private-regarding influence. Corruption includes such behaviour as bribery, nepotism and misappropriation of public resources for private uses. This is synonymous with bureaucrats in Zimbabwe who according to Tizora (2009) have turned the public office into a money-generating machine. Bribery and nepotism by public officers from Ministries or departments such as Immigration and Customs, registrar, education and health, the police force, and the judicial system are endemic in Zimbabwe (Makumbe,2011:7).

According to Transparency International (2017), corruption can be defined as the misuse of entrusted power for private gain. Hadi (2015) noted corruption as the behaviour which deviates from the norms, rules and duties governing the exercise of a privileged role or

office for purposes of private gain. This means that corruption is any abuse of a position of trust in order to gain an undue advantage. This involves the conduct of both sides: that of the person who abuses his position of trust as well as that of the person who seeks to gain an undue advantage by this abuse. It is critical to note that in such a case corruption has never wielded any positive results but rather it has destroyed much. The phenomenon of corruption ranges from the single act of a payment contradicted by law to an endemic malfunction of a political and economic system (U4,2008). Corruption is therefore a structural problem of policies or economics, or a cultural and individual moral problem. The definitions of corruption consequently range from the broad terms of misuse of public power. Though Zimbabwe is not alone in the siege of corruption as it is ranked among the top ten most corrupt countries in the world. According to Transparency International (2017), Zimbabwe ranks 157 out of 180 countries with a score of just 22 out of 100 on the 2017 Corruption Perception index.

2.3 Forms of corruption in the health sector

Many forms of corruption occur in the health sector. Iglehart (2009:229) notes that there are a number of facets and forms in which corruption can manifest itself. There are three main forms that corruption can manifest in according to Levine (2009:16). Incidental corruption is the first form where corruption can manifest itself. This form of corruption entails the involvement of an individual in corrupt activity. When an official receives a bribe on a petty scale, this is known as incidental corruption. This form of corruption occurs rather in episodes than systematically (Davids,2012). Examples include instances where a person pays a bribe to acquire a building permit without approval or where an HIV/AIDS patient has to pay for medication meant to be given away for free. Incidental corruption is often difficult to notice and eliminate (Habtemichael, 2009:90).

The second form in which corruption can manifest itself is “institutional” corruption. This occurs in situations where the employees of an organisation get involved in illegitimate activities that subvert the credibility of the organisation (Thompson, 2018:495). From the definition, it can be seen that the way institutions handle themselves affects their legitimacy which is crucial in ensuring that the organisation’s interests are guarded against individual interests.

Systematic corruption is the third form and it is intertwined with incidental corruption (Morris, 2009). For Davids (2012), systematic corruption occurs when corruption becomes a way of life and occurs in day to day transactions for instance; bribing an official for a business licence. This form of corruption penetrates the whole society and everything becomes practically impossible to do without corruption being involved. Some scholars have noted that corruption is less prevalent in other departments as compared to others therefore there is a need for separate mechanisms to be used to control and eventually weed out corruption. Morris (2009:1355) concludes that corruption occurs where flaws and loopholes are visible in the structures that control and regulate the activities of the organisation.

2.4 Types of corruption

There are two broad classifications of corruption, which are however, not mutually exclusive, they include:

2.4.1 Petty Corruption

According to Byrne (2009:367) petty corruption is the everyday corruption that takes place at the implementation end of politics, where the public officials meet the public. Petty corruption is bribery in connection with the implementation of existing laws, rules and regulations. It is the kind of corruption that people can experience more or less daily, in their encounter with public administration and services like hospitals, schools, local authorities, police and so on.

2.4.2 Grand Corruption

Grand or high-level corruption, distinguished from petty corruption involves political decision makers. Grand corruption takes place at the high levels of the political system, when politicians and state agents entitled to make and enforce the laws in the name of the people, are using this authority to sustain their power, status, and wealth (Bryrne,2009:367). This type of corruption not only leads to the misallocation of resources, but it also perverts the manner in which decisions are made. Grand corruption is at the top level of the public sphere, where policies and rules are formulated in the first place (Transparency International,2016).

Makochekanwa (2010) argues that corruption occurs when public officials have a direct responsibility for the provision of a public service or application of specific regulations. In this regard, corruption in Zimbabwe is widespread in institutions occupied by public officials who have monopoly over goods and supplies or services that generate rent, with discretionary powers to decide who receives it, and are not accountable.(Moster et al.2012:118) argue that the official positions can be abused for personal benefits even if no bribe occurs, for example, through patronage and nepotism, the theft of state assets or the diversion of state resources for the benefit of one's family or associates' interests. There are different types of corruption that affect the health delivery systems and sector. Suppliers, consumers and service provider may encounter or facilitate corruption at different levels, such as within supply chains of pharmaceuticals, theft of pharmaceuticals supplies in hospital, procurement at the hospital and government levels and billing or payment systems (Beran, McCabeb and Yudkina,2008)

Corruption disproportionately impacts on the disadvantaged, hinders economic development, reduces social services, diverts investments in institutions critical to the existence of the nation (UNDP 2004). This means that corruption occurs if an official demands a bribe from the potential firm in his jurisdiction. A number of countries such as Tanzania, Uganda, Ghana, Sierra Leone and Nigeria have made serious efforts to reform their procurement laws and regulations so as to improve transparency and accountability (Dza, Fisher and Gapp 2013:50). Lack of professional procurement staff has been noted as one of the major reasons affecting the public procurement process and the lack of success of procurement reforms resulting in corruption. Public officials and office bearers should not put their self-interest first before satisfying the needs of the public (Lubao,2008:16). It is therefore noted that public officials are focused on their personal enrichment.

The World Bank (2018) defines corruption in its procurement guidelines as the abuse of public entrusted power for personal gains. Economic literature on corruption tends to focus on bribery. Bribery certainly is a form of corruption, and corruption most often involves bribery. Bribery in relation to the award of contract is the most visible form of corruption in the health sector and other procurement projects (Ameh and Odusami, 2010). Habtermicheal (2009:90) defined corruption as the misuse of entrusted power for private gains. The table below explains the forms of corruption.

Table 2.1: Forms of corruption

Forms of corruption	Description
Bribery	Giving, promising, soliciting, accepting or offering a payment in return for a personal favour that is illegal and unethical.
Collusion	A covert arrangement where different parties plot to carry out illegal activities that will result in financial gain.
Extortion	An individual gains' access to a position of power as a result of coercive acts,"
Embezzlement	The act of illegally obtaining entrusted funds and goods for personal gain.
Fraud	Intentional deception in an attempt to gain financial advantage over someone.
Favouritism /Nepotism	Special treatment of friends and family relating to the distribution of positions and resources despite them not meeting the required criteria"
Petty/Admi-nistrative	This is corruption that is regarded as lower level and pertains to the involvement of public officials in bribery in order to carry out their public duties.
Grand/Poli-tical	A higher level of corruption involving the political elite where bribery and embezzlement are common.
State capture	The gaining of control of policies, state institutions and laws that are meant to protect the citizens through bribery and other illegal means in an effort to promote personal interests

Source: Hussmann (2011).

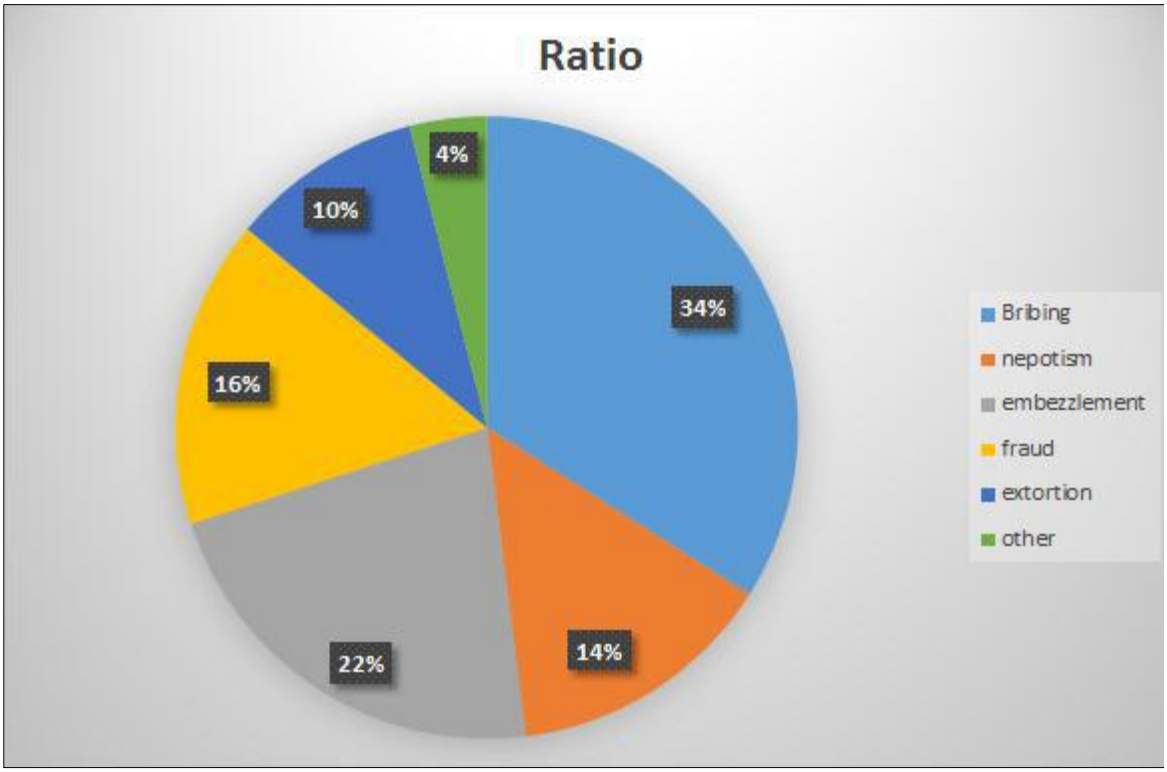
A number of factors are involved when it comes to corruption in the public sector. Although there have been efforts to stop corruption across different sectors, the Health Service Board (2010) reports that cases of fraud in the Provincial Departments of Health

in South Africa have skyrocketed over the past few years although there are signs of improvement. Gauteng Provincial Government (2008) states that the following are the general corruption cases that are recorded:

- Irregular salary payments, including overtime, allowances and leave pay
- Payments to fictitious employees
- Illegal extension and modification of contracts of service providers
- Excessive payments to service providers leading to massive losses
- Nepotism in filling of posts
- Manipulation of supply chain management systems
- Illegal procurement
- Faking of performance management outcomes
- Illegal payments to service providers for incomplete work or work not started

Makumbe (2009) acknowledged that Zimbabwean government is not spared by various forms of corruption that exist.

Figure 2.1 Forms of Corruption that are prevalent in Zimbabwe



Source: Makumbe (2009)

Figure 2.1 shows that bribing is the major form of corruption in Zimbabwe. This is followed by embezzlement and fraud.

2.5 Theoretical perspectives on corruption

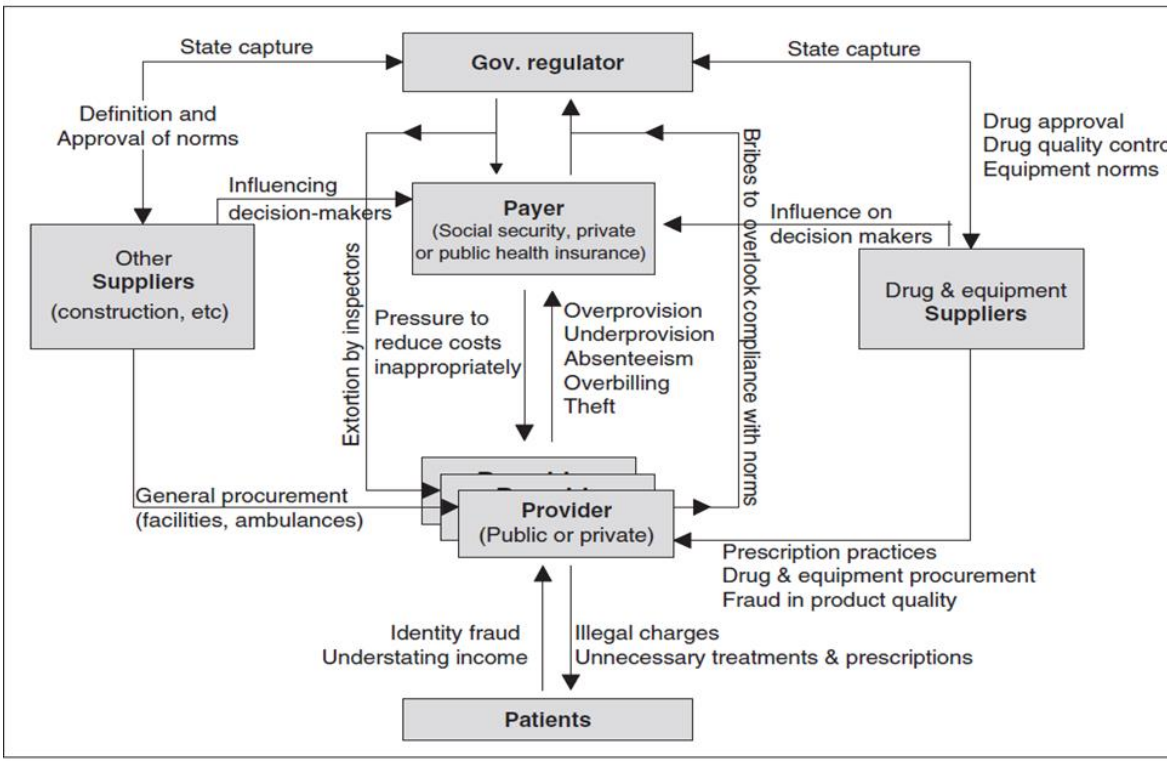
2.5.1 A framework of corruption

The Agency theory forms the basis of understanding corruption (Hussman,2006). The agent theory is the relationship between provider and patient in the health care which is often characterized as a principal-agent relationship. The principal (the patient) appoints an agent (a health provider) to advise the principal in making decisions about treatment or to make decisions on the principal's behalf. The provider is expected to provide knowledge that will determine a choice that the patient would make based on that information. The principal-agent problem arises as the provider chooses instead to maximize his or her own interests, which in many cases do not align with the patient's interests.The theory is founded against a background which sees power struggles between the principal and the agent and an attempt is made to reduce the effects of these power dynamics. The aforementioned forms and types of corruption are dependent on the relations among the players in the health care system. The perception of corruption in the health care system spans across the various roles, power dynamics and relationships between the players Hussman (2006).

In the figure below, an analysis is shown of the key agents' involvement, an understanding of the main issues and the right strategies that are needed in mitigating corruption in health systems.

The Figure 2.2 presents the different players involved in corruption in the health sector. These are; drug suppliers, government regulators, patients, health insurers, health care providers and construction agencies.

Figure 1.2: Acts of Corruption in the health system



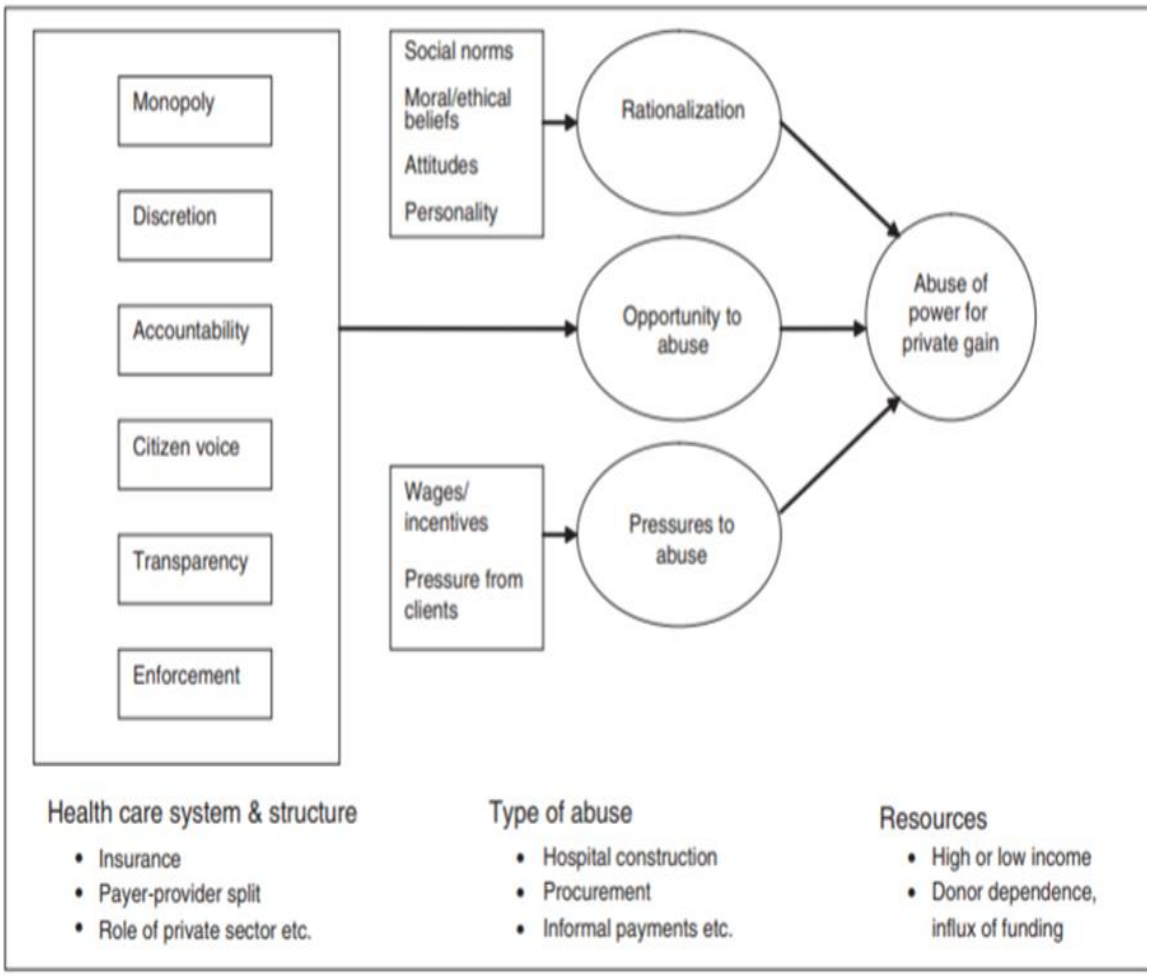
Source: Savedoff and Hussmann (2006)

Government regulators include ministries such as the Health ministry, national committees and also decision-making bodies. Their major roles include approving drugs, selecting equipment, quality control, and approving norms for reconstruction. From this, it is clear that this is where corruption is most likely to occur.

2.5.2 A conceptual model of corruption in the health sector

Di Tella and Savedoff (2001) and Lewis (2006) contend that the conceptual framework is a representation of the theoretical framework where some of the concepts that have been previously developed are consolidated.

Figure 2.3: A conceptual model of corruption in the health sector



Source: Vian (2008)

The framework highlights that corruption is impelled by a number of forces and these include, monopoly, lack of accountability, lack of citizen voice and lack of transparency. There is abuse of power for private gain by government agents. Ideas of corruption arise when the government agent starts believing that he or she has greater power over the public. This will then lead to a great deal in the discretion to make decisions without enough control.

2.6 Susceptibility of the health sector to corruption

According to Hussman (2011) the reason why the health sector is particularly susceptible to corruption is "uncertainty, information asymmetry and the large number of players in

the sector." It is difficult to set standards for accountability and also discipline the ill-performing health care providers because of the poor functioning of health departments. There is a large degree of information asymmetry in the health sector and this results in increased vulnerability to corruption.

Patients are placed in a vulnerable position when service providers decide to abuse their power for personal gain. Irregularity of information affects decision-making for example in relation to prescriptions considering that the pharmaceuticals company representatives are more knowledgeable about their products as opposed to the doctors who prescribe them. It should be noted that the relationships between policy makers, medical suppliers and health care providers are opaque and this makes it hard to detect the conflicts of interests which subsequently lead to policy distortions. The health service delivery is decentralised and this makes it difficult to regulate and monitor procurement and provision. Bouchard, Kohler, Orbinski and Howard (2012:2) assert that there is a thin line between abuse and ineffectiveness where abuse may be hidden in the inefficiencies.

According to several authors such as Vian, Savedoff, and Mathisen, (2010) explain, that the health sector is predominantly susceptible to corruption due to: uncertainty involved in the demand of services (who becomes ill, at what time and what are their needs); several discrete players which include regulators, payers, providers, consumers and suppliers who all interrelate in complex ways; and lopsided information among these players, which makes it impossible to detect and control contravening interests. More to these, is the fact that the health care sector suffers due to the unusual involvement of private providers who are entrusted with vital public roles, and the huge public funds allocated as health disbursements in many countries. Some of these expenditures includes; construction of hospitals at exorbitant rates, high tech equipment and the increasing collection of drugs required for treatment in combination with a dominant market of vendors and pharmaceutical companies. All these pose risks of bribery and clash of interest in the health sector (Vian, 2008:85).

Di Tella and Savedoff (2001) also observed that government officials use their discretion to provide license and accredit health facilities, use of services and products, which leads to the risk of abuse of power and use of resources. They also see the patient-provider relationship as being dominated by risks emanating from imbalances in information and inflexible request for services, which results to corruption problems. This is characterized

by inappropriate ordering of tests and procedures for financial gains; 'under-the-table payments for care' and making use government resources for private practice (Berwick and Hacbarth 2012:1513).

Corruption in the health institutions reflects the structural problems in the health care system (Matsheza, Timilsina and Arutyunova,2011). Over-regulation, low salaries, inefficient or lack of rules and regulations, lack of accountability and inadequate services are some of the factors that drive corruption. There is no accountability by health professionals to regulatory bodies and the punishment for non-conformity is either absent or is inefficient and this has been attributed to inadequate human and financial resources.

Efficiency of the health sector depends on the availability of financial as well as human resources and the timely delivery of services to the clientele. According to Lewis (2006:984), in order for the health sector to attain efficiency, there is need for a system that distributes and mobilises resources, undertakes information processing and then acts on it. This effort is to be accompanied with appropriate behaviour by individuals, health care workers, and administrators. This entails that good governance is considered as a yardstick in ensuring a sustainable and efficient health care delivery.

2.7 Causes of corruption

There is an ongoing debate among scholars on the main causes of corruption. Corruption is perceived by political and economic commentators such as, (Maestad and Mwisongo,2011:108), and Uneke (2010:111) as being endemic in African countries, and increasingly being blamed for the inadequate economic growth in economies and the extant high socio-economic inequalities and poverty. These are key reasons behind the proliferation of 'grand' and 'administration' corruption, bribes, theft, collusion between public servants and the private sector in terms of supply chain and procurement, hospitals and suppliers, medicine distribution, theft, bribes, and pharmaceutical related fraud and collusion. (Barr, Mugisha, Serneels&Zeitlin,2009). High corruption in Zimbabwe could be attributed to several factors acting together, such as lack of political will and weak institutions for managing the public sector. Literature locates the roots of corruption in the nature and fabric of the government politics (Bracking 2009, and Gatsheni 2011).

According to (Klitgaard 1998:4) these factors are interlinked and suggests the following equation to the causes of corruption:

$$C = M + D - A$$

Where ***C*** **r**epresents *Corruption*, ***M*** represents *Monopoly*, ***D*** represents *Discretion* and ***A*** represents *Accountability"*

Monopolies foster passages for corruption as they limit people's ability to select other service providers. If the government is the only health care service provider then there is a high likelihood that corruption in the sector will take place especially in the form of bribes. To reduce monopoly, strategies have been drawn up such as health reforms where the payer is separated from the provider and also the contracting of many service providers.

The poor directing and control of public entities (weak corporate governance) is a source of corruption in public institutions. Principally, corruption in public enterprises is a failure of governance and it results in unfair public resource manipulation (UNDP 2015). According to Adu-Febiri (2011), corruption is the violation of established rules for self – gains. It is the effort to secure wealth or power through illegitimate means at the public expense. Corruption in most state public enterprises in the Harare metropolitan area manifest itself in the form of bribery, embezzlement, fraud, extortion, abuse of power, conflict of interest, favouritism, ghosting, nepotism and graft. Zimbabwean citizens and those who receive services from state public enterprises rightfully expect public enterprises, regardless of type, to act reasonably and in accordance with global acceptable corporate governance. Mundawarara, & Mapanda (2010) further argue that it is the thinking of those served by state public enterprises at all levels of society that such institutions will be responsible to the general public and will conform to the standard expected of them in executing their mandate.

In public institutions, weak governance usually results in corruption and this reflects to unfair public resource manipulation (UNDP, 2015). Adu-Febiri (2011) says that when there is a violation of established rules for individual gain, this amounts to corruption. He further argues that in order to stop public officials from gaining wealth through illegitimate ways at the expense of the public, there is need for stiff measures against corruption.

Choruma (2017) asserts that another key source of corruption is the procurement process. Kuhn and Sherman (2014) are of the view that the area that has always been wasteful and that corruption and bribery are widespread in government structures. They also note that the government contracting process is rife with acts of bribery. Basheka and Bisangabasaija (2010:91) reiterate that public procurement is progressively being recognised as of paramount importance to efficient service delivery by developing countries. The significant funds spent by public procurement requires that public procurement be highly regulated to prevent fraud, waste and corruption. Public procurement is an important tool in the promotion of governments' socio-economic and environmental objectives (Arrowsmith, 2010). Public procurement has been used by governments as a catalyst to enhance economic activity through improving the competitiveness of industrial sectors and the protection of national or local industries from foreign competition and the result is economic provision of fundamental service delivery to the citizens hence, the need to curb corruption on public procurement (Arrowsmith, 2010).

Biti (2011b) notes that the flawed public procurement process is the reason why the government has failed to utilise funds. The question that then arises is whether the public procurement framework in Zimbabwe is sufficient and effective pertaining to delivering value for money (Sabiiti and Mahumuza, 2012). The poor enforcement of rule of law has also been believed to catalyse corruption in developing countries. There is great need for initiatives that address the spreading cases of corruption to be introduced.

Tizora (2009) stated that with the economic environment in Zimbabwe, corruption has become an accepted and almost expected way of doing business especially in the public sector. If a civil servant still goes to work today it is not because of the salary but the opportunities to enhance his paltry income with corrupt acts using the organization's resources. According to the economic theory, it argues that officials weigh the costs and benefits of acting corruptly against the costs and benefits of acting with integrity and they choose the way that maximises their self-interest Tizora (2009). Opportunities arise to the government agent when he has greater monopoly power over his clients. This will then lead to a great deal in the discretion or autonomous authority to make decisions without enough control on that discretion. There will be inadequate accountability for decisions or results hereby paving way for corruption.

Mantzaris and Pillay (2017), in their comparative exploration of health care corruption in general terms began the exploration of public service corruption by highlighting that it was in most cases a complicated process where politicians, 'middle persons', administrators, service providers, sales people and health care practitioners have been involved over the years; this includes doctors, administrators, nurses, procurement personnel, provincial and municipal officials at all levels, pharmaceutical companies and their sales and distribution staff. Mantzaris and Pillay (2014:18), in their dissection of corruption at different layers of South African government, have identified social, economic, as well as key organisational weaknesses that play an important part in the perpetration of corruption. These include weak financial systems, dysfunctional supply chain and procurement processes, non-existent risk management systems and power relationships.

Among several other factors that have contributed to the increase in hardships and corruption are the struggle for power and politics of patronage, and the discovery of diamonds and other mineral resources which exacerbated the desire for private accumulation. There is also a school of thought that argues that corruption in Zimbabwe, as is in the rest of Africa, is a direct consequence of the poorly developed and inappropriate institutional arrangements inherited by the post-colonial state (Mbaku 2008). Mhone (2001:102) argues that Zimbabwe's socio-economic and political background creates fundamental allocative and distributive inefficiencies in service delivery. These inefficiencies are mostly an outcome of colonialism which have been compounded and exacerbated by post-independence policies of commission and omission (Mhone,2001:102).

De Jaeger and Finley (2009) see corruption as an institutional phenomenon where a lot of discretion is at play and a lack of transparency persists. Weak mechanisms in institutions have been seen to propagate the curbing of corruption. Corruption violates human rights and negatively affects the well-being of society. It also places a burden on the private sector, dissuades foreign investors and places certain harms on the environment. Corruption has also been seen to undermine the public's trust in the government and makes public procurement inefficient (World Bank, 2018). It occurs from local and national governments, civil society, judiciary functions, large and small businesses, military and other services

2.8 Consequences and Risks of corruption

It is well established that healthcare corruption has serious negative consequences for the whole population of a country, especially the poor and the vulnerable, such as increase in infant mortality and life expectation (Hanf et al. 2011). This is mainly because corruption diverts substantial financial resources from national and regional state entities (Vian 2008:87). Corrupt individuals or groups operating within the public health sectors mainly take advantages of collusion behaviour, weak organisational systems and processes as well as the lack of political will to fight the scourge on the part of governments.

Public organizations which provide service delivery cannot operate in a social, political or economic vacuum because they need to be based on accountability, good governance, transparency, and a well -oiled, functional and diligent public service. International research has shown that corruption in the public health sector especially in the developing world involves a wide array of individuals and groups in the political sphere as public servants operating at all professional and leadership levels, as well as private sector operators, suppliers and professionals (World bank 2015; Samuel and Frisancho 2015:124). It has been reported by the European Commission (2013) that at the time the official calculations of WHO (the World Health Organisation) indicated that at least $ 415 million (or 7.29 % of global health expenses) was lost due to corruption every year. Despite an extensive and comprehensive anti-corruption legislative and regulatory framework, corruption in South Africa has reached unprecedented levels at all levels of the public sector. Despite the fact that that the emphasis on the phenomenon has concentrated on ‘grand corruption’, mainly involving two prominent families, the reality is that there is no state institutions that has been immune to the scourge (Mantzaris and Pillay, 2017).The table below highlights the types of corruption, the problems that come with them and the results yielded.

Table 2.2 Type of corruption and problem

Area of process	Type of corruption and problem	Results
Construction and rehabilitation of health Facilities	Bribes, kickbacks and political considerations influencing the contracting process Contractors fail to perform and are not held accountable.	High cost, low quality facilities and construction work Location of facilities that does not correspond to need, resulting in inequities in access.
Distribution and use of drugs and supplies in service delivery	Theft (for personal use) or diversion (for private sector resale) of drugs/supplies storage and distribution points. Sale of drugs or supplies that were supposed to be free.	Lower utilization Patients do not get proper treatment. Patients must make informal payments to obtain drugs. Interruption of treatment or incomplete treatment, leading to development of anti-microbial resistance.
Health care financing.	Political influence and bribes in market regulation, insurance packages, etc.	
Regulation of quality in products, services,	Bribes to speed process or gain approval for drug registration, drug	Sub-therapeutic or fake drugs allowed on market. Marginal suppliers are allowed to continue

facilities and professionals	quality inspection, or certification of good manufacturing practices. Bribes or political considerations influence results of	participating in bids, getting government work. Increased incidence of food poisoning Spread of infectious and communicable diseases
Education of health professionals	Bribes to gain place in medical school or other pre-service training Bribes to obtain passing grades. Political influence, nepotism in selection of candidates for training opportunities	Incompetent professionals practicing medicine or working in health professions Loss of faith and freedom due to unfair system
Medical research	Pseudo-trials funded by drug companies that are really for marketing Misunderstanding of informed consent and other issues of adequate standards in developing countries	Violation of individual rights Biases and inequities in Research

Source: Vian (2005)

Human resources, supplies, financial resources and timely delivery of services are determinants of efficient heath care provision. Samuel and Frisancho (2015:125) suggest that in order to run such an efficient system there is a need to carefully mobilise and distribute resources, process information and act on it, and motivate health personnel and administrators. There is need for good governance if such a system is to function well. Good governance translates into an effective health care system. There is also need for the

government to look into proxies that improve good governance in the health sector. According to Kaufman, Kraay and Mastruzzi, good governance is the tradition and institutions by which authority in a country is exercised. Richey (2010) adds that good governance encompasses the following;

- Government capacity required for effective formulation and implementation of sound policies, resource management and the provision of effective services.
- Processes that give the public the power to select, monitor, replace and hold the government accountable.
- Respecting the public and government in the health institutions that are linked to social and economic activity.

Some scholars have noted that corruption has become acceptable in Zimbabwe, especially in the health sector, and this is due to the unfriendly economic environment (Tizor, 2009). UNDP (2017) asserts that the public tends to be attracted to institutions that efficiently utilize funds, are democratic and deliver services in a timely manner. In view of this, corruption in public institutions will improve efficiency in service delivery. According to Richey (2010), corruption is very costly as bribes that are given to officials in return for goods and services deplete resources resulting inefficiencies in the whole system.

The World Bank notes that corruption influences public contracts amounting to almost USD1.5 trillion and the bribing process for public procurement only amounts to about USD200 billion per year (Soreide, 2002). Soreide goes on to note that in Ghana the public procurement process accounts for 70 percent of the corruption that occurs across ministries, departments and government agencies. The public procurement process is susceptible to fraud and hence is affecting its intended purpose (Meon and Weill, 2010:245). Corruption can slow down the implementation of programmes and projects. According to Pande (2008) corruption practices in the public procurement processes are evident in developing countries as compared to developed countries. Corruption slows down economic growth, increases waste, makes social services inefficient, and slows down infrastructural development too (Meon and Weill, 2010:245)

Legitimacy can be threatened by corruption in public procurement so there is a need to develop policies and procedures that gets rid of corruption that might occur in every possible way in order to improve efficiency, accountability, transparency and integrity

(Mundawarara and Mupanda, 2010). Previous studies have shown that corruption slows down economic growth and hence needs to be tackled head on (Mawenya, 2008).

Table 2.3 Zimbabwe - Corruption perception index

Zimbabwe - Corruption Perceptions Index		
Date	Corruption Ranking	Corruption Index
2018	160°	22
2017	157°	22
2016	154°	22
2015	150°	21
2014	156°	21
2013	157°	21
2012	163°	20
2011	154°	22
2010	134°	24
2009	146°	22
2008	166°	10
2007	150°	21
2006	130°	24
2005	107°	26
2004	114°	20
2003	106°	23
2002	71°	27
2001	65°	29
2000	65°	30

Source: Transparency International (2018)

The statistics indicate that corruption in Zimbabwe remains a serious problem in the public procurement process and in the effective utilisation of resources in-service delivery. As remarked by Transparency International (2012), there is no tangible evidence to suggest that Zimbabwe is making serious efforts towards the promulgation of corruption in targeted legislation. However, efficiency in document transmission and automation of procurement process are key elements to reduce corruption in government procurement. In order for Zimbabwe to curb corruption there is need for efficiency in transmission of documents and

a well-regulated procurement process. From the Corruption perception index, Zimbabwe's Corruption Index has increased from 20 to 22 between 2012 and 2018.

Disregarding of existing procurement rules by top officials who over-rule the tender board is where corruption is manifested in public institutions. This is common in a number of public institutions and usually it is rare to find officials with integrity in the lower ranks of the hierarchical ladder. It has been suggested that to end corruption, there should be explicit commitment by the prime leadership of the country. Ending the pettier forms of corruption in the bureaucracy is difficult if the grand political corruption persists. An honest intention has to be followed up by good behaviour, expressing opposition against all forms of corruption, whether it involves family members and friends, political associates, or other members of government. Accordingly, political commitment is a necessary condition for successful procurement reform, (Bonga, Chiminya and Mudzingiri,2015:12).

Soreide (2014) mentions that the over-involvement of the state in the setting of rules and regulations is one reason for corruption. The numerous number of regulations provide public officials autonomy which creates room for bribes. In order to reduce the level of bureaucratic corruption it will therefore be important to reduce this regulatory framework, while improving, as well as executing, the anti-corruption laws.

In development discourse, corruption has been identified by political commentators such as Makumbe (2011:8) as a major obstruction to the promotion of sustainable economic growth and development in Zimbabwe (Makumbe 2011:8). Aidt (2009) argues that corruption is one of Zimbabwe's major developmental challenges alongside poverty, HIV/AIDS and governance. Corruption in Zimbabwe, as in the rest of Africa, is perceived by Auriol (2014), and Sithole (2013) to be a direct consequence of poorly developed and inappropriate institutional arrangements. Cain (2015:7) argues that at independence Zimbabwe inherited the underdeveloped institutions which were conducive for the proliferation of corruption.

(Audibert, Motel and Drabo 2015) dissect economic growth effects by examining the data gathered from various countries in a 10-year periods from 1960 to 1990. They note that the health of a nation and its economic growth have a statistically significant relationship where the growth in output increases by 4 percent if life expectancy increases by one year.

Bleaky (2010:238) argues that the relationship is ambiguous, and that the assumption that health has a causal effect on economic growth needs to be evaluated.

2.9 Anticorruption initiatives

Corruption has a multidimensional character. It is necessary to understand the issues of corruption from various level, such as local, national, and regional, and from various sectors. However, it is difficult to define who the victims of corruption are. Meritocracy among civil servants should be questioned by the anti-corruption initiatives. There are several anti-corruption initiatives across the globe. These include international and regional anticorruption conventions, legislative framework of Zimbabwe, government strategies, anti-corruption agencies and civil society actively involved in anti-corruption activities.

United Nations Convention against Corruption (UNCAC): According to Davids, (2012) UNCAC is a multilateral convention that was convened by the United Nations (UN). The UNCAC lawfully binds, with comprehensive standards that can be executed by all countries to develop and reinforce strong anti-corruption mechanisms.

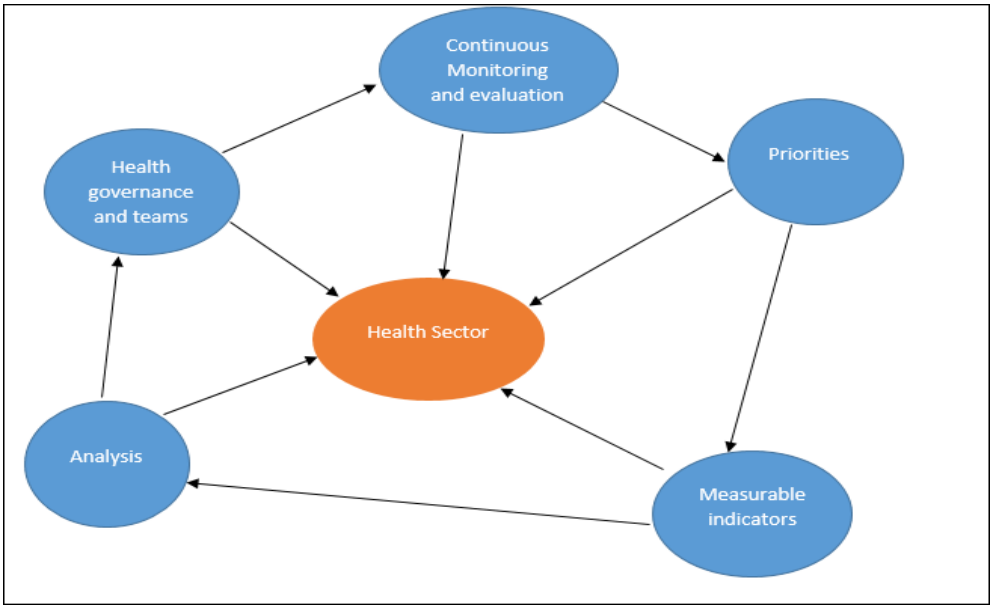
African Union Convention on Prevention and Combating Corruption: Davids (2012) states that African Union Convection on Prevention and Combating Corruption was adopted in 2003 by African countries to promote the deterrence and outlawing of corruption through international cooperation and the recovering of assets. Davids (2012) further states that the Convection recognizes various crimes which include bribery and money laundering.

Zimbabwe ratified the SADC Protocol against Corruption in 2004, the African Union Convention on Preventing and Combating Corruption in 2006, and the UN Convention against Corruption in 2007. To combat corruption, the Government established in 2004 the Zimbabwe Anti-Corruption Commission (ZACC). The ZACC was established in the Zimbabwean Constitution (amended in 2013) and its responsibilities are further explained in the Anti-Corruption Commission Act (see below). The ZACC is a state-owned enterprise subordinate to the Minister of Home Affairs. The Commission is responsible for investigating and exposing cases of corruption in the public and private sectors. Other bodies relevant to the fight against corruption in Zimbabwe include the Department of Anti-Corruption and Anti-Monopolies in the Ministry of Home Affairs, the Attorney

General's Office, the National Prosecuting Authority, the Zimbabwe Republic Police, the Financial Intelligence Unit (within the Reserve Bank of Zimbabwe), the National Economic Conduct Inspectorate, and the Public Service Commission. The legal foundation for Zimbabwe's anti-corruption efforts includes the following legislative acts:

- The Constitution of Zimbabwe established the ZACC in 2005, as well as the National Prosecuting Authority. It also sets forth responsibilities for public officers and civil service conduct.
- The Anti-Corruption Commission Act (2004) sets forth the scope of responsibilities for the Zimbabwe Anti-Corruption Commission.
- The Criminal Law (Codification and Reform) Act (2004) establishes bribery and corruption offences, including domestic active and passive bribery (Art. 170) and abuse of functions (Art. 174), as well as embezzlement in the public and private sectors (Art. 113). It also includes SOEs in its definition of a "statutory body".
- The Audit Office Act, along with the Constitution and the Public Finance Management Act, provide the framework for Zimbabwe's supreme audit institution, the Comptroller and Auditor General.

Figure 2.4 Anti-corruption in the health sector



Source: Compiled by the researcher (2019)

Figure 2.3 shows that there is need for continuous monitoring and evaluation, set measurable indicators and analysis to fight corruption in the health sector. All agencies and teams should encourage co-operation with the health sector in an effort to end corruption.

Civil Society Organisations can contribute in the monitoring of distribution of public resources and service delivery at local level. The 17th Sustainable Development Goal emphasises the need to form partnerships involving all stakeholders that will make the fight against corruption more compelling. Corruption cannot be stopped by Anti-Corruption Commissions alone. Civil society needs to be educated on issues of how to handle corruption and the youth too should be involved in all efforts to curb corruption in Africa and Zimbabwe in particular.

2.8 Chapter Summary

This chapter brought up some key issues related to issues of corruption in Zimbabwe's health sector and also corruption on a global scale. The subject on how corruption affects access to efficient health care has attracted a lot of interest among many scholars. Explanations of how corruption affects aspects of management, governance and financing were also given. Further, the forms and causes of corruption and how corruption can be curbed were discussed in this chapter. The following chapter will focus on the research methodology of the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology and this explains how the study will be carried out. A research methodology is outlined by Creswell (2014) as a way to solve the research problems in order to arrive at a conclusion. He explains that the research methodology entails a number of techniques and procedures that are used to evaluate the research problem. This chapter will discuss the research strategy, research aim, research design, research type, data sources and data collection techniques.

3.2 Research Recap

According to Hope (2015:384), corruption in the health sector is a problem in all countries, but this is a very significant problem in most developing countries where public resources are very limited. Therefore, it is very important for the governments of developing countries governments to close the gaps in corruption in their health care system. This study seeks to investigate corruption in the health sector with specific reference to Zimbabwe.

3.3 Research Methodology Aim

Rajaseka, et al (2013) asserted that the research methodology provides researchers with the training needed in selecting methods, materials, scientific tools and technical training relevant to the chosen research problem. In general, the main objective of a research methodology is to provide a research work plan. In addition, the research methodology seeks to provide research methods and approaches used in this study.

3.4 Research Methodology Objectives

- To provide a research design for the study

- To provide a suitable research approach for the study.
- To establish sampling technique.
- To establish a data collection procedure.
- To provide research ethics.

3.5. Research Type

This study was conducted in the form of non-empirical research. Non-empirical research is research that is not based on new evidence; that is, primary data, but relies on data already collected known as secondary data according to Olatayo (2017).

3.6 Research Design

Kumar (2011) points out that a research design is a research plan, structure and strategy designed to obtain answers to research questions. It shows the strategies that the researcher will use to conduct the investigation. There are different types of research designs and these include descriptive research, explanatory research and exploratory research. This study adopted a descriptive research design.

3.6.1 Descriptive Research

The descriptive research design was used because of the nature of this study which aimed to investigate corruption in the health sector in Zimbabwe. Descriptive research entails a broad category of non-experimental studies aimed at describing the characteristics of phenomenona as they occur Sibanda (2009). Descriptive research is therefore a "scientific method of observing and describing the behaviour of a subject without influencing it." In addition, the descriptive research plan was used in this study as it gave an accurate and valid representation of the factors or variables that related to the research questions (Wyk, 2012).

3.7 Research Approach

Quantitative and qualitative research approaches are the two main approaches in research. On the one hand, quantitative research involves the collection of numerical

data analyzed using mathematical methods, the results of which are usually presented using statistics, tables and graphs (Sibanda, 2009). On the other hand, qualitative research focuses on the discovery and understanding of participants' experiences, perspectives, and reflections (Harwell, 2015). This study adopted phenomenological (qualitative) research which explores meaning, purpose, and reality. According to Locke, Spirduso and Silverman (2007), "qualitative research is a systematic, empirical strategy for answering questions about people in a particular social context rather than generalizing through interaction."

This method was used to understand both regularities and irregularities in the description to better understand how corruption occurs in the health sector. Creswell (2014) argues that in qualitative research the researcher seeks to establish the meaning of a phenomenon from the perspective of the participants. Researchers using this approach take a holistic, humanistic, person-centred perspective to understand lived experiences, without focusing on specific concepts (Field & Morse, 1996). As part of this research, the use of a qualitative approach in research was designed to examine philosophies and theories that support non-empirical data on corruption in the health sector. In qualitative research, the data obtained is based on human experience that is powerful and sometimes more convincing than quantitative data (Anderson, 2010:141). In this study, literature review and media provided qualitative data.

3.8 Sampling

There are two main sampling techniques and these are probability and non-probability sampling techniques. This study made use of non-probability sampling techniques. Some of the examples of non-probabilistic sampling techniques according to Kothari (2004) are summarized in Table 3.1.

Table 3.1 Non-probability sampling techniques

Type of sampling	Description
Convenience/haphazard	Involves the selection of cases based on their availability for research.
Quota	The interviewer chooses a sample that produces proportions equal to the proportion of the population on easily identifiable variables.
Purposive/judgemental	Involves the selection of cases that are considered to represent similar characteristics.
Snowball	Group members identify additional members to be included in the sample.

In non-probability sampling, the probability of each case selected from the total population is unknown and provides various alternative techniques for selecting samples based on the subjective judgment (Saunders, et al, 2016). The researcher used purposive sampling. This sampling method involves the selection of certain research subjects intentionally or unintentionally to form a sample that represents the study population (Kothari, 2004). Carson, et al, (2014:172) define purposive sampling as a method that involves selecting cases that possess the same characteristics. This technique was used because it allowed the researcher to choose cases that addressed the research objectives. The researcher used wisdom and judgment to choose cases that had information that helped in this research.

3.9 Data collection techniques and procedure

Owen and Jones (2008) note that data can be classified as primary or secondary. Primary data is the data obtained when conducting a research on that subject for the first time. Bryman and Bell (2007) specify that the primary data is information that the researcher

collects through interviews, questionnaires, observations and tests. Secondary data refers to data such as, literature, documents and articles compiled by other researchers and institutions (Bryman and Bell, 2007). This research made use of secondary data given the nature of the research. Secondary data was collected from the following sources: articles, research studies, electronic and print media, books on corruption and legislative documents. However, because this thesis depended on secondary data, it should be explicitly stated that, due to the delicacy of this topic, the researcher was denied access to key institutional documents and data that could have enriched a study of this nature. Data on case studies was collected through an electronic search of corruption cases reported in the media.

3.10 Data presentation and analysis

Information was gathered from different researchers. The information was purposely analysed. The researcher seeks to strike a balance between the data and existing commentary so as to give a clearer significance of the information (Saunders et al.2009). This facilitates ease in the comparison of the information. Data presentation was done in the following ways;

3.10.1 Textual method

As per Junyong and Sangseok, (2017:267), the textual method is the principle technique for presenting data as it clarifies results and patterns. Text can be used to interpret or underline certain information. Where quantitative data comprises a couple of numbers, it is more appropriate to use text than tables or charts to explain the numerical data. Be that as it may, naturally, text takes more time to peruse and when the text is a lot, readers and commentators may experience a lot of issues in trying to understand the data.

3.10.2 Tables

Tables are used to present data that has been changed from words or numbers into rows and columns. Tables have been utilized for about 2,000 years. Anybody with an adequate degree of proficiency can without much of a stretch comprehend the data displayed in a table. Tables are the most suitable for exhibiting singular data, and can display both quantitative and qualitative data. Statistical methods are an example of an instances where qualitative data can be displayed using tables (Kim, 2017:25). The table is a visualization of the summary of data. The advantage of using tables to present data is

that they can precisely present data that cannot be presented in a graph. Tables are also helpful in comparing quantitative data of a number of variables. Despite the numerous advantages of using tables to present data, the interpretation of data takes longer when using tables and tables are inappropriate when trying to examine information patterns (Junyong and Sangseok, 2017:268).

3.10.3 Graphical method

Though tables can be utilized for presenting all the information, graphs make complex data simple to interpret by utilizing images and underlining data patterns that are helpful for summarising, clarifying, or investigating quantitative information. While graphs are effective in presenting a lot of data, they can also be used to present small sets of data as well. A graph format that best presents data must be selected with the goal that readers and commentators can, without much of a stretch, comprehend the data (Junyong and Sangseok, 2017:268).

Scatter plot: Junyong and Sangseok, (2017:269) described scatter plots as graphs that present data on the *x* and *y* axes and are used to explore the relationship between 2 variables. Each point symbolises an individual or object, and the relationship between two factors can be studied by analysing patterns of the points. A regression line is added to the scatter plot to determine whether the relationship between two factors can be explained or not.

3.11 Validity

This study ensured validity by citing articles and other sources that are authentic and credible as sources of information. As such, only seminal sources of information from recognized authorities were used. It must be noted that this research was non-empirical using qualitative data and the issue of statistical validity was not considered as the most important. The cases explained and analysed in this study could be easily verified by interested future researchers. Some cases that were explored in this study will have been reported in national newspapers and will be in the public domain. Cases that are publicly challenged as invalid were not used in this study.

3.12 Chapter Summary

The chapter justified and discussed the components of the research methodology. The following were outlined: research design, research philosophy, data collection techniques, sampling, validity and ethical considerations. The following chapter will present and analyse the data that was collected.

CHAPTER FOUR:

CORRUPTION IN THE ZIMBABWEAN HEALTH SECTOR

4.1 Introduction

Chapter three provided a description of the methodology adopted by the researcher with a special focus on the exploration of corruption in the health sector. The purpose of this chapter is to provide a detailed explanation of specific examples and the consequences or implications of corruption in the health sector. The second objective is to analyse how these cases violate health sector laws or policies. The third objective is to assess the role of relevant anti-corruption institutions in combating corruption in the health sector. This chapter further suggests possible solutions to corruption in the health sector.

This chapter depends on documentary data sets collected from various sources including newspaper sources such as iharare, The Herald and The Independent. It is exceptionally clear that a large portion of media sources that contain corruption cases are health related. The cases covered in these sources are analysed and broken down for compliance with Zimbabwean law and health sector policies. As will be discussed in this chapter, the media assumes a significant role in revealing corruption and, for this thesis, specifically, the media has become the fundamental wellspring of credible information. According to Transparency International, Zimbabwe is the fourteenth most corrupt nation out of an aggregate of 180 nations on the planet. Corruption Perception Index (CPI) scores 180 nations on a scale from zero (corrupt) to ten (clean) and Zimbabwe, which is positioned 166th has a score of 1.8 on the CPI scale which demonstrates that the nation is gradually moving towards the level of very corrupt. Generally speaking, corruption (in the health sector) diminishes the resources meant for health improvement, decreases service quality, compromises successful health service coverage and increases the costs of providing services (Audibert et. Al., 2012).

Zimbabwe's health care framework (2018) shows that the country has 1,848 clinics and primary health care facilities. Two-hundred and fourteen of them are hospitals and 1634 are primary health care facilities (ZSARA, 2015). Sixty-eight percent of health care facilities in rural territories come from hospitals and mission clinics. Broadly, hospitals

and mission clinics have 35% of health care provision. Of these, 22 mission hospitals have been assigned as district hospitals.

Table 4.1 Health facilities in Zimbabwe

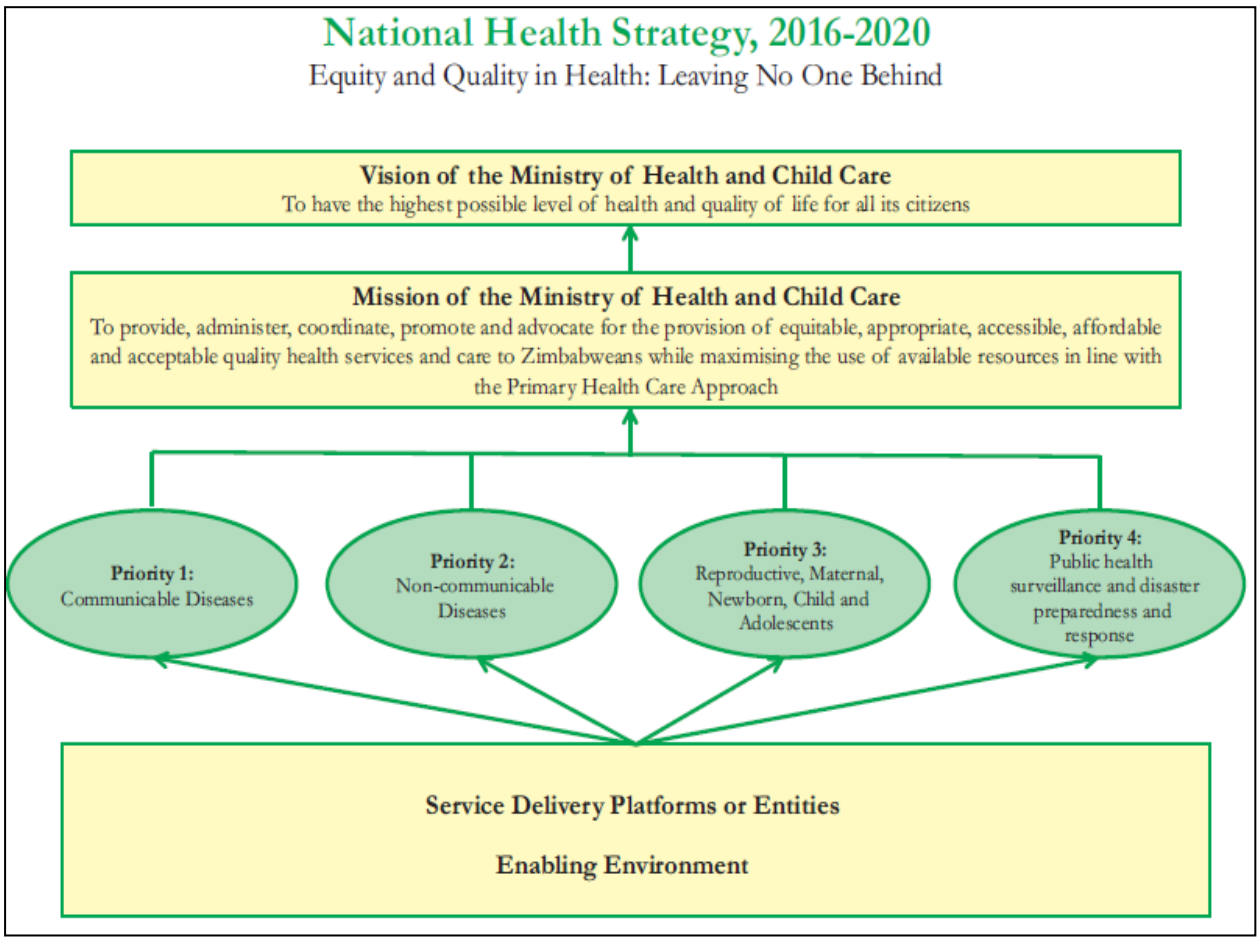
Hospital facilities	***N***	**Primary health facilities**	***N***
Central hospitals	6	Clinics	1122
Private hospitals	8	Polyclinics	15
District hospitals	44	Mission clinics	25
Mission hospitals	62	City council/municipality clinic	96
Rural hospitals	62	Rural health clinics	307
-	-	Private clinics	69
Total	**214**	-	**1634**

***Source*: National Health Strategy (2016-2020).**

The National Strategy for Health in Zimbabwe (2016 - 2020) gives the framework to guide the efforts of the Ministry of Health and Child Care and all stakeholders over the next five years to contribute to the implementation of Zimbabwe's Socio-Economic Transformation Programme and Sustainable Development Strategy. The National Health Strategy 2016-2020 builds on the " 2009-2013 Strategy and its extension in 2014-2015 by looking at the existing gaps and, more importantly, aims to sustain the gains achieved so far through a successful response to the burden of disease and strengthening the health system to ensure quality health services to all Zimbabweans (NHS, 2016-2020)."

The structure of the Ministry of health and child care is presented in Figure 4.1 below.

Figure 4.1 The National Health Strategy: 2016 - 2020



Source: NHS 2016-2020

For Choguya (2015) the nation's health system is ruled by the public sector, providing an estimated 65% of health care services in the country. Certain services are operated by districts and receive block grants from government. Choguya (2015:28) further reveals that the government of Zimbabwe asserts that it has done great work by reducing the distance to health care facilities through the decentralisation on health care facilities throughout the country.

4.2 Problems being faced by hospitals/health sector

According to the Zimbabwe Service Availability and Readiness Assessment Report of 2015, there are six WHO system building blocks namely, “human resources, medical products, vaccines and technology including infrastructure health financing, health

information, service delivery and leadership and governance and these are prerequisites for a functioning health delivery system (ZimFact, 2018).” Murasi (2016) asserts that the nation’s health sector is facing a number of challenges and these are shortage of skilled health personnel, ill-equipped hospitals, drug shortages, lack of health supplies and dysfunctional facilities. The challenges have been propagated by the cholera and measles crises between 2008 and 2010, poor maternal and child health services and high HIV prevalence in the country. The problems faced in the health sector are further discussed below;

4.2.1 Poor working conditions

Working conditions are a key point for the motivation of employees, fulfilment and contentment. Working conditions in public hospitals have been of serious concern among health personnel around the globe. WHO (2006) cited in Songstad, Rekdal, Massay, and Blystad (2011) define working conditions as the environment at work and every single existing circumstance influencing labour in the work environment. Working conditions incorporate all physical and mental functions and conditions that impact an employee’s work (Manyisa, 2015). Doctor Bhebhe, secretary of the Zimbabwe Hospitals Doctors’ involvement expresses that health care staff have been confronting genuine difficulties in performing their different obligations in state health care facilities because of the poor working conditions (Mawere, 2018). The doctor further maintains that in state hospitals, there is not much protective gear to use during cessation, for example, gloves, needles, and medical procedure outfits. This has added up to poor working conditions in clinics and the conditions are horrendous (Mawere, 2018). Gloves, needles, painkillers and water ought to be standard stock in any medical facility yet,in hospitals in Zimbabwe it is difficult to acquire these. Marima (2019) states that in public health facilities, health personnel are working in harsh conditions, compelling some to use non-sterile gloves, and, work with their hands uncovered when basic supplies run out. Medical practitionerscacca are giving patients lists of supplies to purchase ahead of time, from face covers to anaesthesia.

Human resources management issues and different factors, for example, working conditions for workers and job satisfaction are issues of serious concern in the modern age, especially in the health sector where these factors have an impact on the efficiency

and productivity of the human resource (World Health Organization, 2015). During an interview with Marima (2019), Doctor Bhebhe had this to say;

"We are working with suboptimal machines and severely limited supplies.....earlier this year, I had to attend to a woman who has just had a miscarriage, and I had to do a pelvic examination using nonsterile gloves [Sterile gloves are sterilized; are longer and stronger than non-sterile gloves, and have a protective chemical on them.] The gloves are short, and I had to go right inside her. The blood went onto my arms; it was just oozing all over. I know the risk of being infected is high, but there's nothing I can do if someone is in need of help. Every time I have to perform a procedure without adequate equipment, I'm scared I could get something like hepatitis B. If I'm working on a patient who is infected and I have a small cut I'm unaware of, I could be infected because it's highly contagious but, in some situations, one has to make some hard decisions." This shows that doctors are faced with various challenges that include poor working conditions.

4.2.2 Massive Brain Drain in public hospitals

Brain drain describes the global exchange of human resources and principally applies to the migration of professionals from less economically developed countries to those that are well developed. Approximately 80 percent of medical personnel left Zimbabwe during the 1999 to 2008 period. This was mainly because of low pay rates, risks of HIV/AIDS among medical personnel and lack of supplies and prescriptions (Transparency International, 2015). As indicated by Mr. Mike Cotton, a medical practitioner, the loss of personnel is devastating the health sector and even the most basic procedures cannot be performed any more (Tren and Bate, 2005). The harsh working conditions drive about 20% of these health professionals abroad every year (Kidia, 2018). Manyisa (2017:30) says that the reasons why medical staff are leaving the public health sector include opportunities to further develop careers, better remuneration, better pay rates, better working conditions, better supplies of medications and better medical supplies. Health care provision particularly in Hwange, where there are not many health care facilities, has decayed and this is credited to high rates of brain drain which has risen enormously because of numerous forces (News dzeZimbabwe, 2015).

4.2.3 Poor infrastructure and equipment

At the funeral home at Harare Central, the main public health facility in the capital, the coolers always breakdown and there is no room for the new corpses. The Government of Zimbabwe no longer has any forensic pathologists, which implies that the bodies from homicides requiring post-mortem examinations are just amassing, which is delaying police investigations and families from burying their relatives (Murasi, 2016). Doctor Bhebhe of Mpilo Hospital conveyed that service delivery in the health sector has been crippled because of ill-functioning equipment and broken-down infrastructure which the Government of Zimbabwe is hesitant to replace and revamp (Murami, 2019).

Poor and insufficient infrastructure, offices and equipment adversely impact on the delivery of services and the patient-care quality. Lack of administrative equipment and fundamental skills hampers proper stock control, causing stock to run out and making theft of drugs a simple matter than it could otherwise be (Transparency International, 2015).

4.2.4 Lack of Funding

The motivation behind health financing is to make sure that funds are available to set the appropriate financial incentives for providers so that health care is guaranteed for all individuals. The health sector has not been given the adequate funding by the Government of Zimbabwe, as stipulated by the Abuja Commitment that 15% of the yearly spending budget should go towards it but only 10% was allocated to the health sector in 2015. Compared with other countries, for example, Rwanda (23%), and Zambia, Malawi and Nigeria who meet the portion of the Abuja Commitment, Zimbabwe is well far off. It is reasoned that Zimbabwe's health sector is not getting the adequate and essential financial help it needs (Murasi, 2016). Because of poor funding, the health sector does not have the capacity to buy medications, supplies and also revamp the health facilities across the country. As indicated by Marima (2019), it is the mandate of the government to release funds to public health facilities that will be used to buy drugs, supplies and other necessary equipment but the government has noted that there is no foreign currency to import due to the economic meltdown that the country is currently facing.

As indicated by the Zimbabwe Health System Assessment (HAS), (2010) Zimbabwe's health sector has nearly disintegrated because of the nation's financial breakdown. In

2008, various health facilities shut down, or gave restricted services and lacked the supplies needed for treatment. Since 2009, the Government of Zimbabwe has expanded its responsibility to give general health services by increasing financing to the health sector." Be that as it may, expenditure for health services is still far below 15% of the Gross Domestic Product (HSA, 2010). The history of Zimbabwe is characterised by instability of the economy, hyperinflation, a related devaluation of the assets and the failure to pay wages and purchase supplies. Health financing in Zimbabwe is extensively separated into public health financing and private health financing. Public health financing is done through allocation from the national budget to the Ministry of Health and Child Welfare (MoHCW, 2013).

Central General Revenue is the principle source of funding for the government's expenditure on the health sector. This is derived from income accruable to the central government from both tax and non-tax income which is apportioned to different sectors through an income sharing and planning process. In 2015, this represented 21.4% of all total expenditure on health (Zimbabwe NHA, 2015). These funds are utilized in financing human services in government health facilities and to finance provision of health care in mission and rural council facilities. Kutzin, Witter, Jowett and Bayarsaikhan (2017) express that the low government funding has brought about a high reliance on direct payments from families, of which around 95% is accounted for by out-of-pocket (OOP) payments. The government's disbursement of funds has been inconsistent and unpredictable, resulting in a sub-par health service delivery.

4.2.5 Shortages of drugs and necessary health care necessities

The nation's health sector has been facing a number of challenges pertaining to drug shortages and lack of equipment for efficient service delivery. The availability of drugs and supplies is dependent on the funding and management of both the public and private health sectors, according to (Murasi, 2016). Despite the lack of personnel, a number of health facilities have reported on numerous occasions that they run out of stock frequently. On the 5th of October 2018, the *Zimbabwe Independent* reported that 'Zimbabwe has run out of health drugs.' Further investigations revealed that drugs such as lamotrigine and sodium valproate were no longer in stock while other drugs that stabilise hypertension like tenoric, nefedipine, bisoprolol, atenolol, aldactone and

valsartan were last supplied to most pharmacies in a long time. A number of pharmacies have run out of stock which has put a number of patients at high risk.

Moreover, a number of hospitals report that there is a shortage of blood and other health necessities like oxygen in emergency vehicles. The reason why most health facilities are out of blood and blood products is because of the lack of refrigerators, electricity and poor infrastructure as reported by the Herald (2015). Further, there are challenges of transport as ambulances are being poorly maintained and also fuel problems that the country is currently facing.

4.2.6 Lack of transparency and accountability

Transparency refers to the timely and reliable flow of information to all the relevant stakeholders (Kaufmann, 2002:220). Besides information availability, reliability and accessibility are also emphasised. Good governance produces accountability. It has been noted that there is lack of transparency and accountability in the health sector. The Sunday Mail dated 6 September 2015 reported that arrests of top executives at Mpilo hospital in Bulawayo were made following fraud of money to the amount of $100 000. In addition, the case of Cuthbert Dube former PSMAS executive used funds for personal use which cost the public health a lot of money (Nare, 2015).

Zimbabwe Association of Doctors for Human Rights Report (2015) strongly denounces all forms of corruption in the health sector, especially cases where corruption violates with the right to health care provision. The report notes that there is need for accountability and transparency in the public administration of all health facilities. *The Chronicle*, dated 8 July 2016, reported that the demand for transparency in the public sector is growing. There is a general governance crisis in public funds administrations as reported by the Auditor General's Report (2016). Although the health sector fulfilled 30 percent of the Auditor General's recommendations, a governance crisis was noted and also poor maintenance of accounting records, unregulated internal controls, unsupported expenditure, tax avoidance and violations of a number of legal frameworks.

4.2.7 Shortage of skilled professionals and health care staff

There are approximately 300 junior doctors working in Zimbabwe's public health sector (Zimbabwe Hospital Doctors involvement, 2018). There are about 1.6 doctors and 7.2

nurses for every 100 000 people in the country (Ministry of Health and Child Welfare, Human Resources Health for Information Sheet, 2010).

Zimbabwe National Health Strategy (2016-2020) directs that currently, every district has at least 2 medical doctors, each primary health care facility has at least 2 nurses, 59% of administrative wards are serviced by an Environmental Health Technician and 60% of rural areas have a village health worker (ZimFact, 2018).Zimbabwe's health sector has insufficient staff for medical education training to such an extent that there are over fifty percent vacancy posts for doctors, midwives, laboratories, and environmental health personnel (National Health Strategy for Zimbabwe 2016-2020). The contemporary health sector is characterised by instability, vulnerability, complexity and vagueness (Mutizwa, 2015). In order for any health organisation to be progressive, there needs to be re-strategizing so as to attract qualified health professionals, develop appropriate skills among the workers, support and propel them to adjust to the dynamic business world while staying loyal to the organisation.

The lack of qualified health professionals in Zimbabwe has likewise adversely affected the quality of health care service delivery. In nations like Zimbabwe, the gross staff deficiencies, including care staff, for example, cleaners, has brought about situations where doctors and nurses have to perform duties like wiping the floors (Manyisa, 2017:28). The percentage of nurses who reported cleaning rooms or transporting food for patients was about 33%. Further, the cutting of the management posts has led to more duties to manage services and staff at unit level which further prevents medical nurses from direct patient care.

4.2.8 Frequent strikes by health sector personnel

It has been recorded that Zimbabwe Junior doctors have been on national strike a few times. As indicated by ZimFact (2018), Zimbabwe junior doctors took to the streets in March 2018 challenging poor compensation and unacceptable working conditions prompting the closure of all central hospitals, children units, provincial hospitals and the ceasing of emergency lifesaving procedures throughout the country. Doctor Bhebhe in an interview with Marima, (2019) had this to say;

"As doctors, many of us are aggrieved about our salaries and working conditions which are frequently causing doctors to go on strikes. The recent 40-day strike action (from

December 1, 2018 to January 12, 2019) we took was not just about money but it was also a protest against the working environment in state hospitals."

While the first strike was during President Mugabe's era, the situation in public health facilities keeps on declining and strike requests still have not been met under the new president's administration (Marima, 2019). After the latest strike, which ended January 12, 2019 doctors consented to come back to work in light of the fact that the administration had guaranteed to satisfy the doctors' demands by January 31, 2019. This date has passed and the agreement has not been fulfilled and this makes it highly likely that strikes will continue to occur. Doctor Munatsi in the interview with Marima (2019) asserts that strikes have been affecting the delivery of health care service and also has led to closure of some central and provincial state hospitals. Munatsi further asserts that during that time of strike in October 2018 in Harare, some patients were discharged before the required standard had been met. Even those who had birth complications had to be released from hospitals because of the strike.

4.2.9 Water Rationing

Lack of water in public hospitals has been affecting service delivery in the health sector and has been a contributing factor to the poor working conditions in most medical facilities. As indicated by Marima (2019), water rationing has constrained United Bulawayo Hospital, the nation's third-biggest health facility to downsize on medical procedures. Doctors state that they are scared that they might be contaminated by patients with a transmittable ailment but they have no other option but to help. *The Newsday* newspaper, dated 13 February 2019, posted that United Bulawayo Hospital suspends medical procedures because of water shortages. Bulawayo City Council's 36-hour water apportioning programme has forced United Bulawayo Hospital (UBH) to suspend all surgeries, putting patients' lives in danger. Moreover, toilets in the wards have been rendered dysfunctional in light of the fact that they cannot be utilized for solid human waste flushing because of the inaccessibility of water.

4.2.10 Corruption in Public Hospitals

Rispel (2016:239) notes that corruption negatively affects patient care and the morale of medical personnel. It hampers health service access and affordability, effectiveness and equity and health policy and expenditure. Corruption in the health sector can take

numerous forms and ranges from undue influence on health policy, misappropriation of resources, theft and fraud, to absenteeism and bribery and under-the counter payments. All forms of corruption probably occur in Zimbabwe as medical personnel battle to make ends meet (Transparency International, 2015). For instance, nurses in a local health facility were purportedly charging ladies US$5 each time they shouted while conceiving their offspring as a punishment for raising a false alarm (Transparency International, 2015). Corruption has been a noteworthy issue that the health sector is facing. Corruption in public procurement in health facilities has stifled the efficient delivery of health services

Numerous examinations uncovered irregularities in the procurement processes of a number of hospitals, including provision of substandard products. Transparency International (2015) announced that there were a number of instances that were reported of theft of medications or supplies for personal use or resale in the private sector. Because of low pay rates, medical personnel create adapting methodologies to top-up their salary, including working two jobs or running private practices while on the civil service payroll. Doctors running private practices usually refer their public patients to their private clinics, denying the more unfortunate patients access to quality health services (Transparency International, 2015).

4.3 Brief background of corruption in the era of former President Mugabe

In 1980, Zimbabwe held non-racial elections for the first time in the nation's history. The Zimbabwean African National Union (ZANU) party, led by Robert Mugabe, came in to power and, consistent with his guarantees about compromise, President Mugabe endeavoured to construct a decent working involvement with his previous foes. During the initial ten years after freedom, Mugabe's legislature invested critical measures of cash into improving health service delivery for all Zimbabweans. Sometime between "1980 and 1987, government expenditure on human services expanded by 80% and remained at 2.3% of GDP, nearly three times higher than the Sub-Saharan African normal of 0.8% of GDP. The ZANU government likewise improved educational standards in the country and, as a result, Zimbabwe still has the most astounding literacy rate in Africa (Tren and Bate, 2005)."

The Government of Zimbabwe's commitment to improved health service provision and education paid off, and the pointers of human prosperity improved dramatically during the early years of ZANU rule. Life expectancy ascended by about 10 years from 54.9 years in 1980 to 63 years in 1988. The Mugabe government's health policies guaranteed that the rate of child immunisation significantly increased between 1980 and 1988. Child immunisation for diphtheria, pertussis and lockjaw (DPT) increased to, "75% coverage in 1986, 80% in 1994 and 81% in 1999, contrasted with an average rate of 32%, 51% and 48% respectively for Sub-Saharan Africa. The enhancements in primary health care guaranteed that between 1980 and 1998 child mortality rates fell by 80% to 49 deaths for every one thousand births by 1988 (Tren and Bate, 2005)."

Maybe Mugabe's legacy would be of a leader that improved the lives of ordinary individuals had he surrendered power several years ago had he afforded Zimbabweans their right to free and fair elections. Be that as it may, his savage hold on power annihilated what he looked to achieve as the Zimbabweans had to go through a failing health system and disintegrating educational facilities under his rule (Tren and Bate, 2005). By 2002, the vaccination coverage for DPT had tumbled to 58% and most astonishingly in 2003, life expectancy had fallen by 23 years from its 1985 level to only 33 years (Tren and Bate, 2005). By the mid-1980s, government impedance in the economy alongside cronyism and widespread corruption had started to inflict significant damage. By the 1990s, economic development had eased back to a point where the economy was contracting and per capita earnings were falling. By 1995, per capita economic development was - 1.8% and per capita yearly GDP was US$620, imperceptibly beneath the US$ 622 level ten years earlier. The mismanagement of the economy proceeded all through the 1990s, as did the constant compression of the economy. By 2000, per capita GDP had decreased by 9.8% and by 2002 annual per capita salary was US$ 521, practically 15% below the level when Mugabe was elected as president 22 years before (Tren and Bate, 2005).

In a presentation on a procurement perspective on Zimbabwe (Biti, 2011), Zimbabwe's then Finance Minister expressed that public procurement is a hindrance in the effective implementation of public programmes. The pace of implementing projects in the nation in 2011 dropped to 20–25% compared to the same period in 2010 when it was 35–40% of the yearly execution target. The execution rate mirrored the utilization rate of disbursements that came from Treasury. A few organisations had utilization rates as low

as 7% and with local authorities the rates were in the region of 20%. The then Minister of Finance attributed this to tender procedures and regulations. It is the administration's obligation to guarantee that resources are used in the most proficient, straightforward and moral way to promote sustainable development of both the economy and ways of life. Corruption burdens the private sector, deters foreign investors from coming, and damages the environment.

While the health sector endures calamitous shortages, the political elite keep on living amazingly extravagant lives. All things considered, public resources were probably utilized to build the private house of former President Mugabe as he is believed to have earned a sum of US $ 1million in his 23 years of power (Tren and Bate, 2005). Zimbabwe had turned into an outsider state: detached from the universal network because of many years of corruption, political viciousness, and absence of transparency (Transparency International, 2018). In order to punish the Mugabe system, the International Monetary Fund quit loaning to Zimbabwe in 1999 and a litany of sanctions followed, by the US, UK, and EU, making it hard for aid organisations to deliver food and health aid and also discouraging foreign direct investment (Mamdani, 2008). During the 2000s, the economy was collapsing under the weight of debt and corruption, which led to infrastructural decay and a lack of fundamental basic supplies. Government spending on health dropped from 7% in 2000 to 4% in 2007 (Green, 2018). A few medical clinics did not have power or running water, not to mention surgical tools or painkillers. The Ministry of Health could not manage to pay its health care personnel.

As indicated by Dike (2005), corruption is simply the infringement of rights. It is the push to secure wealth or influence through ill-conceived principles at the expense of the public. Corruption in most public facilities in the Harare metropolitan region manifests as fraud, bribery, embezzlement, blackmail, ghosting, nepotism and graft (Shana 2006). Zimbabweans and the people who get services from the state expect accountability from the government (Shana, 2006). Tizora (2009) expressed that with the harsh economic condition in Zimbabwe corruption has turned into an acknowledged and nearly expected method of working together particularly in the public sector.

4.4 Corruption in Pharmaceuticals

Primarily, the procurement of pharmaceuticals is conducted through the National Pharmaceutical Company of Zimbabwe (NATPHARM) and the Medicines Control official of Zimbabwe (MCAZ). NATPHARM is a parastatal company that procures, warehouses and distribute drugs, reagents and surgical supplies. MCAZ is mainly involved as a regulatory agency for all pharmaceuticals. Registration and licensing of all drugs and surgical consumables is conducted through MCAZ (Yadav, 2010:18). Thus, all public hospitals are required to procure all medical supplies from NATPHARM and can only procure from other external suppliers if NATPHARM does not have the needed products in tandem with the Procurement Act and Regulations. In OECD countries, private companies ship and transport almost all pharmaceuticals, but in developing countries, despite their vastly smaller tax base, the government does (Yadav,2010:19). In sub-Saharan Africa, a government-owned-and-operated central medical store manages the distribution of drugs, transporting goods around the country in a government-owned fleet. Donors and developing-country governments favour this system, wherein the central store manager can neither hire people with business experience nor fire incompetent workers (Yadav, 2010:18).This form of nationalization created opportunities for corruption.

The procurement of hospital commodities is primarily governed by the Procurement Act [Chapter 22:14) and the Procurement Regulations of 2002. Apart from that, the Indigenisation and Economic Empowerment Act of 2010, Section 3 (1) (f) prescribed that 50% of procurements must be from businesses where Zimbabweans have a controlling stake. Further, there are other policies like the Look East Policy and the Buy Zimbabwe Initiative which is enshrined in the National Trade Policy of 2012 -2016 which gives other guidelines with regard to public procurement. The Buy Zimbabwe Campaign, for instance, is aimed at promoting local procurement of commodities and this culminated in the enactment of Statutory Instrument 18 of 2016 which banned importation of certain medicines like Aspirin, Cotrimoxazole, Ibuprofen, Metformin and Amoxicillin. So, there are several policies and legislative frameworks which are contained in different Acts that guide procurement by pharmaceuticals.

In the pharmaceuticals sector, corruption exists at all levels. National Pharmaceuticals (NatPharm) managing director, “Newman Madzikwa was jailed for an effective 14 months after he was found guilty of criminal abuse of office in relation to the arbitrary increase of drug prices. The price increases, with the effect of precipitating a crisis in the sector and endangering public health, were against the directive of the Ministry of Health and Child Care and the NatPharm board (Herald, 2019).”Recently, there have been reports that some wholesalers are procuring drugs from NatPharm using RTGS payments, yet they sell to the public in foreign currency. It was the State's case that Madzikwa directed Natpharm's financial director Roland Mlalazi in a meeting held on September 3, 2018 to effect 11 percent of drug handling fees, up from four percent.

4.5 Analysis of forms of corruption in the health sector

There are generally few studies on forms of corruption in the health sector in Zimbabwe. This reality makes it difficult to assess its forms and extent. In addition, since it is a hidden practice, corruption is difficult to study and measure. However, it is a pervasive problem, affecting the health sector, with proof of its negative impacts on the wellbeing and welfare of citizens at the individual as well as household levels (Azfar, 2005; Rose 2006). Corruption in most developing countries permeates all parts and it is predominant in numerous viewpoints in the health sector (Chattopdhyay, 2013; Hussmann, 2010; OECD, 2015; Savedoff, 2007 and Vian, 2008). This section discusses the analysis of data in respect of the cases of corruption that were identified in the health sector in Zimbabwe.

4.5.1 Bribery/Informal payments

Cases of bribery and or informal payments have been prevalent in the health sector in Zimbabwe. Related cases have been found and were once reported by media outlets such as iharare news and Bulawayo 24 news media.

Bribery refers to a clandestine order for additional money for civil services while extortion entails demands for gifts and favours for civil services (Choguya 2018:81). Informal payments are cash or in-kind payments made for medicine and/or services that are meant to be available at no or low cost.

Given the sector's low salaries, this is likely to be a common practice in Zimbabwe. For example, a report commissioned by the Zimbabwe Lawyers for Human Rights (ZLHR) revealed rampant corruption in the provision of life-prolonging antiretroviral (ARV) drugs and other HIV services (Zimbabwe Lawyers for Human Rights 2010). 73 percent of HIV-positive respondents had been asked by health workers to pay a bribe. In some instances, HIV patients were told that certain drugs were unavailable or that diagnostic equipment was broken until they paid a bribe (Chene 2015)

As indicated by Transparency International, many patients are also asked to pay for services that they are supposed to receive for free, such as pregnant women or children under five being asked to pay a "consultation fee" even though they are entitled to be treated for free. Other patients reported that HIV drugs meant for free distribution were being sold at a fee by local nurses. There are other anecdotal evidence of corruption in health. For example, nurses in the local hospitals were reportedly charging women US$5 every time they screamed while giving birth, as a penalty for raising a false alarm (Transparency International, 2015).

4.5.2 A case of bribery and fraud in nursing recruitment at Harare Central Hospital: description and analysis

On the eighteenth of December 2018, iharare news announced that Central Hospital Principle, muddled in a bribery and fraud case, accused of pocketing more than $300 000 in bribes in a recruitment scandal. Zimbabwe's biggest health referral institution now has two distinct sets of students for the May and September 2019 intakes. In an internal investigation conducted Irene Sambo allegedly connived with fellow comrades who are already in training and solicited for and collected amounts ranging from $2000 from prospective candidates. Further allegations are that acceptance letters were then issued before the intake advert was flighted in the media. In a letter meant to cover up her traces, Sambo is said to have written to the clinical director that the committee had considered candidates from the 2016 February interviews. According to Sambo, the 2016 February list had 239 candidates who were re-interviewed and given acceptance letters. Sambo was said to have given acceptance letters for the September 2018 intake and also the January, May, and September 2019 intakes way before advertisements for the 2019 vacancies were flighted. Some of the candidates that received these acceptance letters are not legible for recruitment according to revised government requirements of

one ordinary level sitting. This case shows that the principal tutor contravenes with the code of conduct of the hospital and health regulations. (ihararenews,18th of December 2018).

4.5.2.1 Compliance with Zimbabwe Health Statutory Instrument

The case demonstrates the violation of the health service regulations in the Statutory Instrument 117 of 2006. The principal tutor to respect the health service regulations, the Health Statutory Instrument, Section 3 states clearly that in order to promote efficiency and effectiveness in the provision of health services to the public, the appointing authority shall, subject to subsection (2), recruit, advance, promote or grade those members who, in relation to the post in question, are the most suitable as regards to knowledge about the task to be performed and ability to perform it; relevant experience; the requisite qualifications and qualities; and where applicable, potential for training and development. The recruitment, advancement, promotion or grading of members shall be on the basis of merit as well as professional and moral standing. The case clearly presents that the principal tutor has been recruiting candidates that were not eligible for the training.

4.5.2.2 Compliance with the Harare Hospital Code of Conduct

This case can be assessed in terms of the breach of duty theory which underscores the failure of a public official to honour the code of conduct, regulations and policies of an organisation. The Harare hospital code of conduct clearly stipulates that the organisation does not receive any payment for favouritism in recruitment. Clearly, the principal tutor received bribery from the nurses and, in so doing they did not only breach the code of conduct but also failed to uphold the hospital standards and values about integrity, honesty and transparency. In addition, they breached the trust bestowed on them by the public.

4.5.2.3 Compliance with the Prevention of Corruption Act [Chapter 9:16]

This case can further be examined in terms of contravention with section of the Prevention of Corruption Act [Chapter9:16] Section 3, Subsection 1 which stipulates that if any person if any agent corruptly solicits or accepts or obtains, or agrees to accept or attempts to obtain, from any person a gift or consideration for himself or any other person as an inducement or reward for showing or not showing, or for having shown or

not shown, favour or disfavour to any person or thing in relation to his principal's affairs or business, he or she shall be guilty of an offence. The above case shows clearly that the principal at Harare Hospital went against the Act as she was accepting bribery as an inducement for the recruitment of nurses.

4.6 Favouratism and fraud in nursing recruitment

Instances of favouratism in nursing enrollment have been predominant in the health sector for long. Numerous cases have been found and were accounted for by different news sources which include the *Bulawayo24* news and the *Sunday Mail*.

4.6.1 A case of favoritism in nursing recruitment at Mpilo Central Hospital.

On the sixteenth of April 2013, *Bulawayo 24* news revealed that the Ministry of Health and Child Welfare sent a group to explore the allegations and charges of corruption and nepotism leveled against the principal from Mpilo Central Hospital's School of Nursing. Mrs Wanzvai Majada was sent on three months unpaid leave after it was discovered that she was allegedly recruiting student nurses from one province. Majada was suspended over allegations of soliciting bribes from aspiring nurses. It is alleged that she was charging prospective students between $600 and $1 000 for a place. The news reported that the internal audit uncovered that Mrs Majada was offering places to prospective students from Masvingo Province, believed to be her province of origin. It is said a majority of those who had been short-listed for the 2013 intake by Mrs Majada were from Masvingo and authorities quickly withheld the acceptance letters, which she had prepared. (Bulawayo24 News,16th of April 2013)

4.6.2 Compliance with the Prevention of Corruption Act of 2005 [Chapter 9:16]

This case is analysed in contravention with the Prevention of Corruption Act of 2005, Section 4, Subsection (a) and (b) which stipulate that if a public official, in the course of his or her employment as such does anything that is contrary to or inconsistent with his duty as a public officer; or omits to do anything which it is his duty as a public officer to do; for the purpose of showing favour or disfavour to any person, he or she shall be guilty of an offence. This case shows that the principal displayed favouritism by only recruiting nurses from her origin province which is Masvingo province.

4.7 A case of corruption in the procurement of hospital supplies and service delivery

On 23 September 2009, *Independent News* gave an account of the investigation in loco which was completed at Harare Hospital, the first recipient of funding under the Targeted Approach scheme to resuscitate essential health services after an outcry on the parlous state of affairs at the institution. NECI noted glaring irregularities in the tender for a C-Arm mobile image intensifier acquired by the hospital on September 23, 2009. The tender was awarded to the lowest bidder, Axis Medical which quoted US$48 600. After awarding the tender, the end user decided they wanted a C-Arm with an LCD monitor. When specifications are changed under normal circumstances, the bid should be re-tendered but, in this instance, Axis Medical alone was asked over the telephone to requite the C-Arm on October 1, 2009 and other bidders were not consulted. Axis upped their price from US$48 600 to US$72 000 and were awarded as they were the cheapest tender. The fact that bids from other companies had already been opened meant that Axis Medical had information on what the next bidder had offered thus presenting an unfair advantage over the other bidders. Bantex Global had quoted US$78 000. The changing of specifications after the tenders have already been opened leaves room for manipulation of the tender process (Independent News, 23rd September 2009).

4.7.1 Compliance with the Procurement Act of 2001

This case is examined in contradiction with the Procurement Act of 2001. The Harare Central Hospital procurement board went against Section 5 which states that subject to this Act, the functions of the State Procurement Board shall conduct procurement on behalf of procuring entities, where the procurement is of a class prescribed in procurement regulations; and to supervise procurement proceedings conducted by procuring entities, in order to ensure proper compliance with this Act, the case presents that the Harare Hospital procurement board failed to perform their duty in compliance with the Act. As supported by Section 11 of the Act which stipulates that if any member fails to perform his or her duties with honesty shall be guilty of an offence and suspended by the president. The procurement board is instituted of an offence involving dishonesty; they should have consulted all the other bidders before awarding the tender to the same bidder (Procurement Act of 2001).

4.7.2 Compliance with the Prevention of Corruption Act

The case is further examined in contravention of the Corruption Act. The Harare hospital procurement board was involved in corruption practices by offering the same tender to the same bidder without consulting other bidders. This clearly shows that the supplier might have been offered a gift or reward to the procurement board which is against the Prevention of Corruption Act, Section 3 which states that any agent, by arrangement with any seller of goods or with any person engaging to render any services, secretly obtains any gift or consideration for himself or for any other person in connection with his principal's affairs or business; or any person corruptly gives or agrees to give or offers any gift or consideration to any agent for himself or any other person as an inducement or reward for doing or not doing, or for having done or not done, any act in relation to his principal's affairs or business; and for showing or not showing, or for having shown or not shown, favour or disfavour to any person or thing in relation to his principal's affairs or business; shall be guilty of an offence.

4.8 A case of the manipulation of tender amounts at Mpilo Central Hospital: description and analysis

On 25th of November 2011, *Bulawayo 24* news and the *Sunday Mail* reported on the investigation of Mpilo Central Hospital, where upon a senior member of staff from the central buying department who was involved in corrupt deals relating to overvaluing and manipulation of the tender amount. The senior member of staff was suspended after allegedly altered the amount on an invoice thereby prejudicing the hospital of $200 000. According to *Bulawayo 24 news*, the fraud was discovered by Auditors from the Ministry of Health and Child Welfare. The senior member of staff was part of a team that was mandated to replace obsolete machinery at the hospital. The team recommended the replacement of a big stove used to cook hospital meals. They brought a quotation of $48 500, the price which was approved by the hospital Procurement and Tender Committee. The implicated senior staff allegedly later added a figure on the invoice to make the quotation read $248 500. The money was paid out to the supplier who gave the senior member of staff his share, though there were several stages at which the discrepancy would have been noticed and usually projects of an amount above $50 000 requires the approval of the Minister. However, it is not clear what the fate of this senior

staff involved in the tender amount manipulation was. This could not be ascertained because of the challenges encountered in accessing such data from the Mpilo hospital as it was deemed confidential. However, as indicated below, what is very clear is that this senior staff contradicted both the Procurement law and Mpilo hospital code of conduct.

4.8.1 Compliance with state procurement law

This case can be grouped under the infringement of law and standard perspective because it entails a deviation from a set of procurement laws and standards. The senior member of staff in question violated the procurement Act 22 of 2001, Section 40 which stipulates that Effect of failure to disclose interest by member of State Procurement Board or committee thereof Without derogation from subsection (4) of section seventeen, if the State Procurement Board or a committee of the Board is conducting procurement proceedings on behalf of a procuring entity and a member of the Board or the committee, as the case may be, contravenes subsection (2) or (3) of that section by (a) failing to disclose any relationship or interest he or a relative of his may have in a supplier in those proceedings; shall be held guilty of an offence. The case clearly shows that the senior officer had an agreement with the supplier since the whole amount was paid to the supplier and senior staff was given his share by the supplier.

4.8.2 Compliance with the Prevention of Corruption Act

This case can be examined as a violation of the Anti-corruption law and standards. The senior member of staff went against the Prevention of Corruption Act, Section 3 which states that If any agent, with intent to deceive his principal, uses; or person, with intent to deceive the agent's principal, gives to an agent; any receipt, account or other record in respect of which the principal is interested and which contains a statement that is false or erroneous or defective in a material particular; shall be held guilty for the offence. The senior member of staff deceived the hospital by manipulating the tender amount for his own personal interest.

4.9 Misappropriation of hospital funds for personal interests

Numerous cases of misuse of hospital funds have been prevalent in the health sector in Zimbabwe. Many media outlets such as *The Zimbabwean Daily* and *NewsDay* have been reporting these cases.

4.9.1 A case of misuse of more that $2 million at Beitbridge Rural District Hospital

On 10 January 2019, the *Newsday* reported that the government auditors were investigating the alleged misappropriation of more than $2 million at Beitbridge Rural District Hospital and at least six clerks have been suspended, while some executives have reportedly vanished. The audit was conducted and revealed there was systematic fraud at the institution, spanning seven years. The workers alleged that donations from the Zimbabwe Revenue Authority, including foodstuffs, blankets and linen, could not be accounted for. Some staff in the procurement, accounts and administration sections are said to have been conniving with suppliers to buy obsolete equipment. This misuse of hospital funds and donations has been largely affecting service delivery by the hospital there will be shortages of hospital equipment and supplies. Also, the purchasing of obsolete machinery has made the rendering of hospital services ineffective (NewsDay, 10 January 2019).

4.9.2 Compliance with the Prevention of Corruption Act

The case was an act of misconduct and violated the Anti-corruption standards. The employees went against the Prevention of Corruption Act [Chapter9:16] Section 3 which stipulates that any agent or person, with intent to deceive his principal or to obtain any gift or consideration for himself or any other person, fails to disclose to his principal the full nature of any transaction carried out in connection with his principal's affairs or business; he shall be guilty of an offence. In this case, the employees were not disclosing the donations transactions from Zimbabwe Revenue Authority and the employees were also purchasing obsolete equipment and not disclose it in the books of accounts, this clearly shows that the employees were acting corruptly at the hospital and contradicting the Corruption Act (NewsDay, 10 January 2019).

4.10 Corruption in the procurement of medical supplies

In August 2014, UNICEF released statistics suggesting that Zimbabwe's maternal death rate had dropped 36 percent since 2009, to 614 per 100,000 live births from 960 per 100, 000, nearly topping Africa's list. Despite this reduction, Zimbabwe's maternal mortality rate is still one of the highest in the world. It is important to note that the majority of these deaths are avoidable as they are due to the lack of access to drugs, essential

equipment and other supplies in health facilities. A media report referred to an investigation that revealed massive corruption affecting the procurement of medical supplies and hospital maintenance works (The Zimbabwe Independent 2013). The investigation revealed irregularities in the procurement processes of several hospitals, including inflation of prices, provision of substandard products and services, flouting of procurement regulations and abuse of sole source procurement. Similar practices were revealed by a special Ministry of Health and Child Care audit at Chivhu General Hospital involving US$2.5 million, where officials were flouting tender procedures, inflating quotes and also creating fictitious ones (The Herald, 2018).

Theft of medical supplies and budget leakages lead to drug shortages and poor-quality services. There are some reports that drugs are stolen in hospitals, exacerbating further challenges of drug shortages, but the Helpdesk hasn't found a report quantifying the scale of the problem (Zimbabwe Standard,2014). A report by the Zimbabwe Human Rights Lawyers (ZLHR) revealed that antiviral medication in public hospitals was being diverted to the black market through covert fraud or the use of ghost patients (ZLHR 2010). The theft of drugs/supplies for personal use or resale in the private sector is considered common practice in public hospitals. Some drugs that are supposed to be given to the patients for free are being sold to them at high prices, leading to lower utilisation of drugs amongst the patients as some cannot afford them (Tizora 2009).

Public resources are also commonly used for personal use, such as ambulances being used as taxis (Tizora 2009).On October 26th 2010, *NewsDay* posted that the shortage of ambulances has crippled the delivery of healthcare services in Harare, where sick people have to endure many hours of waiting before an ambulance is available to transport them to hospital. What is astonishing is that the council bargains money to buy tow away vehicles but cannot buy life-saving ambulances. *NewsDay* further states that, Harare council charges $50 for maternity fees, but due to the critical shortage of ambulances, council has had to hire private ambulance services at exorbitant fees, yet it claims it cannot afford to put together a reliable fleet of ambulances. Yet, local authorities ought to prioritise healthcare by ensuring basics are in place, such as drugs and ambulance services.

4.11 A case of abuse of office

On the 14th of September 2018, *The Herald* posted that former Minister Doctor Parirenyatwa had been arrested as he was facing charges of criminal abuse of office as a public official. He had appointed his suspective relative Madzikwa to the post of NATPHARM managing director. Doctor Parirenyatwa unlawfully appointed Madzikwa whilst Mrs Sifeku contract was still relevant leading to Government of Zimbabwe paying two salaries to one post. Doctor Parirenyatwa was found to have committed an act of nepotism and had abused his office. This case fails the test of compliance as shown below;

4.11.1 Compliance with Criminal Law (Codification and Reform) Act [Chapter 9:23]

When analysed in terms of the Criminal Law Act, Parirenyatwa was not asked to plead to criminal abuse of office charges as defined in Section 174 (1) (a) of the Criminal Law (Codification and Reform) Act Chapter 9:23, when he appeared before Harare magistrate Mr Elisha Singano. Section 174 of the Criminal Law states that if a public officer, in the exercise of his or her functions as such, intentionally does anything that is contrary to or inconsistent with his or her duty as a public officer; or omits to do anything which it is his or her duty as a public officer to do; for the purpose of showing favour or disfavour to any person, he or she shall be guilty of criminal abuse of duty as a public officer and liable to a fine exceeding imprisonment for period not exceeding fifteen years. Doctor Parirenyatwa case can be categorised under the violation of law perspective because it entailed deviation from a set of laws and standards. The State, led by prosecutor Mr Michael Reza, did not oppose bail, but proposed that Parirenyatwa pay $1 000 coupled with stringent conditions. Mr Singano reduced the bail to $500 and remanded Doctor Parirenyatwa. Section 174 of Criminal Law Act prohibits criminal abuse of duty as public officer. Hence, this case constitutes corruption. Also, this act by Doctor Parirenyatwa contradicts the Criminal Law act (Herald, 14 September 2018).

4.12 An Analysis of the causes of corruption in the health sector

In view of various cases laid out above, it is possible to draw some insights about some of the common causes of corruption, as well as the conditions that promote it.

4.12.1 Lack of straightforward policies and their effective implementation

Lack of straightforward policies and their effective implementation permits the rise in corruption within the health-care sector. The absence of a functional code of conduct that is strictly adhered to as an accountability mechanism in the health care system in Zimbabwe has contributed to the increase in incidences of corruption (Mundawarara and Mupanda, 2010). Procurement procedures also pave way for corruption. As evidenced in on the cases shown above, it is possible for a public official to manipulate the procurement process to suit his or her personal needs. In the health sector it has been noted that public procurement has always been seen as an area of waste and corruption and it is noted that corruption and bribery are widespread in government contracts (Kuhn and Sherman,2014). There is a lack of highly regulated procurement laws and there are some loopholes in the procurement procedures. This also has encouraged corruption in the health sector.

4.12.2 Reduction in public funding for health

According to Choguya (2018:90) reduction in public funding for health led to further deterioration of health indicators such as child and maternal mortality. All the gains of the post-independence era due the significant investments in social services were reversed (Bjilmakers,2003). Choguya (2018:91) further notes that the Zimbabwean healthcare system is heavily dependent on donor funding. At the same time the government is criticized for allocating too few funds for health care in its national budget, and actual spending is often much lower than the planned budget (USAID, 2011). Muperi (2014) shows that the cabinet allocated about 8 per cent of the 2014 budget to health, which dropped to 6 per cent in the 2015 budget, instead of the recommended 15 per cent. Under-funding of the Ministry of Health and Child Care has led to the lack of the necessary resources needed to cope with even curable ailments. It is the government's responsibility to promote equitable access to services, assure sustainable financing for health care objectives and prevent the spread of disease. However, due to a number of factors most significant among them being corruption, the Zimbabwean government has failed to date to perform these tasks (Choguya, 2018:91). This failure has led to inadequate and unequal access, poor quality of health care and inefficient services.

4.12.3 Lack of detection and enforcement of punishments for alleged offenders

This procedure involves the gathering of evidence of occurrence of corruption and the punishment heavily of those officials involved in corrupt acts. The goal is to get rid of corrupt health officials. The health sector has been accused of suspending employees who have breached the health laws and regulations instead of imposing harsh punishments. This leads many of the public health officials to corruption. The health sector and government Acts such as Procurement Act, Prevention of Corruption Act and Labour Act stipulate that in the case of a member against whom an allegation of corruption or misconduct is made should be sentenced to a fine of an amount or to a term of imprisonment of any duration. Lack of application of these sentences to offenders lead to more corruption cases being conducted in the health sector knowingly that when found guilty of an offence, there is no harsh punishment other than suspension (Boly and Gillanders, 2018:315)

4.12.4 Family networks and referrals

Family networks and referrals have been a major cause of corruption in the health sector. Many of the public health officials working in government hospitals have a tendency to get involved in corrupt activities involving their family and other networks (Litina and Varvarigos,2018). For instance, in the above case of Mpilo, principal tutor of nursing school has been recruiting candidates from one province which is Masvingo's origin province. This clearly shows that these candidates have been referred to her through family networks and referrals. There is a lack of transparency and honesty in the recruitment process of the health sector thereby creating room for bribery and fraud in the recruitment procedures (Litina and Varvarigos,2018).

4.12.5 Discretion

Discretion in the health sector has been another key cause of corruption. Discretion refers to the autonomous power of a public official to make decisions such as recruitment decisions, procurement and tender approval (Vian, 2008). Huge amounts of discretion without adequate control creates opportunities for corruption. The goal of anti-corruption plans is to reduce discretion by raising appropriate control strategies. The above-mentioned cases show that discretion in the health sector has been a major cause of corruption because in all the corrupt activities conducted by public officials there was extensive collusion among the health workers at different levels in the hierarchy. For

instance, in the case of Doctor Parirenyatwa on the 14th of September 2018, *The Herald* posted that former Minister Parirenyatwa was arrested. Doctor Parirenyatwa faced charges of criminal abuse of office as a public officer by appointing his suspected relative Madzikwa to the post of NATPHARM managing director (Herald, 2018). This clearly shows that the extensive collusion of public officials at different hierarchical levels has been making it difficult for anti-corruption strategies to work on reducing discretion.

4.12.6 Self interest

Self-interest has been causing public officials to act corruptly in the health sector. Jaen and Paravisini, (2001:58) stipulated that public officials weigh the costs and benefits of acting corruptly against the costs and benefits of acting with integrity and honesty, then choose to act in the way that maximizes their self-interest. For instance, the salaries and wages of public officials are usually lower and not adequate to satisfy their self-interests, which results in many of the public officials in the health sector to conduct corrupt acts. Based on the above-mentioned cases, Kenny (1999) argues that public officials will engage in corrupt activities if the incentive of corruption is higher than that of their normal salary. This will encourage the public officials to seek bribes from candidates and tender bidders involved in fraudulent activities in order to get money to maximize their self-interests (Corruption Watch handbook, 2014).

4.12.7 Lack of transparency in the health care sector

Transparency policies may include government mandated disclosure of information or may involve external agents such as the media (Fung et al, 2007; Grimmel, Weske, Bouwman and Tummers, 2017). Another root cause of corruption in the health sector is lack of transparency in the health sector activities and performance. The key idea behind transparency is to actively disclose all the information on transactions and performance of the health sector which reinforces accountability. In the health sector there are low levels of information transparency; there are rather information asymmetry. The above cases reveal that most transactions at hospital have been conducted confidentially, for instance at Beitbridge rural hospital; the officials have been receiving donations from the Zimbabwe Revenue Authority for a number of years and this has not been accounted for or disclosed to any other top officials. This clearly shows that this non-disclosure of important information has been leading public officials to conduct corrupt acts.

Furthermore, transparency helps to document and disseminate information on the scope and consequences of corruption, information which can help build support for anti-corruption strategies and target enforcement efforts.

The table below gives some details of some of the common causes of corruption in the health sector.

Table 4.2 Causes of corruption in the health sector

Causes of corruption	Detailed description
Greediness	In the health sector, drugs meant to be for free distribution are sold by nurses (The Standard, 2012). The level of corruption and greediness in the health sector has reached unacceptable levels in Zimbabwe (The Zimbabwe, 2011) Corrupt practices are extensive where powerful people connected to hospital officials get tenders to offer certain services, for example running private pharmacies at public institutions. The end result will be the public health facility deliberately not stocking medicines and patients end up buying at the private pharmacies (Munatsi cited by Zimbabwe Independent, 2017).
Low quality medical care	Doctors working in public hospitals, for example, are poorly compensated leading to poor motivation. As a result, the quality of medical care deteriorates for low income patients who are predisposed to exclusively rely on public hospitals (Bouchard, et al 2012). Goredema (2000) further states that the declining moral values and the lack of ethical code of conduct in public enterprises promote corruption.
Over reliance on donor funding	There are no donations that can adequately cover a whole country's health needs (The Gazzette, 2014). Massive drug shortages, strikes by doctors and nurses, inadequate public financing and over-reliance on out-of-pocket and external financing, inadequate public infrastructure and ill-equipped hospitals and healthcare staff shortages pave the way for corruption in the health sector (*Zimbabwe Independent*,2017). Corruption remains rife in procurement processes in public health institutions (*Zimbabwe Independent*, 2017).

This is by no means an exhaustive list of the causes of corruption in the health sector, but simply an illustrative list. In view of the causes described above, it is imperative to

discuss how have the levels of corruption affected service delivery in health sector in Zimbabwe.

4.13 How levels of corruption have affected service delivery

Corruption has been prevalent in the health sector. At each hierarchical level, there are huge negative effects of corruption in the health sector in Zimbabwe. Nyoni (2017:285) notes that corruption is very harmful and unacceptable. As shown in the above cases, there has been misuse of hospital funds for personal interests and fraudulent activities for personal gains by health officials. Since the hospital officials have been misusing the hospital funds through the purchase of obsolete equipment and diverting the hospital funds for personal use, this has led to the reduction of hospital revenue which resulted in poor service delivery to patients.

According Transparency International (2018) Zimbabwe is ranked 166th out of 180 countries in the Corruption Perception index. On a scale of 0 to ten, with highly corrupt countries being rated as 0 and 10 very clean; Zimbabwe is ranked 2.2 (Transparency International, 2018). The prevalence of corruption has increased in recent decades in Zimbabwe as indicated by their decline from 3.0 to 2.2 in 2011 (DFID, 2013). The rankings are informed by monitoring and evaluation surveys which are conducted on the corruption perceptions of a country by Transparency International. Such poor rankings affect the confidence of investors and the donor community that has helped Zimbabwe during difficult times (DFID, 2013). According to the betrayal of trust theory (Rotberg, 2009), the health officials involved in corrupt activities gave their hospitals a bad reputation and led to a trust deficit as the public tends to lose faith in the health sector. The Prevention of Corruption Act prohibits active and passive bribery, gifts and facilitation payments in the public and private sectors. Reduced trust between health sectors and citizens has a damming effect on the reputation of health institutions.

4.14 Possible remedies for fighting corruption

The need for lasting solutions to corruption in the Zimbabwe health sector is eminently clear and very urgent. The following could be some of the possible remedies to corruption in the health sector.

- Review of legislation/policies dealing with corruption in order to achieve coordination. PSA (2001) argues that no single anti-corruption agency has the capacity to address corruption, but rather that this requires more coordinated efforts from other agencies. A coordinated effort in dealing with corruption is important. The health sector can align its policies with legislation dealing with crimes in Zimbabwe such as the Prevention of Corruption Act, Chapter 9:16; Serious Offences Act, Chapter 9:17; and Criminal Procedures and Evidence Act, Chapter 9:07.
- Zimbabwe can secure major improvements in mortality and nutrition of young children, and its experience to the strategy of developing health systems. Successful implementation depends on understanding local practice and preferences rather than on generalised models of how people should behave and their needs. This in turn relies on the organisational and learning capacities of not just communities but also local health providers and policy makers. A good relationship between healthcare providers and clients is essential and different approaches to produce sustained improvements in health.
- Increase numbers and capacity of health workers: The low capacity of health workers may be a factor contributing to corruption. Dealing with corruption requires combined efforts starting with an increase in numbers and the capacity of health workers. The health sector nearly collapsed and several hospitals, clinics and health centres across the country were closed due to a shortage of doctors and nurses, obsolete equipment and a scarcity of medicine (Makochekanwa et. al., 2010).
- There must be specialised units that are trained to investigate and detect corruption in the health sector. There must be an independent oversight body monitoring the operations of health sector employees and their conduct during working hours.
- Establishment of a climate that makes engaging in corruption challenging: this should include uncompromising punishment for officials and agents of corruption. Naming and shaming should be strongly adopted and available on social networks.
- Even though the increasing involvement in dealing with corruption and increasing resources to combat corruption in the health sector it still not clear which remedy is most appropriate. The above proposed remedies could work but this does not necessarily mean that they will be successful in combating corruption in the health sector. However, they are worth implementing in order to improve the environment.

4.15 Conclusion

This study sought to provide an exploration of corruption in the health sector in Zimbabwe. This chapter attempted to provide examples and an analysis of different types of corrupt activities in the health sector. Among others, some common forms of corruption identified included bribery, nepotism and procurement smuggling, push-money, bribes and misappropriation of hospital funds for personal interests. The chapter further analysed the causes and consequences of corruption on service delivery in the health sector. The chapter emphasized that corruption impacts negatively on service delivery and revenue collection with significantly adverse implications for the country. The main conclusion of the chapter is that the law and systems in place seem to be effective at face value, but in actual fact they have so far failed to curb corruption. The discovery of the cases both indicate the relative success and failure of systems that are in place. The next chapter provides a summary of findings and main conclusions of the study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This final chapter of the thesis presents an overview of the conclusions of the research, chapter summaries and recommendations based on the study findings, and in summary form, provides commentary on the overall problems of corruption in the health sector. This chapter also presents areas for further research.

5.2 Chapter Summaries

Chapter one introduced the research study on the exploration of corruption in the Zimbabwe health sector. This chapter gave an overview of the whole study. It covered the main topics which include the background of the study, statement of the problem, research objectives, research questions and research justification. Limitations and delimitations of the study were also discussed in this chapter.

Chapter two provided relevant literature of the study. Some of the discussed issues in this chapter include the concept of corruption, forms of corruption, types of corruption and the theoretical framework of corruption. It also covered the causes, consequences of corruption in the public health sector.

Chapter three discussed the research design, population, target population and sampling techniques, research instruments, data collection and data analysis. Data was collected using secondary sources. Data presentation and analysis, ethical consideration, validity and reliability were also covered in this chapter.

Chapter four looked at data presentation and analysis in line with key areas of the research. The collected data was in the form of cases and was analysed in textual form and summary analysis. The findings revealed that there is massive corruption in the health sector.

5.3 Research Findings

This study sought to make an exploration of corruption in the health sector. The findings are presented as follows:

Forms or manifestations of Corruption in the Health sector.

The study found that that there is corruption in Zimbabwe in the health sector and the following were identified as the forms in the health sector;

- Bribery: The study findings indicated that cases of bribery and or informal payments have been prevalent in the health sector in Zimbabwe, for some instances, HIV patients were told that certain drugs were unavailable or that diagnostic equipment was broken until they pay a bribe.
- Favouratism and Fraud: The research outlined that cases of favouratism and fraud in nursing recruitment have been prevalent in the health sector.
- Embezzlement of funds and theft: The study established that the Zimbabwe health sector is associated with cases of theft and embezzlement of funds in the procurement of hospital supplies. The study also indicated that the theft of medical supplies and budget leakages has been leading to drug shortages and poor-quality services in the health sector.
- The research findings also indicate that there has been a manipulation of tender amounts and dishonesty in the Zimbabwean health sector procurement process.
- The research findings also presented that there have been cases of mismanagement and misappropriation of hospital funds for personal interests. The study established that this form of corruption has been the most common in the Zimbabwean health sector.
- The study also found out that there have been cases of abuse of office in the Zimbabwe health sector. The study established that abuse of office has been caused by autonomous power given to public officials by the government.

Corruption and Service Delivery in the Health sector

The study found that corruption in the Zimbabwean Health Sector has been prevalent at all levels. The study established that mismanagement of funds, theft and selfish interests by public health officials has affected negatively the service delivery. For instance, public hospital officials have been misusing the hospital funds through the purchase of obsolete equipment and diverting the hospital funds for personal use, this led to the

reduction of hospital revenue which resulted in poor service delivery to patients, shortages of drugs and malfunctioning of hospital equipment. The study also found that abuse of office and other forms of corruption have resulted in a bad reputation of hospitals and the Zimbabwe health sector at large. The research findings also indicated that favouratism and bribery in nursing recruitment has affected the delivery of health services since corruption has led to the employment of unqualified and inexperienced nurses and medical doctors.

Causes of Corruption in the Health sector.

The following were identified as causes of corruption in the health sector;

- The study indicated that the health sector lacks effective implementation measures to fight corruption. The research findings indicate that the health sector lacks a functional code of conduct that is strictly adhered to as an accountability mechanism.
- Reduction in public funding for the health sector led to further deterioration of health service delivery.
- Lack of detection and enforcement of punishments for alleged offenders; lack of application of these sentences to offenders lead to more corruption cases being conducted in the health sector
- Family networks and referrals has been a major cause of corruption in the health sector. Many of the public health officials working in government hospitals tend to get involved in corrupt activities involving their family and other networks
- There is a lack of transparency and honesty in the recruitment process of the health sector thereby creating room for bribery and fraud in the recruitment procedures.
- Discretion in the health sector has been another key cause of corruption. This autonomous power has led to corruption in the procurement process, recruitment process and even led to abuse of office.

5.4 Conclusion and Recommendations

The study concludes that Zimbabwe's corruption in the health sector manifests in various forms such as bribery, theft, abuse of office, mismanagement of funds, and favouratism. Although the public health sector has put in place several mechanisms to fight corruption such as the Anti-Corruption Act, there is a serious problem with the

implementation of the policies so that they can be effective. The study also concludes that lack of transparency and accountability, discretion, family networks, economic hardships and lack of public funding are the major driving forces behind corruption in the Zimbabwean health sector. The study also outlines that corruption in the public health sector has affected the delivery of health services. Mismanagement of funds, abuse of office, favouratism and fraud has led to the procurement of malfunctioning equipment, shortages of hospital supplies and recruitment of unqualified health officials. Hence, corruption is prevalent in the public health sector and has affected negatively the delivery of health services in Zimbabwe.

In addition, the following recommendations are made in order to re-emphasize ways that the Zimbabwe health sector needs to combat corruption.

- There is need for restructuring the public health sector hierarchical management levels to reduce abuse of office and discretion.
- The sector should effectively implement the Anti-corruption Act and ensure punishment for corrupt health officers is granted to reduce the number of corruption cases.
- The government should stop solely relying on donor funding and should also increase public health care funding in the health sector to improve health service delivery.
- The government should increase the salaries of public health officials in a way to reduce cases of bribery or cases of diversion of hospital funds for personal interests.
- The public health sector should develop and nurture the culture of excellent service to create public confidence in health institutions. The sector must also operate under a specialised oversight body.

5.6 Further Research Study Area

This research study recommends further research on the anti-corruption mechanism within the public health sector. An empirical study is particularly required in order to shed light on the effectiveness and impact of the Anti-Corruption Act to curb corruption in the public health sector

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