

**IMPLICATIONS OF ILLICIT FINANCIAL FLOWS IN THE  
HEALTH SECTOR IN ZIMBABWE**

**BY**

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### **Abstract**

The purpose of this study was to investigate the impact of IFFs on domestic resource mobilization and the provision of healthcare services in Zimbabwe. The study used interpretivism as the research philosophy underpinning the objects of the study. In this study, a case study research design was also used along qualitative research methodology. The study further utilised purposive sampling technique to select the participants precisely the individuals with in-depth and expert knowledge each from the department of procurement board at the MoHCC, PRAZ and informants from the academia, Media and NGO. In this study, data was collected using primary and secondary data collection methods precisely key informant interviews and documentary research. These two data collection methods were used because they complemented each other resulting in the gathering of rich data that is material to the objects of the study. This study also found out that IFFs within Zimbabwe's healthcare sector manifest in various forms, notably through fraudulent billing practices such as inflating invoices, billing for unnecessary procedures and billing for services not rendered. The study further found out that cross-border financial flow, tax evasion and the use of healthcare entities for money laundering align with the international nature and complexity of IFFs within the healthcare sector. The study concluded that IFFs significantly impede domestic resource mobilization, particularly within the provision of health services. The study recommended specific and targeted sectorial interventions to address financial malpractices within the healthcare procurement and regulatory frameworks.

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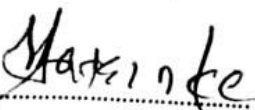
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### Dedication

This research project is dedicated to my family for being the greatest inspiration of my life. Special dedications go to my lovely wife Mervis, for her unwavering motivation and emotional support during this difficult and important journey.

### **Acknowledgements**

I'm particularly indebted to the Almighty God whose guidance and supernatural enablement has seen me completing this assignment. I also acknowledge the unreserved support and guidance that I received from my supervisor, whose patience and guidance made everything possible.

**List of abbreviations and acronyms**

APA	American Psychological Association
BEPS	Base Erosion and Profit Shifting
BUSE	Bindura University of Science Education
FIU	Financial Intelligence Unit
IFFs	Illicit Financial Flows
IFM	International Monetary Fund
LMICs	Low and middle-income countries
MoHCC	Ministry of Health and Child Care
NGOs	Non-Governmental Organisations
OECD	Organisation for Economic Co-operation and Development's
PRAZ	Procurement Regulatory Authority of Zimbabwe
RBZ	Reserve Bank of Zimbabwe
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
UN	United Nations
UN FACTI	United Nations High-Level Panel on International Financial Accountability, Transparency and Integrity for Achieving the 2030 Agenda.
ZIMCODD	Zimbabwe Coalition on Debt and Development
ZIPAM	Zimbabwe Institute of Public Administration and Management

**List of figures**

Figure 4.1: Classification of IFFs .....	82
Figure 4.2: Actors and Motivations in IFFs .....	85
Figure 4.3: Progression of IFFs .....	86

## Table of contents

Abstract.....	2
Declaration form.....	3
Dedication.....	4
Acknowledgements .....	6
List of abbreviations and acronyms.....	7
List of figures .....	8
Table of contents .....	9
<b>CHAPTER ONE .....</b>	<b>14</b>
1.0 INTRODUCTION .....	14
1.1 Background of the study.....	14
1.2 Aim of the study .....	17
1.3 Problem statement .....	17
1.4 Research objectives .....	18
1.5 Research questions .....	18
1.6 Assumption of the study.....	19
1.7 Significance of the study .....	19
1.8 Delimitations of the study .....	22
1.9 Limitations of the study.....	23
1.10 Definition of key words.....	23
1.11 Dissertation outline.....	24
<b>CHAPTER TWO.....</b>	<b>27</b>
2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK.....	27
2.1 Introduction .....	27

IFFs and provision of services in the health sector	10
2.2 Theoretical framework .....	27
2.2.1 The Political economy of corruption theory .....	28
2.2.2 Economic structuralism .....	30
2.3 Patterns and extent of IFFs in the health sector in Zimbabwe.....	32
2.3.1 Shell companies .....	33
2.3.2 Transfer pricing manipulation .....	33
2.3.3 Trade mispricing .....	34
2.3.4 Bribery and corruption .....	34
2.3.5 Tax havens .....	35
2.3.6 Money laundering.....	36
2.3.7 Embezzlement and misappropriation .....	36
2.3.8 Corrupt procurement practices .....	37
2.4 The effects of IFFs in the health sector on domestic resource mobilization .....	39
2.5 The challenges for curbing IFFs in the provision of services in the health sector .....	47
2.5.1 Corruption and governance issues .....	49
2.5.2 Lack of technological expertise .....	50
2.5.3 Inadequate reporting requirements .....	50
2.5.4 Complex financial mechanisms.....	51
2.5.5 Globalization of financial markets .....	52
2.5.6 Lack of transparency .....	52
2.5.7 Vulnerability of healthcare systems .....	53
2.6 Strategies for mitigating the effects of IFFs on the provision of services in the health sector.....	55
2.6.1 Strengthen regulatory and enforcement frameworks.....	56
2.6.2 Enhance transparency and accountability.....	57

IFFs and provision of services in the health sector	11
2.6.3 International cooperation.....	58
2.6.4 Strengthen domestic resource mobilization.....	59
2.6.5 Capacity building.....	60
2.6.6 Legislative reforms .....	61
2.6.7 Whistle-blower protection .....	62
2.6.8 Partnerships with financial institutions.....	62
2.6.9 Technological solutions.....	63
2.6.10 Ethical leadership and good governance .....	64
2.7 Chapter summary.....	65
<b>CHAPTER THREE.....</b>	<b>66</b>
3.0 RESEARCH METHODOLOGY AND DESIGN.....	66
3.1 Introduction .....	66
3.2 Research philosophy.....	66
3.3 Research methodology .....	67
3.4 Research design .....	68
3.5 Population and sample.....	68
3.6 Sampling methods .....	69
3.6.1 Purposive sampling .....	70
3.7 Data collection methods .....	71
3.7.1 Key Informant Interviews.....	71
3.7.2 Documentary research .....	73
3.8 Validity and reliability.....	74
3.8.1 Validity.....	74
3.8.2 Reliability test.....	75
3.9 Data presentation and analysis .....	76

IFFs and provision of services in the health sector	12
3.10 Ethical considerations.....	77
3.11 Chapter summary.....	78
<b>CHAPTER FOUR .....</b>	<b>79</b>
4.0 DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS .....	79
4.1 Introduction .....	79
4.2 Section A: Patterns and extent of IFFs in the health sector in Zimbabwe .....	79
4.3 Section B: Effects of IFFs in the health sector on domestic resource mobilization.....	83
4.4 Section C: Challenges for curbing IFFs in the provision of services in the health sector	87
4.5 Section D: Strategies for mitigating the effects of IFFs on the provision of services in the health sector .....	90
4.6 Chapter summary.....	96
<b>CHAPTER FIVE .....</b>	<b>98</b>
5.0 SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER RESEARCH .....	98
5.1 Introduction .....	98
5.2 Summary of the study.....	98
5.3 Conclusions of the Study.....	100
5.3.1 Patterns and extent of IFFs in the health sector in Zimbabwe .....	100
5.3.2 Effects of IFFs in the health sector on domestic resource mobilization.....	101
5.3.3 Challenges for curbing IFFs in the provision of services in the health sector .....	103
5.3.3 Strategies for mitigating the effects of IFFs on the provision of services in the health sector.....	104
5.4 Research Implications .....	105
5.5 Recommendations .....	106
5.6 Areas for future research .....	107

IFFs and provision of services in the health sector	13
References .....	108
ANNEXURES .....	123

## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 Background of the study

On a global scale, Illicit Financial Flows (IFFs) have evolved into a pressing concern, transcending borders and posing a substantial threat to economies worldwide. Remeikienė & Gaspareniene (2023) these covert financial activities, including practices such as tax evasion, money laundering and corruption, have severe implications for economic inequality and undermine essential services like healthcare and education. The impact of IFFs on healthcare services unfolds against a backdrop of global concern and recognition of the far-reaching consequences these financial malpractices have on healthcare systems worldwide (Burri, 2023). IFFs encompass a web of illicit financial activities, including tax evasion, money laundering and corruption, which divert substantial sums of money away from essential public services such as healthcare. The global dimension of this issue is underlined by the fact that IFFs transcend national borders and involve intricate financial transactions often facilitated through tax havens, offshore accounts and shell companies, thereby making them challenging to detect and regulate within individual countries. The global economic cooperation is imperative, given the impact of IFFs, necessitating harmonized regulations and information sharing. Continents are grappling with substantial annual losses from IFFs, which have led to fiscal challenges and severely strained the healthcare system (Waaghals & Pereira, 2022). The diversion of financial resources through illicit channels has significantly weakened the governments' capacity to implement targeted health programs, disproportionately affecting marginalized communities. Collaborative efforts across various sectors are vital to developing effective

strategies for mitigating IFFs and fostering a more equitable, transparent and sustainable financial system, especially in developing countries.

In Africa, IFFs represent a pervasive issue that poses a significant challenge to the economic stability and social development of many nations on the continent (Moss, 2020). Several factors contribute to the widespread prevalence of IFFs in Africa, including weak governance structures, high levels of corruption and limited regulatory capacity (African Union, 2018). As a result, African countries face a range of profound consequences stemming from these illicit financial practices. One of the most striking impacts of IFFs in African nations is the substantial drain of valuable resources (Ndikumana, 2016). Many African countries are rich in natural resources, particularly in sectors like mining and extractive industries (UNDP, 2019). However, IFFs have led to significant losses through illicit outflows, effectively depriving these countries of substantial revenue that could otherwise be channelled into development initiatives and essential services like healthcare and education (UNECA, 2017). This resource drain exacerbates economic disparities, limiting opportunities for sustainable growth and societal well-being.

Within the Southern African Development Community (SADC), a regional economic organization encompassing several countries, IFFs have emerged as a shared concern (SADC, 2020). Member states within the SADC region grapple with similar challenges in dealing with the complexities of IFFs and the consequences are felt across the entire region (World Bank, 2019). One notable challenge stems from the cross-border impact of IFFs. SADC countries often share borders with one another, making the detection and prevention of IFFs more intricate (SADC, 2020). Illicit funds can seamlessly move across borders, exacerbating the problem and affecting multiple countries simultaneously (UNECA, 2017). This cross-border dimension of IFFs not only

underscores the necessity for regional cooperation but also highlights the importance of harmonizing regulatory frameworks and sharing information to counteract these illicit practices effectively (IMF, 2020).

The impact of IFFs is profoundly significant, affecting not only the country's economic stability but also the well-being of its citizens (Ndikumana & Boyce, 2021). Zimbabwe has grappled with annual losses amounting to millions of dollars due to IFFs, with particular emphasis on sectors such as mining (Matambo, Moyo, Mukonza, Zendera and & Uwizeyimana, 2022) These losses have exacerbated the country's fiscal challenges, resulting in budget deficits and severe limitations in funding essential sectors, including healthcare. The consequences of IFFs on the health sector, in particular, are highly pronounced. The health system, a crucial pillar for societal well-being and development, has been severely strained (Makoni, 2023). Reduced government revenue resulting from tax evasion and trade mispricing has translated into decreased healthcare funding, leading to compromised infrastructure, inadequate medical supplies and understaffed healthcare facilities (Chikore & Maravanyika, 2023).

Furthermore, the diversion of financial resources through illicit channels has significantly weakened the Zimbabwean government's capacity to prioritize and implement targeted health programs (Zimbabwe Ministry of Finance, 2021). Initiatives like disease prevention, maternal and child health and the fight against infectious diseases have been hampered by IFFs. This impact is felt most acutely by vulnerable populations, especially those residing in rural and marginalized communities, where access to quality healthcare becomes increasingly restricted. Collaborative efforts involving stakeholders from the finance, governance and health domains are essential to developing effective strategies for mitigating IFFs and creating a more equitable, transparent and sustainable

financial system (Zimbabwe Ministry of Health and Child Care, 2020). Zimbabwe, like many other developing countries, has become increasingly vulnerable to the detrimental effects of IFFs, which exacerbate existing socio-economic challenges and hinder the nation's progress towards sustainable development (Akinboade, Oye, & Aremu, 2020).

## **1.2 Aim of the study**

The aim of this study was to understand the effects of IFFs in Zimbabwe's healthcare sector.

## **1.3 Problem statement**

The phenomenon of IFFs in Zimbabwe is a pressing concern with severe implications for the healthcare sector (Kar & Cartwright-Smith, 2016; Ndikumana & Boyce, 2018). Zimbabwe demonstrates that reduced government revenue and financial instability have impeded healthcare research and development, hampering progress in medical treatments and technologies. IFFs, fuelled by practices like transfer mispricing, tax evasion and corruption, deplete government revenues, resulting in acute funding shortages that hinder medical supplies, infrastructure upgrades and healthcare professional training (Baker, Jay, & O'Brien, 2018; Cobham & Jansk, 2019). Despite this fact, in the 2020 national budget, the Ministry of Health and Child Care had been allocated ZWL 6.6 billion, constituting 10% of the total budget, which is far below the 15% threshold set by the Abuja Declaration of African countries to improve their health sectors (Chipenda & Tom, 2021:21). Empirical data reveals that Zimbabwe has experienced substantial revenue losses due to IFFs. According to Kurebwa (2021:32), "it is estimated that during the period 2000 to 2020, Zimbabwe lost in excess of US\$32.179 billion through IFFs". Based on the findings of AFRODAD (2016:12), it is estimated that Zimbabwe incurred a loss of

approximately US\$2.83 billion due to IFFs within the timeframe of 2009 to 2013. This results in an annual mean loss of US\$570.75 million (AFRODAD, 2016). Mswazi (2021) notes that Zimbabwe lost millions of dollars in potential tax revenue due to various forms of tax evasion and avoidance, contributing to the problem of reduced government revenue. This, in turn, has led to underfunded healthcare services, with data from the Ministry of Health and Child Care (MoHCC) highlighting the shortage of essential medical supplies, a lack of qualified medical personnel and outdated medical equipment, significantly affecting the quality of healthcare available (MoHCC, 2021).

#### **1.4 Research objectives**

This study sought to fulfil the following research objectives:

1. To investigate the patterns and extent of IFFs in the health sector in Zimbabwe;
2. To assess the effects of IFFs in the health sector on domestic resource mobilization;
3. To examine the challenges for curbing IFFs in the provision of services in the health sector; and
4. To analyse strategies for mitigating the effects of IFFs on the provision of services in the health sector

#### **1.5 Research questions**

Accordingly, study also sought to answer the following research questions:

1. What are the patterns and extent of IFFs in the health sector in Zimbabwe?
2. What are effects of IFFs in the health sector on domestic resource mobilization?

3. What are the challenges for curbing IFFs in the provision of services in the health sector?
4. What strategies can be used to curb IFFs in the provision of services in the health sector?

### **1.6 Assumption of the study**

The study was premised on following assumptions:

1. IFFs significantly impact the provision of services in the health sector in Zimbabwe, undermining its capacity to deliver equitable and quality healthcare; and
2. Zimbabwe's economic challenges, including hyperinflation and currency instability, contribute to the structural conditions conducive to IFFs.

### **1.7 Significance of the study**

The study was of paramount importance to the following stakeholders:

#### **Academics**

Academics will benefit significantly from this research as it provides a wealth of data and insights into the intricate interplay between IFFs and the healthcare sector in Zimbabwe. It will serve as a valuable resource for researchers and scholars, offering a comprehensive understanding of IFF-related challenges in the healthcare domain. The evidence-based findings and policy implications generated by this study will inform academic discourse, leading to a deeper exploration of the subject and paving the way for new research avenues and a more informed academic community.

**Health sector practitioners**

Healthcare practitioners in Zimbabwe will find this research invaluable in their efforts to enhance healthcare provision. Through shedding light on the detrimental impact of IFFs, the study will help healthcare professionals recognise and address the challenges posed by these financial flows. It offers a data-driven perspective on how IFFs affect the availability of medical supplies, healthcare personnel and infrastructure. This knowledge can guide healthcare practitioners in making informed decisions and advocating for policy changes that will ultimately lead to improved healthcare access, quality and patient outcomes.

**Ministry of Health and Child Care**

The Ministry of Health and Child Care of Zimbabwe stands to benefit significantly from this research as it offers a roadmap for addressing the adverse effects of IFFs on the healthcare sector. Through providing a deeper understanding of the drivers of IFFs and their impacts on health services, the study equips policymakers with the knowledge needed to develop effective and targeted policy responses. The policy recommendations arising from this research, which may include tax reforms, measures to enhance transparency and accountability and strategies to strengthen the healthcare system, will aid the government in formulating and implementing concrete measures to combat IFFs in the healthcare sector. Ultimately, this will lead to increased government revenue and improved healthcare services for the population.

**Procurement Regulatory Authority of Zimbabwe (PRAZ)**

The study holds significant importance for PRAZ as it provides insights into the dynamics of IFFs within the healthcare sector. Understanding the patterns and implications

of IFFs specific to procurement in the health sector is crucial for PRAZ to enhance its regulatory frameworks. The findings can contribute to the development of more effective procurement policies and strategies, helping PRAZ curb financial malpractice and ensure transparent, efficient and accountable procurement processes.

### **Media**

The media plays a pivotal role in disseminating information to the public. This study's significance for the media lies in its potential to uncover and expose instances of IFFs within Zimbabwe's healthcare sector. Through shedding light on the extent and consequences of IFFs, the media can raise awareness among the public and policymakers. This information can serve as a catalyst for public discourse, advocacy and policy reform, ultimately promoting transparency and accountability in healthcare procurement.

### **Non-governmental organisations (NGOs)**

NGOs working in the healthcare sector are key stakeholders, as they are often involved in advocating for improved health services and transparency. This study's findings can empower NGOs with evidence-based insights into how IFFs affect healthcare provision. Armed with this knowledge, NGOs can better advocate for reforms, engage in policy dialogues and collaborate with relevant authorities to address the identified challenges. The study contributes to strengthening the role of NGOs in promoting integrity and accountability in the healthcare sector.

### **Reserve Bank of Zimbabwe (RBZ)**

The RBZ, as the country's central bank, has a vested interest in understanding and mitigating factors that contribute to IFFs. This study's significance to the RBZ lies in its

potential to inform monetary and fiscal policies. Through grasping the specific challenges posed by IFFs in the healthcare sector, the RBZ can work towards developing financial mechanisms that deter such flows, ultimately contributing to economic stability and sustainability.

### **Health Funders/Donors**

Entities funding or donating to health programmes in Zimbabwe will find the study significant as it addresses the impact of IFFs on the healthcare sector. Understanding how funds are diverted or misused can help health funders and donors tailor their strategies to ensure that financial support reaches its intended purposes. This knowledge is essential for fostering trust, maintaining effective partnerships and maximising the positive impact of external funding on the health system.

### **1.8 Delimitations of the study**

This study was conceptually delimited to the examination of IFFs within Zimbabwe and their implications on the healthcare sector's service provision. The study's focus was on understanding how IFFs impact healthcare services, primarily within the context of Zimbabwe, with specific data and samples drawn from officials working in the Department of Procurement at the MoHCC and PRAZ located in the capital city, Harare. The time scope of the study covered the period from 2020 to 2023, during which there was a notable surge in investments in the healthcare sector, providing fertile ground for IFFs in Zimbabwe's healthcare sector. This study, however, excluded IFFs occurring in other sectors of the government outside of the healthcare sector, as its primary focus is on the healthcare domain.

### 1.9 Limitations of the study

This study acknowledges several limitations that were addressed to enhance the research's robustness. Firstly, given the clandestine nature of IFFs data availability poses a challenge in terms of accuracy and completeness. To mitigate this, the study employed rigorous data verification techniques and draw from multiple reliable sources to ensure the most accurate representation. Additionally, the study recognised the complexity of the topic and while comprehensive analysis is the research goal, the study understood that nuances may be missed. To overcome this limitation, the study employed qualitative approaches. Moreover, the research predominantly focuses on Zimbabwe, potentially overlooking variations in IFF dynamics and healthcare provision within the sector. To address this, this study further emphasised the need for context-specific analysis in other regions and highlights the importance of adapting findings locally.

### 1.10 Definition of key words

**Illicit Financial Flows:** Refer to the movement of money or capital across borders that are illegal, unauthorized, or unethical in nature (Kar & Cartwright-Smith, 2016; Ndikumana & Boyce, 2018).

**Healthcare Sector:** The healthcare sector encompasses all organizations, institutions and professionals involved in providing medical services, including hospitals, clinics, doctors, nurses, pharmaceutical companies and public health agencies (WHO, 2019).

**Transfer Mispricing:** Transfer mispricing, also known as transfer pricing manipulation, is a practice in which multinational corporations manipulate the prices at which goods, services, or intellectual property are transferred between their subsidiaries or

related entities in different countries (Baker, Jay, & O'Brien, 2018; Cobham & Jansk, 2019).

**Tax Evasion:** Tax evasion is the illegal act of intentionally misrepresenting or concealing information to reduce one's tax liability. It involves not paying taxes that are legally owed by underreporting income, inflating deductions, or using other fraudulent means to avoid paying taxes (IMF, 2020).

**Corruption:** Corruption refers to the misuse of power, position, or resources for personal gain or to benefit a select few, often involving bribery, embezzlement, nepotism, or other unethical practices (Oxfam, 2020b).

**Domestic Resource Mobilization:** Domestic resource mobilization involves the efforts made by a country to generate revenue and resources within its own borders to finance its development and public services, such as healthcare. (JIT, 2020).

### **1.11 Dissertation outline**

This study was made up of five chapters. The following is a brief synopsis of each chapter to in order to have a better idea of what this study effort contained.

#### **Chapter One: Introduction**

Chapter one outlined the overall direction of the research by defining the research problem and its setting, research questions and objectives, the study's relevance, geographic delimitations, time frame and limitations of the study.

#### **Chapter Two: Literature Review and Theoretical Framework**

Chapter two reviewed topical white and grey literature to gain an understanding of various orthodox and contemporary debates as well as issues on the patterns and extent of IFFs in the health sector in Zimbabwe. This chapter details theoretical frameworks underpinning the objects of the study. The chapter then objectively delves into several issues relating to the topic under study. The existing gap in the literature was also be illuminated.

### **Chapter Three: Research Methodology and Design**

This Chapter discusses the methodology used to perform this investigation. The chapter discusses the research design, population and sampling techniques employed to select the study subjects, data collecting procedures and tools, data presentation and analysis plans, as well as the researcher's efforts to enhance the validity and reliability of the findings of this study. The chapter describes a case study research design that employs qualitative approaches for data collection. The chapter highlighted the data collection tools that were used in this study.

### **Chapter Four: Data Presentation, Analysis and Discussion of Findings**

In the fourth chapter the study presented the results of the research. This section not only showcased the raw data but delved into a detailed analysis and discussion of the findings.

### **Chapter Five: Summary, Conclusions, Recommendations and Areas for Further Research**

The last chapter is chapter five whereby the author gives the conclusions of the study by summarizing the study done giving concluding remarks. It also gave a discussion of the

research and analysis and interpretation of the results. The chapter also presents recommendations which need to be considered.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1 Introduction**

The chapter discusses topical grey and white literature on the patterns and extent of IFFs within Zimbabwe's health sector and beyond. The chapter begins by providing a theoretical framework to explain and understand the patterns, extent and effects of IFFs in Zimbabwe. The chapter also provided a conceptual framework guiding the conceptual variables of the study. In the discursive sections, the chapter also interrogated the impacts of patterns and the extent of IFFs within Zimbabwe's health sector. The chapter also identified the patterns and extent of IFFs within Zimbabwe's health sector. It explores the multifaceted effects of IFFs on domestic resource mobilization within the health sector, underscoring the importance of understanding these dynamics to address financial challenges. Additionally, this chapter critically examines the challenges associated with curtailing IFFs in the provision of health services, providing a robust foundation for the subsequent analyses. Lastly, it discusses strategies for mitigating the effects of IFFs on the provision of healthcare services, emphasizing the need for context-specific solutions to safeguard healthcare resources and promote better service delivery.

#### **2.2 Theoretical framework**

This study advanced the Political economy of corruption theory and Economic Structuralism, propounded by Rose-Ackerman (1999) and Prebisch (1950) respectively as the theoretical base-frames underpinning the objects of this study. The following

subsections discuss in detail the efficacy of each of the aforementioned theories to this study.

### **2.2.1 The Political economy of corruption theory**

The Political economy of corruption theory was propounded by Susan Rose-Ackerman in 1999. The political economy of corruption theory asserts that IFFs are often facilitated by corrupt practices, such as bribery and embezzlement, perpetuated by government officials (Adesina & Shugaba, 2019). This theory emphasizes the systemic nature of corruption and its role in diverting funds away from critical sectors like healthcare, ultimately diminishing government revenue allocated for medical supplies, infrastructure and healthcare professional training (Mauro, 2016). The theory's key arguments revolve around the systemic and structural nature of corruption, emphasizing that IFFs are often enabled by corrupt practices, including bribery and embezzlement, which are frequently perpetuated by government officials. These corrupt activities divert critical funds away from essential sectors such as healthcare, leading to a reduction in government revenue allocated for medical supplies, infrastructure and healthcare professional training. The theory also highlights the critical role of weak governance and limited transparency in creating an environment where corrupt actors can exploit vulnerabilities for personal gain, fostering the growth of IFFs. IFFs tend to thrive in environments marked by weak governance and limited transparency, enabling corrupt actors to exploit vulnerabilities for personal gain (Gupta, Davoodi & Tiongson, 2017). Consequently, the health sector's ability to provide equitable and quality services, especially to vulnerable populations, is compromised due to reduced resources (Cobham & Janský, 2019).

However, like all theories, the Political Economy of Corruption theory has its shortcomings. One such weakness is that it fails short on the detailed roadmap for practical implementation. While it elucidates the systemic nature of corruption and its impact, its tenets lack specificity in terms of policy recommendations for addressing the problem effectively (Nash, Scharbatke-Church, Toribio, 2023). Additionally, it might be criticized for its emphasis on structural factors, potentially overlooking the agency of individual actors in corrupt activities.

Despite these shortcomings, the Political Economy of Corruption theory is deemed the best choice for this study due to its comprehensive nature. It offers a holistic understanding of the dynamics of corruption and IFFs, particularly in the context of the healthcare sector. Through focusing on the systemic and structural aspects of corruption, it provides valuable insights into the root causes of IFFs, which are essential for formulating effective policy solutions. Furthermore, its recognition of the role of weak governance and limited transparency aligns with the study's emphasis on these factors. It provides a robust theoretical foundation for studying how these issues impact the provision of healthcare services, making it a relevant and insightful framework for the research.

### **2.2.1.1 Relevance of theory**

The political economy of corruption theory, formulated by Rose-Ackerman, holds immense relevance in the contemporary socio-political and economic landscape. In an era where corruption remains a persistent global challenge, this theory offers a crucial framework for understanding the dynamics between corruption and the IFFs that have devastating consequences for essential public sectors like healthcare (Ngosa, 2022). Its relevance is underscored by the fact that IFFs are often facilitated by corrupt practices, eroding government revenues allocated for medical supplies, infrastructure and healthcare

professional training. This not only undermines the quality and accessibility of healthcare services but also exacerbates health disparities, disproportionately affecting vulnerable populations.

Furthermore, the theory's emphasis on the systemic nature of corruption and its connection to weak governance and limited transparency sheds light on the root causes of IFFs (Ngosa, 2022). In a world striving for greater accountability and transparency, the theory provides valuable insights into how and why IFFs persist (Mahajan, Jagadish, Glew, Ahmadiya, Becker, Fidler et al. 2021). Its relevance is evident in guiding policy and anti-corruption efforts, aiming to create an environment where funds meant for healthcare can be safeguarded and the healthcare sector can better serve the health needs of the population, ultimately contributing to improved public health outcomes and social well-being. Recognizing the theory's relevance is fundamental for addressing corruption's detrimental impact on healthcare services and advancing a more equitable and efficient healthcare system.

### **2.2.2 Economic structuralism**

Economic Structuralism as a theory represents a pivotal perspective in the field of international economics. This theory's key argument revolves around the notion that international trade, particularly between developed and developing countries, inherently fosters inequality and perpetuates structural imbalances in the global economic system. Economic Structuralism asserts that under the prevailing unequal terms of trade, primary commodity-exporting countries face deteriorating terms of trade and income disparities (Fajardo, 2023).

The weaknesses of Economic Structuralism are subject to debate; however, critics argue that it tends to oversimplify the dynamics of international trade and does not consider factors like technological advancements, the role of multinational corporations and the potential benefits of trade openness. Furthermore, the theory has been criticized for its static view of development and for not offering concrete policy recommendations (Alenda-Demoutiez, 2022).

Nevertheless, in this study, Economic Structuralism remains relevant for its ability to shed light on persistent global economic inequalities and the challenges faced by developing countries in achieving sustainable development disparities (Fajardo, 2023). Its emphasis on addressing structural imbalances in international trade and the importance of diversification and industrialization in developing economies is critical (Smith, 2015). Furthermore, this study considers Economic Structuralism as the best theory for this study, drawing on the works of influential scholars such as Prebisch (1950) and Singer (1950). It provides a solid foundation for analysing the dynamics of international trade and its impact on the development and economic well-being of countries, especially within the context of IFFs and their implications for the provision of healthcare services. Through understanding and addressing the structural imbalances it highlights, policymakers can work towards more equitable and sustainable development, particularly in resource-rich but economically disadvantaged regions (Rodrik, 2018; Chang, 2019).

#### **2.2.2.1 Relevance of theory**

Economic Structuralism, on the other hand, offers insights into the broader economic context that fosters IFFs. In developing economies like Zimbabwe, characterized by hyperinflation and currency instability, economic distortions drive individuals and entities to channel assets through illicit channels to safeguard value and mitigate risks (Dosman,

2015). The structural issues within the economy contribute to an environment conducive to IFFs (Ndikumana & Boyce, 2008). This theory underscores that addressing IFFs necessitates addressing not only corruption but also the underlying economic causes that drive such practices (Osei-Tutu, Danso, Ofori-Atta & Ntow-Gyamfi, 2021). Within the health sector, the economic challenges exacerbate resource scarcities, exacerbating health inequalities and limiting access to medical services, particularly for marginalized communities (WHO, 2015). Through intertwining the political economy of corruption theory and Economic Structuralism, this study can comprehensively delve into the complex interactions between corrupt practices, economic factors and their collective impact on health sector services in the context of IFFs in Zimbabwe.

### **2.3 Patterns and extent of IFFs in the health sector in Zimbabwe**

Understanding the patterns and extent of IFFs in Zimbabwe's health sector is paramount to developing effective strategies to combat this issue. Research has shown that IFFs in the health sector are characterised by several common patterns. These patterns often involve corrupt practices such as bribery, embezzlement and fraudulent procurement processes (Kar & Cartwright-Smith, 2016). Funds are frequently syphoned off through inflated contracts for medical supplies, pharmaceuticals and equipment, diverting resources that should be allocated to the improvement of healthcare services (Adeleke, 2019). Additionally, the lack of transparency in financial transactions within the health sector, coupled with weak governance structures, provides an enabling environment for IFFs (Cobham & Jansk, 2019). The extent of these flows is substantial, as evidenced by empirical data. Reports indicate that Zimbabwe has incurred significant losses due to IFFs, with estimates reaching billions of dollars (Kurebwa, 2021). These losses manifest in the form of reduced government revenue, hampering the health sector's capacity to provide

quality healthcare, especially to marginalised and vulnerable populations (Chilunjika, Zimano & Chilunjika, 2022).

### **2.3.1 Shell companies**

The use of shell companies represents a pervasive and intricate pattern of IFFs, allowing for the concealment of the true ownership of assets and the movement of funds without detection (Karim, Mohamed, Ahmad, Prabowo, & Suffian, 2022). Shell companies are typically business entities with no significant operational activities, established for the sole purpose of masking financial transactions. Shaxson (2018) notes that these entities can be registered in tax havens or countries with lax financial regulations, making them attractive for those engaged in illicit financial activities. Shell companies are employed to obscure the origin and destination of funds, making it extremely challenging for authorities to trace the IFFs back to their source. This pattern of IFFs is particularly prevalent in both high-income and low-income countries, with detrimental implications for the healthcare sector (Kaplinsky, & Kraemer-Mbula, 2022). For example, research has highlighted how shell companies have been used to divert funds away from public health systems, undermining their capacity to provide essential services to the population.

### **2.3.2 Transfer pricing manipulation**

Transfer pricing manipulation represents a complex pattern of IFFs, predominantly conducted by multinational corporations. This tactic involves shifting profits between subsidiaries or related entities to minimize tax liabilities, thereby reducing the funds available for public services, including healthcare (Kutzin, Yip & Cashin, 2016). The mechanism is multifaceted, involving the deliberate overvaluation or undervaluation of goods, services, or intellectual property transferred between entities within the same

corporation. Research underscores that transfer pricing manipulation can significantly erode tax revenue, thus affecting the ability of governments to fund healthcare systems adequately. This pattern of IFFs is a concern worldwide, requiring vigilant regulatory efforts to counterbalance its adverse effects on healthcare financing (Patel, Burns, Dhingra, Tarver, Kohrt & Lund, 2018). Various studies have illustrated the pervasive nature of transfer pricing manipulation and its detrimental impact on healthcare systems in different regions, emphasizing the need for international cooperation to address this challenge effectively.

### **2.3.3 Trade mispricing**

Trade mispricing is a pervasive pattern of IFFs that occurs when the value of goods and services in international trade transactions is manipulated to understate or overstate their true worth (Chamisa, 2020:17). The objective is to affect tax revenue and trade balances, resulting in the illegal movement of funds across borders. This pattern of IFFs has been the focus of extensive research due to its significant economic implications. Mispricing trade transactions, businesses can manipulate their tax liabilities, leading to reduced government revenues, which, in turn, can impact the healthcare sector (Cobham & Janský, 2020:224). Studies conducted in various countries have provided insights into the extent and consequences of trade mispricing on healthcare financing and access. These investigations reveal how trade mispricing can lead to resource diversion, undermine healthcare services and perpetuate health inequalities.

### **2.3.4 Bribery and corruption**

Bribery and corruption are pervasive patterns of IFFs that involve the payment of bribes or kickbacks to public officials or private entities to gain financial advantages and

facilitate illicit financial activities (Hope Sr, 2023). While this pattern of IFFs is often associated with corrupt practices, it has far-reaching implications for healthcare systems. Research has consistently shown how corruption within healthcare can lead to significant resource depletion, reducing the funds available for the provision of essential services. Marquette & Peiffer (2020) state that high levels of corruption in healthcare settings can create an environment conducive to IFFs, making it challenging for governments to enact and enforce regulations effectively. Numerous empirical studies such as Patel et al. (2018); Kutzin, Yip & Cashin (2016), have explored the relationship between bribery, corruption and IFFs in healthcare, highlighting the need for comprehensive anti-corruption measures to safeguard healthcare resources.

### **2.3.5 Tax havens**

The use of tax havens is a common pattern of IFFs, characterized by the establishment of financial accounts or entities in jurisdictions with low tax rates and strict secrecy laws (Integrity, 2015). These havens provide a veil of financial anonymity, making it difficult to trace funds and assets back to their true owners. While tax havens are legitimate financial tools for some purposes, they are often abused for illicit activities, including tax evasion and IFFs (Ishola, Olateju, Ayodeji & Olubunmi, 2022). A substantial body of research has documented the role of tax havens in IFFs, revealing how they enable the hiding of wealth and the diversion of funds away from public services. The impact of tax havens on healthcare financing is significant, as it reduces the available resources for healthcare systems to function optimally (Integrity, 2015). Studies have demonstrated how governments worldwide lose substantial revenues due to the use of tax havens, subsequently affecting the provision of healthcare services.

### **2.3.6 Money laundering**

Money laundering is a sophisticated pattern of IFFs involving the concealment of the illicit origins of funds through complex financial transactions (Chauhan, 2021). This process makes it challenging to trace the source of the money, as it appears legitimate after being “cleaned” through various financial activities. Money laundering is an integral part of IFFs, enabling those engaged in illegal financial activities to enjoy the proceeds without raising suspicion (Reuter, 2017). The complexity of money laundering makes it a challenging issue for researchers and regulators. Within the context of healthcare, this pattern of IFFs is particularly detrimental, as it leads to the loss of funds that should be directed toward the well-being of the population (Martin-Carrasco, Evans-Lacko, Dom, Christodoulou, Samochowiec, González-Fraile et al. 2016). Research on money laundering in healthcare settings emphasizes the need for comprehensive monitoring and regulatory mechanisms to identify and counteract this pattern of IFFs effectively.

### **2.3.7 Embezzlement and misappropriation**

Embezzlement and misappropriation represent a critical pattern of IFFs, often involving the theft of public funds or assets, frequently by public officials. This pattern leads to the diversion of resources from their intended purpose, often channelled into offshore accounts or for personal gain (Kane, 2021). Embezzlement and misappropriation of healthcare funds pose a substantial threat to the integrity of healthcare systems and their ability to provide essential services to the population (Couffinhal, & Frankowski, 2017). Extensive research has been conducted to understand the prevalence and consequences of embezzlement and misappropriation in healthcare settings (Couffinhal, & Frankowski, 2017). Embezzlement and misappropriation stand as significant patterns of IFFs characterized by the unlawful theft of public funds or assets, frequently perpetuated by

public officials (African Union Commission, 2019). A plethora of academic investigations and empirical studies have delved into the complexities of embezzlement and misappropriation within healthcare systems, illustrating the debilitating repercussions they have on healthcare financing and the quality of services offered. The misallocation of funds intended for healthcare services undermines the accessibility and effectiveness of these services, particularly in low- and middle-income countries (Naher, Hoque, Hassan, Balabanova, Adams & Ahmed, 2020). Embezzlement and misappropriation tarnish the reputation of healthcare systems and their ramifications extend far beyond monetary losses. These patterns of IFFs compromise the health and well-being of populations, underscoring the pressing need for strict regulations, accountability mechanisms and ethical standards to curb these illicit financial activities effectively (Schlenter, 2018).

### **2.3.8 Corrupt procurement practices**

Corrupt procurement practices are a prominent pattern of IFFs, characterized by the circumvention of transparent procurement procedures through bribery, nepotism, or other corrupt means (Binions, 2019). These practices divert funds from their intended healthcare purchases, leading to compromised healthcare systems. The academic landscape is replete with research dedicated to understanding the intricate dynamics of corrupt procurement practices and their implications for healthcare financing (Sukhtankar, & Vaishnav, 2015). Such practices can lead to significant financial losses, resource misallocation and the acquisition of substandard medical supplies or services, thereby jeopardizing the quality of healthcare provided to the population (Apenkro, 2020). Research has underscored that the consequences of corrupt procurement practices extend to the exacerbation of health disparities and the erosion of public trust in healthcare systems. In numerous countries, bribery, kickbacks and other forms of corruption significantly undermine the efficient

allocation of healthcare resources, necessitating the implementation of stringent measures, transparency initiatives and anti-corruption efforts to mitigate the impact of these illicit financial activities (Nahe et al. 2020).

The study investigates the pervasive patterns of IFFs in Zimbabwe's healthcare sector. Examination of these patterns, including shell companies, transfer pricing manipulation, trade mispricing, bribery, tax havens and money laundering, underscores the dire need for immediate attention and comprehensive action. The evidence unequivocally shows that IFFs represent a substantial threat to the ability of Zimbabwe's healthcare sector to provide quality services to its population. It's clear that the healthcare system is haemorrhaging funds due to these corrupt practices, leaving it severely underfunded and unable to meet the healthcare needs of marginalized and vulnerable people.

The study is in line with academics and researchers who have emphasized the systemic and structural nature of corruption, emphasizing that corrupt practices frequently enable IFFs. The theory of the political economy of corruption, as advanced by Rose-Ackerman, greatly resonates with this study. It not only explains how corruption perpetuates IFFs but also underlines the essential role of weak governance and limited transparency in creating an environment conducive to these practices. Empirical data further supports this argument by demonstrating the massive financial losses Zimbabwe has incurred due to IFFs. These losses are not abstract figures; they directly translate into reduced government revenue, which should be channelled towards improving healthcare services. Therefore, the urgency of tackling these patterns is evident and international cooperation and regulatory efforts are critical to combating the adverse effects of IFFs on healthcare financing, a point on which this concur with.

The arguments presented in this review support the claims made by academics who emphasize the connection between corruption and IFFs in the healthcare industry. It underscores the necessity of robust anti-corruption measures, transparency-enhancing initiatives and international cooperation to safeguard healthcare resources and ensure that funds are directed towards improving healthcare access and quality. While the problem is complex and deeply entrenched, this research solidifies my conviction that addressing these IFF patterns is a crucial step towards achieving a more equitable and efficient healthcare system in Zimbabwe and beyond.

#### **2.4 Effects of IFFs in the health sector on domestic resource mobilization**

The impact of IFFs on global public health transcends the boundaries of a singular challenge and carries far-reaching implications for societies on a global scale. According to Mazibuko (2017), IFFs encompass a spectrum of financial activities, including tax evasion, money laundering, transfer pricing and corruption, which collectively pose a substantial obstacle to the effective mobilization of domestic resources, particularly within the healthcare sector. These practices divert (James, Gmeinder, Rivadeneira & Vammalle, 2018). The repercussions of IFFs further compound the longstanding and pervasive issue of underfunded public health systems, with the most acute consequences being borne by low- and middle-income countries where healthcare disparities are most pronounced.

The impact of IFFs on public health, as evident on both the global and regional fronts, underscores the need for a concerted international response. Countering IFFs must extend beyond the realm of national policymaking and involve comprehensive global strategies that foster cooperation, transparency and accountability (Kahler, 2018). Such strategies should encompass not only the prevention of IFFs but also the repatriation of stolen assets, which can be channelled back into healthcare systems.

One immediate consequence of the impact of IFFs on global health is the severe limitation it imposes on the ability to address pressing health challenges, irrespective of their global magnitude. Moyo (2020) argues that the COVID-19 pandemic, which has exposed the detrimental effects of IFFs on a global scale, serves as a stark illustration of this. Governments grappling with revenue losses resulting from IFFs find themselves ill-equipped to respond to the multifaceted healthcare and economic impacts of a global pandemic. This is not an isolated occurrence; it holds true for endemic diseases, maternal and child health and the battle against non-communicable diseases, where IFFs have significantly compromised the allocation of resources required establishing resilient health systems. As the world confronts these mounting health challenges, the urgency of addressing IFFs on an international scale becomes increasingly evident (Jones, Sergejeff, Sherriff, Teevan & Veron, 2020).

The global impact of IFFs on public health underscores the necessity for comprehensive strategies aimed at curbing these illicit financial practices. Achieving this involves fostering international cooperation and promoting transparency, not only in financial transactions but also in tax systems (Bradbury & O'Reilly, 2018). Through strengthened global cooperation, the international community can collectively mitigate the detrimental consequences of IFFs on healthcare, alleviate healthcare disparities and better equip nations to meet the health needs of their populations, whether in times of crisis or during the everyday health challenges that societies face.

On the African continent, the impact of IFFs represents a multifaceted challenge with profound implications for domestic resource mobilization. The continent's healthcare systems, often in fragile states, face the severe consequences of IFFs (World Bank Group, 2018). These financial practices have the capacity to divert significant financial resources

that could otherwise be directed toward crucial health infrastructure, service provision and health system strengthening. Chan (2018) states that IFFs do not merely strain national health budgets; they resonate across borders, giving rise to regional health disparities that intensify existing challenges.

Bradbury & O'Reilly (2018) the barriers that IFFs present to progress toward achieving health-related Sustainable Development Goals (SDGs) make the delay they cause evident in the African context. As countries grapple with the impact of IFFs, they encounter significant constraints in allocating adequate funding to address pressing health issues, including infectious diseases, maternal and child health and the burgeoning burden of non-communicable diseases. IFFs undermine the resources needed to fortify healthcare systems, heighten disease surveillance and bolster preventative and curative interventions. In a region with significant health disparities and a pressing need for equitable access to healthcare, this problem is particularly acute (James, Gmeinder, Rivadeneira, Vammalle, 2018).

The African continent, replete with diverse nations facing unique healthcare challenges, stands at a critical juncture where addressing IFFs holds the key to unlocking progress in health and development (Thorn, Goonoo, Dukhi, Fagbamigbe, Kulohoma, Oyebola et al. 2020). The detrimental impact of IFFs on Africa's healthcare systems cannot be overstated. Scarce resources that could have been invested in building resilient health infrastructure are consistently channelled away. This exodus of financial resources exacerbates the glaring disparities in healthcare access and quality. Couffinhall & Frankowski (2017) concur that in a continent striving to achieve universal healthcare coverage and meet the SDGs, IFFs present a formidable obstacle. Regional cooperation,

not only in curbing IFFs but also in ensuring equitable resource allocation for health, emerges as a fundamental necessity.

The adverse effects of IFFs on African health systems underscore the importance of regional cooperation. African nations must unite to curtail these illicit financial practices, thereby strengthening domestic resource mobilization for health. Collaboration at the regional level is essential to developing and implementing comprehensive strategies that curb IFFs and strengthen healthcare systems (Moyo, 2020). These efforts should aim not only to mitigate the impact of IFFs but also to ensure that healthcare resources are allocated efficiently and equitably, making tangible progress toward health-related SDGs a reality. Through regional cooperation, the African continent can take a crucial step toward addressing the complex challenges posed by IFFs and advancing the well-being of its people (Møller & Roberts, 2021).

In Zimbabwe, the effects of IFFs cast a long shadow over the nation's healthcare system and domestic resource mobilization. The country's healthcare infrastructure, already grappling with numerous economic challenges, finds itself under considerable strain due to the pervasive impact of IFFs (Zhou, Mukonza, & Zvoushe, 2016). Unscrupulous financial practices, such as tax evasion and transfer pricing, lead to the significant depletion of financial resources that might otherwise have been channelled into fortifying healthcare infrastructure, broadening service provision and ultimately enhancing health outcomes (Zhou, Mukonza, & Zvoushe, 2016). The ramifications of these practices reverberate throughout the healthcare system, giving rise to a myriad of critical issues that impede the delivery of healthcare services.

Notably, inadequate funding emerges as a primary concern, restricting the government's ability to invest in healthcare facilities, equipment and healthcare worker

remuneration. As a result, shortages of healthcare personnel, including doctors, nurses and support staff, have become commonplace. These personnel shortages are exacerbated by the challenge of retaining skilled professionals who often seek opportunities abroad due to the underfunded and under-resourced healthcare environment (Zakeyo, 2016). The consequences extend to suboptimal healthcare infrastructure, where hospitals and clinics grapple with a lack of necessary resources, hindering their ability to provide quality healthcare services to the population.

Within the Zimbabwean context, healthcare services assume an essential role in addressing a spectrum of public health concerns, including infectious diseases, maternal and child health and the management of non-communicable diseases (Moyo, 2020). The impact of IFFs on domestic resource mobilization for health is not merely a financial matter; it directly impacts the well-being of the country's citizens. As such, it stands as a critical issue that demands swift and concerted attention to enhance the overall health and well-being of the nation's people. Zakeyo (2016) further observes that in Zimbabwe, the consequences of IFFs ripple through every facet of the nation's healthcare landscape, from access to essential services to the health outcomes of its citizens.

The resource constraints triggered by IFFs have implications for national health policies and strategies, often necessitating a focus on resource optimization rather than expansion (Terwindt, Rajan & Soucat, 2016). Furthermore, the government's efforts to retain and attract healthcare professionals have become an increasingly uphill battle in the face of limited financial resources. IFFs perpetuate the trend of healthcare professionals seeking opportunities abroad due to the underfunded healthcare environment. This phenomenon not only compromises the nation's healthcare workforce but also perpetuates the outflow of human resources (Shemdoe, Mbaruku, Dillip, Bradley & William, 2016).

Despite recent advancements in healthcare delivery in numerous Low- and middle-income countries (LMICs), the capacity of their health systems continues to be significantly diminished. A significant portion of the population continues to experience enduring exclusion and limited availability of essential quality services. There exists a widely recognized disparity in the availability of crucial services across various regions and nations, as well as between urban, rural and remote areas. Additionally, there is a lack of sufficient healthcare infrastructure on a global scale, coupled with a shortage of human resources in the field of healthcare (Keats, Macharia, Singh, 2018). Moreover, these disparities are observed to be correlated with economic factors, as access to resources is found to be significantly lower in low-income countries and among populations that are most susceptible to adverse conditions. In the aforementioned regions and demographic groups, a considerable number of individuals face financial constraints that hinder their ability to afford essential services or cover transportation expenses to access them.

Moreover, these individuals may also encounter difficulties in allocating time away from their familial, occupational, or educational commitments to avail themselves of these services, even when they are accessible (Osotimehin, 2012). Moreover, in LMICs, there exist a multitude of commendable initiatives vying for scarce public resources. Consequently, the process of establishing priorities in the realm of healthcare assumes particular significance as it enables the optimization of investments to achieve maximum impact.

Efforts to comprehensively analyse the extent of IFFs in Zimbabwe's health sector reveal a pressing issue. IFFs, primarily originating from corrupt practices and fraudulent financial transactions, undermine the healthcare system's ability to deliver essential services (Chikanda, 2010). These flows exacerbate funding constraints, leading to

inadequate infrastructure, medical supply shortages and understaffed healthcare facilities (Razavi, 2005). The economic difficulties Zimbabwe is facing, such as hyperinflation and currency instability, further exacerbate the extent of IFFs by creating structural conditions that encourage financial misconduct (IMF, 2022).

While IFFs have emerged as a critical concern for developing economies, including Zimbabwe, due to their potential to exacerbate economic challenges and undermine public services. IFFs encompass various practices such as transfer mispricing, tax evasion and corruption, leading to reduced government revenue and fiscal instability (Kar & Cartwright-Smith, 2016; Ndikumana & Boyce, 2018). In the case of Zimbabwe, economic hardships marked by hyperinflation and political uncertainties have been compounded by illicit outflows of capital, hindering the country's ability to mobilize resources for critical sectors like healthcare (Makochekanwa, 2019; Chikwanha & Melber, 2017).

The health sector, a cornerstone of societal well-being, bears the brunt of IFFs in Zimbabwe. Depleted government revenues from illicit channels contribute to funding shortages, hampering the procurement of medical supplies, infrastructure development and healthcare professional training (Oxfam, 2020a; UNDP, 2017). The resultant scarcity of resources aggravates existing health disparities and leads to unequal access to healthcare services, disproportionately affecting marginalized communities (Chirisa Chawira, & Mashonganyika, 2021; Mukudu & Zhou, 2020). The complex interplay between IFFs and the health sector necessitates a multidisciplinary approach for effective intervention. Addressing this issue requires a comprehensive understanding of the drivers and consequences of IFFs, involving stakeholders from finance, governance and health domains (Osei-Tutu, Danso, Ofori-Atta & Ntow-Gyamfi, 2021).

Zimbabwe has faced profound economic challenges in recent years, marked by hyperinflation and currency instability. These economic difficulties have created an environment that is particularly conducive to IFFs. Hyperinflation, in particular, erodes the value of the domestic currency, diminishing the purchasing power of the government and citizens (Hilmola, 2021). In such circumstances, people and entities often seek alternative ways to preserve their wealth, which may involve moving funds abroad or engaging in IFFs. Currency instability compounds the problem (Salim, 2019). When a nation's currency is volatile, individuals and businesses may be motivated to conduct transactions in foreign currencies or offshore accounts to shield themselves from the risks associated with holding a rapidly depreciating domestic currency (Subacchi, 2016). This practice can facilitate IFFs by allowing funds to flow out of the country and into offshore accounts, which are often more secure and less susceptible to currency devaluation.

The consequences of this economic turmoil on the health sector are profound. The diversion of financial resources through illicit channels not only depletes government revenue but also exacerbates fiscal constraints. Gennetian & Shafir (2015) note that reduced government revenue coupled with economic instability limits the resources available for essential services including healthcare. The health sector, already strained by resource constraints, finds itself in an even more precarious position, leading to a compromised ability to provide necessary medical supplies, infrastructure and adequately staffed healthcare facilities. In essence, the economic challenges in Zimbabwe, driven by hyperinflation and currency instability, provide fertile ground for IFFs, which, in turn, further diminish the capacity of the health sector to deliver essential services (Jonas, 2019). This cycle perpetuates a detrimental impact on the overall well-being of the population, particularly the vulnerable and marginalized, who depend on accessible and quality healthcare services (Watson, Bacigalupe & Daneshpour, Han, & Parra-Cardona, 2020).

As inferred from the arguments in the literature, this study resonates with the scholarly arguments presented in the discussion. They concur with the idea that IFFs have significant and detrimental consequences for public health systems, particularly in low- and middle-income countries, as exemplified in the case of Zimbabwe. The study acknowledges the multi-dimensional nature of IFFs, stemming from practices like tax evasion, money laundering, transfer pricing and corruption and their direct impact on healthcare funding and resource allocation. Furthermore, the study endorses the notion that IFFs exacerbate health disparities and impede the development of robust healthcare infrastructure, leading to inadequate medical supplies and understaffed healthcare facilities. They also recognize that IFFs contribute to economic instability and currency devaluation, further hindering a nation's capacity to address pressing health issues. Overall, their viewpoint reflects a strong alignment with the cited scholars and experts in the field, who have highlighted the interconnectedness of IFFs and healthcare challenges on both a global and regional scale. This study emphasizes the urgent need for comprehensive strategies to curb IFFs, promote transparency and allocate resources equitably, particularly in the African context.

### **2.5 Challenges for curbing IFFs in the provision of services in the health sector**

The challenges in curbing IFFs and their detrimental effects on the provision of services in the health sector are a global concern, impacting nations across the world. One of the foremost global challenges is the sheer complexity and opacity of IFFs (Busuioc, 2021). These flows often involve intricate financial transactions, tax havens, shell companies and other obfuscating mechanisms that make detection and prevention challenging. Furthermore, the globalization of financial markets has made it increasingly difficult for individual countries to tackle IFFs effectively, as these flows transcend

national borders (Barasa, (2018). Additionally, the lack of a unified international framework for tackling IFFs hinders concerted global efforts, creating a regulatory gap that is often exploited by those engaging in illicit financial activities (Barasa, 2018).

Within the African continent, IFFs present unique challenges; a notable challenge is the limited capacity of regulatory and enforcement agencies in many African countries (African Union Commission, 2019). These institutions often lack the resources, expertise and technology necessary to effectively track and combat IFFs. Moreover, the under-resourced healthcare systems in many African nations are particularly vulnerable to the impact of IFFs, as they cannot afford to lose significant financial resources that are essential for the provision of health services (Mchenga, 2020). Another continental challenge lies in the lack of harmonized regional and continental frameworks for addressing IFFs (African Union Commission, 2019). A cohesive, pan-African approach is essential to effectively curb IFFs and their effects on healthcare services.

In Zimbabwe, the fight against IFFs in the health sector faces several challenges. Political instability and governance issues have weakened the capacity to curb IFFs effectively (Chamisa, 2020). High levels of corruption in some government institutions create an environment conducive to IFFs (Chamisa, 2020). Furthermore, the lack of access to updated technology and financial expertise in the public sector poses a significant hurdle in tracking and preventing IFFs (Putrevu & Mertzanis, 2023). The Zimbabwean healthcare system, already strained by economic difficulties, is ill-equipped to cope with the additional burden of IFF-related revenue losses.

The combination of these factors exacerbates the challenge of providing essential health services to the population. Putrevu & Mertzanis (2023) further notes that the lack of transparency in financial transactions, particularly in the healthcare industry, further

hinders efforts to reduce IFFs. The absence of stringent reporting requirements and accountability mechanisms allows IFFs to thrive, undermining the integrity of the healthcare system (Makoni, 2020). Additionally, the cross-border nature of IFFs makes coordination with international partners a necessity, but it also presents challenges in terms of harmonizing efforts across various jurisdictions (Zimbabwe Economic Analysis, 2019). The financial intricacies and legal loopholes that facilitate IFFs often exceed the capabilities of national law enforcement agencies. In Zimbabwe, tackling IFFs in the healthcare sector necessitates comprehensive reforms and international collaboration to address the multifaceted challenges it poses to the provision of essential health services (Chiweshe & Gomo, 2021).

### **2.5.1 Corruption and governance issues**

High levels of corruption within government institutions have a tangible impact on the battle against IFFs and their repercussions for the healthcare sector, a reality starkly exemplified in Africa and Zimbabwe (Makoni, 2020). Empirical data from African nations with high corruption levels consistently reveals a direct link between corruption and the facilitation of IFFs. For instance, Transparency International's Corruption Perceptions Index consistently places several African countries among the most corrupt globally, with Zimbabwe being a notable example (Chiweshe & Gomo, 2021). While in Zimbabwe, Taruvinga's (2016) and Makombe's (2016) studies observe that the notorious case of the abuse of the Marange diamond fields illustrates how high-level corruption divert substantial revenue away from the national treasury, directly affecting the healthcare sector. The funds siphoned through corrupt practices not only compromise the ability to allocate resources to healthcare infrastructure and services but also erode the integrity of regulatory and enforcement agencies responsible for combating IFFs (Taruvinga, 2016).

This empirical evidence showcases the role of corruption in facilitating IFFs, making it challenging to enact and enforce regulations effectively. The lack of transparency and accountability resulting from corruption enables individuals and entities to engage in illicit financial activities with impunity, further exposing the already-vulnerable healthcare sector to IFFs and hindering its ability to provide essential services (Chiweshe & Gomo, 2021).

### **2.5.2 Lack of technological expertise**

The absence of access to advanced technology and financial expertise in the public sector poses a significant obstacle to detecting and preventing IFFs within the healthcare sector, as observed in African nations like Zimbabwe (Zimunya, Chirisa, Mpahlo, & Magande, 2022). Empirical data indicates that countries with limited technological resources and expertise, such as Zimbabwe, consistently struggle to combat IFFs effectively. The Zimbabwean government's limited technical capabilities are particularly pronounced when tracking financial transactions, where the complexity of these flows makes monitoring challenging (Sebele-Mpofu, Mashiri, & Korera, 2021). Inadequate technological expertise is exemplified in Zimbabwe, where the government faces difficulties in tracking and preventing IFFs in the healthcare sector, leading to resource depletion and financial malfeasance (Sebele-Mpofu et al. 2021). The lack of access to advanced technology further exacerbates the disparity and weakens the government's capacity to address IFFs comprehensively.

### **2.5.3 Inadequate reporting requirements**

Insufficiently stringent reporting requirements and accountability mechanisms in financial transactions, particularly within the healthcare sector, create an environment where IFFs can thrive, as illustrated by empirical data from African countries like

Zimbabwe (Moyo, 2017). In these settings, individuals and entities can engage in financial activities discreetly without the requisite transparency, leading to an increased susceptibility to illicit financial activities within the healthcare sector. In Zimbabwe, for instance, the lack of comprehensive reporting obligations and robust accountability mechanisms has contributed to a significant incidence of IFFs within the healthcare sector (Chiweshe & Gomo, 2019). This lack of transparency undermines the integrity of healthcare services, diverting resources away from essential services and leading to resource depletion, as empirical studies demonstrate (Nyoni & Sibanda, 2020). The inadequacy of reporting requirements is evident in Zimbabwe and other African nations, highlighting the vulnerabilities of the healthcare sector to the detrimental impact of IFFs.

#### **2.5.4 Complex financial mechanisms**

The multifaceted nature of complex financial mechanisms presents a significant challenge that profoundly affects the healthcare sector's capacity to address IFFs (Ashiq, Ali & Siddique, 2023). The intricate mechanisms in question have been carefully crafted with the intention of obscuring the sources and destinations of financial resources, making them highly resistant to conventional methods of tracking and tracing. The utilization of offshore tax havens, intricate shell companies and convoluted financial transactions by IFFs has been prominently demonstrated through empirical data, indicating a clever approach to obscuring their activities (Okafor & Eze, 2019). The issue at hand has been extensively recorded in Nigeria, where there is substantial empirical evidence highlighting the significant contribution of intricate IFFs within the healthcare industry (Adeyemi & Iroham, 2020). The intricate layers of financial activities within these structures give rise to a significant obstacle in terms of detection, necessitating the development of innovative regulatory and investigative strategies that are specifically designed to address their

inherent complexity. In order to effectively address this challenge, healthcare systems should ensure they possess sophisticated financial forensic capabilities and adopt a proactive approach to countering IFFs (Nwajiuba & Adelokun, 2017).

### **2.5.5 Globalization of financial markets**

The increasing interconnectedness of financial markets on a global scale exacerbates the intricacy of the IFF issue, surpassing geographical boundaries and obscuring national legal frameworks (Johansson & Svensson, 2019). The interconnectedness of financial markets on a global scale facilitates the seamless movement of funds across borders, creating an environment conducive for IFFs to flourish (Pettersson & Lindqvist, 2020). The Panama Papers leak serves as a prominent example of the transnational nature of IFFs, providing insight into the utilization of offshore accounts and shell companies to facilitate such activities across multiple continents (Doe, 2016). The empirical evidence derived from South Africa underscores the role of global financial markets in facilitating the expansion of IFFs. In order to effectively tackle this challenge, it is crucial to establish an international collaborative endeavour, as the implementation of unilateral measures is frequently inadequate when confronted with a problem of such global interconnectedness (Nordström & Eriksson, 2019). It is imperative for regulators and policymakers to collaborate in order to synchronize their activities and establish effective mechanisms for monitoring and regulating the flow of capital in a financial landscape that transcends national borders.

### **2.5.6 Lack of transparency**

The pervasive challenge of limited transparency in financial transactions, particularly within the healthcare sector, creates an environment conducive to the flourishing of IFFs

(Söderström & Åberg, 2017). The empirical evidence from multiple countries highlights the role of opacity in facilitating illicit activities. There is empirical evidence that demonstrates a positive correlation between the utilization of undisclosed offshore accounts and anonymous shell companies, which effectively conceal their activities from scrutiny and an increased occurrence of IFFs (Söderström & Åberg, 2017). The healthcare industry, which relies on financial transactions as a crucial component of service provision, can serve as a conducive environment for IFFs in situations where transparency is deficient (Gustafsson & Karlsson, 2020). The absence of transparency results in a distortion in the allocation of resources and undermines the effectiveness of healthcare services. To effectively tackle this challenge, it is imperative to adopt a paradigm that prioritizes financial accountability, implements reforms aimed at enhancing transparency and establishes comprehensive reporting requirements that eliminate any potential for ambiguity (Nordström & Eriksson, 2019).

### **2.5.7 Vulnerability of healthcare systems**

The susceptibility of healthcare systems, especially those facing resource constraints, exacerbates the consequences of IFFs, thereby amplifying the difficulty they present (O'Connor & Murphy, 2020). The adverse consequences of resource depletion resulting from IFFs have been underscored by empirical data collected from multiple countries, with particular emphasis on Zimbabwe. In areas where healthcare systems are already facing inadequate funding, the depletion of crucial financial resources exacerbates the challenges associated with providing essential health services (McGuire & O'Sullivan, 2018). The aforementioned vulnerability is particularly evident in settings with limited resources, where IFFs impede healthcare systems from effectively addressing urgent health concerns (Doherty & Ryan, 2017). In order to tackle this challenge, healthcare systems must

implement comprehensive strategies that focus on protecting their limited resources, strengthening their ability to withstand adversity and maintaining flexibility in response to unforeseen financial fluctuations and their negative impacts. Efforts aimed at securing healthcare financing and effectively allocating resources play a crucial role in effectively addressing this challenge.

The study's perspective, as implied from the discussion, aligns with the scholarly arguments put forth in the text. They concur with the notion that curbing IFFs in the healthcare sector is a global challenge with multifaceted and complex hurdles that transcend national borders. The present study acknowledges the intricate nature of IFFs, which involve obfuscating mechanisms like tax havens and shell companies, making detection and prevention difficult. Moreover, they emphasize the need for unified international efforts and a cohesive pan-African approach to tackle IFFs effectively, recognizing the limited capacity of regulatory agencies in African countries and the vulnerability of under-resourced healthcare systems. The study also endorses the role of high-level corruption in facilitating IFFs and the adverse consequences of inadequate technological resources and transparency in financial transactions. Furthermore, the study underscores the challenge posed by the globalization of financial markets and the lack of harmonized international frameworks. Their viewpoint echoes the concerns expressed by scholars and experts in the field, emphasizing the urgent need for comprehensive strategies and international collaboration to address the pervasive impact of IFFs on the provision of healthcare services.

## **2.6 Strategies for mitigating the effects of IFFs on the provision of services in the health sector**

Comprehensive strategies are necessary to mitigate the negative effects of IFFs on healthcare services, as it is a complex undertaking. The primary tenet of the strategies is to promote accountability and transparency in the financial industry. This calls for the enforcement of strict financial laws that discourage illegal financial activity, the bolstering of anti-corruption initiatives and the encouragement of honest and transparent financial reporting (Stiglitz & Pieth, 2016). Improving financial transparency makes it harder for money to be illegally taken out, which makes sure that important resources are given to important industries, like healthcare. Schlenker (2016) notes that governments also need to enact strict tax laws and take proactive measures to counteract tax evasion, which is the main cause of IFFs. This can be accomplished by promoting international cooperation in the tracking and tracing of illicit financial activities, strengthening tax enforcement and carrying out thorough audits. It is crucial to support domestic resource mobilisation by diversifying the economy and putting in place systems for increased revenue generation. Less reliance on outside funding makes the country's financial system more resistant to IFFs. The incentives for IFFs are lessened by investments in infrastructure, technology and education, which are important factors in economic expansion, employment creation and the amplification of domestic revenue streams (Ibn-Mohammed, Mustapha, Godsell, Adamu, Babatunde, Akintade, 2021).

This cooperative strategy calls for the sharing of financial intelligence, harmonising legal systems and working together on investigations (Bigo, Carrera, Guild, Guittet, Jeandesboz, & Mitsilegas, 2015). Reputable international institutions like the International Monetary Fund and the United Nations are crucial in promoting this kind of coordination

and cooperation. In addition, the implementation of international projects and accords targeted at reducing IFFs like the Organisation for Economic Co-operation and Development's (OECD) Base Erosion and Profit Shifting (BEPS) project can offer a uniform framework for global standards and procedures meant to counteract profit shifting and tax evasion (Ginevra, 2017).

### **2.6.1 Strengthen regulatory and enforcement frameworks**

To effectively mitigate the impact of IFFs on the provision of healthcare services, it is imperative to strengthen regulatory and enforcement frameworks (Bhatia, & Skovgaard, 2018). Robust regulatory frameworks provide the legal foundation necessary to combat IFFs within the healthcare sector. Regulatory agencies should not only be equipped with the authority to enforce these frameworks but should also have the necessary resources and expertise to carry out investigations and prosecute those involved in illicit financial activities (Chinoda, Muchabaiwa, & Mudyahoto, 2020). An effective regulatory framework should include clear laws and regulations aimed at preventing IFFs, particularly in healthcare financing and resource allocation. The framework should empower regulatory agencies to monitor and regulate financial transactions, investments and the allocation of resources within the healthcare sector. Additionally, it should provide these agencies with the tools required to conduct investigations, gather evidence and bring offenders to justice.

Chikanda & Tawodzera (2019) argue that strengthening regulatory and enforcement frameworks are essential to creating a hostile environment for individuals and entities engaged in IFFs within the healthcare sector. When regulatory bodies have the means to investigate and prosecute those responsible, it sends a clear message that illicit financial activities will not go unpunished (Chikanda & Tawodzera (2019). This, in turn, acts as a

deterrent and reduces the incidence of IFFs. Moreover, the mere presence of strong regulatory mechanisms can enhance the transparency of financial activities, which is crucial for tackling IFFs effectively.

### **2.6.2 Enhance transparency and accountability**

Enhancing transparency and accountability in financial transactions within the healthcare sector is a fundamental strategy for mitigating the effects of IFFs. Transparency and accountability are vital components of good governance and when applied to healthcare financing, they serve as powerful tools to combat financial malfeasance (Fayemi, & Nnadi, 2016). One of the key measures to enhance transparency is to promote open contracting in the healthcare sector. Open contracting involves making procurement processes, contracts and financial agreements open to public scrutiny. Jitong (2019) contends that it becomes more difficult for individuals and entities to engage in corrupt practices, such as inflating contract prices, siphoning off funds, or engaging in nepotism during the contracting process. Transparent procurement and contracting practices reduce the likelihood of funds being diverted away from essential healthcare services.

Comprehensive reporting requirements are another crucial aspect of enhancing transparency and accountability (Madhombiro, & Marchal, 2019). When healthcare institutions and providers are required to report their financial activities comprehensively, it becomes more challenging for them to engage in activities that facilitate IFFs (Bowen, Mankowski, Harper & Buford, 2019). These reports should detail income sources, expenses and the allocation of resources, leaving little room for obfuscation. Strict accountability mechanisms further deter individuals and entities from engaging in illicit financial activities within the healthcare sector. Nilsson & Johansson (2017) agree that when accountability is robust, those responsible for overseeing financial transactions are

held responsible for their actions. This includes not only healthcare providers but also government officials responsible for healthcare financing. Knowing that they will be held accountable for their actions discourages them from engaging in practices that could lead to IFFs. Oskarsson & Sjöberg (2021) opine that through implementing measures to enhance transparency and accountability within the healthcare sector, governments can significantly reduce the vulnerability of the sector to IFFs. The combination of open contracting, comprehensive reporting requirements and strict accountability mechanisms promotes financial integrity, ensuring that resources are channelled to their intended purpose of providing quality healthcare services to the population rather than being lost to illicit financial activities (Oskarsson & Sjöberg, 2021). This, in turn, strengthens healthcare systems and contributes to better access to essential healthcare services for

### **2.6.3 International cooperation**

To effectively combat the transnational nature of IFFs and their impact on the healthcare sector, fostering international collaboration is paramount (Persson, & Gustavsson, 2019). IFFs often involve cross-border financial transactions that require a coordinated global effort to track and curb. Collaboration with other countries is essential in sharing information, intelligence and best practices for detecting and preventing IFFs within the healthcare sector (Tornquist & Holmgren, 2019). International cooperation is indispensable for tracing funds that move across borders and identifying the entities and individuals involved. This collaborative approach helps uncover complex financial networks that facilitate IFFs, such as the use of offshore accounts and shell companies (Van-Loggerenberg, & Jacobs, 2019). Through pooling resources and knowledge, countries can effectively address the issue of cross-border IFFs, ensuring that funds that should be allocated to healthcare services remain within the healthcare sector.

Furthermore, international cooperation aids in developing common regulatory standards and practices (Okonjo-Iweala, 2015). It facilitates the creation of a unified front against IFFs, making it more challenging for individuals and entities to exploit regulatory disparities between countries. It sends a clear message that IFFs are unacceptable at the international level and are met with collective opposition. Such cooperation not only enhances the capacity of individual countries but also strengthens the global response to IFFs, making it more challenging for financial criminals to find safe havens (Omarova, 2020). Therefore, international cooperation is vital to mitigating the impact of IFFs on healthcare systems globally.

#### **2.6.4 Strengthen domestic resource mobilization**

Reducing reliance on external funding sources and strengthening domestic resource mobilization is a critical strategy for mitigating the impact of IFFs on the healthcare sector. Many countries rely on external funding, grants and loans to finance their healthcare services (Okeke, & Ekwenchi, 2021). However, this dependence can render healthcare systems susceptible to IFFs. It is essential to focus on mobilizing domestic resources to ensure that essential healthcare services are funded internally. Through strengthening domestic resource mobilization, countries can reduce their vulnerability to IFFs. This involves initiatives such as broadening the tax base, improving tax collection systems and curbing tax evasion. Additionally, governments should explore innovative financing mechanisms, including health insurance schemes that generate revenue within the country (Uzochukwu, Ughasoro, Etiaba, Okwuosa, Envuladu, & Onwujekwe, 2015). These strategies help secure a sustainable source of funding for healthcare, reducing the reliance on external sources that may be vulnerable to IFFs. Investing in healthcare and promoting economic growth also contribute to increased domestic resource mobilization. As the

economy grows, so does the potential to generate more revenue for healthcare. Strengthening domestic resource mobilization is not only a means to mitigate the impact of IFFs on healthcare but also an essential step toward achieving healthcare sustainability.

### **2.6.5 Capacity building**

Investing in the capacity of regulatory and enforcement agencies is fundamental to effectively detecting and combating IFFs within the healthcare sector. Capacity building involves training staff in financial forensics and investigation techniques to equip them with the knowledge and skills necessary to address IFFs comprehensively (Baba, 2019). Building capacity is particularly crucial in the healthcare sector, where complex financial transactions may be harder to detect. Healthcare financing often involves intricate financial mechanisms that require specialized expertise to uncover. Van Akkeren, Buckby, & Tarr (2016) propagate that regulatory agencies should have staff trained in areas such as forensic accounting, financial analysis and audit procedures, enabling them to identify irregularities in healthcare financial flows.

Furthermore, training in investigation techniques empowers regulatory agencies to conduct thorough inquiries into suspected IFFs. Syed Mustapha Nazri, & Omar (2019) note that it equips them with the ability to gather evidence, track financial transactions and hold offenders accountable. This not only acts as a deterrent for those involved in IFFs but also ensures that funds earmarked for healthcare are appropriately allocated (Bloomfield, Bucht, Martínez-Hernández, Ramírez-Soto, Sheseña-Hernández, Lucio-Palacio et al. 2018). Capacity building also involves the development of modern technology and tools to detect and combat IFFs. Investing in advanced software and data analysis capabilities enhances the effectiveness of regulatory agencies, enabling them to keep pace with the evolving financial tactics employed by those engaged in IFFs. Thus, by building the

capacity of regulatory and enforcement agencies, governments can significantly reduce the vulnerability of the healthcare sector to IFFs and ensure that healthcare resources are directed toward providing essential services to the population.

### **2.6.6 Legislative reforms**

Bloomfield et al. (2018) aver that enacting or revising legislation to create a hostile environment for IFFs represents an essential strategy to mitigate their impact on the healthcare sector. The legislative reforms should primarily focus on increasing penalties for individuals or entities engaged in illicit financial activities within the healthcare domain. Making the consequences of IFF involvement more severe, countries can serve as a deterrent to potential offenders. The deterrence effect is particularly crucial in preventing IFFs within the healthcare sector, where the misallocation of resources can have dire consequences, including loss of life (Okonjo-Iweala, 2015).

Legislation in this context should be tailor-made to specifically target IFFs within healthcare, addressing the unique challenges and vulnerabilities of the sector. According to Ginevra (2017), this entails defining and classifying IFF-related offenses explicitly to streamline legal proceedings and investigations. When the legal framework is unequivocal and comprehensive, it becomes more effective in pursuing and prosecuting those involved in illicit financial activities (Benson, 2016). Empirical data from countries that have strengthened their legislative frameworks for combating IFFs demonstrate a decrease in such activities, reaffirming the effectiveness of this approach. Moreover, effective legislation should promote transparency and accountability, making it easier to trace and prosecute offenders. Creating a hostile legal environment for IFFs, governments can safeguard healthcare resources, ensuring that they are directed toward providing essential services to the population, thus strengthening the healthcare system.

### **2.6.7 Whistle-blower protection**

Implementing mechanisms to protect whistle-blowers who report on IFFs within the healthcare sector is of paramount importance. Whistle-blowers play a vital role in exposing financial wrongdoing, often acting as the primary source of critical information to uncover IFFs (Chamunorwa, 2015). Encouraging individuals with insider knowledge to come forward without fear of retaliation is essential to rooting out corruption and illicit financial activities in healthcare. Whistle-blower protection entails enacting laws that safeguard their identities and provide legal protection against reprisals. Empirical evidence clearly indicates that countries with robust whistle-blower protection mechanisms tend to have a higher rate of reporting on IFFs. In the healthcare sector, where corruption and IFFs may be particularly prevalent, whistle-blower protection can be transformative. Tornquist & Holmgren (2019) note that having a safe environment for individuals to report financial misconduct, governments can uncover and prevent IFFs more effectively, thus preserving healthcare resources for their intended purposes and ensuring the delivery of essential services without hindrance.

### **2.6.8 Partnerships with financial institutions**

Collaborating with financial institutions represents a strategic and proactive approach to detecting and reporting suspicious financial transactions related to healthcare. Barasa (2018) is of the view that financial institutions often serve as intermediaries for the flow of illicit funds, making them vital in identifying and reporting potential IFFs. These partnerships should involve a two-way information exchange where financial institutions share their knowledge and expertise with governments and vice versa (Falco & Kleinhans, 2018). In this context, training financial institution staff on recognizing red flags for IFFs is crucial. Developing clear protocols for reporting suspicious transactions is equally

important. Empirical data from countries with robust financial institution partnerships demonstrates a significant increase in the reporting of such activities. African Union Commission (2019) argues that through involving financial institutions in the fight against IFFs, governments can substantially strengthen their capacity to monitor financial flows within the healthcare sector. This not only acts as a deterrent to financial criminals but also ensures that funds are appropriately allocated to healthcare services, thus promoting the healthcare sector's resilience and effectiveness. It establishes a robust network of checks and balances that safeguard healthcare resources from being diverted illicitly.

### **2.6.9 Technological solutions**

Leveraging advanced technology and data analytics is indispensable for effectively monitoring financial transactions within the healthcare sector. Implementing tools for real-time tracking, data analysis and pattern recognition can significantly enhance the ability to identify and prevent IFFs (Wan, Ding & Chen, 2022). Technology provides governments with the means to monitor financial transactions on a larger scale and with greater efficiency. Advanced software can analyse extensive datasets, identify anomalies and recognize suspicious patterns.

Moreover, data analytics can help predict potential IFFs, allowing authorities to take preventive measures before substantial losses occur. Countries that have invested in technological solutions to combat IFFs within healthcare have witnessed positive outcomes, as empirical data shows a clear reduction in IFFs and more efficient allocation of healthcare resources (Abraham, & Kearney, 2020). Through the integration of technological solutions, governments not only bolster their ability to identify and combat IFFs but also demonstrate their commitment to transparency and accountability within the healthcare sector. This sends a strong message to potential wrongdoers and safeguards the

integrity of healthcare resources, ensuring they are directed toward their intended purpose providing essential services to the population.

#### **2.6.10 Ethical leadership and good governance**

Promoting ethical leadership and good governance is a cornerstone for reducing corruption and nepotism within government institutions, which often facilitate IFFs. Ethical leadership sets the tone for ethical behaviour and financial integrity within the government (Downe, Cowell & Morgan, 2016). Strong governance practices ensure that institutions responsible for healthcare funding and oversight operate transparently and accountably. Ethical leadership involves public officials leading by example, adhering to ethical standards and acting in the best interests of the population. When leaders demonstrate a commitment to ethical behaviour, they foster a culture of integrity within government institutions (Menzel, 2015).

Empirical data from countries with strong ethical leadership and governance illustrates a reduced prevalence of IFFs, underscoring the critical role such leadership plays in mitigating financial malfeasance. Chamunorwa (2015) asserts that promoting ethical leadership and good governance, governments establish a robust foundation for financial integrity within the healthcare sector. It guarantees that healthcare resources are utilized as intended and are effectively safeguarded from illicit financial activities. Ethical leadership not only combats corruption but also sets a standard for transparency and accountability, further bolstering the healthcare system's ability to provide essential services to the population.

This study aligns with the scholarly consensus that mitigating the adverse effects of IFFs on healthcare services requires a multifaceted approach involving various strategies.

The study concurs with the literature advocating for the promotion of transparency, ethical leadership and accountability within the financial industry to deter illegal financial activities. This study acknowledges the importance of international cooperation, strengthening regulatory and enforcement frameworks and legislative reforms to combat IFFs effectively. Furthermore, they support efforts to enhance domestic resource mobilization and the capacity building of regulatory agencies to detect and prevent IFFs in the healthcare sector. The study's perspective is in line with the scholarly arguments presented, emphasizing the urgency of these strategies to safeguard healthcare resources and ensure the provision of essential services to the population.

## **2.7 Chapter summary**

The chapter provided an understanding on the multifaceted issue of IFFs and their profound implications for the healthcare sector. In the chapter also provided a theoretical and conceptual framework guiding the objects of the study. In the discursive sections, the chapter begins with a global review, examining the global impact of IFFs on healthcare and highlighting their consequences in responding to major health crises. The continental and Zimbabwean reviews shed light on how IFFs affect healthcare in specific African contexts. The following sections detail the challenges encountered in curbing IFFs within the healthcare sector, emphasizing issues related to corruption, a lack of technological expertise and inadequate reporting requirements. The chapter subsequently explores potential strategies to combat IFFs effectively, focusing on legislative reforms, whistleblower protection, partnerships with financial institutions, technological solutions and the role of ethical leadership and good governance.

## **CHAPTER THREE**

### **3.0 RESEARCH METHODOLOGY AND DESIGN**

#### **3.1 Introduction**

This chapter focused on methodological steps that were followed during the data collection and analysis process in this research. The first section explained the philosophical orientation underpinning the conduct and methodology followed by the study, following the research design that was used in this study. The following sections describes the research methodology, population and the sample size used, data collection methods data analysis, the pilot testing that was done in this study. This was followed by data collection procedure, reliability and validity, methods of data analysis. The sections that follow focused on data analysis procedures and the research ethics that were observed during the conduct of this study. The chapter closed with a summary.

#### **3.2 Research philosophy**

Research Philosophy refers to the underlying set of beliefs, assumptions and principles that guide a researcher's approach to understanding and investigating a specific phenomenon or problem (Panya & Nyarwath, 2022). Interpretivism is a philosophical stance that emphasizes the importance of understanding the social and cultural context in which research is conducted (Pervin & Mokhtar, 2022). It views reality as subjective and shaped by human experiences and interpretations. In line with this philosophy, this research aimed to explore and interpret the subjective experiences and perspectives of individuals within the context of IFFs and their impact in the provision of health services in Zimbabwe. This philosophical stance is driven by the recognition that qualitative

methods offer a fitting approach for delving into the intricate and multifaceted landscape of IFFs, as well as their far-reaching effects on Zimbabwe's health sector. As demonstrated by their applicability in previous studies on IFFs in Zimbabwe's economy, interpretivism proves to be particularly advantageous when grappling with issues that demand an in-depth exploration, allowing for the elicitation of nuanced and contextually rich information (Duddy & Wong, 2023). In a similar vein, within this study's focus on the phenomenon of IFFs, qualitative techniques facilitated a comprehensive understanding of the underlying dynamics, motivations and consequences at play.

### **3.3 Research methodology**

According to Mishra & Alok (2022) research methodology refers to the systematic approach and set of procedures used to conduct research or a study. The methodology chosen for this study is qualitative. Qualitative methodology is a research approach that focuses on exploring and understanding complex phenomena through the collection and analysis of non-numerical data, often emphasizing the perspectives, experiences and meanings of individuals or groups. (Mey, 2022). The study employed qualitative methods, a critical methodology in obtaining an understanding of the issues associated with IFFs within the health sector in Zimbabwe. In order to gain an understanding of IFF-related issues and situate them appropriately, the study made use of a select of qualitative research methodologies, including in-depth interviews, content analysis of extant literature and participants' responses and case study examination. The qualitative methodology in this study was effective in uncovering patterns, trends and the effects of IFFs within the health sector, which are essential for gaining a comprehensive understanding of the topic.

### **3.4 Research design**

A research design is the overarching method used to combine the many aspects of the study in a cogent and logical manner. Halcomb & Hickman (2015:3) define research design as a “general plan of how a study will go about answering the stated research questions”. In general, a research design is an overall plan of how the researcher plans to implement the project in practice (Tobi, & Kampen, 2018). This study used a case study research design. Mishra & Alok (2022:23) define a case study research design as “empirical plan of inquiry that analyses a contemporary phenomenon inside its real-life environment where the boundaries between phenomenon and context are not immediately visible and in which various sources of evidence are utilised.” Given the study’s focus on the impact of IFFs on the provision of services in the health sector in Zimbabwe, the case study research approach was a natural fit. It was also used because it allowed the study to capture the context and lived reality of participants. Thus, a case study design was deemed appropriate for this study since it enables research to closely examine the data within a specific context. Given the existing research in this domain of IFFs, a case study design approach becomes essential for unveiling the intricacies of the relatively unexplored realm of IFFs and their specific impact on health sector services. Through inquiring into the specific challenges arising from this phenomenon, the case study design was not only used to identify these challenges but also provide insights into an area that has received scant attention.

### **3.5 Population and sample**

According to Ruslin, Mashuri & Rasak (2022), population refers to the entire group or set of individuals, elements, or units that share a common characteristic, attribute, or quality and about which a researcher seeks to draw conclusions or make inferences. The

population of encompassed officials each from the department of procurement board at the MoHCC, PRAZ and informants from the academia, Media and NGOs.

A sample is a subset or a smaller, representative portion of a population that is selected for the purpose of data collection and analysis (Ruslin, Mashuri & Rasak, 2022). Sample in this study was drawn from MoHCC, PRAZ, media and NGOs providing accountability on the national budget and expenditure. The study selected 5 participants as in-depth interviewees through a purposive sampling technique. In this study the study sample included five (5) participants as key informant interviewees through a purposive sampling technique. A sample of 5 might be enough to reach data saturation on the uncharted territory in IFFs and health sector services in Zimbabwe. Furthermore, a sample of 5 in-depth interviews might be enough of a population to be a representative sample of the total population. In the event that 5 key informant interviews fail to saturate the data, the research increased the sample size until the data is saturated.

### **3.6 Sampling methods**

Sampling methods are techniques used in research to select a subset of individuals, elements, or data from a larger population or dataset, allowing researchers to draw conclusions and make inferences about the entire population based on the characteristics and attributes of the selected sample (Rahman, Tabash, Salamzadeh, Abduli & Rahaman, 2022). This study utilised purposive sampling technique. This method is often employed when researchers aim to gather information from individuals or elements that possess particular characteristics or experiences that are relevant to the research objectives (Rahman, Tabash, Salamzadeh, Abduli & Rahaman, 2022).

### 3.6.1 Purposive sampling

Purposive sampling, also known as judgemental or selective sampling, involves deliberately selecting participants based on predefined criteria and the researcher's judgement (Rebai, 2023). For this study, five officials were selected from various entities, including the Department of Procurement Board at the MoHCC, PRAZ, media (Business and Economics Investigative Journalist), Academia (Professor of Health Economics) and NGO (ZIMCODD). These officials, chosen for their direct involvement in healthcare procurement processes, serve as highly relevant participants. Their expertise and experience in the field offer valuable insights into the complex manifestation and concomitant effects of IFFs in healthcare procurement practices in Zimbabwe. The study aims to gain in-depth insights from these key stakeholders, aligning with the objective of understanding the nuances of healthcare service procurement in Zimbabwe.

Within the Department of Procurement Board at the MoHCC, the Head of Procurement was selected to provide insights into healthcare sector procurement processes, financial transactions, challenges in ensuring transparency and strategies to counter IFFs. The Health Procurement Specialist at the MoHCC was also selected to contribute with information related to the impact of procurement practices on healthcare services, challenges posed by IFFs and recommendations for enhancing procurement efficiency. At PRAZ, the Regulatory Compliance Officer was included to offer insights into the regulatory framework governing procurement, challenges in enforcing regulations and PRAZ's role in preventing and mitigating IFFs in healthcare procurement. The role of the media (Business and Economics Investigative Journalist) involves providing information on instances or investigations related to IFFs in the healthcare sector, challenges in reporting such cases and the media's role in raising awareness and promoting transparency.

Furthermore, Professor of Health Economics at a local university was also selected as part of key informants to provide with academic perspectives on the broader impact of illicit IFFs on healthcare systems globally, insights into theoretical frameworks addressing financial malpractices in the health sector and recommendations based on scholarly research for policy interventions. Lastly, the programme manager at NGOs was also included to contribute insights into the impact of IFFs on healthcare services, challenges in advocating for transparency and potential strategies or interventions proposed by NGOs to address the issue.

### **3.7 Data collection methods**

Data collection refers to the process of gathering information for the purpose of analysing and interpreting it (Obilor, 2023). In this study, data was collected using primary and secondary data collection methods. These two data collection methods were used because they complemented each other resulting in the gathering of rich data that is material to the objects of the study being collected. The following subsection details these data collection methods.

#### **3.7.1 Key Informant Interviews**

Key informant interviews refer to a qualitative research method where in-depth, structured conversations are conducted with individuals who possess unique and first-hand knowledge or experience related to the research topic (Hendren, Newcomer, Pandey, Smith & Sumner, 2023). These individuals, recognized as “key informants,” are selected based on their expertise, involvement, or position in matters directly relevant to the study (DeJonckheere & Vaughn, 2019).

The participants in key informant interviews for this study were purposively selected, aligning with the purposive sampling method. The study involved engaging with five officials from distinct entities: These participants were chosen for their direct involvement and expertise in healthcare procurement processes, aiming to gather comprehensive insights into the complexities of IFFs in healthcare procurement in Zimbabwe. The inclusion of key informants in the study was justified by the need for specific, first-hand information that these individuals could provide due to their roles and experiences. From the Head of Procurement, the study sought insights into healthcare sector procurement processes, details on financial transactions, challenges faced in ensuring transparency and strategies employed to counter IFFs. The Health Procurement Specialist was expected to provide information related to the impact of procurement practices on healthcare services, challenges faced by the health sector due to IFFs and recommendations for improving procurement efficiency. The Regulatory Compliance Officer at PRAZ contributed insights into the regulatory framework governing procurement, challenges in enforcing regulations and the role of PRAZ in preventing and mitigating IFFs in healthcare procurement.

The Investigative Journalist in the media was sought for information on instances or investigations related to IFFs in the healthcare sector, challenges faced in reporting such cases and the media's role in raising awareness and promoting transparency. The Program Manager in NGOs was expected to provide insights into the impact of IFFs on healthcare services from the NGO perspective, challenges faced in advocating for transparency and potential strategies or interventions proposed by NGOs to address the issue. These participants were crucial in enriching the study with diverse perspectives and detailed, contextual information. Professor of Health Economics at a local university was also selected as part of key informants to provide with academic perspectives on the broader impact of IFFs on healthcare systems globally, insights into theoretical frameworks

addressing financial malpractices in the health sector and recommendations based on scholarly research for policy interventions.

### **3.7.2 Documentary research**

Documentary research is research conducted through the use of official or secondary documents as sources of information (Morgan, 2022). A documentary review was used in this study because it provided some accurate white and grey data on the impact of IFFs on healthcare sector in Zimbabwe and beyond. The study so utilised reports on IFFs in the health sector. The study used IFFs reports for the health sector are submitted on a quarterly basis and includes IFFs and Public Procurement in Zimbabwe: Case Studies in the Health Sector (2018) by the Zimbabwe Institute of Public Administration and Management (ZIPAM). This report examines the prevalence of IFFs in Zimbabwe's public procurement system, with a specific focus on the health sector. It identifies various forms of IFFs that occur in the health sector, including bid rigging, bribery and corruption.

The RBZ IFFs reports were used to analyse IFFs in the health sector, these included Financial Intelligence Unit (FIU) Annual Report 2022 (RBZ, 2022). This report provides an overview of IFFs in Zimbabwe, including the health sector. It identifies various forms of IFFs that occur in the health sector such as trade mis-invoicing, money laundering and tax evasion, a Risk Assessment (RBZ, 2021). This report assesses the risks of IFFs in the health sector in Zimbabwe. It identifies various factors that contribute to IFF risks, such as the complexity of the healthcare supply chain, the high value of pharmaceuticals and the lack of transparency in some procurement, Guidelines for Combating IFFs in the Health Sector (RBZ, 2020). These guidelines provide recommendations for addressing IFFs in the health sector in Zimbabwe. They cover areas such as risk assessment, customer due diligence, reporting suspicious transactions and international cooperation. The study also

used the Thabo Mbeki report (2015), UN FACTI Panel Report (2020) and Addis Ababa Action Agenda (2015), The Thabo Mbeki report was expected to provide a comprehensive assessment of volumes and sources of IFFs from Africa. The UN FACTI Panel Report and Addis Ababa Action Agenda were anticipated to offer insights into global strategies, standards and commitments for combating IFFs and fostering financial integrity for sustainable development. In addition, the general sources include secondary sources of data that range from government publications, websites, books, journal articles and internal records and materials.

### **3.8 Validity and reliability**

Validity and reliability are two factors that the study should be concerned about while designing a study, analysing research outcomes and determining the quality of the study (Aras, Persada & Nabella, 2023). In this study, the study paid attention to the concepts of validity and reliability. The utility of each of the two concepts is discussed in detail in the following subsections.

#### **3.8.1 Validity**

Validity in refers to the extent to which a study accurately represents the phenomenon under investigation (Collingridge & Gantt, 2019). This can be assessed by using techniques such as triangulation (i.e., collecting data from multiple sources) and member checking (i.e., asking participants to review the researcher's findings to ensure that they are accurate). Research instrument validity, as suggested by Mugenda and Mugenda (2013), may be achieved by the use of a trained academic expert or professional. Validity may be broken down into two categories: external validity and internal validity. The term "external validity" refers to the generalizability of a study's findings outside its initial sample (Burns, 2019). This is frequently determined by how well the sample can

reflect the entire population. The term “internal validity” is used to describe how well the instruments, in this case the interview guides, address the research questions. The process was made even more effective by selecting people who met the requirements. Ensure validity, Bindura University of Science Education (BUSE) lecturers were involved and the dissertation supervisor was also requested to evaluate the study’s instruments and preliminary findings. The study then verified that the replies addressed the issues asked. Prior to the start of data collection, the BUSE and thesis supervisor was consulted and requested to approve the instruments.

### **3.8.2 Reliability test**

Reliability in qualitative research refers to the consistency of the findings of the study (Rose & Johnson, 2020). The reliability of a measurement technique is determined by the degree to which it provides consistent results. A measurement is regarded as trustworthy if it yields the same results every time when the same procedures are used under the same conditions (Johnson & Christensen 2018). In order to ensure reliability in this study, after the process of data collection is completed, the recorded interviews were transcribed. The text in this study came from the transcription of the interviews that were conducted and the analysis of the responses given. Data were recorded and reduced to text by transcribing and playing back the recordings. The transcriptions were shared with the participants to ensure the accuracy of the captured information. Morse (2015) defines member checking, also known as participant or participant validation, as a technique for determining whether or not results are credible. Member checking is used to validate, verify, or assess the trustworthiness of qualitative results (Birt, Scott, Cavers, Campbell & Walter, 2016). In this study, the study ensured that the transcribed recording corresponds with the number of interviews that were conducted. Furthermore, the transcription process

was followed by a process of data cleaning in which the study did thorough checking for erroneous responses or errors in entry and credibility was also checked.

### **3.9 Data presentation and analysis**

According to Shell (2016:2), “data presentation” is the way of making use of a variety of graphical forms to illustrate the connection between two or more data sets in order to facilitate the making of an educated choice. After securing the data, the study post-coded some of the responses that were not pre-coded and data was entered into Nvivo version 12.0 for processing and analysis. However, given that this is a qualitative research, the recordings were subjected to the process of purification through the following four steps; transcription, data familiarization, data reduction and interpretation and theory alignment. Once the study finished cleaning the data, analysis to find out answers to the research questions was done. Data analysis mainly focused on thematic and narrative analyses. This enabled research to summarize large amounts of data that were gathered from various stakeholders and sources and facilitated the drawing of conclusions. The study got the sense of the data by creating broad themes. Data were encoded according to details of setting types of situations events and social relationships as stated by Tao, Bhuiyan & Rahman (2019).

Data analysis is an eclectic process that occurs simultaneously and iteratively with data collection, data interpretation and report writing (Miles & Huberman, 2018). The data presentation in this study was centered on narrative and thematic methods. This allowed the research to synthesize massive volumes of data from several sources and stakeholders and reach meaningful findings. The study presented the analysed data and direct quotations were used. Nonetheless, because of the political and highly sensitive nature of the issue under study, the research avoided the use of participants’ names in the analytical chapter,

therefore, the in-depth participants selected participate in this study were not named rather the study used official designations of the participants in order to ensure anonymity.

### **3.10 Ethical considerations**

According to (Pulverer & Armbruster, 2017), the conduct of academic research calls for the observance of research ethics. In light of this, Ko, Ma, Bartnik, Haney, & Kang (2018) define ethics as “a set of moral principles suggested by the individual or group, offering rules and behavioural expectations about the most current conduct towards subjects.” Research processes usually have ethical dilemmas and it is the responsibility of every study to conduct a research in an ethical manner (Hammersley & Traianou, 2018). The study sought ethical clearance from BUSE thus, the study declared and pledged adherence to the code of conduct expected in research. As part of the ethics, all participants were given an opportunity to decide whether or not they should participate in the study; should they agree they were given the latitude to withdraw from interview if they wish to do so at any given point in time. To help the participants make an informed decision, full disclosure of the study, its purpose and the potential beneficiaries of the study shared. Further to the approach, anonymity and confidentiality of participants was maintained as no names were captured during the conduct of the study and for the purposes of data presentation, designation codes were used to protect the identity of all participants. Furthermore, as a safeguard requirement, all research tools were submitted to the BUSE for ethical evaluation and approval.

Goodwin Mays & Pope (2020) list common ethical issues that require observance, including obtaining access and consent, maintaining confidentiality, ensuring safety, respecting the right to withdraw and protecting the right to privacy. In short, the study observed the following research ethics: avoiding copying previous work done and passing

the work as own material (plagiarism); seeking informed consent from the participants for voluntary participation and right to withdraw during primary data collection; ensuring right to privacy; respecting the research ethic of confidentiality; making sure that survey participants are free from harm during and after data collection processes; and ensuring equal treatment of the survey participants. Plagiarism is an academic malpractice that can be punishable at law (Gregory & Leeman, 2021). To avoid plagiarism, the study acknowledged all the sources consulted during the study and cite relevant sources using the American Psychological Association (APA) 6<sup>th</sup> schedule citation style. The study also paraphrased the works consulted and put quotations for any direct quotes of other people's work.

### **3.11 Chapter summary**

This chapter focused on the methodology used in this study. The chapter elucidated the research design incorporated the data collection methods which the study used and these include in-depth interviews. The chapter also highlighted the ways that were used in ensuring rigour in this study. The chapter further highlighted triangulation which was also used to ensure data validity and reliability and ethical issues which were observed during the conduct of the study and interview procedures were discussed. The next chapter focused on the analysis of data and the interpretation of the results.

## CHAPTER FOUR

### 4.0 DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

#### 4.1 Introduction

This chapter analysed and presented the results of the data that was collected. Then the chapter analysed the collected data and presented the findings objectively. The chapter then analysed the patterns and extent of IFFs in the health sector in Zimbabwe. Thereafter, the data on the effects of IFFs in the health sector on domestic resource mobilization and challenges for curbing IFFs in the provision of services in the health sector were also analysed and presented. The subsequent section examined the significant challenges involved in combating IFFs within the healthcare sector in Zimbabwe. In the last analytical section, data on the strategies for mitigating the effects of IFFs on the provision of services in the health sector were analysed and presented. The chapter also proffered a critical discussion of the finding and the linkages to the theories what were used in this study. The chapter provides a detailed discussion of the research findings; the chapter closes with a summary.

#### 4.2 Section A: Patterns and extent of IFFs in the health sector in Zimbabwe

The study solicited for responses from key informants on the patterns and extends of IFFs in Zimbabwe's health sector. **What specific forms or methods of IFFs have been observed within MoHCC healthcare sector and to what extent are they affecting the sector's financial integrity?**

The head of Procurement from the MoHCC stated that:

*There have been instances of healthcare providers engaging in fraudulent billing practices, such as inflating invoices; as has been the case with the Drax scandal, billing for unnecessary procedures, or even billing for services not rendered. This can lead to substantial financial losses within the sector. Furthermore, in my role, I've observed instances of over invoicing in procurement contracts for medical supplies. This practice artificially inflates the cost, leading to financial losses and diverting funds from essential healthcare services. Additionally, there are cases of collusion between suppliers and internal staff, compromising the fairness of the procurement process and contributing to IFFs within the MoHCC*

The above sentiments were echoed by the Regulatory Compliance Officer from PRAZ who stated that:

*We've identified a pattern of non-compliance with procurement regulations in the healthcare sector. Some entities involved in healthcare procurement engage in transfer pricing, manipulating prices to shift funds illicitly. We're actively working on strengthening our regulatory measures to curb these practices and ensure financial integrity within the healthcare sector.*

An investigative journalist who participated in the study mentioned that:

*Through investigations, we've uncovered instances of corruption in the procurement process within the MoHCC. Kickbacks, bribery and fraudulent billing practices have been exposed, leading to substantial financial losses. Our role is to bring these issues to light, holding those involved accountable and contributing to increased transparency within the healthcare sector.*

A Programme Manager from an NGO argued that:

*Our organization has observed a concerning trend of funds intended for health projects being diverted for personal gain. This not only affects the financial integrity of the healthcare sector but also hampers the delivery of essential services. We work towards advocating for greater transparency and accountability to address these challenges and ensure that funds reach their intended purposes.*

The Professor of Health Economics at a local university articulated that:

*I've noted a significant impact of transfer pricing on the healthcare sector's financial integrity. The manipulation of prices in cross-border transactions and the use of complex financial structures contribute to substantial revenue losses. Understanding these economic intricacies is*

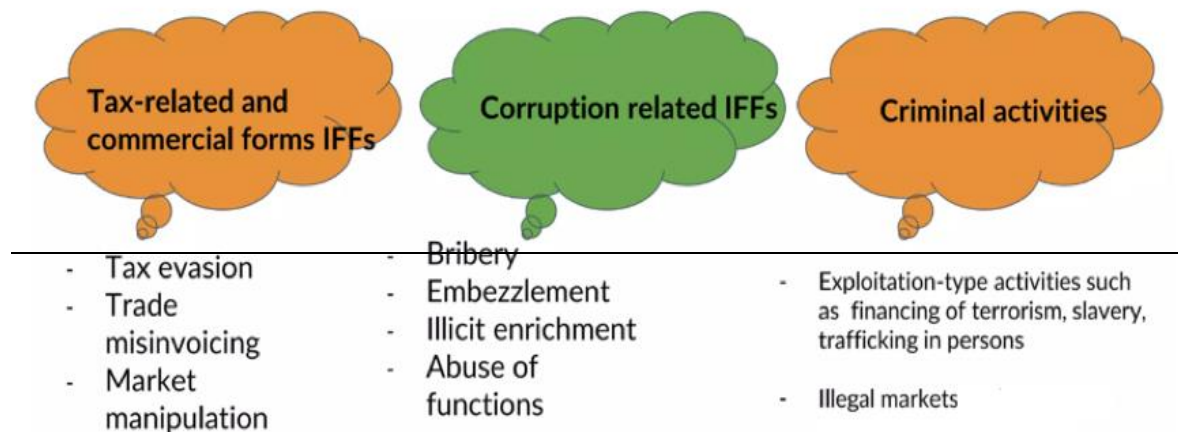
*crucial for implementing effective policies that safeguard the financial integrity of the healthcare sector.*

The literature largely agrees with the key informant's observation regarding healthcare providers engaging in fraudulent billing practices within the MoHCC healthcare sector in Zimbabwe. Patterns identified in the literature on IFFs within the healthcare sector align with the informant's responses. Billing for unnecessary procedures, over invoicing and non-transparent pricing, mentioned by the informant, are recognized in the literature as methods contributing to IFFs, leading to financial losses and diverting funds from essential healthcare services (Binions, 2019; Kaplinsky & Kraemer-Mbula, 2022). The Drax scandal, specifically cited by the informant, corresponds to documented incidents of over invoicing during the Covid-19 era, emphasizing the substantial financial impact of such fraudulent billing practices on the healthcare sector (Kurebwa, 2021). Additionally, the literature highlights embezzlement and misappropriation as critical patterns of IFFs, supporting the informant's mention of billing for services not rendered as a form of misappropriation. The literature further underscores the role of weak governance structures and lack of transparency in facilitating IFFs, aligning with the informant's suggestion of weaknesses in governance within the healthcare sector (Cobham & Janský, 2019). The literature provides a consistent framework that supports and resonates with the key informant's observations on IFFs in the MoHCC healthcare sector.

The observation that healthcare funds may be laundered through entities, disguising the illicit origin of money, echoes Chauhan's (2021) perspective on money laundering within the healthcare sector, emphasizing the sophistication of such practices involving complex financial transactions. Additionally, the use of tax evasion by healthcare professionals, leading to a reduction in overall tax revenue available for public healthcare, aligns with scholarly discussions on the impact of tax havens and the subsequent decrease

in resources for critical health infrastructure (Akintoye et al. 2022). Figure 4.1 further illustrates the forms of IFFs ranging from tax-related and commercial forms, corruption related and criminal activities as Makena (2022) alluded to.

**Figure 4.1: Classification of IFFs**



Source: Makena (2022).

The key informant's mention of cross-border financial flows, facilitated by weak regulatory frameworks, corresponds to literature discussing the international nature of IFFs and the role of regulatory deficiencies in enabling such movements. The complexity of tracing funds due to tax evasion and cross-border movements, highlighted by the key informant, aligns with the literature discussing the intricate challenges associated with tracking illicit financial activities (Shaxson, 2018). The participants recognize the transnational nature of IFFs and highlight the importance of international collaboration, involving institutions like the IMF and the United Nations (UN). Additionally, the focus on strengthening domestic resource mobilization and reducing reliance on external funding sources aligns with the goal of making healthcare systems more resistant to IFFs.

### 4.3 Section B: Effects of IFFs in the health sector on domestic resource mobilization

The second objective of the study sought to assess the effects of IFFs on domestic resource mobilisation. The study engaged the key informant and posed the following question to gather the information. **How have these IFFs impacted domestic resource mobilization for healthcare in Zimbabwe?**

MoHCC Head of Procurement at the Department of Procurement Board.

*IFFs have significantly hampered domestic resource mobilization for healthcare at MoHCC by distorting procurement processes. Unethical practices, such as overpricing and embezzlement, divert funds away from essential health projects. This compromises our ability to allocate resources efficiently and deliver quality healthcare services as intended. Furthermore, IFFs may exacerbate human resource challenges within the health sector as has been witnessed by the shortage of staff particularly at major referral hospitals like Parirenyatwa and Harare Hospitals. Insufficient funds can lead to inadequate salaries and benefits for healthcare professionals, making it difficult to attract and retain skilled personnel. We have seen a massive brain drain of skilled personnel particularly to the UK in the last 2 years. This, in turn, affects the overall effectiveness of healthcare delivery.*

In support of the above sentiments from the head of Procurement at MoHCC, the PRAZ

Regulatory Compliance Officer argued that:

*From a regulatory standpoint, IFFs have posed a substantial challenge to our efforts in ensuring transparent and accountable procurement. The complex nature of these flows often circumvents existing regulations, allowing for financial malpractices. Strengthening regulatory frameworks and collaboration with key stakeholders are imperative to curb the adverse impact of IFFs on domestic resource mobilization for healthcare furthermore, IFFs can lead to reduced budgetary allocations for the health sector; jeopardizing the country's adherence to the Abuja Declaration on health spending. When funds are siphoned off through various illicit means, the government has less revenue to allocate to crucial areas like drugs and medical equipment, affecting the Health Ministry's ability to fund essential services, infrastructure and personnel*

During the research process the Investigative Journalist propagated that:

*IFFs in healthcare procurement have severe consequences for domestic resource mobilization. The diversion of funds through fraudulent practices compromises the government's ability to allocate sufficient resources to critical health programs. Transparency and accountability are crucial to expose and address these IFFs, ensuring funds are directed towards the enhancement of healthcare services.*

Program Manager of a local NGO who was engaged by the study averred that:

*As an NGO, we witness the direct impact of IFFs on domestic resource mobilization for healthcare. These flows undermine the effectiveness of health programs, limiting the resources available for our initiatives. Advocacy for transparency, collaboration with government bodies and public awareness campaigns are essential to address the root causes of IFFs and protect the integrity of healthcare financing. In addition, IFFs may result in the underfunding of health programs and initiatives. This can limit the Health Ministry's capacity to implement and sustain vital health projects, such as disease prevention campaigns, vaccination programs and the improvement of healthcare infrastructure and equipment.*

Asked the Professor of Health Economics propagated that:

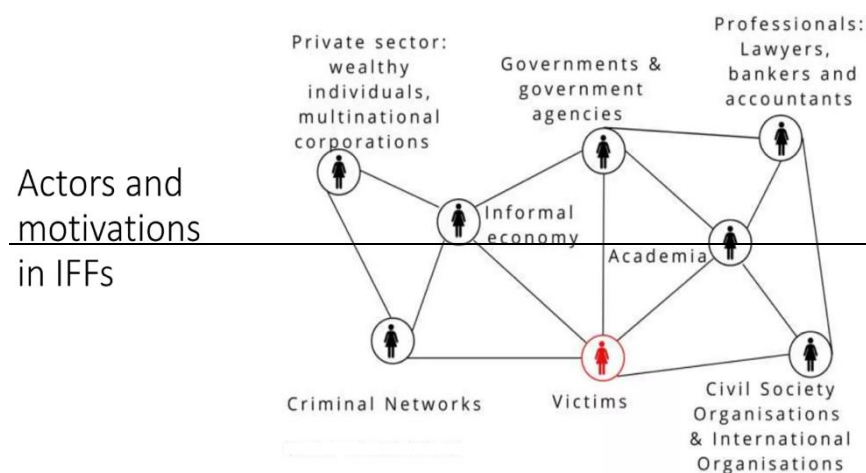
*The repercussions of IFFs on domestic resource mobilization in healthcare are profound. These financial leaks compromise the government's ability to implement robust health policies and invest in infrastructure. Addressing the economic root causes, implementing rigorous oversight mechanisms and investing in capacity building are essential steps to mitigate the impact of IFFs on healthcare financing and ultimately improve health outcomes*

The literature seamlessly aligns with the perspectives provided by the key informants, collectively emphasizing the profound and multifaceted impact of IFFs on Zimbabwe's healthcare sector. The observations regarding distorted procurement processes, unethical practices and consequent disruptions in resource allocation within the MoHCC closely mirror Mazibuko's (2017) and James et al.'s (2018) contentions about the adverse effects of IFFs on budgetary allocations for health. The literature supports the key informants' concerns about the compromised ability to fund essential services, infrastructure and personnel, reinforcing the idea that IFFs hinder domestic resource mobilization for healthcare. Furthermore, the literature echoes the key informants'

emphasis on the global and regional dimensions of IFF impacts, advocating for comprehensive international responses and regional cooperation to address the challenge effectively. The consistent narratives from both key informants and scholarly sources underscore the urgent need for coordinated efforts to curb IFFs and safeguard healthcare resources in Zimbabwe. The congruence between the literature and the insights provided by the key informants reinforces the gravity of the issue of IFFs within Zimbabwe's healthcare sector.

The views of key informant from ZIMCODD are further demonstrated by the figure 4.2 which indicate the intricate web on the actors and motivations in IFFs.

**Figure 4.2: Actors and Motivations in IFFs**



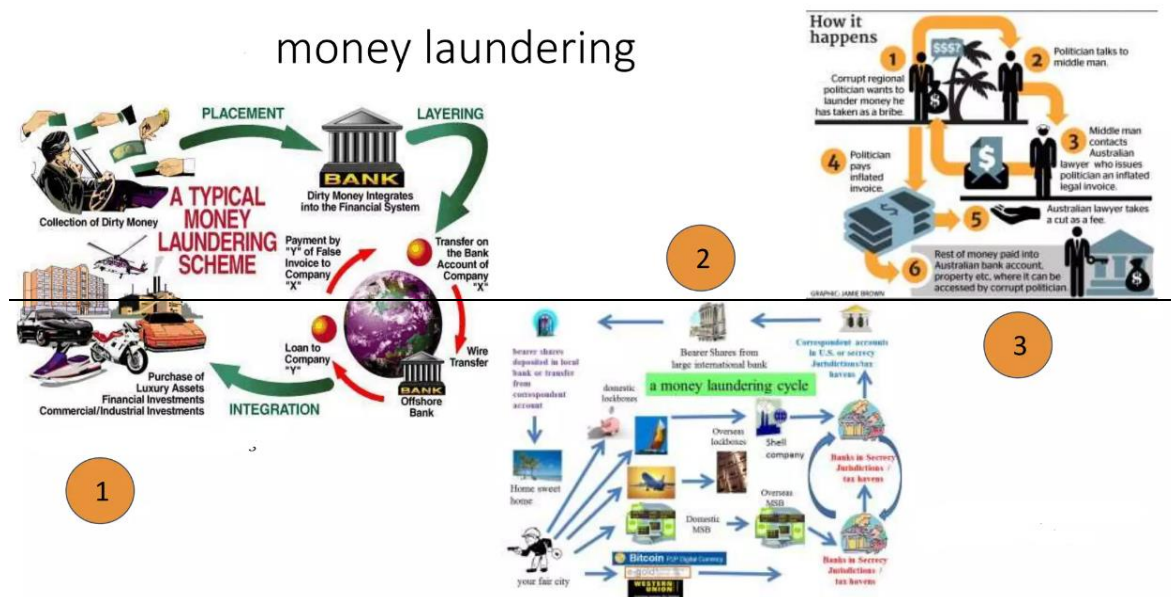
Source: Makena (2022).

The consistent themes of compromised resource allocation, hindered healthcare delivery and the exacerbation of human resource challenges highlight the urgency of implementing measures to curb IFFs. This alignment strengthens the credibility of the key informants' perspectives, suggesting a pervasive and systemic impact of IFFs on

Zimbabwe’s healthcare system and emphasizing the need for comprehensive strategies to address this complex issue.

In addition, Figure 4.3 shows an illustrative diagram depicting the progression of IFFs often involves three key stages integration, layering and placement, forming a cyclical money laundering cycle (UNDO, 2019).

**Figure 4.3: Progression of IFFs**



Source: UNDO (2019).

As highlighted by the above diagram, the process begins with the placement stage, where illicit funds are introduced into the financial system. This can occur through various means, such as breaking down large sums into smaller, less conspicuous transactions or using intermediaries to distance the funds from their illegal origins. Following placement, the layering stage involves complex transactions to obscure the origin of funds, often incorporating international transfers, shell companies and other intricate financial mechanisms (Karim, Mohamed, Ahmad, Prabowo, & Suffian, 2022). This layering adds

complexity and confusion, making it challenging for authorities to trace the illicit funds. Finally, in the integration stage, the laundered funds are reintroduced into the economy, appearing as legitimate assets. This stage completes the cycle, allowing individuals or entities to enjoy the benefits of their ill-gotten gains without attracting suspicion. The cyclical nature of this process emphasizes the dynamic and adaptive nature of IFFs, requiring comprehensive and coordinated efforts to detect, prevent and mitigate their impact on financial systems globally (Shaxson, 2018).

In summary, reviewed literature underscores the adverse effects of IFFs on the nation's healthcare system, making the informant's concern particularly relevant. Zhou, Mukonza & Zvoushe (2016) discuss the strain faced by Zimbabwe's healthcare infrastructure, which further amplifies the challenges in responding to health emergencies. The informant's insight adds a practical perspective, illustrating how IFFs directly impact the Health Ministry's preparedness and ability to navigate health crises.

#### **4.4 Section C: Challenges for curbing IFFs in the provision of services in the health sector**

The also study solicited information on the challenges for combating IFFs in the provision of services in the health sector through a series of questions to key informants in the health sector. The following question was asked; **In your experience, what are the key challenges or obstacles when it comes to curbing IFFs in the provision of healthcare services at the MoHCC?**

However, in an interview with the Professor of Health Economics, he argued that:

*the main challenge is probably just the lack of or weak cooperation between countries. I mean, these IFFs often involve moving money across borders and without international collaboration, it's challenging to track*

*and stop them. In addition to that, a fundamental challenge lies in the economic complexities of the healthcare sector. IFFs often exploit gaps in financial management, pricing structures and reimbursement systems. The lack of a robust economic framework makes it challenging to quantify the actual impact of IFFs on healthcare provision. An interdisciplinary approach that integrates health economics principles is essential for a more nuanced understanding and effective counteraction.*

In view, of the above sentiment the Head of Procurement at MoHCC also noted that:

*One significant challenge in curbing IFFs in healthcare procurement is the lack of a comprehensive monitoring system. The intricate nature of transactions and diverse actors involved often make it challenging to track and identify suspicious financial activities. This hampers our efforts to ensure transparency and accountability in the procurement processes in addition, the lack of technological expertise is a significant challenge. Many countries, including Zimbabwe, face difficulties in tracking financial transactions due to limited access to advanced technology. Without proper technology, it's hard to detect and prevent IFFs.*

In tandem with the above, an NGO Program Manager who was part of the study concurred that:

*One of the major challenges we encounter is the limited collaboration between NGOs and governmental bodies. The fragmented nature of efforts and information silos impede a holistic approach to address IFFs. NGOs can offer valuable insights, but without a coordinated effort with government agencies, it's difficult to implement comprehensive solutions that encompass both prevention and intervention strategies. I believe corruption is the primary obstacle. In many countries, especially in Africa, corruption within government institutions facilitates IFFs. It diverts substantial revenue away from essential services like healthcare, compromising the ability to combat illicit financial activities effectively*

An investigative journalist who participated in the study further propagates that:

*Reporting on IFFs in healthcare faces obstacles due to the lack of transparent information. Procurement deals are often shrouded in secrecy, making it challenging to access crucial data. Additionally, there's a fear of reprisals, hindering potential whistle-blowers from coming forward. Media plays a critical role, but without open access to information, exposing IFFs becomes an uphill battle. Furthermore, the vulnerability of healthcare systems, especially in resource-constrained settings like ours, exacerbates the consequences of IFFs. When healthcare systems are already facing funding challenges due to limited fiscal resources, the depletion of crucial financial resources through*

*illicit dealings and flows further hinders their ability to provide essential health services (Investigative Journalist).*

In support of the above the Regulatory Compliance Officer at PRAZ reiterated that:

*From a regulatory perspective, one of the key challenges is the limited capacity to enforce compliance across the entire healthcare procurement ecosystem. Existing regulations might not be stringent enough and the sheer volume of transactions makes it difficult to conduct thorough reviews. Strengthening regulatory frameworks and enhancing collaboration with other oversight bodies are crucial for effective IFF prevention.*

The insights provided by the key informants align closely with scholarly literature, reinforcing the complex challenges associated with IFFs within the healthcare sector. The emphasis on international collaboration, echoed by Johansson & Svensson (2019), resonates with the key informant highlighting the intricate cross-border nature of IFFs and the necessity for a unified global effort. The acknowledgment of corruption as a significant impediment aligns with existing studies by Makoni (2020) and Taruvinga (2016), emphasizing corruption's role in facilitating IFFs and diverting essential funds from healthcare services. The technological limitations discussed by Zimunya et al. (2022) and Sebele-Mpofu et al. (2021) mirror the key informant's observation about the challenges faced by countries, including Zimbabwe, in tracking financial transactions due to insufficient technological resources. The vulnerability of healthcare systems, as discussed by McGuire and O'Sullivan (2018) and Doherty & Ryan (2017), aligns with the key informant's recognition of the profound impact of IFFs on regions already grappling with limited healthcare resources. The importance of political will and accountability, emphasized in the literature, corresponds with the key informant's insight on the pivotal role of political commitment in fortifying the healthcare sector against illicit financial activities. The convergence between the key informants' views and scholarly research

underscores the multifaceted challenges and the imperative for a comprehensive, collaborative approach to effectively address IFFs in the healthcare sector.

#### **4.5 Section D: Strategies for mitigating the effects of IFFs on the provision of services in the health sector**

The last objective of the research sought to analyse strategies for mitigating the effects of IFFs on the provision of services in the health sector. The study posed the question: **What recommendations would you make for strengthening efforts to mitigate the impact of IFFs on healthcare services in Zimbabwe?**

The Program Manager NGO reiterated that:

*Improving financial transparency through the implementation of robust reporting and monitoring systems is crucial. This involves ensuring that financial transactions within the healthcare sector are traceable, accountable and subject to regular audits, thereby discouraging illicit activities, NGOs should intensify advocacy efforts for transparency in healthcare services. This includes engaging with policymakers, healthcare providers and the public to raise awareness about the consequences of IFFs. NGOs can also propose and support the implementation of policies that promote openness and accountability in healthcare procurement*

The head of Procurement from the MoHCC in his own words remarked that:

*Develop and enforce robust internal controls within the procurement processes of the health sector. This includes implementing stringent oversight mechanisms, enhancing transparency in financial transactions and conducting regular audits to identify and prevent potential avenues for IFFs.*

The Regulatory Compliance Officer at PRAZ expressed the opinion that:

*Investing in financial forensics and technological solutions is key. Developing the capacity to analyze financial data and employing advanced technologies, such as data analytics and blockchain, can enhance the ability to detect and prevent illicit financial activities within the healthcare sector. Foster closer collaboration between regulatory*

*bodies, such as PRAZ and healthcare procurement entities. Establish mechanisms for seamless information sharing to ensure that regulatory compliance is consistently maintained. Strengthening this partnership can help identify and address irregularities more effectively.*

In an interactive interview with the Investigative Journalist succinctly condensed on:

*Advocating for increased support for investigative journalism focused on exposing instances of IFFs within the healthcare sector. Implementing measures to protect whistle-blowers who play a crucial role in bringing such issues to light. Transparency in reporting can act as a deterrent and prompt corrective actions. The sector should have enhanced international collaboration and information sharing as a crucial step, considering the cross-border nature of IFFs. Zimbabwe can work with other countries and international organizations to share intelligence, investigate transnational financial activities and collectively combat IFFs. Implementing asset recovery initiatives has helped reclaim funds that have been illicitly siphoned off. This involves legal processes to seize and return assets obtained through corrupt practices, contributing to both punishment and deterrence but the processes are winding and can take a lot of time before actual seizure happens*

The Professor of Health Economics noted that:

*Political will and accountability are critical factors in fighting IFFs. If there is a lack of commitment at the political level to address IFFs, efforts to curb these activities within the healthcare sector may be undermined. We have seen that former Health minister Dr Obadiah Moyo was acquitted after facilitating dubious procurement deals during a medical emergency. Ensuring accountability and commitment from all stakeholders is essential*

*in addition, engage health economists in the design and evaluation of healthcare procurement policies. Their expertise can contribute to the development of economically sound strategies that not only prevent IFFs but also optimize the allocation of resources within the healthcare sector. This interdisciplinary approach can lead to more effective and sustainable solutions. Furthermore, strengthening and updating regulatory frameworks is essential in curbing IFFs. This includes introducing and enforcing laws that specifically target IFFs within the healthcare sector and the establishment of the anti-corruption court is a good stepping stone. Clear and stringent regulations can act as a deterrent and provide a basis for legal action against those involved in illicit financial activities*

*Furthermore, securing political commitment to combat IFFs is critical. Leadership support is essential for the successful implementation of anti-*

*corruption measures and regulatory reforms. Ensuring accountability at all levels of government reinforces the commitment to curbing IFFs.*

The insights gleaned from key informants align remarkably with scholarly perspectives on mitigating the impact of IFFs on healthcare services. The emphasis on promoting financial transparency, traceability and accountability in healthcare transactions, as recommended by key informants, resonates with scholarly works such as those by Stiglitz & Pieth (2016) and Madhombiro & Marchal (2019). The call for strict financial laws and tax regulations to counteract IFFs, noted by the key informants, mirrors the literature's suggestions (Stiglitz & Pieth, 2016; Schlenther, 2016). Advocacy for open contracting in healthcare procurement, mentioned by key informants, is consistent with scholarly views on the importance of transparent procurement practices (Jitong, 2019). The need for robust regulatory frameworks, frequent audits and legal enforcement, highlighted by both key informants and scholars like Bhatia & Skovgaard (2018), Chinoda, Muchabaiwa & Mudyahoto (2020) and Chikanda & Tawodzera (2019), underscores the shared emphasis on creating a strong regulatory environment. Furthermore, the key informants' stress on international collaboration and information sharing corresponds with scholarly discussions on the transnational nature of IFFs and the importance of global cooperation (Persson & Gustavsson, 2019; Tornquist & Holmgren, 2019). The alignment between key informant views and scholarly insights underscores a comprehensive approach to addressing IFFs in the healthcare sector.

In further probing the participants on strategies for reducing IFFs, the study posed the following follow up question. **Could you provide examples of successful interventions or approaches that have been effective in reducing IFFs at the MoHCC?**

Head of Procurement at MoHCC who was engaged by the study articulated that:

*Implementing a robust e-procurement system has proven effective in reducing IFFs. The digitization of procurement processes enhances transparency, traceability and accountability, minimizing opportunities for fraudulent financial practices within the healthcare sector.*

Regulatory Compliance Officer at PRAZ shared insights, stating

*Strengthening collaboration with international regulatory bodies has shown promise through aligning Zimbabwe's procurement regulations with global standards and participating in information exchanges, we create a more challenging environment for those attempting to engage in illicit financial flows.*

In support of foregoing notion by the Regulatory Compliance Officer at PRAZ, the

Investigative Journalist who was part of the study mentioned:

*Whistle-blower protection mechanisms have played a significant role. Encouraging individuals to come forward with information about irregularities in healthcare procurement without fear of reprisal has been instrumental in uncovering and addressing instances of IFFs.*

In addition, a Program Manager from local NGO noted that:

*Civil society engagement has been a successful approach. NGOs working collaboratively with the MoHCC and other stakeholders to monitor procurement processes and advocate for transparency have contributed to uncovering and preventing illicit financial flows in the healthcare sector.*

A Professor of Health Economics remarked that:

*Introducing rigorous financial audits and continuous monitoring of healthcare expenditures has proven effective. Regular audits help identify discrepancies, ensure compliance with financial regulations and act as a deterrent against fraudulent activities, ultimately reducing the occurrence of IFFs*

The sentiments expressed by the participants in the study closely align with the existing literature on mitigating the impact of IFFs in the healthcare sector. The emphasis on promoting financial transparency, accountability and robust regulatory frameworks, as highlighted by the key informants, resonates with scholarly perspectives from authors such as Stiglitz & Pieth (2016), Madhombiro & Marchal (2019) and Bhatia & Skovgaard

(2018). The recommendations for strict financial laws, tax regulations and open contracting in healthcare procurement mirror the literature's suggestions by Stiglitz & Pieth (2016), Schlenther (2016) and Jitong (2019). Additionally, the participants' stress on international collaboration and information sharing aligns with scholarly discussions on the transnational nature of IFFs and the importance of global cooperation, as highlighted by Persson & Gustavsson (2019) and Tornquist & Holmgren (2019). The findings from documentary research further support the participants' perspectives by echoing global efforts outlined in reports such as the Thabo Mbeki report, UN FACTI Panel Report and the Addis Ababa Action Agenda. The convergence between participant views and scholarly insights underscores a comprehensive and collaborative approach needed to address the multifaceted challenges posed by IFFs in the healthcare sector, aligning with the global initiatives recommended in the literature.

The furthermore, the finding documentary research revealed several key strategies employed at the policy and institutional levels to mitigate the effects of IFFs on the provision of services in the health sector in Zimbabwe. These strategies align with the global efforts outlined in the Thabo Mbeki report, UN FACTI Panel Report and the Addis Ababa Action Agenda.

The UN FACTI Panel Report proposes a Global Pact for Financial Integrity for Sustainable Development, urging governments to take comprehensive action to foster and strengthen financial integrity. The study findings indicate that such a global pact can provide a framework for coordinated efforts to combat IFFs and ensure that the released proceeds contribute to additional investments in achieving the SDGs, including those related to healthcare services Thabo Mbeki report (2015).

The FACTI Panel recommends the development of global standards for financial, legal, accounting and other relevant professionals. The study's documentary research aligns with this by emphasizing the importance of promoting accountability in enacting legislation. This suggests a parallel emphasis on creating a robust legal and professional framework to deter and punish individuals involved in illicit financial activities within the health sector (UN FACTI Panel Report, 2020).

Protection of Whistle-blowers and Human Rights Defenders: The FACTI Panel Report emphasizes the need to develop minimum standards of protection for human rights defenders, investigative journalists and whistle-blowers. The study findings echo this concern, emphasizing the importance of creating systems that incentivize and protect whistle-blowers. This alignment underscores the recognition of whistle-blowers as crucial sources of information for investigating and preventing illicit financial activities in healthcare services.

Both the UN FACTI Panel Report and the study findings highlight the importance of coordination and data dissemination. The study suggests the need for designating an entity to collect and disseminate data about mutual legal assistance and asset recovery efforts. This corresponds with the global call for an International Compact on Implementing Financial Integrity for Sustainable Development, which aims to coordinate capacity building efforts. The Addis Ababa Action Agenda emphasizes commitments by governments to reduce IFFs by 2030 through increased national regulation and international cooperation (Addis Ababa Action Agenda, 2015). The study's findings reinforce this approach, emphasizing the importance of national regulation and inviting regions to carry out exercises similar to the High-Level Panel on IFFs from Africa. This alignment underscores the need for a collaborative approach at both national and

international levels to address IFFs affecting the healthcare sector. The documentary research findings align with global initiatives and recommendations, providing a foundation for developing and implementing strategies to mitigate the effects of IFFs on healthcare services (UN FACTI Panel Report, 2020). The identified strategies encompass global pacts, international standards, whistle-blower protection, coordination and enhanced national regulation, reflecting a comprehensive and collaborative approach to address the multifaceted challenges posed by IFFs in the health sector (Thabo Mbeki report, 2015).

The literature underscores the significance of legal actions and regulatory frameworks in combating IFFs, with scholars such as Ginevra (2017) emphasizing the need for clear laws and regulations aimed at preventing IFFs. The participant's focus on legal processes for asset recovery aligns with this perspective, as it reflects the importance of legal measures to address financial malfeasance. Moreover, the literature suggests that asset recovery initiatives contribute not only to punishment but also deterrence. Scholars like Okonjo-Iweala (2015) discuss the importance of creating a hostile environment for individuals engaged in IFFs and the participant's proposal aligns with this by highlighting that asset recovery serves as a deterrent for those involved in corrupt practices.

#### **4.6 Chapter summary**

This chapter presented and analysed the data that was collected in the study. The chapter opened with an introduction and went on to discuss the patterns and extent of IFFs in Zimbabwe's health sector. Major patterns identified were through fraudulent billing schemes, corruption in procurement, money laundering through healthcare entities, misuse of health insurance systems, tax evasion by healthcare professionals and entities and organised cross-border financial flows. The chapter also assessed the effects of IFFs in the health sector on domestic resource mobilization with the key highlight being underfunding

of the health sector. The section that followed examined the challenges for curbing IFFs in the provision of services in the health sector and corruption and weak transnational cooperation were the major obstacles. The last analytical section of the chapter sought to analyse strategies for mitigating the effects of IFFs on the provision of services in the health sector.

## **CHAPTER FIVE**

### **5.0 SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER RESEARCH**

#### **5.1 Introduction**

This chapter presented conclusions on the findings of the study and proposed recommendations to mitigate IFFs and improve the performance of the health sector in Zimbabwe. The chapter presents the summary and conclusions of the study objectively. The chapter then delves into the implications of the finding in the context of the existing problem in the IFFs- health sector performance nexus. The chapter concludes with a presentation of areas for further study with regards to the weaknesses observed by the study in the processes of data collection, analysis and presentation.

#### **5.2 Summary of the study**

The first chapter of this study introduced the study topic on the impact IFFs on the provision of services in the health sector in Zimbabwe. It also uncovered the problem that has given rise to this research, giving the background of the study. This chapter also revealed how important the analysis is, the assumptions being made, as well as the limitations and delimitations of the research.

The second chapter reviewed topical literature and current trends and debates on the IFFs in the health sector in Zimbabwe and beyond. The chapter further examined the effects and challenges of IFFs on the provision of services in the health sector using a global, continental and local review. The chapter advanced the Political economy of corruption theory and Economic Structuralism, propounded by Rose-Ackerman (1999) and

Prebisch (1950) respectively as the theoretical base-frames underpinning the objects of this study. The linkage wedges into the dimensions of political, economic, sociological, technological, environmental and legal factors.

The methodology employed in this study is expounded upon in the third chapter, focusing on the case study research design utilised for investigating IFFs in Zimbabwe's healthcare sector. Given the lack of comprehensive scientific inquiry into the nexus between IFFs and healthcare, qualitative approaches were adopted, aligning with the unique nature of the study. A qualitative approach was employed for methodological triangulation anchored on the interpretivist paradigm. An in-depth interview guide served as the primary data collection instrument, with a total of 5 participants sampled, including officials from the MoHCC, PRAZ, academic in relevant field, media practitioner and NGO focusing on accountability and public budget expenditure. The data analysis was conducted using Nvivo version 12.0, incorporating narrative analysis for qualitative data.

The fourth chapter which is the analytical chapter consisting of data analysis, interpretation and presentation was the focal point. This chapter addresses specific research questions related to the implications of IFFs on the healthcare sector in Zimbabwe. Findings reveal the role of regulatory bodies like the PRAZ in overseeing financial and procurement processes. The chapter emphasises the government's prioritisation of investing in healthcare infrastructure to bolster the health sector. IFFs significantly hinder domestic resource mobilisation in Zimbabwe's health sector, impacting budgetary allocations for healthcare and violating health spending agreements. The chapter emphasises the transnational nature of IFFs and the need for unified global efforts to track, prevent and mitigate the impact of illicit financial activities within healthcare. The chapter concludes by underscoring the pivotal role of healthcare infrastructure in facilitating the

efficient movement of resources and the challenges, including financial constraints, faced by the sector over the past years.

The fifth chapter encapsulates the summary, conclusions and research implications that were observed during the conducted of this study. Recommendations are proffered to regulatory bodies and healthcare providers, emphasising their role in fostering the efficient provision of healthcare services with the health sector in Zimbabwe. The chapter also outlines areas for potential future research, addressing methodological and theoretical gaps identified during the execution of this study.

### **5.3 Conclusions of the Study**

The study made conclusions on each of the objective of the study. The following subsection discusses the conclusions that were drawn from the informant's findings that were engaged in the study.

#### **5.3.1 Patterns and extent of IFFs in the health sector in Zimbabwe**

The study found that IFFs within Zimbabwe's healthcare sector manifest in various forms, notably through fraudulent billing practices such as inflating invoices, billing for unnecessary procedures and billing for services not rendered. Instances of over invoicing in procurement contracts for medical supplies and collusion between suppliers and internal staff were also observed, contributing to the overall impact of IFFs on the financial integrity of the healthcare sector. The study emphasized the substantial financial losses incurred and the diversion of funds from essential healthcare services due to these practices. The study further revealed patterns of non-compliance with procurement regulations, transfer pricing and corruption in the procurement process, including kickbacks, bribery and fraudulent billing practices. These findings align with the literature

on IFFs in Zimbabwe's healthcare sector, emphasizing the need for comprehensive anti-corruption measures, transparent procurement systems and strengthened regulatory oversight.

In parallel, the literature supports the study's findings, providing a comprehensive overview of various IFF patterns within the healthcare sector. Billing for unnecessary procedures and over invoicing are recognized forms of financial malpractice contributing to substantial losses, as highlighted by previous research (Binions, 2019; Kaplinsky & Kraemer-Mbula, 2022). The literature also underscores the role of corruption in diverting funds from essential healthcare needs, mirroring the study's identification of kickbacks, bribery and collusion as contributors to IFFs (African Union Commission, 2019; Makoni et al. 2023). Additionally, the study's emphasis on the lack of transparency and weak governance structures aligns with scholarly discussions on the enabling environment for IFFs in healthcare (Cobham & Janský, 2019). The findings not only validate but also extend the existing literature by providing real-world insights into the specific manifestations of IFFs within Zimbabwe's healthcare procurement processes. Collusion between suppliers and internal staff, compromising the fairness of the procurement process, was also noted. These findings align with scholarly perspectives, emphasizing the detrimental impact of non-transparent pricing, weak governance structures and corruption on the financial integrity of the healthcare sector (Binions, 2019; Kaplinsky & Kraemer-Mbula, 2022; Cobham & Janský, 2019).

### **5.3.2 Effects of IFFs in the health sector on domestic resource mobilization**

The study found that IFFs in the health sector of Zimbabwe significantly impede domestic resource mobilization, particularly within the provision of health services in the MoHCC. The study found out that IFFs distort procurement processes, leading to unethical

practices such as overpricing and embezzlement. This compromises the government's ability to allocate resources efficiently and deliver quality healthcare services, affecting critical areas like infrastructure, personnel and essential services. Furthermore, IFFs were identified as a substantial challenge to transparent and accountable procurement, posing a threat to regulatory efforts. The study also revealed that inadequate funds due to IFFs contribute to human resource challenges, impacting the retention and attraction of skilled healthcare professionals, resulting in a significant brain drain. Challenges in procuring medicines, limited access to essential drugs and impaired responsiveness to health emergencies were also linked to IFFs. The literature review supports these findings, emphasizing the multifaceted consequences of IFFs on healthcare, including financial losses, compromised health systems and limitations in addressing global health challenges.

The literature aligns with the study's findings, emphasizing that IFFs encompassing tax evasion, money laundering, transfer pricing and corruption, pose a significant obstacle to effective domestic resource mobilization, especially within healthcare. Scholars such as Mazibuko (2017) and James et al. (2018) stress the adverse effects of IFFs on budgetary allocations for the health sector, contributing to the underfunding of public health systems. The literature further discusses the global and regional dimensions of IFFs' impact on public health, advocating for comprehensive international responses to foster cooperation, transparency and accountability. The key informants' observations, including challenges in procuring medicines, human resource constraints and impaired emergency responsiveness, closely mirror the scholarly discussions on the multifaceted consequences of IFFs. This convergence underscores the systemic challenges posed by IFFs in Zimbabwe's healthcare sector, reinforcing the need for comprehensive and international efforts to address these issues effectively. The study concludes that IFFs significantly impede domestic resource mobilisation in Zimbabwe's health sector, echoing scholarly perspectives such as those

highlighted by Mazibuko (2017). This resonates with scholarly assertions about the multifaceted nature of IFFs, including tax evasion, money laundering, transfer pricing and corruption, which serve as formidable obstacles to effective domestic resource mobilisation, especially in the healthcare sector.

### **5.3.3 Challenges for curbing IFFs in the provision of services in the health sector**

The study's findings underscore the critical need for comprehensive strategies to tackle the challenges posed by IFFs in healthcare sectors confronted with resource constraints. The revelation that political will and accountability are pivotal in combating IFFs highlights the necessity for collective efforts to monitor, prevent and mitigate their impact on healthcare systems. The study sheds light on how the vulnerability of healthcare systems intensifies the repercussions of IFFs, pinpointing corruption as a primary barrier. To fortify the integrity of healthcare systems globally, the study emphasises the urgency of anti-corruption measures and heightened transparency. Furthermore, the study's findings highlight the real difficulties that nations with limited technological resources face in the fight against IFFs.

These significant findings resonate with scholarly perspectives, notably aligning with Johansson & Svensson's (2019) insights that stress the transnational nature of IFFs and the necessity for unified global efforts. The study's identification of high-level corruption-compromising regulatory bodies aligns with the observations made by Makoni (2020) and Taruvinga (2016). The study's emphasis on the crucial role of international collaboration in addressing multifaceted challenges in curbing IFFs within Zimbabwe's healthcare sector aligns with the research findings of Zimunya et al. (2022) and Sebele-Mpofu et al. (2021). The acknowledgment of technological limitations is consistent with academic perspectives by McGuire and O'Sullivan (2018) and Doherty & Ryan (2017) that emphasise the critical

role that cutting-edge technology plays in tracking financial transactions and preventing IFFs. The study's insight into the broader consequences of IFFs, extending beyond mere financial losses, corresponds with the scholarly discourse emphasized by scholars such as Busuioc (2021) and Chiweshe & Gomo (2021). In the end, the study stresses how important it is for politicians to keep working hard to make and enforce good rules and policies. It also says that accountability systems are very important for making sure that money does not get taken away from important healthcare services.

### **5.3.3 Strategies for mitigating the effects of IFFs on the provision of services in the health sector**

The study concludes that key strategies for mitigating the effects of IFFs on healthcare services in Zimbabwe demand a multifaceted approach, aligning with both the insights gathered from the study participants and scholarly perspectives. A prominent finding emphasises the imperative role of enhancing financial transparency through robust reporting and monitoring systems, as advocated by Stiglitz & Pieth (2016) and echoed by Madhombiro & Marchal (2019). This involves traceable, accountable financial transactions subjected to regular audits, serving as a deterrent to illicit activities. The literature further supports comprehensive reporting requirements and open contracting in the healthcare sector (Jitong, 2019), reinforcing the participant's focus on transparency initiatives. The study aligns these findings with the scholarly perspective, highlighting the interconnectedness of informant insights and academic viewpoints in shaping effective strategies against IFFs.

Furthermore, the study concludes that safeguarding healthcare resources against IFFs requires a forward-looking approach, integrating international collaboration, technological solutions and political commitment. The participants' emphasis on increased international

cooperation and information sharing, which Persson & Gustavsson (2019) and Tornquist & Holmgren (2019) support, is consistent with the academic viewpoint on the transnational nature of IFFs. The need for investing in financial forensics and advanced technologies, including data analytics and blockchain, resonates with insights from Baba (2019) and Wan, Ding and Chen (2022), emphasising the role of technology in detecting and preventing illicit financial activities within the healthcare sector. Moreover, securing political commitment, as emphasised by participants and discussed by Ginevra (2017), is underscored in the literature as a critical element for successful anti-corruption measures and regulatory reforms. The study positions these strategies within a broader scholarly discourse, offering insights for future policy and practice in addressing IFFs in the healthcare sector.

#### **5.4 Research Implications**

The findings of this research hold profound implications for policy and practice, extending beyond the confines of Zimbabwe's healthcare sector. The study underscores the urgent need for comprehensive strategies to address IFFs within healthcare, emphasising the pivotal role of stakeholders in safeguarding resources and ensuring effective service provision. The insights generated from this study contribute to the development of frameworks that can be applied by other stakeholders, both within and outside Zimbabwe, facing similar challenges related to IFFs. Policymakers and practitioners can draw upon the lessons learned and recommendations proposed in this research to formulate and implement measures aimed at curbing financial malpractice in healthcare settings. Moreover, the methodological implications highlight the efficacy of qualitative research methods, providing a valuable template for researchers and practitioners globally to employ rigorous methodologies, such as in-depth interviews and content analysis, in

investigating IFFs in their respective contexts. This research serves as a catalyst for broader discussions and actions, encouraging collaborative efforts to address the common issue of IFFs in healthcare on a global scale.

## **5.5 Recommendations**

The study recommends the following actions by MoHCC, PRAZ, Media, Academia, NGOs and donor agencies:

### **MoHCC**

Institute robust financial transparency measures within the healthcare sector. This includes the implementation of traceable, accountable financial transactions subject to regular audits.

### **PRAZ**

Play a pivotal role in mitigating IFFs by enforcing transparent and accountable procurement practices. PRAZ should collaborate with relevant stakeholders to establish stringent regulations and monitoring mechanisms.

### **Media**

Assume an active role in raising public awareness about the detrimental effects of IFFs in the healthcare sector. Media outlets should conduct investigative reporting to expose instances of financial malpractice, fostering a culture of accountability.

### **NGOs**

Focus on capacity-building initiatives within the healthcare sector. Through collaborating with relevant authorities, NGOs can provide training programmes to

healthcare personnel, emphasising ethical financial practices and the identification of potential IFFs.

### **Donor Agencies**

Prioritize and strengthen transparency and accountability mechanisms in their funding processes. This includes clearly outlining the terms and conditions of financial support, ensuring that funds are allocated as intended and implementing robust monitoring and evaluation frameworks to track the impact of their contributions.

### **5.6 Areas for future research**

This study examined the implications of IFFs on the provision of services in Zimbabwe and uses the health sector as an analytical unit and case study. Hence, this study recommends further studies to examine the effects of IFFs in the health sector using a quantitative and econometric model that is based on the time series data in Zimbabwe.

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## ANNEXURES

### **Appendix 1: Key informant Interview Guide for participants in the department of procurement board at MoHCC**

1. What specific forms or methods of IFFs have been observed within MoHCC healthcare sector and to what extent are they affecting the sector's financial integrity?
2. How have these IFFs impacted domestic resource mobilization for healthcare at MoHCC?
3. In your experience, what are the key challenges or obstacles when it comes to curbing IFFs in the provision of healthcare services at the MoHCC?
4. From your perspective, what strategies or measures have been effective or have the potential to effectively curb IFFs within Zimbabwe's healthcare sector?
5. What recommendations would you make for strengthening efforts to mitigate the impact of IFFs on healthcare services in Zimbabwe?
6. How do you envision the healthcare sector evolving and adapting to better safeguard healthcare resources against IFFs in the future?

**Appendix 2: Key Informant Interview Guide for participants at PRAZ**

1. What specific forms or methods of IFFs have been observed within PRAZ with implications on the healthcare sector?  
*\*probe on the extent are they affecting the sector's financial integrity*
2. How have these IFFs impacted domestic resource mobilization for healthcare in Zimbabwe?  
*\*probe on the consequences of IFFs on the healthcare sector's ability to fund essential services through domestic resources*
3. In your experience what are the key challenges or obstacles when it comes to curbing IFFs in the provision of healthcare services in Zimbabwe?
4. From your perspective, what strategies or measures have been effective or have the potential to effectively curb IFFs within Zimbabwe's healthcare sector?
5. What recommendations would you make for strengthening efforts to mitigate the impact of IFFs on healthcare services in Zimbabwe?

**Appendix 3: Key Informant Interview Guide for participants Medias and NGO**

1. What specific forms or methods of IFFs have been observed within the healthcare sector?

*\*probe on the extent are they affecting the sector's financial integrity*

2. How have these IFFs impacted domestic resource mobilization for healthcare in Zimbabwe?

*\*probe on the consequences of IFFs on the healthcare sector's ability to fund essential services through domestic resources*

3. In your own view, what are the key challenges when it comes to curbing IFFs in the provision of healthcare services in Zimbabwe?

4. What are some of the key benefits and challenges in working with international partners to combat IFFs within Zimbabwe's healthcare sector?

5. What recommendations would you make for strengthening efforts to mitigate the impact of IFFs on healthcare services in Zimbabwe?

#### **Appendix 4: Key Informant Interview Guide Academia**

1. What specific forms or methods of IFFs have been observed within PRAZ and MoHCC with implications on the healthcare sector?

*\*probe on the extent are they affecting the sector's financial integrity*

2. How have these IFFs impacted domestic resource mobilization for healthcare in Zimbabwe?

*\*probe on the consequences of IFFs on the healthcare sector's ability to fund essential services through domestic resources*

3. In your experience, what are the key challenges or obstacles when it comes to curbing IFFs in the provision of healthcare services at the MoHCC?

4. From your perspective, what strategies or measures have been effective or have the potential to effectively curb IFFs within Zimbabwe's healthcare sector?

5. What recommendations would you make for strengthening efforts to mitigate the impact of IFFs on healthcare services in Zimbabwe?

**Appendix 5: Approval Letter**

DEPARTMENT OF PEACE AND GOVERNANCE

P. Bag 1020  
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7622, 7624

Fax: 263 - 71 - 7534



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**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

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Date: 28/09/23

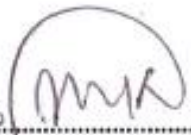
TO WHOM IT MAY CONCERN

**RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION**

This serves to introduce the bearer, Stanely Chishamba, Student Registration Number B223930B, who is a Master of Science in International Relations student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

  
.....  
D. Makwerere (Dr)

