

African Journal of Development Studies (AJDS)

Published consistently since 2012

ISSN 2634-3630 E-ISSN 2634-3649

Indexed by IBSS, EBSCO, ERIH PLUS, COPERNICUS, ProQuest,
SABINET and J-Gate.

Volume 14, Number 4, December 2024

Pp425-446

Evaluating the Effectiveness of Anti-Corruption Strategies in the healthcare sector: A comparative SWOT Analysis of Zimbabwe and South Africa

Doi: <https://doi.org/10.31920/2634-3649/2024/v14n4a19>

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Abstract

The healthcare systems of Zimbabwe and South Africa confront numerous challenges, with corruption emerging as a significant concern. Despite the introduction of various anti-corruption strategies, the persistence of corruption remains a substantial obstacle in both nations. Notably, there exists a gap in the academic literature, as prior research has not assessed the effectiveness of these strategies within the two countries. This study adopts a qualitative case study approach, utilising both primary and secondary data to evaluate the efficacy of anti-corruption strategies in the healthcare systems of Zimbabwe and South Africa. A SWOT analysis framework was employed to identify the Strengths, Weaknesses, Opportunities, and Threats associated with the anti-corruption initiatives. The findings revealed the prevalence of institutional capture, a lack of political will, and deficiencies in whistleblower protection mechanisms in both countries. The study advocates for a review of whistleblower legislation in

Zimbabwe and South Africa, the implementation of targeted awareness campaigns, and the enhancement of capabilities within anti-corruption institutions.

Keywords: *Corruption, healthcare sector, SWOT analysis, anti-corruption strategies, Zimbabwe, South Africa*

1.0 Introduction

Corruption within the healthcare sector constitutes a pervasive issue that undermines the provision of essential health services. It is estimated that between 10% and 25% of global healthcare expenditure is lost directly due to corruption, amounting to trillions of dollars annually (Hussman, 2020). Furthermore, several studies, including those by Peck (2017), Nadpara & Samanta (2020), and Onwujekwe & Agwu (2022), have underscored the detrimental effects of corruption in the healthcare sector, notably impeding economic development and jeopardising lives. The resources currently lost to corruption could be redirected towards enhancing healthcare access and quality.

Zimbabwe and South Africa have also been significantly affected by corruption within their healthcare sectors. In recent years, both countries have reported instances of corruption related to the utilisation of COVID-19 funds (Corruption Watch, 2020; Transparency International, 2021). For instance, Dr Zweli Mkhize, the former South African Minister of Health, was initially placed on special leave and subsequently resigned following an alleged R150 million COVID-19 fund scandal involving a dubious communications contract (Haffajee, 2021). An investigation by the Special Investigating Unit revealed that Mkhize and his family profited R4 million from this contract (Haffajee, 2021). Similarly, in 2020, Dr Obadiah Moyo, the then Zimbabwean health minister, was dismissed after being charged with the corrupt awarding of a US\$60 million tender to a foreign-registered company for the supply of Personal Protective Equipment and pharmaceuticals (Mathuthu, 2020). The involvement of senior government officials in corruption scandals highlights the severity of the issue.

In response to corruption in the healthcare sector, South Africa and Zimbabwe have instituted several anti-corruption measures, which include enacting legislation, implementing health sector reforms, and conducting external audits (Pillay & Mantzaris, 2017; Chitsove, 2018). Despite these efforts, corruption continues to persist. Nevertheless, a research gap exists regarding the effectiveness of anti-corruption strategies in addressing

corruption within the healthcare sector. Existing studies, such as those by Rispel, Jager, and Fonn (2016), Pillay & Mantzaris (2017), and Choguya (2018), primarily focus on examining the determinants and consequences of corruption in healthcare in both countries, with limited emphasis on the evaluation of interventions aimed at combating corruption.

It is imperative to shift the focus from mere identification and analysis of corrupt practices to the exploration of interventions and the assessment of their efficacy in combating corruption. This article seeks to address the identified research gap by (a) examining the strengths (S) inherent in the strategies, (b) evaluating the weaknesses (W) that may impede their effectiveness, (c) exploring potential opportunities (O) for enhancement, and (d) considering the external threats (T) that pose challenges to the implementation of these anti-corruption strategies.

The following section explores the theoretical foundations of corruption in the healthcare sector and the SWOT analysis. The subsequent section delineates the research design and methodology, specifying the qualitative approach and data sources employed. This is followed by a presentation and discussion of the findings, as well as their implications. In conclusion, the article presents a series of targeted recommendations based on the analyses conducted.

2.0 Literature Review

This section conceptualises corruption and examines how it manifests in the healthcare systems of Zimbabwe and South Africa. It also analyses the various strategies that have been implemented to combat corruption in both countries.

2.1 Conceptualisation of corruption

Corruption has long been a subject of extensive scholarly debate; however, a universally accepted definition remains elusive (Rose-Ackerman & Palifka, 2016). The complexity of corruption is reflected in the variety of definitions proposed by different scholars and organisations. Notable definitions include those by Nye (1967) and Transparency International (2007). Nye (1967:419) defines corruption as "...behaviour which deviates from the formal duties of a public role (elective or appointive) because of private-regarding (personal, close family, private clique) wealth or status gains, or violates rules against the exercise of certain types of private-regarding influence." Conversely, Transparency International (2007)

defines corruption as the abuse of power for personal gain, which undermines public trust and disrupts the fair allocation of resources.

Despite the absence of a universally accepted definition, synthesising the perspectives of various scholars reveals several core elements that are essential for a comprehensive understanding of corruption. These elements include the abuse of authority, illegitimate gain, breach of trust, and distortion of public interest. A definition encompassing these attributes facilitates a shared understanding of corruption and supports the development of effective anti-corruption measures. Therefore, the authors propose a definition of corruption as “the abuse of entrusted power that leads to the acquisition of illicit benefits, breaches trust, and distorts the public interest through unethical or illegal means.”

Measuring corruption presents significant challenges due to its clandestine nature and the diverse manifestations it assumes across different contexts (Rose-Ackerman & Palifka, 2016). Nonetheless, several metrics have been developed to estimate corruption levels. One such metric is Transparency International's Corruption Perceptions Index (CPI), which evaluates perceived levels of corruption in the public sector based on expert assessments and surveys (Transparency International, 2021). The index employs a scale from 0 to 100, where a score of 0 indicates the highest level of corruption, and 100 represents a complete absence of corruption (Transparency International, 2021).

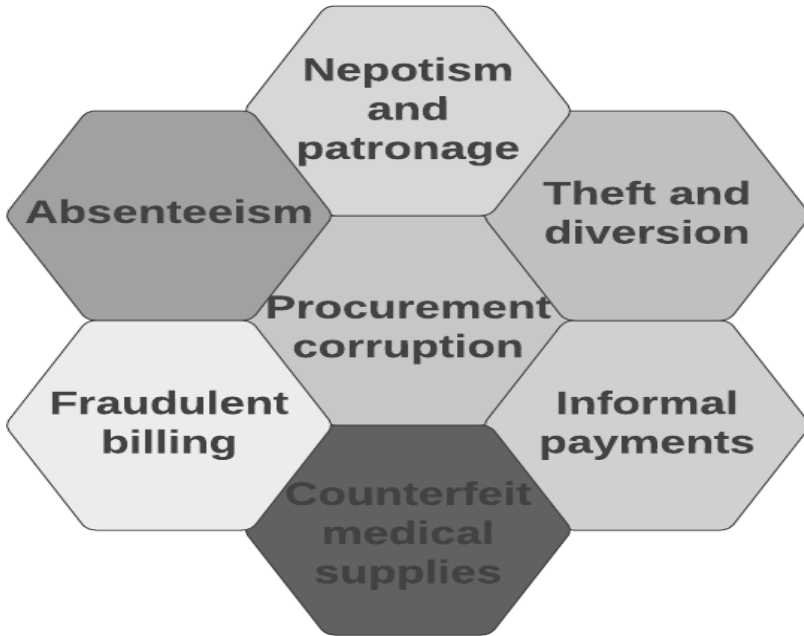
According to Transparency International's 2023 CPI, Zimbabwe ranks 149th out of 180 countries with a score of 24 out of 100, reflecting a high level of perceived corruption in the public sector (Transparency International, 2024). Moreover, the 2023 CPI places South Africa 83rd out of 180 countries with a score of 41 out of 100. This score represents the country's lowest ranking since the CPI was first published in 2012 (Transparency International, 2024). The low CPI rankings in both countries suggest a troubling lack of progress in addressing corruption. However, it is important to recognise that CPI rankings are based on expert assessments and perceptions, which may not always accurately reflect the actual levels of corruption experienced on the ground (Heywood, 2015).

2.2 Manifestation of corruption in the healthcare sector

Corruption in the healthcare sector exhibits a multifaceted nature, assuming diverse forms and implications. Several studies, including those conducted by Rispel et al. (2016), Pillay & Mantzaris (2017), Muchena (2019), and Transparency International (2021), have investigated the

manifestations of corruption within healthcare systems; however, the findings indicate significant variations across countries. The primary manifestations of corruption identified in the reviewed studies are visually represented in Figure 1.

Figure 1: Manifestation of corruption in the healthcare sector



Source: *Authors' illustration*

a. Nepotism and Patronage

Both Zimbabwe and South Africa face a shared challenge of nepotism and patronage within their respective healthcare systems. Rather than prioritising merit, personal connections frequently dictate job placements and promotions (Corruption Watch, 2020; Transparency International, 2021). This compromised approach to meritocracy undermines the provision of quality healthcare. Transparency International (2021) emphasises the concerning prevalence of nepotism and favouritism within Zimbabwe's healthcare sector. The study indicates that, instead of prioritising qualifications and merit, personal connections largely determine employment and promotional outcomes. A significant issue in South Africa is the concentration of power in the hands of a political appointee,

such as a Member of the Executive Council, who holds the final authority on senior healthcare appointments (Van den Heever, 2022). This centralised authority bestows power upon a select few, thereby creating the potential for favouritism during the recruitment process.

b. Informal payments

Informal payments are defined as payments or bribes made by patients or their families to healthcare providers or officials outside the officially approved and regulated payment system (Pasculli & Ryder, 2019). A study by Transparency International (2021) revealed alarming levels of bribery within Zimbabwean public hospitals, with 74% of respondents reporting being solicited for bribes when seeking healthcare services. Patients are compelled to make these illicit payments to secure preferential treatment from nurses and acquire medications from pharmacists (Transparency International, 2021). However, a study by Rispel et al. (2016) concluded that informal payments are not common within the healthcare sector in South Africa.

A consensus emerges from the works of scholars such as Choguya (2018), Onwujekwe & Agwu (2022), and Muchena (2019) that demanding informal payments from patients restricts access to healthcare, particularly for economically vulnerable groups. The financial burden imposed by informal payments can render essential services unaffordable, leading to delayed or forgone healthcare utilisation.

c. Absenteeism

Another manifestation of corruption is absenteeism, which refers to the intentional absence of healthcare workers from their duties (De Paiva, 2020). In Zimbabwe's healthcare sector, absenteeism has become a coping mechanism among healthcare professionals who receive inadequate salaries (Ray & Masuka, 2017). According to Muchena (2019), to supplement their income, doctors and nurses often operate private practices while officially employed in the public health system. Consequently, they dedicate a significant portion of their time to their private facilities, thereby neglecting their responsibilities in public health institutions. Similarly, the manifestations of absenteeism in South Africa include behaviours such as health workers failing to report for duty and leaving their workplaces prior to official closing hours (Corruption Watch, 2020).

Vian (2020) posits that absenteeism presents a significant impediment to the healthcare sector, resulting in the wastage of public funds, as the state

is obligated to pay for services that are not rendered. When healthcare workers are absent, patients may encounter inadequate care and compromised access to essential services.

d. Procurement corruption

The abuse of procurement processes is another pervasive form of corruption within the healthcare sectors of both Zimbabwe and South Africa. According to a report by Corruption Watch (2020), 22% of all corruption cases in the South African healthcare sector can be attributed to procurement corruption. A disconcerting practice highlighted by Corruption Watch (2020) is the tendency of officials to award tenders based on personal relationships rather than considering the competence of suppliers.

Similarly, Transparency International (2021) notes that a major form of procurement corruption in Zimbabwe is the deliberate inflation of prices, which leads to exorbitant costs for medical supplies and services. Furthermore, in the Zimbabwean health sector, reputable pharmaceutical companies are often excluded from bidding processes, while shadowy entities with ties to politicians receive preferential treatment (Transparency International, 2021). This exclusion of reputable companies undermines fair competition.

Procurement corruption has serious ramifications for the healthcare sector. Mackey and Cuomo (2020) suggest that procurement corruption may result in financial losses and misallocation of resources. This observation is supported by Onwujekwe & Agwu (2022), who indicate that corruption in procurement processes can lead to the acquisition of substandard or counterfeit pharmaceuticals, medical devices, and equipment. These compromised products may be unsafe or even harmful to patients, resulting in poor health outcomes.

f. Theft and diversion of medical supplies

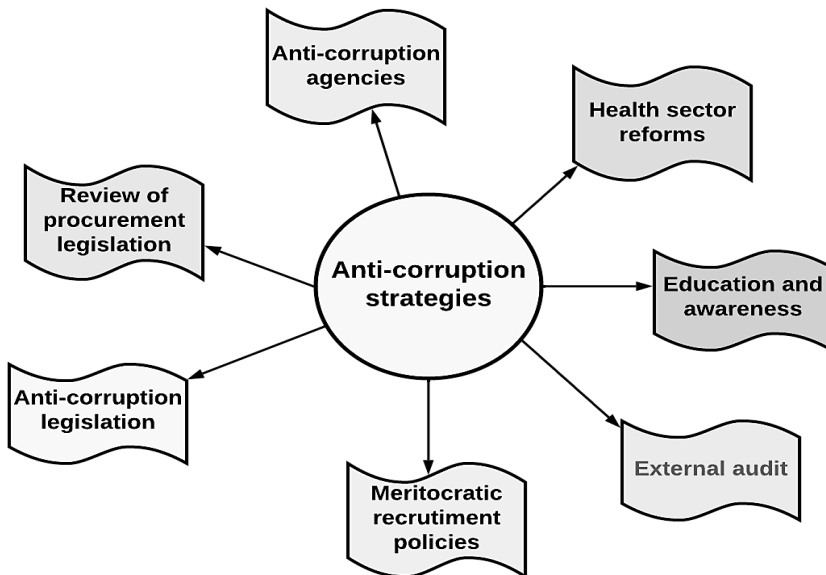
Both Zimbabwe and South Africa face significant challenges related to the theft and embezzlement of medical supplies and equipment. A study conducted by Transparency International (2021) has highlighted instances in Zimbabwe where medical supplies are being sold on the black market. Consequently, public health institutions suffer from critical shortages of essential medicines and products, which severely impacts patient care. Similarly, in South Africa, a comparable situation occurs, wherein medical

practitioners exploit state-funded medical equipment and medication for their private practices, thus depriving the public of vital resources. The shortages of essential medical supplies and equipment resulting from theft and diversion undermine the quality of healthcare services (García, 2019). Additionally, the diversion of funds earmarked for public health initiatives significantly hampers the delivery of crucial preventive programmes and infrastructure development.

2.3 Anti-corruption strategies

The adverse effects of corruption on health systems are widely recognised, underscoring the necessity for the implementation of anti-corruption measures. Numerous scholars have delineated several strategies aimed at combating corruption within the healthcare sector, which we have organised into seven distinct categories, as illustrated in Figure 2.

Figure 2: Anti-corruption strategies in Zimbabwe's and South Africa's healthcare sectors



Source: *Authors' illustration*

1. *Anti-corruption legislation*

South Africa has garnered international recognition for its robust anti-corruption legislation (Dassah, 2018). According to Mphendu & Holtzhausen (2016), South Africa's Prevention and Combating of Corrupt Activities Act serves as a notable example, incorporating stringent measures against bribery and other forms of corruption. The Act imposes severe penalties, including lengthy terms of imprisonment, to deter individuals and organisations from engaging in corrupt practices (Mphendu & Holtzhausen, 2016). Similarly, Zimbabwe is one of the few African countries with a constitution that specifically mandates the establishment of an anti-corruption commission, known as the Zimbabwe Anti-Corruption Commission (ACT-SA, 2020). Furthermore, Zimbabwe possesses a relatively comprehensive legislative framework encompassing various legislative acts, such as the Prevention of Corruption Act and the Anti-Corruption Commission Act, among others (Chitsove, 2018), which criminalise diverse forms of corrupt practices, including bribery, extortion, and fraud.

2. *Review of procurement legislation*

In response to pervasive corruption, both the Zimbabwean and South African governments have undertaken comprehensive reviews of their procurement regulations. In Zimbabwe, a significant institutional reform involved the dissolution of the State Procurement Board, which was subsequently replaced by the Procurement Regulatory Authority of Zimbabwe (Gumbo, 2021). Concurrently, the Public Procurement and Disposal of Public Assets Act was introduced to regulate procurement processes. This revised regulatory framework aimed to enhance transparency and accountability in procurement activities.

Similarly, a notable advancement in South Africa was the establishment of the e-Tender Publication Portal, a centralised electronic platform for government tendering that superseded traditional mediums such as the government gazette by consolidating tender advertisements and publishing bid outcomes (Kramer, 2016). Furthermore, Kramer (2016) emphasises that the Central Supplier Database was created as a repository of information regarding eligible organisations and individuals seeking government contracts.

3. External audit

The offices of the Auditor General in Zimbabwe and South Africa have played pivotal roles in uncovering corruption within their respective healthcare systems. In Zimbabwe, the Auditor General has been instrumental in generating reports that disclose a range of malfeasance, including irregular procurements, embezzlement of funds, and theft of hospital equipment (Muchena, 2019; Transparency International, 2021). Similarly, the Auditor General of South Africa (AGSA) has identified irregularities and wasteful expenditure within the healthcare sector (Rispel et al., 2016). Through comprehensive audits, the AGSA has illuminated these issues to the public and held government officials accountable. The reports produced by the Auditor General have been crucial in emphasising irregularities and in raising awareness of these significant problems.

4. Meritocratic recruitment

Moreover, the adoption of meritocratic recruitment practices has emerged as a pivotal strategy for addressing corruption within Zimbabwe's healthcare sector (Muchena, 2019). Pembere (2019) underscores that a significant advancement in combating corruption in the recruitment of student nurses was the decentralisation of the process, which had previously been centralised and susceptible to irregularities. In response, the government transitioned recruitment responsibilities to provincial and central hospitals, thereby bringing the process closer to the communities it serves. Similarly, within the South African healthcare sector, the government has implemented reforms aimed at rectifying corrupt recruitment practices. Central to these reforms is the establishment of a transparent recruitment process, encompassing public job advertisements and comprehensive audits of recruitment practices (Abaalkhail, 2016). These initiatives are designed to enhance fairness and transparency, mitigate the risk of corruption, and ensure the selection of competent candidates.

5. Establishment of anti-corruption agencies

Zimbabwe has adopted a systematic approach to combatting corruption through the establishment of the Zimbabwe Anti-Corruption Commission (ACT-SA, 2020). The creation of this specialised agency has alleviated bureaucratic obstacles that could hinder anti-corruption initiatives. Furthermore, to facilitate the prosecution of corruption cases, Zimbabwe

instituted specialised anti-corruption courts in 2018 (Mundopa & Schütte, 2021). This initiative enables judges to focus on corruption-related cases, which may enhance the efficiency of case resolution.

In contrast, South Africa lacks a dedicated anti-corruption agency, opting instead for a multi-agency system that includes at least 19 institutions and various coordinating mechanisms (Dassah, 2018). This fragmented approach presents potential coordination challenges, which may impede effective collaboration among these agencies (Pillay & Mantzaris, 2017). The absence of a centralised anti-corruption agency has led to the duplication of efforts and delays in addressing corruption cases.

2.4 SWOT Analysis

SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis is a widely recognised tool for policy formulation across various fields. Gebrihet & Pillay (2021) emphasise the significance of SWOT analysis in enabling institutions to leverage their strengths, exploit opportunities, mitigate weaknesses, and anticipate threats.

The rationale for conducting a SWOT analysis in this study stems from its potential to provide a comprehensive understanding of the internal and external factors influencing the success of anti-corruption strategies. Through this analysis, the strengths and weaknesses inherent in the current anti-corruption frameworks can be identified, enabling stakeholders to capitalise on strengths and address weaknesses. Moreover, assessing external opportunities and threats can help shape strategic interventions that align with the specific challenges and opportunities faced by the healthcare systems in Zimbabwe and South Africa.

3.0 Research Methods and Design

Research methodologies can be broadly categorised into qualitative and quantitative approaches, each serving distinct purposes in the realm of research. Quantitative research is characterised by its focus on quantifying data and generalising results across larger populations. According to Bell, Bryman, & Harley (2022), it relies on numerical data and statistical analysis to identify patterns, test theories, and make predictions. In contrast, qualitative research emphasises understanding phenomena from a more contextual perspective. It aims to provide rich, detailed insights into specific contexts and the meanings individuals attach to their experiences (Denzin, Lincoln, Giardina, & Cannella, 2023). This study employed a

qualitative research approach due to its suitability for describing and explaining individual experiences, behaviours, and social contexts.

Moreover, the study utilised both primary and secondary data sources. Secondary data were sourced from academic journals, newspaper articles, and archives of relevant institutions. In-depth interviews were conducted with anti-corruption experts, journalists, academics, and civic organisation leaders from Zimbabwe and South Africa. Furthermore, purposeful sampling was employed to select participants based on their knowledge of corruption in the healthcare sector (Berndt, 2020). The intention was to interview 15 respondents from each country; however, due to some participants' unwillingness, 11 interviews were conducted in Zimbabwe and 9 in South Africa. This sample size aligns with the recommendations of Hennink & Kaiser (2022), who suggest that for qualitative interviews, an ideal sample size ranges between 9 and 17 respondents.

Additionally, to enhance the study's credibility, triangulation was employed by cross-verifying in-depth interviews with secondary data sources. Direct quotes from respondents were utilised to capture their exact words, thereby enhancing the transferability of findings, as suggested by Enworo (2023). Ethical clearance was obtained from the researchers' University's Research Ethics Committee. Informed consent was secured from all participants prior to the interviews, and pseudonyms were employed to maintain confidentiality, ensuring that no references to participants' names or organisations were made.

Interviews were transcribed verbatim and processed to eliminate errors before being analysed using ATLAS.ti software. A systematic thematic approach was adopted to identify patterns, connections, and differences within the data, contributing to a deeper understanding of the strengths, weaknesses, opportunities, and threats in the anti-corruption strategies.

4.0 Findings

This section presents the findings regarding the strengths, weaknesses, opportunities, and threats associated with the anti-corruption strategies employed in the healthcare systems of Zimbabwe and South Africa. The SWOT matrix for the anti-corruption strategies of both countries is presented in Table 1.

Table 1: SWOT analysis for Zimbabwe's and South Africa's anti-corruption strategies

Aspect	Zimbabwe	South Africa
Strengths	Progressive constitution	Media freedom
	Dedicated anti-corruption agency	Progressive constitution
	Ratification of international anti-corruption treaties and conventions	Ratification of international anti-corruption treaties and conventions
	Establishment of special anti-corruption courts	Relatively strong anti-corruption legislation
		Electronic procurement system
Weaknesses	Underfunded institutions	Patronage and impunity
	Captured institutions	Lack of coordination of institutions
	Inadequate whistleblower protection	Inadequate whistleblower protection
	Economic instability	Weak law enforcement
	Weakened civil society	Poor public participation
	Polarised media	No dedicated anti-corruption agency
	Weak parliament	Lack of political will
Opportunities	Technological innovations	Digitalisation and e-health
	International support	International support
	Social media as a tool for public awareness	Social media as a tool for public awareness
	Pressure from international institutions	Pressure from international institutions
	High literacy rate	Multilateral partnerships
Threats	Exposure to organised crime networks	Exposure to organised crime networks
	Lack of public trust	Lack of public trust
	Lack of international cooperation	Lack of international cooperation
	Poverty and income inequality	Poverty and income inequality
	Cybersecurity risks	Cybersecurity risks
	High brain drain	Large number of illegal immigrants
	Large informal sector	

Source: *Authors' illustration*

4.1 Strengths (S)

Both countries demonstrate certain strengths that have the potential to contribute to the success of their anti-corruption strategies. Firstly, Zimbabwe boasts a progressive constitution that lays the groundwork for robust anti-corruption efforts (ACT-SA, 2020). Notably, Chitsove (2018) argues that the constitutional provision for the establishment of the

Zimbabwe Anti-Corruption Commission (ZACC) in sections 254 and 255 underscores the government's commitment to a strong policy framework against corruption. Several respondents expressed similar sentiments regarding the Zimbabwean constitution. For instance, respondent ZIM9 highlighted the progressive provisions within Zimbabwe's constitution that take a firm stance against corruption. He argued that the establishment of the ZACC by the constitution demonstrates the country's dedicated pursuit of a future free from corruption.

Furthermore, Zimbabwe's special anti-corruption courts have the potential to expedite judicial proceedings and ensure swifter justice, as they allow judges to specialise in handling corruption cases. This, in turn, could potentially improve the judge-to-case ratio, leading to greater efficiency in case resolution. Respondent ZIM6 mirrored a similar viewpoint, suggesting that

...the establishment of specialised anti-corruption courts sends a strong signal that the government is committed to combating corruption.

She argued that this could deter potential corrupt individuals, as they would be aware that their cases would be handled by courts with expertise in corruption-related offences.

On the other hand, a key strength of South Africa's anti-corruption system lies in its constitution, which establishes a robust framework for combating corruption (Dassah, 2018). Chapter 9 of the constitution specifically facilitates the establishment of state institutions that support constitutional democracy (Madonsela, 2019). Respondents SA4 and SA9 expressed similar sentiments regarding the South African constitution. For instance, respondent SA4 argued that

If South Africans uphold the letter and spirit of their constitution, corruption can be effectively tackled and eradicated.

Furthermore, South Africa's anti-corruption strategy derives significant strength from its independent media. According to OSISA (2017), the country's free press plays a crucial role in exposing corruption and holding perpetrators accountable. This perspective is further supported by the insights gathered from respondent SA3, who asserted that

...over the past years, South Africa's private media has fearlessly brought corrupt practices to the forefront, reshaping the narrative and advocating for a corruption-free society.

A similar sentiment was shared by respondent SA6, who highlighted that South Africa's media serves as a powerful catalyst for transparency, as investigative journalists fearlessly uncover corruption.

Additionally, South Africa benefits from a dynamic civil society that actively demands transparency in the healthcare sector (Dassah, 2018). Civil Society Organisations (CSOs) mobilise communities, empowering citizens to demand accountability and engage in anti-corruption initiatives. Moreover, the views expressed by respondents further substantiate the positive impact of CSOs in South Africa's fight against corruption. For instance, respondent SA2 emphasised the instrumental role of civil society in ensuring that the voice of the people is heard and that anti-corruption efforts remain a top priority on the national agenda.

4.2 Weaknesses

The glaring lack of political will was the prevailing sentiment expressed by the respondents regarding both Zimbabwe's and South Africa's anti-corruption drives. This crucial aspect, as respondent SA9 argued, represents the missing link that weakens South Africa's otherwise robust legal and institutional framework in addressing corruption. Similar sentiments were shared by respondent SA5, who suggested that

It's evident that the government is not concerned about addressing corruption because they benefit from it.

Moreover, respondents expressed similar concerns about the lack of political will in Zimbabwe's anti-corruption efforts. The prevailing sentiment was that inadequate funding of Zimbabwe's anti-corruption institutions indicates the government's lack of commitment to combating corruption. For instance, respondent ZIM5 argued that

...adequate funding serves as the lifeblood for the effective functioning of anti-corruption institutions. Tragically, Zimbabwean institutions find themselves on life support, gasping for breath with a budgetary allocation that can only be described as pitiful.

Inadequate whistleblower protection was another weakness in the anti-corruption strategies of both countries. In South Africa, there has been no effective implementation of the Protected Disclosures Act, which is the key legislation intended to protect whistleblowers (OSISA, 2017). Similarly, PPLAAF (2020) suggests that the lack of laws safeguarding whistleblowers from retaliation in Zimbabwe creates a daunting environment for individuals who wish to report corruption, as they fear potential reprisals. This view was shared by respondents ZIM1, ZIM6, and ZIM9, who argued that the absence of whistleblower protection legislation in Zimbabwe deters individuals from reporting corruption due to concerns about victimisation.

Furthermore, respondents unanimously reported that another weakness in the anti-corruption strategies of South Africa and Zimbabwe stemmed from captured institutions. Respondent SA5 emphasised that

...the evident capture of the National Prosecuting Authority by the ruling elite is no longer a secret. Numerous ANC cadres implicated in severe corruption scandals are roaming freely without facing any consequence.

Correspondingly, respondent SA2 asserted that in South Africa, corrupt officials enjoy impunity because their powerful connections shield them from investigation and prosecution. Similarly, respondents indicated that Zimbabwean anti-corruption institutions are captured by the ruling Zimbabwe African National Union Patriotic Front (ZANU PF) party. For instance, respondent ZIM1 contended that the party exerts substantial influence and control over supposedly independent anti-corruption institutions. This sentiment was echoed by respondent ZIM8, who argued that

Zimbabwean institutions stand as mere puppets, devoid of any independence, as their decisions are dictated by ZANU PF politicians.

Moreover, a weakness identified in South Africa lies in the lack of coordination among its anti-corruption institutions (Pillay, 2017). This fragmented nature of these institutions impedes seamless collaboration. Respondent SA7 argued that

South African anti-corruption institutions operate in silos, often focusing on their respective mandates without considering the broader picture.” He argued that “this disjointed approach hampers the formulation of comprehensive strategies to combat corruption.

Additionally, the consensus among some participants emphasised the detrimental impact of Zimbabwe's polarised media on the country's anti-corruption efforts. Respondents ZIM1, ZIM4, and ZIM8 expressed concerns about how the polarised media landscape perpetuates biased narratives and engages in selective reporting, thereby obstructing the dissemination of objective information on corruption-related issues.

4.3 Opportunities

In the rapidly evolving landscape of technological advancements, both Zimbabwe and South Africa have opportunities to strengthen their fight against corruption. Mackey & Cuomo (2020) highlight that leveraging these advancements can streamline certain processes, minimising human involvement and, consequently, reducing opportunities for corrupt practices to thrive. Notably, respondents Zim2, SA5, and SA6 echoed these sentiments, emphasising that both countries have the chance to utilise the latest technology in their anti-corruption efforts.

Moreover, participants from both countries noted that social media holds potential as a cost-effective means of disseminating information to a vast audience. This presents an opportunity for the Zimbabwean and South African governments, along with their respective anti-corruption institutions, to engage the public in the battle against corruption. Respondents Zim4, Zim7, and SA4 echoed similar views, highlighting social media as a vital tool that anti-corruption institutions can use to bolster their efforts in combating corruption.

4.4 Threats

Both countries face threats to their anti-corruption strategies. A prevailing theme conveyed by the respondents highlights the lack of public trust in Zimbabwe's anti-corruption agencies. As noted by respondents ZIM3 and ZIM11, Zimbabweans harbour deep scepticism regarding the capacity of anti-corruption institutions to tackle corruption. Similarly, several interviewees expressed the belief that public trust was a missing element in South Africa's anti-corruption strategies. Respondent SA1 articulated that

...there is a pervasive lack of confidence among South Africans in both the government and the anti-corruption bodies, with a prevailing sentiment that these entities have been compromised and lack the necessary political will to effectively address corruption.

In addition, South Africa grapples with the threat of state capture, where powerful individuals or entities exert influence over state institutions. For instance, respondent SA3 described state capture as the "elephant in the living room," highlighting how political interference and the appointment of individuals aligned with corrupt networks have hindered the prosecution of corruption cases.

5.0 Conclusion

The purpose of this study was to analyse the effectiveness of the anti-corruption strategies implemented within the healthcare systems of Zimbabwe and South Africa. Employing a SWOT analysis, the study examined the strengths inherent in these strategies and evaluated the weaknesses that may impede their success. It also explored opportunities that could enhance the effectiveness of the strategies and identified potential external threats that could pose challenges to their successful implementation.

The study highlights several findings regarding anti-corruption efforts in the two countries. Both nations benefit from progressive constitutional frameworks that provide a robust foundation for anti-corruption initiatives. Zimbabwe's commitment is underscored by its dedicated anti-corruption institution and specialised anti-corruption courts. In contrast, South Africa utilises its media freedom and vibrant civil society to promote accountability.

However, the study revealed that institutional capture and inadequate whistleblower protection mechanisms hinder anti-corruption efforts in both countries. The absence of political will is another prevailing concern. Furthermore, in Zimbabwe, a weakened civil society and a polarised media further obstruct progress, while South Africa faces challenges related to limited public participation and a lack of coordination among its anti-corruption institutions.

Despite these challenges, there exist opportunities for improvement. Technological advancements and social media platforms present promising avenues for enhancing transparency and increasing public engagement. These tools can aid in disseminating important information and galvanising public support for anti-corruption initiatives. Additionally, a shared threat in both countries is the erosion of public trust in the governments' genuine commitment to combating corruption, which casts doubt on the effectiveness of their anti-corruption efforts.

6.0 Implications of Study

Based on the findings of this study, several targeted recommendations are proposed to address corruption in the healthcare sectors of Zimbabwe and South Africa. First, both governments must strengthen their anti-corruption institutions. Adequate funding is essential to attract and retain highly skilled professionals, provide training programmes to enhance their expertise, and equip agencies with the necessary resources to conduct efficient investigations.

Additionally, it is crucial for both governments to create a supportive environment for whistleblowers. Zimbabwe should expedite the enactment of the Public Interest Disclosure (Protection of Whistle-blowers) Act and the Witness Protection Act, which are vital for safeguarding whistleblowers. These legislative frameworks, whose foundational principles received cabinet approval in March 2022, are significant for the country's anti-corruption efforts. Similarly, in South Africa, the government should fast-track the amendments to the Protected Disclosure Act 26 of 2000, which commenced in 2023, to enhance whistleblower protection.

Furthermore, anti-corruption bodies in both countries should launch targeted public awareness campaigns. These campaigns should aim to educate citizens about the negative impact of corruption and encourage public participation in anti-corruption initiatives. Raising public awareness is critical for fostering a culture of integrity.

Moreover, the government of South Africa could consider establishing a dedicated anti-corruption agency, supported by specialised anti-corruption courts. This approach could yield increased efficiency in addressing corruption cases and delivering timely justice. In addition, for Zimbabwe, the liberalisation of the media landscape emerges as a pivotal move, allowing for a more diverse and independent media environment that can actively scrutinise and expose corruption without constraints.

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