THE ENIGMA OF TRANSPARENCY IN PPP PROCUREMENT AND IMPLEMENTATION:

THE CASE OF THE INDIA – ZIMBABWE KIRAN FUNDED HOSPITAL.

AFRODAD

African Forum and Network on Debt and Development

CONTENTS

ACRONYMS

AFRODAD	African Forum for Debt and Development
AIDS	Acquired Immuno Deficiency Syndrome
CEO	Chief Executive Officer
COVID – 19	Coronavirus Disease 2019
ESAP	Economic Structural Adjustment Programme
GDP	Gross Domestic Product
HIV	Human Immuno Virus
HSB	Health Services Board
LLC	Limited Liability Company
MoHCC	Ministry of Health and Child Care
MOU	Memorandum of Understanding
NSSA	National Social Security Authority
NUST	National University of Science and Technology
PPP	Public Private Partnership
Pvt	Private
SGI	Sharda Group of Institutions
SHDA	Senior Hospital Doctors' Association
SOE	State Owned Enterprises
UK	United Kingdom
USA	United States of America
ZANU – PF	Zimbabwe African National Union – Patriotic Front
ZIDA Act	Zimbabwe Investment Development Agency Act

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY AND KEY FINDINGS

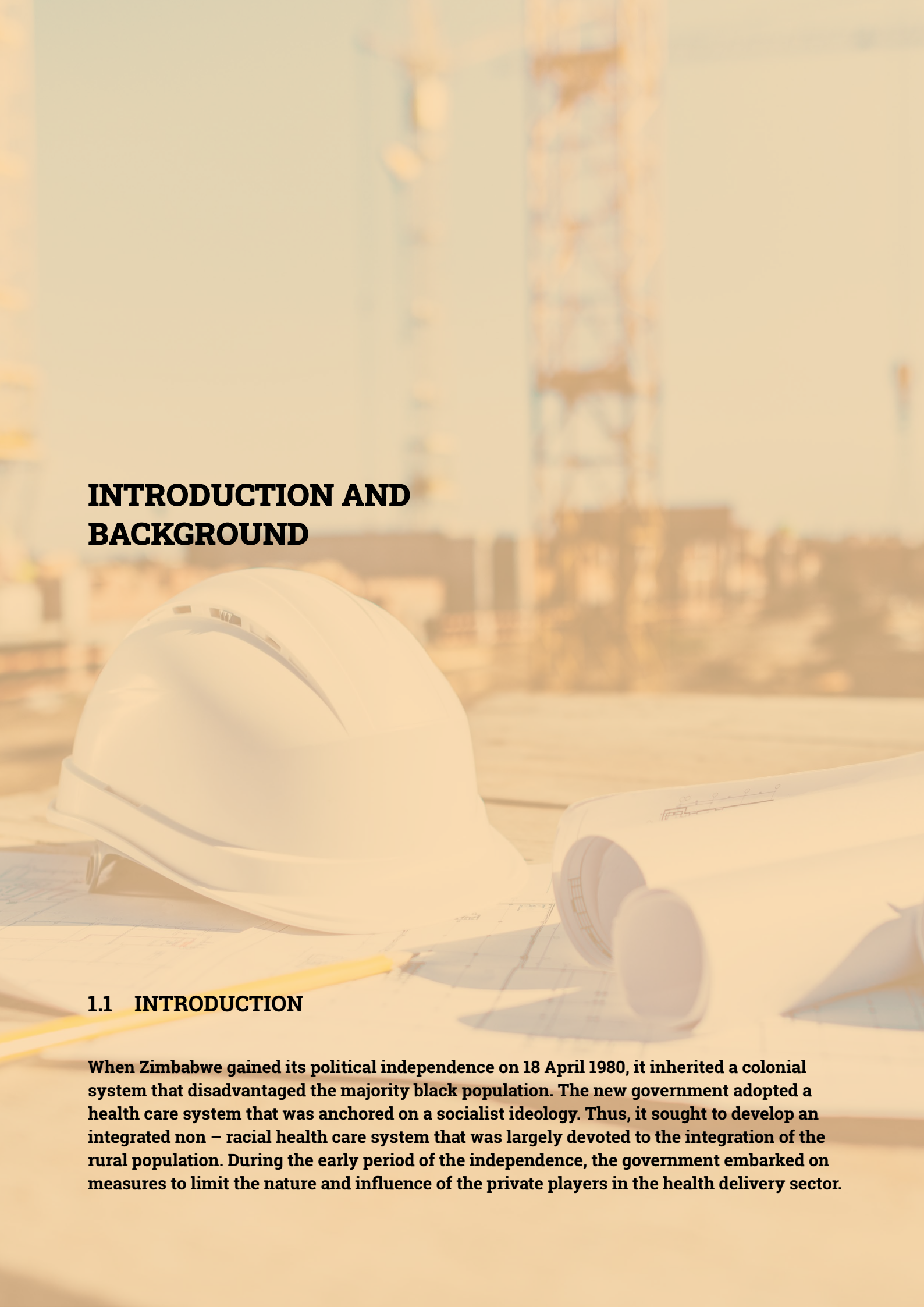
This investigative journalism project on transparency in PPP procurement and implementation was carried out due to the proposal of the development of the Kiran Hospital Investment in Zimbabwe. Kiran Hospital is an Indian firm that has shown immense interest in constructing a 550-bed medical facility in Bulawayo on the basis of a public – private partnership model. The study undertook to have a better understanding of the form and processes followed in identifying and proposing the needs and actors of the public – private partnership between the Zimbabwean government and the Indian firm.

The Kiran Hospital investment case came as a specialized institutional arrangement with the government to facilitate the promotion of quality health care services in Zimbabwe. This was selected in view of the challenges that the country continually faces in the promotion, coordination and monitoring of public – private partnerships as no meaningful PPP initiatives have been successfully implemented.

The report is of the view public private partnerships involve projects that are long term in nature and it undertook to look at the regulatory and institutional framework for the proper implementation. However, it noted that Zimbabwe is bedeviled with policy inconsistency as well as weak institutions for the effective promotion of public private partnerships. Thus, the Kiran Hospital investment is rendered a political posturing as it has no clear rights and obligations of the parties to the arrangement

Therefore, the study explored the modalities that are currently in place to ensure proper and adequate implementation of the Kiran Hospital investment model. The Kiran Hospital investment revealed pertinent transparency questions on PPPs in general and health financing in particular. Government's stance on the role of private players in the health sector has never been consistent. This report reveals a collapse of the SGI agreement with Ekusileni under unclear circumstances.

After the collapse of the SGI agreement, the government was in the media reporting that they have since identified new investors. The then Provincial Medical Director for Matabeleland North led the identification process. The study has since established that the new investors from India were Kiran Hospital but finer details to the arrangement were not given.



INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

When Zimbabwe gained its political independence on 18 April 1980, it inherited a colonial system that disadvantaged the majority black population. The new government adopted a health care system that was anchored on a socialist ideology. Thus, it sought to develop an integrated non – racial health care system that was largely devoted to the integration of the rural population. During the early period of the independence, the government embarked on measures to limit the nature and influence of the private players in the health delivery sector.

Robert Gabriel Mugabe, the founding leader of Zimbabwe stepped down as the President in November 2017, leading to Emmerson Dambudzo Mnangagwa becoming the second Executive President. The second republic adopted a "Zimbabwe is open for business" and "Vision 2030" narrative. The stated narratives were to be used as launch pads for international re-engagement efforts in an endeavor to restore confidence in the economy as well as attract financing for development from both private and public entities. The Zimbabwe is Open for Business mantra became the main driving force of the reform process in the economy. With this narrative as the bedrock for investment promotion, some government officials are making frantic efforts to lure an Indian firm to partner the government in the health sector.

On 27 February 2019, The Herald reported that an Indian firm that specializes in cardiology and cardiothoracic surgery, neurosurgery among other things is set to construct a 550-bed sanatorium in Zimbabwe, which will serve local patients and those from other African countries. The primary source of the article was the sister daily newspaper The Chronicle based in Bulawayo.

The construction of the specialist hospital was to be done on a public private partnership arrangement within the confines of the 2016 – 2020 National Health Strategy and the 2016 Health Financing Policy. These two policy documents seek to respond to the socio – economic challenges facing Zimbabwe through providing an appropriate framework for the harnessing of the required resources needed to achieve universal health care from both the public and private sector1

However, the health delivery system has been adversely affected by sporadic outbreaks of epidemics such as typhoid and dysentery, increased maternal mortality, shortage of funds to procure equipment and drugs and there has been a serious lack of commitment to rehabilitate social infrastructure2) The sector faces inadequate funding and has not met the Abuja declaration of allocating 15% of its budget towards health. This has meant that the country has been unable to realise its full potential of providing sufficient and quality services to its people. In addressing these stated challenges within the health sector, the study noted elements of secrecy around the nature and form of the public private partnership arrangement with Kiran Hospital. The information gathered by this study revealed lack of consultation and/or limited information in the public domain on the development of the project.

1.2. PROBLEM STATEMENT

The advent of PPPs in Zimbabwe is seen as a sustainable financing and institutional mechanism with the potential of bridging the infrastructure gap. However, PPP's especially in the health sector have been met with mixed interpretations. A study of data from various reports and surveys suggests that out of the total number of projects awarded by the Zimbabwean government, a very small number of the projects reach the completion stage and most of them are shrouded in controversy and secrecy. A host of regulatory, financial, fiscal, institutional, political and social factors are responsible for this unfavorable state of PPP's in Zimbabwe. The major factors that hamper effectiveness in the PPPs include multiple clearances from different departments, regulatory and institutional challenges and restrictive government policies.

This study focuses on the procedure and steps taken to reach an agreement in the PPP procurement phase in accordance with the ZIDA Act. The procedure in relation with the Zimbabwe-India Kiran Hospital PPP has been found to be in contradiction to the provisions of the ZIDA Act

1 http://www.ahfoz.org/wp-content/uploads/2017/09/health-care-financing-Ahfoz-Gwati.pdf

2 https://www.afdb.org/fileadmin/uploads/afdb/Documents/Generic-Documents/1.%20Standalone%20Summary%20Report.pdf page 23 - 25

The purpose of this investigative study is to ascertain whether proper procedures have been followed in the development of the Public Private Partnership arrangement with the said Indian private firm. Section 34 of The Zimbabwe Investment Development Agency Act establishes a PPPs unit that is responsible for the processing and approval of the PPPs agreements in Zimbabwe. According to Part II of the Fourth Schedule,

"Whenever a contracting authority wishes to enter into a PPP agreement in relation to the exercise of any of its functions or responsibilities, it shall—

(a) identify a project to be implemented by virtue of a PPP agreement; and

(b) develop the identified project proposal by means of a pre-feasibility study, and submit the proposal to the Unit for preliminary assessment or evaluation; and

(c) invite expressions of interest in a project where appropriate by means of a public advertisement in the print, electronic or broadcast media or in any other transparent manner:"

Thus, the Zimbabwe – India Kiran Hospital PPP arrangements falls short of the provisions alluded above and raises a lot of questions basing on transparency and accountability. By the time of this report, the arrangement has not gone through the procedures as outlined on Part II of the Fourth Schedule.

1.3. PPP PORTFOLIO PROFILE OF ZIMBABWE

The New Dispensation Government recognizes that private actors have a role to play in infrastructure development and can effectively do that through Public Private Partnerships (PPP). To date, a successful Public Private Partnership arrangement has been the partnership between United Bulawayo Hospitals (UBH) and the Zimbabwe Orthopaedic Trust. The terms of a concession Agreement signed on the 14th February 2017 by the two parties state that the Zimbabwe Orthopaedic Trust will build a paediatric orthopaedic hospital that will cater for the Southern Region and the country. It is reported that the total cost of the project is US$2.5 million, with US$1.5 million to be spent on the construction and refurbishment while the other US$1 million set to be used to purchase equipment. In 30 to 40 years, the Zimbabwe Orthopaedic Trust, under the agreement will transfer hospital site back to United Bulawayo Hospitals (UBH). The private actor in the agreement was responsible for the building, management and operations of the hospital. By 12 March 2020, media reported that the UBH Orthopedic hospital has been completed and will be officially opened in December 2020.

The details regarding how the Zimbabwe Orthopedic Trust will recover its investment are still sketchy as the facility will offer free medical care to children up to 18 years of age.

However, the operating environment in Zimbabwe for private investment in infrastructure lack clear regulatory and institutional framework. Private actors will be skeptical in joining PPP arrangements unless the investment climate is positive. According to the Global Competitiveness Index 4.0 2019 Ranking, Zimbabwe is ranked 127 out of 141 assessed countries.

Article 49 of the Procurement Act provides for the tendering and contracting procedures as well as choice of the private partnerships. However, there is no provision in the law for the negotiation and signing of the PPP contracts as well as rights and obligations of both public and private partners.

The majority of the PPPs in the health sector are mainly infrastructure–based model focused

on building or refurbishing public healthcare infrastructure, with a few being an integrated PPP model that provide a comprehensive package of infrastructure and service delivery. The Zimbabwe-India Kiran Hospital PPP is envisaged to be an integrated PPP model.

1.4. OBJECTIVES OF THE RESEARCH:

- Assess the evolution and rise of privatisation and PPPs in the delivery of social services in Zimbabwean highlighting the rationale for PPP/ Privatisation uptake
- Analyse the trends and drivers of privatisation in Zimbabwe's health sector
- Collate data on the Zimbabwe-India Kiran Hospital PPP highlighting the Memoranda of Understanding (MOUs), agreements and contracts (incl. financial) that have been signed with special emphasis on the procurement processes followed
- Identify the policy challenges that have been arising from adoption of PPP models in the health sector
- Propose possible policy and regulatory measures on PPPs in Zimbabwe.

UNDERSTANDING PRIVATIZATION

“Privatization is defined in more general terms as the transfer of ownership and control from the public to the private sector3“-. The majority of African governments having gained independence from colonialism adopted state ownership of the formal economy and were key players in the provision of social services like education and health. However, these countries constantly faced challenges of inadequate supply and delivery of social services due to widespread institutional weaknesses of state-owned enterprises. Thus, poor service provision by loss-making state-owned enterprises led first to reforms short of private sector involvement.

3 Alfred G. Nhema, Privatisation of Public Enterprises in Developing Countries

The 1990s saw the concept of PPPs and privatization gaining momentum in the African economies as the governments tried to move away from direct ownership and management of the economy. The privatization model was, however, a response by African governments to donor demands for reduced government participation in the economy. The design and implementation of the privatization schemes adopted an appeasement form as the African governments were more interested in allaying donor fears on their commitment to economic reform "than out of ideological or economic conviction." Steve Kayizzi-Mugerwa (2002). Bennell (1997) reports that smaller State-Owned Enterprises were usually targeted during the initial stages of privatization programs in most African states as they were deemed easy to dispose and this resulted in fewer entities being subjected to privatization. Nevertheless, most of the African states ended up implementing public – private partnerships as a central tool of governance within the spectrum of privatization.

Zimbabwe embarked on privatization initiatives as a key part of the policy, conditionality on which the approval of aid or loans was depended. PPPs were later increasingly seen as a mechanism to develop infrastructure on a cost effective and sustainable basis. They were seen as having a potential to unlock the much-needed financial resources to fund projects on electricity, telecommunications, transport, water, education and the health sectors.

METHODOLOGY

The 2017 Zimbabwe Demographic Dividend study states that challenges in the health delivery system "are compounded by health systems constraints related to shortages of critical health workforce, aging infrastructure and equipment, supply of medicines and other commodities, limited health funding currently at $24 per capita (2015 estimate) versus the recommended $86 and general challenges with the service delivery platforms and the enabling environment." The current COVID-19 phenomenon has to a larger extent exposed most of the financing gaps. The inadequate funding of the health sector by the Zimbabwean government and a series of allegations of corruption in the handling of COVID – 19 funds has exposed the country to the dangerously spreading pandemic. The media reports of the cases involving Drax International and Jaji Investments in the procurement of COVID 19 related personal protective equipment revealed lack of due diligence in public private partnerships in the health delivery system. Therefore, this investigative report embarked on proving the assumptions.

Thus, this study adopted a methodology that included a rigorous combination of documentary research, key informant interviews, and site visits.

Table 1: Ekusileni Visit Brief

Ekusileni Hospital was already one of the facilities earmarked in this research just that it has a 200-bed capacity while Kiran Hospital was talking of 550 bed capacity. Further investigations were then conducted after an Indian company ditched the Zimbabwean government on Ekusileni at the last minute.

This involved the collection and analysis of documents and other material relevant to the Kiran Hospital investment model. The documents collected included the ZIDA Act, the National Health Strategy (2016-2020) and the National Health Financing Strategy. At the same time, media reports on the subject matter were also collected and analyzed. The study team interviewed witnesses.

PPPs AND PRIVATISATION OF HEALTH SERVICES IN ZIMBABWE

4.1. CONTEXTUAL ANALYSES, REGULATORY FRAMEWORKS, PRE AND POST NEW DISPENSATION

The socio – politico and economic dispensation of 1980 was premised on a socialist ideology and was characterized by increased government spending in health, education and other social welfare programs. The adoption of the state led development strategies was meant to address the colonial imbalances that were inherited at independence. This was pronounced clearly in the 1981 Growth with Equity policy document which focused on the redistribution of wealth, expansion of rural social infrastructure and redressing social and economic inequality including land reform. Thus, the economic activities of the public sector were developed with the main objective of crossing the bottlenecks that resulted from a repressive and discriminatory colonial system.

The socio – politico and economic dispensation, however, considered the role of the public sector in providing public goods, foreign consequences, establishing infrastructure, redistribution of revenues, materializing social justice and removing poverty and depravation as important. Therefore, the intervention of the government in economic affairs with respect to the flaws observed in the repressive and discriminatory colonial was justified for achieving the optimal conditions.

Zimbabwe registered impressive health gains in the first decade of its independence in 1980 but was soon undermined by the human immunodeficiency virus (HIV) epidemic and the socio - economic crises, which were worsened from the mid-1990s. In 1990, the Zimbabwean government adopted the Economic Structural Adjustment Program (ESAP) as a response to how the command economy was performing. The period of the command economy was characterized by negative economic growth rates that were caused by the inefficiency of State-Owned Enterprises and the marginalizing of the private sector by the public sector in resource allocation. This resulted in the government re-considering adopting the free-market economic system. The ESAP policy centered on fiscal and monetary policy, trade liberalization and economic deregulation as well as reductions in public spending on social services as a way of reducing deficits to no more than 5% of GDP. The reduction in public spending on social sectors like education and health saw school fees and medical care charges being reinstituted, the ending of price controls and labor relations deregulated. The state-owned enterprises subsidies were greatly reduced and were directed to operate as commercial entities and were not privatized. The main objective of ESAP was to strategically position the private sector to be the engine of the expected economic growth and development.

Thus, privatization of the state-owned enterprises was considered as a way for rationalizing the economic structure and in the process reduces the pressure applied by these entities on the government budgetary obligations.

The health delivery system in Zimbabwe has four levels that inform the institutional framework and they include primary, secondary, tertiary and quaternary. It is structured in a way that the primary health care is the main vehicle through which health care pragrammes are implemented and is basically focused on maternal and child health services. These are mainly provided by the public sector through the Ministry of Health and Child and Care and the Ministry of Local Government. The public sector provision of health services is complimented by the private sector health facilities.

According to the National Health Strategy there are gaps in the six pillars of health systems for efficient health delivery services medical equipment, critical for diagnosis and treatment is old, obsolete and non-functional and the health system is grossly under-funded.

An enabling regulatory framework will support the implementation and sustenance of the health delivery service in Zimbabwe. The traditional regulatory framework focused on standard setting within the social context as opposed to economic context that is premised on the markets. The regulatory framework is deliberate move by the government earmarked to control and influence variables like quality, price and even quantity. The regulatory and institutional framework for health in Zimbabwe is premised on the common law, customs and traditions of the sanctity of life. Constitutional provision and other statutes on health recognize the sanctity of life, endeavor to protect it and put in place measures to prevent unnecessary and preventable destruction of human life.

The Health Services Act [Chapter 15:16] provides for the conditions of service of health service personnel. It is important as it help in securing an enabling environment to ensure a progressive health discourse as poorly organized health service leads to poor health service delivery and a compromised public health. On the other hand,

the Public Health Act [Chapter 15:09] seek to provide for the public health through preventing and guarding against "the introduction of disease from outside; (b) to promote the public health, and the prevention, limitation or suppression of infectious and contagious disease within Zimbabwe… (d) to promote and carry out researches and investigations in connection with the prevention or treatment of human diseases…" the provisions of the Public Health Act [Chapter 15:09]also provide for the institutional mechanisms for response to, requirements for notification of "formidable infectious diseases", and management of outbreaks.

These pieces of legislation have been buttressed by both the National Health Strategy (2016-2020) and the National Health Financing Strategy. The stated policies institutionalize the implementation of the health delivery services.

Zimbabwe's health care system is influenced by both public and private factors, which determine the quality of health care delivery. The process of improving the quality of health care delivery requires that health systems function efficiently and effectively through regulatory and institutional framework. The regulatory and institutional frameworks ensure that the arrangement operates in a manner that does not undermine social objectives but move towards their achievement. Regulatory frameworks and institutional frameworks clarify policy objectives, define the scope of partnership and establish instruments for partnership.

The health delivery system in Zimbabwe has been characterized by a dominant public sector in the provision and financing of health services. The private actors in the health delivery systems started

It becomes necessary to set legal and institutional framework at the governmental level in order to secure transparency and fairness of the process of privatization.

In 2009 the State heralded PPPs as a possible avenue in resuscitating the ailing public hospitals. This led to the State's enactment of regulatory supporting framework. These were namely the Public-Private Partnership Policy (2010), Public-Private Partnership Guidelines (2010), Public Private Partnership: Legislative Review for Zimbabwe (2010) and the Institutional Framework, Public-Private Partnership (2010). These were meant to spearhead the formation of PPPs within the various areas of the ailing economy (MoHCC, 2012). In 2015 and The Joint Venture Act (Chapter 22:22)

4.2. ZIMBABWE HEALTH SYSTEMS STRUCTURE AND FACILITIES

Zimbabwe has a total of 214 hospitals which is made up of 120 public hospitals run by the Ministry of Health and Child Care. The remaining 94 hospitals are composed of 62 mission hospitals and 32 are privately owned. Of the public hospitals there are 6 central hospitals, 8 provincial hospitals and 63 district hospitals and the rest being rural health centers. The Zimbabwean Government promulgated the public – private sector partnership (PPPs) policy thrust by calling the private sector to partner the government in an effort to address decade long deterioration of social infrastructure, under which the private sector would be called in to partner Government. The Zimbabwean government has constantly failed to recognize the provisions of the Abuja Declaration, which resulted in the continued deterioration in public infrastructure.

The perpetual socio – economic and political challenges facing Zimbabwe resulted in a reduction in real terms of fiscal support for public health system funding.

A classic example of an attempt to have a PPP arrangement can best be illustrated by the engagement of Surdax Investments by Harare Central Hospital (now Sally Mugabe Hospital) to provide laundry services on 15 December 2014. The arrangement allowed Surdax Investments

to provide on – site laundry services based on a Build – Lease and Transfer arrangement. The Memorandum of Understanding agreed between Harare Central Hospital and the laundry firm states that "The Lessee shall supply new laundry equipment and linen and refurbish the department and make other changes which will assist in the performance of the agreement…after such refurbishment, upgrading and installation the Lessee shall provide all laundry services required by the Lessor." This PPP arrangement was to last for a period of five years with the lessor paying the lessee for the laundry services. It had a provision for the handing over of the laundry and all the improvements to the lessor. However, the arrangement failed accountability and transparency test and subsequently the arrangement faltered. When the arrangement with Harare Central Hospital failed, Surdax Investments was subsequently awarded a cleaning services tender by Parirenyatwa Group of Hospitals in 2016. The tender was awarded under no CLE01/2016 and was challenged in court by a Bulawayo based Nyekile – One Pennyhalf citing corruption in the awarding process.

The study had secured an appointment with the then Minister of Health and Child Care, Dr Obadiah Moyo before his removal from office. He was removed on charges of corruption and abuse of office on 07 July 2020 after being implicated in a COVID – 19 equipment procurement scandal that was later known as the Covidgate. Dr Moyo had been appointed as the Health Minister on 07 September 2018, after serving as the Chief Executive Officer of Chitungwiza Hospital from 2005. The former health minister was later dragged to court after he had allegedly awarded COVID – 19 equipment supply contracts to Drax International LLC and Jaji Investments without following proper government procurement procedures. He has since been replaced as Health Minister by Vice President Retired General Constantine Chiwenga.

On the 13th of July 2020, the Health Services Board (HSB) fired five public hospital Chief Executive Officers and sent at least a dozen directors from the ministry of health on indefinite leave. The government justified this move as a way to pave for a restructuring exercise within the ministry. The hospital CEOs who lost their positions were Ernest Manyawu of Parirenyatwa Group of Hospitals, Dr Tinashe Dhobbie of Sally Mugabe Central Hospital (fomerly Harare Hospital), Dr Enock Mayida of Chitungwiza Central Hospital, Nonhlanhla Ndlovu of the United Bulawayo Hospitals and Leonard Mabhandi of Ingutsheni Hospital. Following on the heels of this decisive move, the government went on to appoint an acting permanent secretary for the Ministry of Health and Child Care, Dr Gibson Mhlanga after the reassignment of Dr Agnes Mahomva to the COVID – 19 Taskforce. The firing of hospitals Chief Executives was as a result of a series of an industrial action by doctors and nurses over poor working conditions and remuneration. This prompted an enquiry by the Parliamentary Portfolio Committee on Health and Child Care on the status of the health sector in Zimbabwe. The enquiry discovered a serious scandal linking to the purchase of hospital equipment from India. The equipment was allegedly purchased from Narula Exports of New Dehli, an entity that is known to manufacture hospital equipment. This enquiry revealed that senior ministry of health officials had been procuring hospital equipment without following correct procedures resulting in the purchase of obsolete refurbished equipment. According to the Chronicle of 23 March 2020, the hospital equipment procurement scandal was initially exposed by the Senior Hospital Doctors Association (SHDA) representatives when they met the portfolio committee in January 2020. The official government position is to the effect that the firing of the senior health officials was a process of an impending strategic restructuring exercise. The restructuring exercise was said to be aimed at refocusing health operations in order to achieve greater efficiency as envisaged in the National Health Strategy.

However, a closer look at the Chief Executive Officers who were relieved of their duties reveal that most of them were not specialist doctors

and had little knowledge of the appropriate equipment and sundry required at hospitals. They are alleged to procure hospital equipment and sundry without the input of specialist doctors through the hospital procurement committees.

4.3. HEALTH SECTOR LEGISLATIVE AND REGULATORY FRAMEWORKS

The regulatory framework of Zimbabwe's health sector has various health laws and policies that include the Medical, Dental and Allied Professions Act, the Public Health Act, the Health Professions Act and the Medical Services Act just to name a few. The Medical, Dental and Allied Professions Act provides for "the registration and control of health institutions and the regulation of services provided therein or therefrom" whilst the National Health Strategy, (2016-20) identifies the revitalization and expansion of primary health and community care services. The 2020 Budget focused on hospital upgrading pragrammes, targeting 20 District and 7 Provincial hospitals to expand delivery of specialist care. The Zimbabwean socio – economic is largely dominated by an informal economy that has a score of 60.6%. This renders the majority of the population failing to access medical attention from private institutions and they in turn resort to public health facilities that are grossly underfunded and operating in emergency mode. Privatization of health services is characterized by corruption and secrecy. For the past five years, privatization in the health sector received low uptake from the private actors due to the general political environment and an absence of a clear legal framework. In addition to this, there is the continued currency uncertainty coupled with policy inconsistency. However, local investors have made inroads in the health sector only providing auxiliary services like laundry, procurement of medical supplies and not necessarily being involved in the setting up of medical facilities nor partnering government in running a medical facility.

4.4. COMPARATIVE ANALYSIS OF PRE – 2018 VS POST 2018 2ND REPUBLIC

Zimbabwe adopted a socialist ideology upon gaining independence in 1980 and the health policies and strategies were underpinned by a commitment to universality, equity and quality. However, it has been bedeviled by socio – economic and political challenges. From the advent of the millennium, it is estimated that three million people, including many health workers, left the country in search of economic opportunity and better working conditions abroad. The period 2000 – 2008 the country had a continuous challenge in combating communicable diseases such as tuberculosis, diarrheal diseases, and HIV/AIDS. These continued to be a significant public health problem in Zimbabwe, placing a tremendous strain on the health sector. The main challenge included inadequate health financing as the country was grappled with billions of dollars of domestic debt and millions more trapped in corruption. This has resulted in the country relying on funding agencies to support public health services.

Nevertheless, the post 2018 2nd republic came on a neo – liberal pedestal with the "Open for Business Mantra" shaping the policy thrust. The Minister of Finance and Economic Development, Prof Mthuli Ncube strongly believes that investors do not require government financial support. "Industry is not looking for capital from government to retool" Prof Mthuli Ncube is quoted in the Chronicle of December 23 2019. This statement defined the socio – economic thrust of the 2nd Republic post 2018.

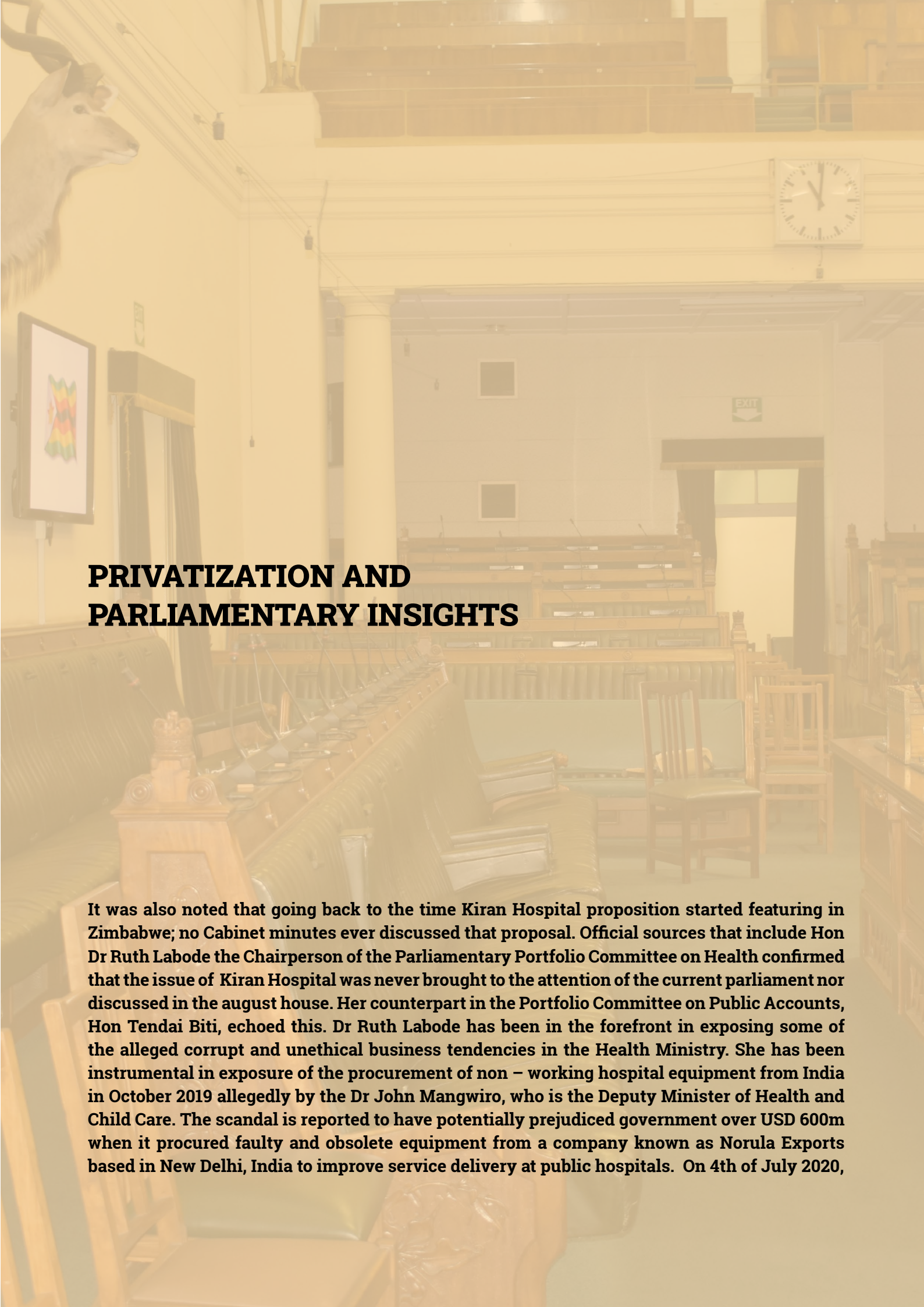
As much as there is hype on the 'Open for Business" mantra, the second republic is yet to outline any new policy propositions with regards to the health-care funding model in Zimbabwe.

The advent of political independence in 1980 for Zimbabweans raised great hopes. The rural peasants hoped for land redistribution whilst the urban working class hoped for decent working

conditions and an improved wage structure. Thus, in attaining these aspirations, Zimbabwe endeavored to replace settler colonialism with socialism. In response to the expectations, the government of Robert Mugabe proclaimed itself to be committed to scientific Marxist-Leninist socialism. This is sharp contrast to the Emmerson Mnangagwa's 2nd Republic administration. After the removal of Robert Mugabe through a military coup in November 2017, it declared a new Zimbabwe that is open for business. However, the fundamentals of the economy remain poor due to piecemeal socio – economic reform and the economy is again close to collapse with fuel, food and electricity shortages reminiscent of the pre – 2018 era. Contentious issues of corruption and privatization remained partially embarked upon. The Marxist-Socialist ideology was more effective in the delivery of social services like the education and health sector.

The World Bank study of 1992 noted that more than 500 health centers had either been built or upgraded since 1980, and coupled with an increase on life expectancy from 55 to 59 years. Again, infant mortality rate declined from 82 to 72 per 1000 live births in the same period. This was as a result of capital spending by the government. However, these developments in the social sector were riddled with challenges as they represented social expenditure and not investment in productive sectors

Post 2018, Emmerson Mnangagwa announced intentions to privatize several of the 107 state-owned enterprises and by May 2019, the government pledged to privatize 47 such enterprises. It has been difficult for the government to attract investors because many of the state owned enterprises are defunct or bankrupt. This due to the fact that pre – 2018, 38 parastatal companies had losses of $270 million and by July 2018, state-owned enterprises and parastatal companies owed taxes of $491 million. "Zimbabwe has put at least 34 public enterprises up for sale in a drive towards fostering a private sector led economy" reports the FDI Intelligence Magazine (June 2019). Nevertheless, few of the privatization deadlines outlined under Minister of Finance Mthuli Ncube's Transitional Stabilization Programme have been met, including those for Agribank, the Grain Marketing Board, and the Zimbabwe Power Company.



PRIVATIZATION AND PARLIAMENTARY INSIGHTS

It was also noted that going back to the time Kiran Hospital proposition started featuring in Zimbabwe; no Cabinet minutes ever discussed that proposal. Official sources that include Hon Dr Ruth Labode the Chairperson of the Parliamentary Portfolio Committee on Health confirmed that the issue of Kiran Hospital was never brought to the attention of the current parliament nor discussed in the august house. Her counterpart in the Portfolio Committee on Public Accounts, Hon Tendai Biti, echoed this. Dr Ruth Labode has been in the forefront in exposing some of the alleged corrupt and unethical business tendencies in the Health Ministry. She has been instrumental in exposure of the procurement of non – working hospital equipment from India in October 2019 allegedly by the Dr John Mangwiro, who is the Deputy Minister of Health and Child Care. The scandal is reported to have potentially prejudiced government over USD 600m when it procured faulty and obsolete equipment from a company known as Norula Exports based in New Delhi, India to improve service delivery at public hospitals. On 4th of July 2020,

owing to his close links with the Indian Embassy and Indian private companies, Dr J Mangwiro received on behalf of Bulawayo hospitals COVID – 19 related consignment that included drugs as well as medicine for the typhoid outbreak. Given this history, lack of transparency in supposed agreements whose information is in the public domain but without trace in the relevant offices of government departments raises concerns on the fiscal implications of PPP procurement shrouded in secrecy

5.1. CONFLICT OF INTEREST BY CRITICAL PLAYERS IN THE PROPOSED KIRAN PPP HOSPITAL AGREEMENT

The key player in the Kiran Hospital investment is the Deputy Minister of Industry and Commerce, Raj Modi. Modi was born on 4 February 1959 in India and is a Zimbabwean businessman and politician currently serving as Deputy Minister of Industry and Commerce. He is a member of the National Assembly of Zimbabwe for Bulawayo South since September 2018 and a member of the ruling ZANU–PF. Modi is the owner of Pintail Trading, a company that trades as Wholesale Centre Liquor Hub and a distributor of Pepsi products and local beverages.

It is noted Raj Modi has been facilitating the travel, lodging and treatment of Zimbabweans requiring specialist surgeries at Kiran Hospital in India. His interest is shown on his Twitter handle @RModiByoSouth where he is active such that he now has more than 11 800 followers as he follows 1487 people. On 26 September 2019, he tweeted;

"Kiran Hospital, in India has agreed to do Sithembinkosi Baleni's bone marrow surgery for US$15 700. Autologus stem transplant costs an average of US$30 000 in India. #Cancer #cancertherapy."

Again, on 07 August 2019, he posted the following tweet;

"We have brought in a potential investor who is interested in pharmaceuticals and we believe this will help us solve a few challenges faced by the company and locals."

He calls himself a Philanthropist something that has been confirmed by many people in Bulawayo. Modi is a reserved man but started sharing part of his life in June 2018 a month ahead of the 2018 July polls. The origin of Raj Modi's political career is not that clear although even before the 2018 polls, he appeared to be very close to President Emmerson Mnangagwa and that explains why he was eventually appointed the Commerce and Industry Deputy Minister.

Privatization in Zimbabwe does raise a host of political issues and questions concerning the capacity, structure and residual core of the state involvement. The Raj Modi interest in the Kiran Hospital is a reflection of a commitment to collectivize health care and a pretense to the democratic legitimation of new forms of governance. However, these competencies need to be matched with the appropriate governance, transparency, public accountability and fiscal justice systems, in order for the government to build up legitimation capacity in the privatization processes. This requires government effort at fostering and maintaining social and political trust.

The construction of an expert medical facility in Bulawayo by an Indian lack details on the construction site. In carrying out the study, it was revealed from the Honorable Raj Modi and some media reports as well as developments at Ekusileni Hospital in Bulawayo there were suggestions that Kiran Hospital might not build a new facility but adopt an already established medical facility like Ekusileni Hospital. Apparently, Ekusileni Hospital was one of the medical facilities earmarked for this study. It has a 200-bed capacity. In 2019, an Indian private firm Sharda Group of Institutions (SGI) started to be on the recruitment drive in anticipation of the re – opening of Ekusileni Hospital. The Sharda Group of Institutions pulled out in the last minute as it felt that there was no clarity on how and who

were the other private actors to be involved in the project.

https://nehandaradio.com/2019/03/12/nkomos-hospital-hits-another-snag/

Nehanda Radio quoted Dr Nyasha Masuka who was then the Chairman of the Taskforce as the source of the early developments of the Ekusileni Hospital project in their 12th of March 2019, article. Ekusileni hospital was built in 2001 but shut down three years later after it was discovered that its acquired equipment, worth millions of dollars, was obsolete. The hospital has been undergoing renovations over the past two years due to the damage on infrastructure caused by termites and dereliction.

"Last year (2019) government turned down a potential South African investor, Clinix Health Group's proposal, in favour of the Indian investor whose authenticity had not yet been verified." Dr Masuka was quoted by the local media as having said

In 2019, President Emmerson Mnangagwa made a spirited commitment to re-open the specialist hospital before year-end, pledging that he was going to make sure nothing would stand in the way of his efforts to bring fruition to Joshua Nkomo's vision of a specialist medical facility in Bulawayo. In buttressing the sentiments of President Mnangagwa, Finance and Economic Development Minister, Prof Mthuli Ncube said the re-opening of the hospital was way behind of schedule. According to Prof Ncube, the hospital was supposed to have been running at the time set by Mnangagwa.

Government had said the hospital would be opened in two phases to be rolled in 2019 and 2020.

"Phase one of the operationalization plan will begin in January 2019, targeting opening of the Accident and Emergency, Out Patients and Casualty Units, among others. Whilst phase two, targeting opening of Operating Theatres, High Dependency Unit, Intensive Care Units and Dialysis, among others is expected to commence in January 2020." Dr Nyasha Masuka said at the time.

Noting that President Emmerson Mnangagwa was so eager to see the fulfillment of the TSP set targets and the subsequent achievement of Vision 2030. However, the 22nd Cabinet Matrix decision of 30 June 2020, resolved to turn the Ekusileni Hospital into a Specialist Teaching and Research Hospital in line with international best practices.

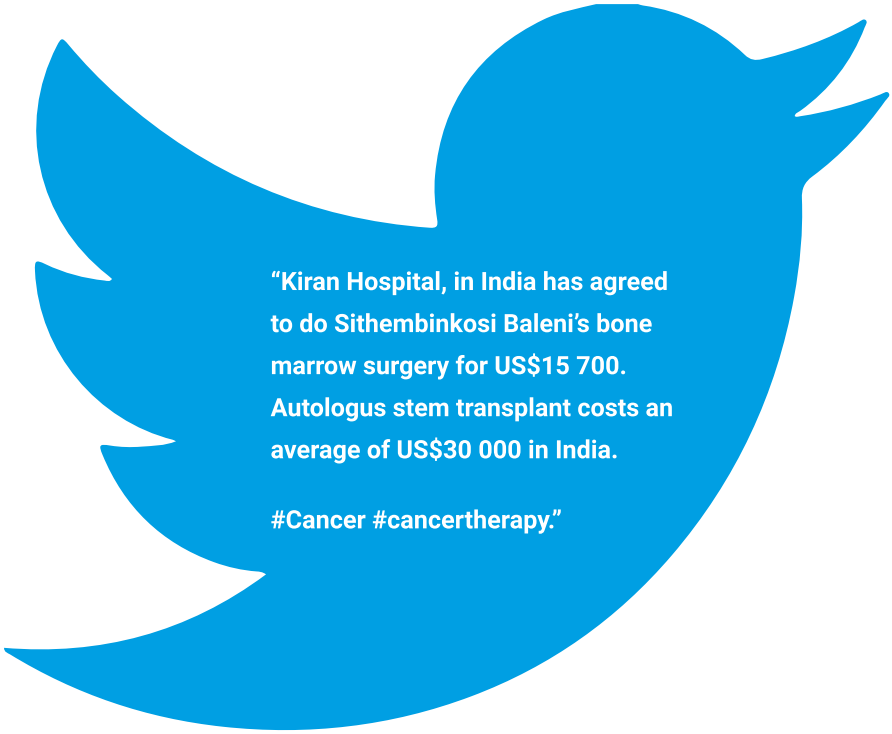
5.2. LACK OF COORDINATION OF PPPS IMPLEMENTATION BETWEEN MINISTRIES, DEPARTMENTS AND AGENCIES

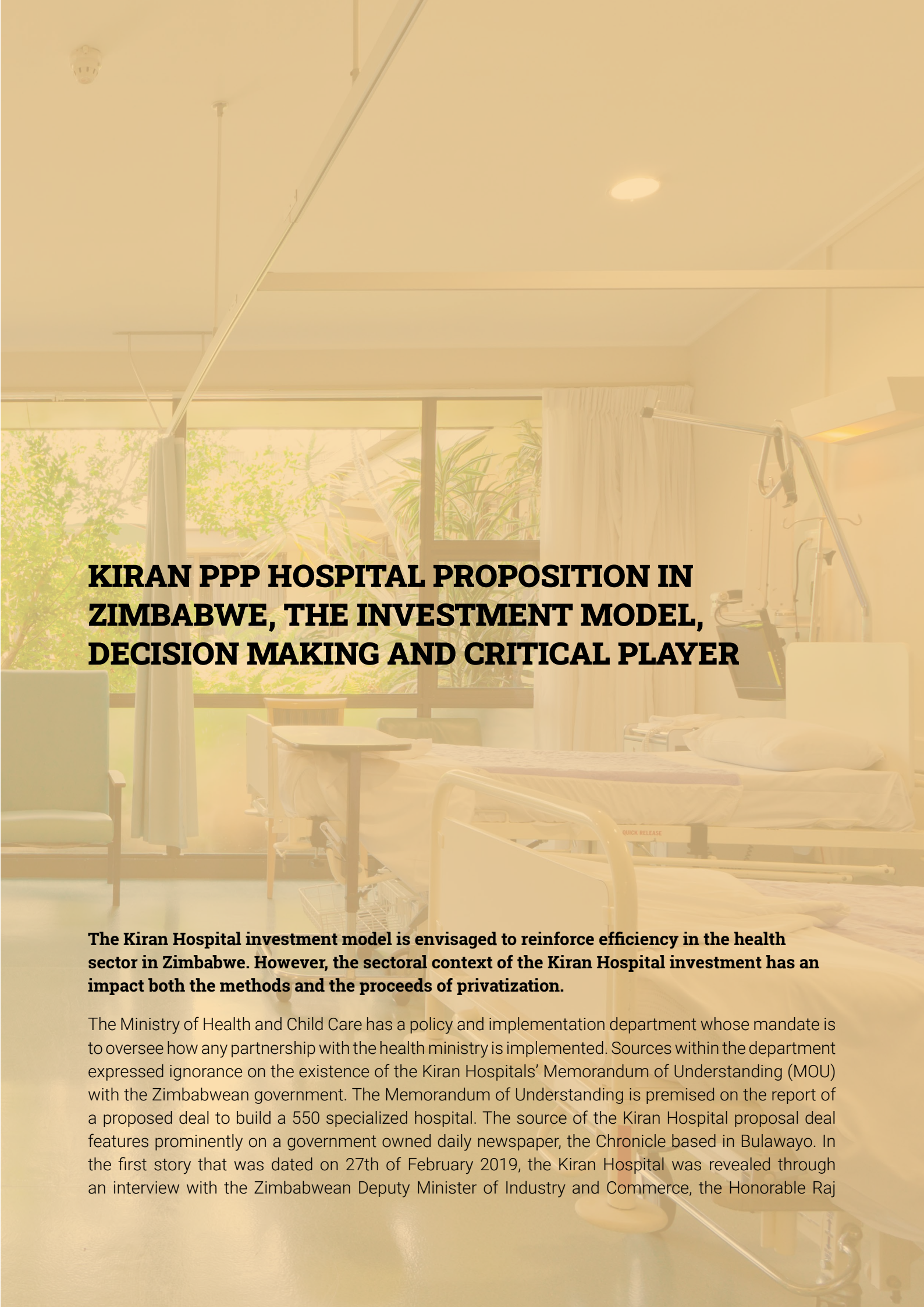
"The Minister of Higher and Tertiary Education, Innovation, Science and Technology Development briefed Cabinet on the proposal to transform Ekusileni into a Specialist Teaching and Research Hospital in line with international best practices. The state-of-the-art facility will provide an opportunity for students to undertake the necessary training and cutting-edge health research, while providing a service to the nation. The National Social Security Authority (NSSA) will run the facility, and the National University of Science and Technology (NUST) will contribute the expertise and specialists requisite in running the facility as a specialist teaching and research hospital." The 22nd Cabinet Matrix decision of 30 June 2020 said.

In response to the enquiries from the study, Dr Absalom Dube, who is the Ekusileni Hospital Chief Executive Officer, acknowledged the government's position on the partnership with NUST. He is a medical doctor into private practice at Fort Street Medical and Dental Centre in Bulawayo. The initiative is being spearheaded by a Bulawayo based industrialist Busisa Moyo under the #Iam4Byo campaign.

Mr Moyo stated that the #Iam4Byo initiative is responsible for the first phase that is targeting the Ekusileni Hospital to be ready as a COVID – 19 center and this will feed into phase 2 that the government would have as a research, specialist and training institution. The structure of phase 1, as alluded to by Mr Busisa Moyo, has a broad-based approach as it includes partners from the USA and the UK that are coming in to support with equipment and research. The involvement of Kiran Hospital in the Ekusileni arrangement was not entirely acknowledged as Mr Busisa Moyo generally said that they have various partners that have offered to come into the discussion on the project and they have signed MOUs with some and are yet to sign with others.

The National University of Science and Technology (NUST) is the second largest public research university in Zimbabwe, located in Bulawayo. It was established in 1991 and the current Vice – Chancellor is Professor Mqhele Enock-Hershal Dlodlo who is a renowned researcher and electronic engineer. During an interview with the Vice Chancellor, nothing much was said as he kept referring the researcher to the CEO of Ekusileni Hospital. However, a few days after the interview in Bulawayo, Thabani Mpofu director of Communication and Marketing at NUST called, requesting for the report to be kept on hold until a discussion between NSSA and NUST on how the two institutions would work together, were finalized. The request was a confirmation that the arrangement is still in the discussion stages of its development. Mr Thabani Mpofu pledged to update in the event that meeting had taken place and give details of the MOU.





KIRAN PPP HOSPITAL PROPOSITION IN ZIMBABWE, THE INVESTMENT MODEL, DECISION MAKING AND CRITICAL PLAYER

The Kiran Hospital investment model is envisaged to reinforce efficiency in the health sector in Zimbabwe. However, the sectoral context of the Kiran Hospital investment has an impact both the methods and the proceeds of privatization.

The Ministry of Health and Child Care has a policy and implementation department whose mandate is to oversee how any partnership with the health ministry is implemented. Sources within the department expressed ignorance on the existence of the Kiran Hospitals' Memorandum of Understanding (MOU) with the Zimbabwean government. The Memorandum of Understanding is premised on the report of a proposed deal to build a 550 specialized hospital. The source of the Kiran Hospital proposal deal features prominently on a government owned daily newspaper, the Chronicle based in Bulawayo. In the first story that was dated on 27th of February 2019, the Kiran Hospital was revealed through an interview with the Zimbabwean Deputy Minister of Industry and Commerce, the Honorable Raj

Modi. The Honorable Deputy Minister of Industry and Commerce proved to be the key figure in the nature and form of the deal involving the Kiran PPP Hospital proposal. The deal appeared to be facilitated by an Australian – Indian foreign investment consultant, Mr Satishkumar Gandhi who is quoted as acknowledging the existence of an interest in constructing a 550-bed specialist hospital by Samast Patidar Aarogya Trust. Smast Patidar Aarogya Trust is the owner of Kiran Hospital in India and is headed by Govind Dholakia, a diamond tycoon who founded and is Chairman of Shree Ramkrishna Exports (Pvt) Ltd. Shree Ramkrishna Exports (Pvt) Ltd is a diamond manufacturing and exporting company.

However, the Deputy Minister of Industry is the only person to have confirmed the interest of Samast Patidar Aarogya Trust to construct a specialist medical institution in Zimbabwe. At the time of writing this report, there was no confirmation from either the Zimbabwean health ministry or Kiran officials. In all the stories that involve Kiran Hospital, no other Zimbabwean government official was quoted apart from Raj Modi. The same story was carried in the Harare based, The Herald a sister newspaper to The Chronicle which had a by-line. It was noted that the Deputy Minister of Industry and Commerce Raj Modi is influential in the proposed plan for the Kiran investment in Zimbabwe. It was also noted that most if not all the stories that involve Raj Modi emanates from Bulawayo and are carried in the Sunday News and The Chronicle. (Stanford Chiwanga) a journalist based in Bulawayo is the author of all the stories that involves Raj Modi.

Key actor of interest in the Zimbabwe-Kiran engagement is the Chairman of Samast Patidar Aarogya Trust, the owners of Kiran Hospital named Mr Govindbhai L Dholakia, who is the founder and Chairman of Shree Ramkrishna Exports one of India's biggest diamond processers. He is India's richest diamond owner and export diamonds to over 50 countries and has established affiliates in Hong Kong, China, United Arab Emirates, Belgium and the United States of America. Another figure in the Kiran structures is Vallabh Patel who is the Chairman of the world's largest diamond company called Kiran Gems.

The Trust that runs Kiran Hospital has setup a State-of-the-Art Multi Super specialty Hospital and Research Centre in the diamond capital of India, Surat and Gujarat. Whilst there is no conclusive and credible evidence that proves their interest in the diamond sector in Zimbabwe, their Hospital bridged qualitative lacuna in the sphere of medicine, especially amongst the super specialty branches of modern Medical Science and is open to all patients not only from the state of Gujarat but also from across and other countries

The story that reported the Kiran hospital investment in Zimbabwe stated that Samast Patidar Aarogya Trust representatives will also be accompanied by potential investors who are interested in mining and buying Zimbabwe's diamonds. The mere mention of diamonds in Zimbabwe raises eyebrows on the nature of deals the supposed Kiran PPP Hospital proposition was bringing under discussion with the Zimbabwean government. . The discovery of alluvial diamonds in Zimbabwe brought to the fore the nature and character of our highly partisan security services and political elites to the detriment of the country's development, human rights and democracy. The diamond fields in Zimbabwe revealed serious human rights violations in partnership with private entities. The sector has been characterized by a sense of secrecy and the notion that Samast Patidar Aarogya Trust is interested in mining and buying Zimbabwe's diamonds certainly brings with it apprehension.

IMPACT OF PRIVATIZATION ON SUSTAINABLE DEVELOPMENT: GOVERNANCE, TRANSPARENCY, PUBLIC ACCOUNTABILITY & FISCAL JUSTICE

Privatization is usually pursued with a view that it institutes organizational changes that should induce better performance and help in achieving sustainable development goals. However, for it to be effective in matters of governance, transparency, public accountability and fiscal justice, the government must have an efficient way of dealing with numerous transactions that take place in a specialized economy.

For the success of privatization interventions, it is important that there is a greater appreciation of the legal and institutional framework for the principles of good governance, transparency, public accountability and fiscal justice to function fully in the economy. Successful outcomes depend not only on the successful privatization of an entity, but more importantly on the fewer the political rent-seeking activities, the better the private-sector performance.

7.1 TRANSPARENCY

The current situation where there are multiple agreements being in existence poses a serious threat to possible revenue leakages and maladministration. This can be addressed through political will to ensure transparency through comprehensive public consultations and having corporate information of key players in the agreements publicly known and available in the public domain. This ensures that PPP agreements are transparently in the public domain and their socio-economic, environmental and political impacts are known

7.2. FISCAL JUSTICE

Privatization is essential for both the public and to the effective functioning of the economy (John B. Goodman and Gary W. Loveman – 1991). Therefore, there is need to strike a balance between economic efficiency and social equity and this can be done only when the government explores tools that ensure adequate revenue and at the same time expand services to vulnerable members of the society. The Zimbabwean tax system, budget cycle and public spending as a source of resource mobilization are the tools that are easily available and can assist in improving governance and accountability. This ultimately leads to a fairer and more equal opportunities for the general population to access services. Within the context of PPPs and or privatisation, the government should ensure that private entities that engage in delivery of services pay a fair share of taxes that in turn responds to the needs of the citizens in a human rights-based approach. UNICEF on its 2020 Health Sector Budget brief reports that the health sector was allocated US$300 million in 2019 representing a 13% increase from the 5-year average of US$264 million, recorded over the period 2015-2019. The report went on to state that compared to 2019, the health budget has increased by 139%.

7.3 PUBLIC ACCOUNTABILITY

Given that PPPs entail financial commitment or risk by the government, Chapter 9 of the 2013 Zimbabwean Constitution and the Public Finance Management Act provide legislative frameworks to ensure the adherence to principles of public administration and leadership by government officials. This adherence is made possible by the mandate and power given to Parliament to monitor the use of public funds. The Parliament of Zimbabwe is a formal structure that offers institutional checks and balance to guard against abuse of power. At the same time, the ordinary citizens can participate in ensuring public accountability through an informed, systematic and constructive engagement. Therefore, it becomes imperative that there is adherence to the Section 119(3) of the Zimbabwean Constitution which states that “all institutions and agencies of the state and government at all level are accountable to Parliament,” thus all government institutions engaged in the proposed Kiran PPP Hospital in Zimbabwe should be accountable to Parliament as the custodian of the interests of the Zimbabwean citizens.

7.4 IMPACT OF PRIVATIZATION ON HUMAN RIGHTS

Privatization is characterized by market – oriented policies of liberalization, the sale or leasing of state-owned enterprises to private actors, promotion of foreign direct investment and the deregulation of the private sector. The adoption of the market – oriented policies have seen governments ceding more power to private actors. Thus, access to social services is now dependent on the policies and actions of the private actors.

In essence, progressive practices within the context of privatization call on both the private sector and government to respect, protect, fulfill and promote human rights. This is to ensure that the provision of private health services does not compromise affordability accessibility, availability, quality and acceptability to vulnerable and poor communities.

7.4.1. THE RIGHT TO HEALTH

From the human rights perspective, it is assumed that a government is responsible for the shaping and implementing the health delivery system. The health delivery system is structured along primary and secondary health care. Therefore, primary health care has to be the preserve of the government since it can work on preventive actions and promote health care to vulnerable members of the society. The high-level involvement of private actors in the delivery of primary health care can lead to vulnerable members of the society to be left with lack of necessary care as they cannot afford private care.

Zimbabwe is legally obliged by the 2013 Constitution and the African Charter on Human and Peoples' Rights (African Charter or Charter) to recognize the right to health, life, family protection and the social, economic and cultural rights to every citizen. Every citizen has a right to health and the privatization of health care services normally expose vulnerable and poor communities to the machineries of a competitive and profit-oriented marketplace. The model of the Kiran PPP Hospital is purely a private entity envisaged to construct a 550-hospital bed that has the characteristics of treating health care as a commodity and as such likely to violate the principles of human rights. However, the 2003 Norms on Responsibilities of Transnational Corporations and Other Business Enterprises with Regard to Human Rights debunk the notion that private entities have no legal obligation to protect human rights. They do have a duty to refrain from violating the enjoyment of economic, social and cultural rights and that they do not impede the quality, accessibility, availability and acceptability of basic services to vulnerable and poor communities.

7.4.2. THE RIGHT OF ACCESS TO INFORMATION

The 2013 Constitution of Zimbabwe under section 62(1)-(4) for access to information provides as follows:

(1) Every Zimbabwean citizen or permanent resident, including juristic persons and the Zimbabwean media, has the right of access to any information held by the State or by any institution or agency of government at every level, in so far as the information is required in the interests of public accountability.

(2) Every person, including the Zimbabwean media, has the right of access to any information held by any person, including the State, in so far as the information is required for the exercise or protection of a right.

Section 62 of the Zimbabwean Constitution clearly states that access to information is a fundamental democratic right of every citizen. This constitutional provision exists to ensure that public power is not abused but instead is exercised legitimately and fairly. Therefore, in view of privatization, the government is obliged to avail information so that there is no cover up to irregularities in any agreement with private players. There is greater need to address structural and political barriers that hinder both

the capacity and incentives of governments to produce information, and the ability of citizens to claim their right to information so that they can demand better governance and health care delivery. The privatization of health care system is premised not on the ultimate goal of the provision of healthcare and the advancement of science and technology but also the maximization of profit for private actors. Thus, the balance between offering universal access to health care runs counter to the bottom line of corporate profits for the privatized entity. The privatization of health services in Zimbabwe has not significantly seen a demise of public sector health institutions but rather the creation of private sector monopolies in the delivery of services in the health sector including the institutions.

7.5. IMPACT OF PRIVATIZATION ON GENDER

The provision of public services in the health sector is basically to overcome exclusion, disparities and a gendered burden. However, health systems that focus on profit making have a discriminatory effect because quality public services are essential in overcoming exclusion, systemic discrimination through privatisation affects women more because women's reduced economic and political power means they are often less likely to afford privatized services (UNRISD Vol 1: Social Policy and Inclusive Development). When public services are diminished and delivered at a profit, women are forced to fill in the gaps of delivering health and social care, consequently increasing the gendered burden of unpaid work. It is the responsibility of the state to ensure women enjoy their human rights entitlements. Outsourcing that obligation to corporations leads to rights violations and is fundamentally at odds with the principles that underpin human rights and democratic obligations.

RECOMMENDATIONS

BEST PRACTICES

This study attempts to provide the rationale for the importance of developing effective and efficient models for health sector financing given the transparency, coordination and partnerships, accountability and fiscal risks and challenges that PPPs and privatisation pose to governments. The adoption of the best practices in health sector financing is important in enhancing services delivery and minimizing risk transfer to government. The adoption of acknowledged best practices ensure that there is adequate government support for private actors (should they be required) and proper well-regulated oversight role and monitoring by parliaments and civil society.

These practices will guarantee the quality of projects and transparency. In Zimbabwe, the study reveals that there is lack of buy in from different stakeholders due to inadequate consultation processes and this is coupled with lack of public awareness and understanding. The Kiran Hospital investment is an epitome of inconsistent implementation of guiding legislation regarding privatization and/or PPPs model of investment.

BEST PRACTICES IN HEALTH FINANCING

The organization and delivery of health care services is important in defining the quality and accessibility to many people in Zimbabwe. The country has been struggling to maintain affordable and quality health care system due to decades long mismanagement, corruption and weak public institutions. The best practices are important for the health delivery system to affordable and sustainable health care system.

The development of the best practices in health financing is a complex task that requires the will to overcome political, fiscal, institutional, legislative and regulatory barriers and obstacles through broader engagement and involvement of key stakeholders. The broader engagement and involvement is an important factor for PPPs that should not be limited only to the parties in a PPP, but should encourage wider community participation and engagement.

Zimbabweans will be set to derive maximum value from the Kiran Hospital proposed investment only if it can combine the best of both the private sector and the public sector. The private sector is endowed with resources, management skills and technology whereas the public sector has a regulatory authority and the protection of public interest. This balanced approach is especially important in the delivery of public health services.

The implementation of PPPs within the health sector has proven to be difficult to the Zimbabwean government due to undeveloped institutions, processes and procedures to deliver mutually beneficial PPP project. The country has had poorly performing institutions punctuated by protracted length of negotiations between public and private partners, the slowness of reaching closure and the cancellation of many projects. The 2019 pulling out of the Sharda Group of Institutions in the last minute and the earlier cancellation of the Clinix Health Group's proposal are some of the examples that the government need to address. The following are some of the best practices that can be adopted in health financing and they include;

- A fair and transparent selection process by which the Zimbabwean government develop partnership and effective privatization models
- Assurance that value for money has been obtained in the privatization process
- An improvement of essential public health services especially for the socially disadvantaged
- Mechanisms that secure well-administered projects will heighten the support of stakeholders and give policymakers the confidence to provide the necessary political support.
- Projects which are well planned and are based on the full agreement of all parties engaged, following a proper and ongoing consultation, have less of a chance of unraveling, thereby avoiding costly litigation
- A public administration that conducts according to the Zimbabwe Investment and Development Agency Act [Chapter 14:37] and the Procurement Act [Chapter 22:14] in order to increase confidence and reliability of the public institutions.

- Good governance, enhance government officials' capacity and efficient institutions to ensure an increased competitiveness and faster rates of economic growth and development.
- Ultimately domestic resources management remains the only key and sustainable form of financing health albeit needing an effective and efficient national tax administration.

RECOMMENDATIONS TO THE ZIMBABWEAN GOVERNMENT

- There is need to reorganize policy-making processes and to adjust existing institutional structures to safeguard them from political meddling.
- There is need to decentralize the governance of the public health sector so as to effectively delegate tasks with adequate transference of mandates. Governance in Zimbabwe's public health sector
- The Zimbabwean government should ensure that there is adequate management capacity to overcome challenges related to negotiating PPPs and privatizations, lack of transparency, accountability and fiscal discipline.
- The Zimbabwean government must regulate and supervise all activities related to the health care provided to individuals as a special duty to protect life and personal integrity of citizens, regardless of the public or private nature of the entity giving such health care.
- There is a need for the Parliament to develop a national legislative and resource allocation framework directed at dealing with the social determinants of PPPs in the health sector.
- Parliament should continuously conduct comprehensive 'health checks' to ensure that Zimbabwe commit to progressive and socially inclusive PPPs arrangements with private actors.

RECOMMENDATIONS TO PRIVATE SECTOR ACTORS

- Private sector actors must ensure that they conform to policies and regulations put in by the State whilst ensuring that health services are provided in such a manner that they are equally accessible and consider the needs of vulnerable members of our society.

RECOMMENDATIONS TO CIVIL SOCIETY AND POSSIBLE STRATEGY FOR ADVOCACY

- There is need for CSOs to enhance their capacities on the concepts of PPPs and Privatizations so that they can guard against and monitor their implementation across sectors ensuring that there is comprehensive stakeholder/ public consultations, transparency and accountability.
- CSOs should coalesce to push back against the commodification of social services and their delivery in Zimbabwe
- Should PPPs and privatisation be the best solution, there is need to ensure that privatization provide solutions to health challenges in Zimbabwean through robust involvement in policy formulation and comprehensive cost-benefit analyses are done to assess development impacts of thereof

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