

REPORT

CONFLICT OF INTEREST AND OTHER FORMS OF CORRUPTION AFFECTING HEALTH SERVICE DELIVERY IN ZIMBABWE

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1. INTRODUCTION

Health practitioners continue to enjoy impunity for various acts of conflict of interest and other forms of corruption that they commit. The epidemic nature of corruption in the health sector, particularly in several government clinics and hospitals has been exacerbated by compromised supervisors who also run their own private clinics, hospitals, surgeries and pharmacies, offering similar services that they are supposed to be offering as government employees. The status quo, has resulted in the neglect of patients visiting government health institutions for there is less return for them as compared to what they realise from their private business establishments. This Paper examines cases of conflict of interest and other forms of corruption bedevilling the health sector in Zimbabwe. The write-up examines a number of situations and questions which includes but are not limited to the following:

- a) Whether it is just and proper for health practitioners employed by government to run their own businesses offering similar services to what they are employed to offer?
- b) What are the implications of having private wards at government hospitals?
- c) If there is no problem with health practitioners running their own personal businesses, why are we having many complaints of cases of conflict of interest and poor service delivery when these health practitioners spend more time at their private businesses when they are supposed to be physically present at government health institutions?
and
- d) Why are we receiving complaints against pharmacists, doctors and nurses who steal medication and sell the same at their own pharmacy establishments?

The questions are endless but the increasing concerns speak volumes about huge gaps in the health sector that needs attention as this has devastating effects on health service delivery in Zimbabwe.

2. DEFINITION OF CORRUPTION AND CONFLICT OF INTEREST

It would be a remiss herein if terms such as conflict of interest and corruption are not defined. Transparency International (2019) defines corruption as the abuse of entrusted power for private gain.² Chinhamo and Shumba (2007) elaborated the definition to include “the abuse or complicity in the abuse of private or public power, office or resources for personal gain.”³ The latter definition attests to the fact that corruption takes place in both the private and public sectors and is not only about the abuse of power to which it is limited by the former definition but also entails abuse of office and resources for private gain. Similarly, Corruption Watch (2017) widened the definition of corruption to include all those who are complicit in corruption, which simply put, means that even if you are not directly involved in such acts of wrongdoing, you can be complicit indirectly if you wield power to prevent corruption but you refuse and/or neglect to harness that power to prevent it.⁴ Thus turning such a blind eye or failing to use power to pre-empt, harness and expose corruption becomes what we may term corrupt by omission.

On the other side, conflict of interest is one of the forms of corruption. According to Muth (2017) conflict of interest describes a situation in which a person is or appears to be at the risk of acting in a biased way because of personal interests.⁵ The Partners HealthCare (2019) quoting the Institute of Medicine adds that *conflict of interest is “... a set of*

² Transparency International (2019). What is Corruption? [online] Available at <https://www.transparency.org/what-is-corruption> [Accessed on 13 May 2019]

³ Chinhamo, O and Shumba, G (2007) Institutional Working definition of Corruption. [online] Available at http://archive.kubatana.net/docs/demqg/act-sa_definition_of_corruption_080731.pdf [Accessed on 21 May 2019]

⁴ Corruption Watch (2017). ARE YOU COMPLICIT IN CORRUPTION? [online] Available at <https://www.corruptionwatch.org.za/are-you-complicit-in-corruption/> [Accessed on 20 June 2019]

⁵ Muth, C (2017) Conflict of Interest in Medicine. [online] Available at <https://jamanetwork.com/journals/jama/fullarticle/2623608> [Accessed on 4 July 2019]

circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest”⁶

Literature review has shown convincingly that cases of conflict of interest and other forms of corruption by health practitioners are rampant in the country. When it has been occurring, relevant regulatory authorities have tended to give a blind eye, and the lack of sanctions has triggered an increase of such cases to endemic or systemic levels.

3. HEALTH PRACTITIONERS ACTIVITIES

This paper interrogates a number of activities often overlooked yet they give irrefutable evidence of conflict of interest and other forms of corruption. In some cases, government authorities have worsened by allowing medical practitioners to operate private businesses at the same time that they are in the employ of the government. Before a detailed discussion on illegal and corrupt activities committed by health practitioners, the Case Study of Masvingo General Hospital is a good starting point. A media article from the Herald of the 3rd of July 2019, sums up the challenges thereof.

Table 1: Case Study of the Masvingo Provincial Hospital

Top hospital managers fired over drugs scandal
<p>03 JUL, 2019 - 00:07</p> <p>George Maponga Masvingo Bureau</p> <p>MASVINGO Provincial Hospital medical superintendent Dr Julius Chirengwa and the entire management committee have been suspended pending investigations into a scandal that has resulted in critical drugs being diverted to private pharmacies for resale in foreign currency. Most of the drugs were donated to the hospital, while others were sourced from the National Pharmaceutical Company (Natpharm).</p> <p>Also noted at the institution was the abuse of the procurement process for personal gain, among other corruption-related allegations. This comes amid an acute shortage of medicines and critical equipment at State institutions, which pushes desperate patients to private pharmacies.</p> <p>Dr Chirengwa was suspended together with a General Surgeon, Dr Noel Zulu. Other suspended members of the hospital management committee include Ms. Helga Mpande, a former matron at Masvingo Hospital, acting Tutor-in-Charge at the School of Nursing Ms. Rosemary Machuwaire, hospital pharmacist Mr. Zivanai Zibhenge and pharmacy technicians Messrs William Mamombe and Munyaradzi Thomu.</p> <p>A general hand in the pharmacy department, Mr. Shepherd Hwaire, and another attached to the Equipment Stores and Workshop Department were not spared. Secretary for Health and Child Care Dr Agnes Mahomva confirmed the suspensions, but could not shed more light.</p> <p>“Yes, I can confirm that some officers in Masvingo have been suspended pending investigations,” said Dr Mahomva. Dr Chirengwa also confirmed his suspension.</p> <p>“Yes we are on suspension and the reasons for the suspension are still being unearthed right now that is all I cannot say much.</p> <p>“The Provincial Medical Director Dr Amadeus Shamu is better placed to comment on the allegations,” said Dr Chirengwa.</p> <p>Sources said two officers (names withheld) allegedly diverted critical drugs like nifedipine from the hospital to their private pharmacies in the Masvingo Central Business District and Mucheke suburb. The pharmacies, according to sources are always well-stocked and staff at the hospital usually refer patients there for purchase of drugs in short supply. The duo was now running a cartel which determines prices of critical drugs at most pharmacies that they supply with medicines.</p> <p>It is reported that the two would deliberately hike or reduce prices of key drugs in the town. Among the drugs diverted from the hospital by the pair, were anti-retroviral drugs (ARVs) and those for treating chronic diseases like diabetes.</p> <p>The drugs in question, would have either been supplied to the hospital by Government through Natpharm or donated for free by non-governmental organisations.</p> <p>Fictitious dispense lists would be created as if the drugs were being dispatched to other Government health institutions in the province, when in actual fact, they will be taken to private pharmacies.</p> <p>It is also alleged that some doctors were using hospital facilities to attend to their private patients. A private ward that was donated by the Seventh Day Adventist Church and Masvingo business community was now a preserve for the medical practitioners’ private patients.</p>

⁶ Partners HealthCare (2019) Description and Examples of Conflicts of Interest [online] Available at <https://www.partners.org/About/Ethics/Interactions-With-Industry/Description-of-COI.aspx> [Accessed on 4 July 2019]

Sources said the price of a hospital ambulance purchased recently was also inflated from US\$45 000 to US\$72 000.

The difference allegedly went into individuals' pockets.

Surgical equipment for male circumcision donated by organisations such as Population Services International reportedly found its way out of the hospital to private pharmacies

Source: Maponga, G (2019). Top hospital managers fired over drugs scandal [online] Available at <https://www.herald.co.zw/top-hospital-managers-fired-over-drugs-scandal/> [Accessed on 9 July 2019]

The case study of Masvingo exposes the following:

- Diverting critical drugs to private pharmacies for resale in foreign currency. Most of the drugs were donated to the hospital, while others were sourced from the National Pharmaceutical Company (Natpharm).
- Creating acute drug shortage of medicines as a strategy to push desperate patients to private pharmacies.
- Referring patients visiting the hospital to purchase of drugs in short supply at their pharmacies.
- Running a cartel which determined prices of critical drugs at most pharmacies that they supply with medicines.
- Diverting critical drugs from the hospital such as anti-retroviral drugs (ARVs) and those for treating chronic diseases like diabetes.
- Creating fictitious dispense lists to create an impression as if the drugs were being dispatched to other Government health institutions in the province, when in actual fact, they were taken to private pharmacies.
- Inflating the price of a hospital ambulance purchased from US\$45 000 to US\$72 000 and pocketing the difference; and
- Surgical equipment for male circumcision donated by organisations such as Population Services International reportedly stolen and taken to private pharmacies

3.1 Health Practitioners running private health institutions

A significant number of health practitioners, especially doctors, pharmacists and nurses run their own pharmacies, clinics, hospitals and surgeries whilst at the same time being in the full time employ of the government. ⁷There have always been concerns that these medical practitioners spend more time at their private businesses, even during the time that they are supposed to be physically present at government hospitals. As a result of conflict of interest, there are several incidents in which they either refer patients to seek medical attention at their private businesses or treat private patients using government facilities. There are several incidents in which medical practitioners spend more time at their private businesses when they are supposed to be attending patients at government hospitals. In Kwekwe at Kwekwe General Hospital, the absence of doctors leads to deaths of people. See Table 2 that gives information on a case that was reported to the Anti-Corruption Trust of Southern Africa.

Table 2: Incident at Kwekwe General Hospital

A complainant in Kwekwe visited the offices of the Anti-Corruption Trust of Southern Africa complaining that on the 28th day of June 2019, he took his sick child to Kwekwe General Hospital at precisely 11:00 a.m and was told to wait for a doctor. At the time of arrival there was no doctor available at the hospital. The doctor only turned up at 4:00

⁷ Maponga, G (2019). Top hospital managers fired over drugs scandal [online] Available at <https://www.herald.co.zw/top-hospital-managers-fired-over-drugs-scandal/> [Accessed on 9 July 2019]

p.m. after 5 hours. The doctor prescribed a drug, which the complainant bought from a private pharmacy in town and gave it to nurses at around 6:00 p.m. However, the nurses neglected to administer the drug to the sick child until the child died at 5:00 a.m. the next day on the 29th of June 2019.⁸

Similar incidents led to deaths and have contributed to the collapse of the health service delivery in the country.

The problem is not only rampant at government hospitals but also takes place in the private sector. For instance, four registered nurses from the Zimbabwe National Family Planning Council (ZNFPC) were arrested on allegations of stealing drugs worth over \$91 000 from their employer which they in turn diverted to their private clinic in Harare.⁹

3.2 Abusing government facilities for personal benefit

In the case of Masvingo General Hospital it is alleged that doctors used government facilities and a private ward donated by the Seventh Day Adventist Church (SDA) and the Masvingo business community to treat private patients. This practice is said to be widespread and the case study of Masvingo only serves as a microcosm of a bigger problem in the country.

3.3 Referring Patients to private clinics, hospitals, surgeries and pharmacies for personal gain

The Masvingo case study is more revealing on how health practitioners, especially pharmacists and doctors allegedly refer government hospital patients to their private businesses for personal gain. It is alleged that medical practitioners at Masvingo General Hospital referred patients to their pharmacies in the Masvingo Central Business District and Mucheke suburb.¹⁰

3.4 Medical Practitioners running Cartels in the Sector

In Masvingo, it is alleged that medical practitioners at Masvingo General Hospital in league with others formed a cartel that determined the prices of critical drugs at most pharmacies that they supply with stolen medicines.¹¹ Considering the self-serving nature of cartels, the prices are often inflated beyond the reach of the general populace.

3.5 Theft of Medication and Medical equipment

Theft of medication and medical equipment is one of the areas of grave concern.

- In Bulawayo a Registered General Nurse was arrested after he was found with an assortment of medication allegedly stolen from Mpilo General Hospital.¹² The quantum of the medication gave indications that the nurse was setting an illegal health facility.¹³

⁸ Affidavit deposited by the Complainant on the 1st of July 2019

⁹ Laiton, C (2014) 4 nurses 'steal drugs', operate private clinic. [online] Available at <https://www.newsday.co.zw/2014/10/4-nurses-steal-drugs-operate-private-clinic/> [Accessed on 9 July 2019]

¹⁰ Maponga, G (2019). Top hospital managers fired over drugs scandal [online] Available at <https://www.herald.co.zw/top-hospital-managers-fired-over-drugs-scandal/> [Accessed on 9 July 2019]

¹¹ Maponga, G (2019). Top hospital managers fired over drugs scandal [online] Available at <https://www.herald.co.zw/top-hospital-managers-fired-over-drugs-scandal/> [Accessed on 9 July 2019]

¹² ZBC (2019) [online] Available at <http://www.zbc.co.zw/nurse-arraigned-for-stealing-drugs-wheelchair/> [Accessed on 22 July 2019]

¹³ Ibid

- Emmanuel Mucheni of Mpilo Hospital was also arrested after allegedly stealing 23 Pethidines and 10 Fentanyl of 100mg drugs from the hospital.¹⁴

The case of Masvingo General Hospital provides a fitting demonstration of the chicanery thereof and its disastrous effects. As shown in Table 1, above Maponga (2019) reported that a syndicate existed through which medication meant for hospital patients was stolen and diverted to private businesses owned by health practitioners. The following are the allegations levelled against Masvingo health practitioners in much more detail:

- a) Diverting critical drugs to private pharmacies for resale in foreign currency. Most of the drugs were donated to the hospital, while others were sourced from the National Pharmaceutical Company (Natpharm). Drugs such as anti-retroviral drugs (ARVs) and those for treating chronic diseases like diabetes were stolen from Masvingo General Hospital.
- b) Creating acute drug shortage of medicines as a strategy to push desperate patients to private pharmacies.
- c) Creating fictitious dispense lists to create an impression as if the drugs were being dispatched to other Government health institutions in the province, when in actual fact, they will be taken to private pharmacies.
- d) Surgical equipment for male circumcision donated by organisations such as Population Services International reportedly found its way out of the hospital to private pharmacies

4. CONCLUSION AND RECOMMENDATIONS

Allegations of conflict of interest, other forms of corruption, criminal activities and the abuse of medical facilities is rife in government hospitals. The deplorable state of health service delivery has been a challenge for a long time with no much attention being given to it. Policy makers should re-ignite interest in conflict of interest and other acts of corruption in the health sector, which affects health service delivery. The ordinary people are left to suffer on their own.

Some medical practitioners are more self-serving than they are to serve the people in line with their oath of office. This has in part contributed to the collapse of the health service delivery. In view of the above, policy makers should make drastic decisions, especially addressing the following questions:

- a) Whether medical practitioners in the employ of the government should continue to be allowed to run their own private businesses offering the same services that they offer for their employers?
- b) Whether pharmacists should also be allowed to operate private pharmacies selling similar medication that they dispense for and on behalf of the government?
- c) Whether doctors should continue to be allowed to treat private patients using government facilities;

It is clear that the status quo, if maintained, will not or at all, help to improve the health service delivery in the country.

To this end, the following recommendations are made:

- a) Consider paying health practitioners handsome salaries;
- b) Relevant authorities should make decisions on the above, especially addressing all issues of corruption, conflict of interest, abuse of government hospital facilities and criminal activities.

¹⁴ Gwizi, M (2019) Mpilo doctor 'steals' drugs. [online] Available at <https://www.chronicle.co.zw/mpilo-doctor-steals-drugs/> [Accessed on 22 July 2019]

- c) Investigate all cases of corruption, conflict of interest, abuse of government hospital facilities and criminal activities involving medical personnel. If possible, setting up a commission of enquiry into these issues would be a fitting response.

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