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A new deal for the health sector?

The final chapter of the health sector forms the apotheosis for the health reforms. In this section we shall see how the Central Board of Health, a core feature of the reforms, was dismantled – ostensibly for rational-legal aims: To remedy a confused, top-heavy and inefficient set-up of the health sector, but in essence so that the Ministry of Health could regain control over the resources administered by the Central Board. Although this process followed the formal parliamentary route of decision-making, the process was clearly instrumentalised to guarantee the desired outcome. At the same time, however, it also created a situation of confusion and disorder which was used for personal gain while donors' preoccupations lay elsewhere.

The chapter begins with the period following Levy Mwanawasa's ascension to power. The petition contesting his election clearly reveals how health-sector resources were shamelessly used by Maureen Mwanawasa to campaign for her husband, with the complicity of health-sector officials. This episode also illustrates how disloyalty is punished while loyalty leads to impunity. Levison Mumba, Minister of Health at the time, testified against the president, following which allegations of corruption and expulsion from the ruling party destroyed his political career. Permanent secretary Bulaya, however, changed his testimony in favour of the president. In turn, Bulaya was rewarded by being saved from prosecution over a massive corruption scandal which involved the instrumentalisation of the procurement of AIDS drugs for private gain. In the end, however, Mwanawasa reversed his decision not to prosecute Bulaya, as a result of pressure from civil society, the media, and donors. This illustrates that decisions to instrumentalise formal procedures are taken and contested in an arena of conflicting powers and interests.

The first Minister of Health under the Mwanawasa regime was Brian Chituwo a military doctor, who would use his tenure at the health ministry to invest in a constituency so as to strengthen his political base. During his tenure, Chituwo was very much occupied with the AIDS pandemic, which had started to generate considerable donor

attention. Another issue that drew attention from donors and the ministry was the so-called human resource crisis: The shortage of health workers linked to the emigration of doctors and nurses in search of greener pastures elsewhere. While the prioritisation of these problems led to innovative and effective responses by the donors and the health sector, at the same time these discourses became an object of instrumentalisation. Health workers used the discourse of the human resource crisis to further legitimise their claims for entitlements. But in addition, as we shall see later, the sense of urgency surrounding the AIDS pandemic and the human resource crisis would be abused to siphon off resources for personal gain.

Meanwhile, however, a process had been started to dissolve the Central Board of Health. Whereas Chituwo had formal responsibility for the initial decision, he did not appear to be the driving force. It was rather the permanent secretary, Simon Miti, who appeared to be the one steering this process. While Katele Kalumba as a backbencher participated in the parliamentary debates on the dissolution of the Central Board, at the end of the day he was not able to rescue his brainchild, as he had become ensnared in a major corruption scandal. He had to fight for his political survival by displaying loyalty to the president and by serving the MMD. Chituwo, meanwhile, had been moved to another ministry. The dismantlement of the Central Board and the decision to begin a long process to reintegrate it into the ministry was overseen by two other ministers in rapid succession: Sylvia Masebo, who used the ministry as a mere stepping stone in her political career, and Angela Cifire, who made little impact besides apparently serving as a scapegoat for a scandal in which Simon Miti figured.

Miti had attracted controversy following a damning report by the Auditor General about the health sector, which was played out in Parliament. Despite this public controversy, the permanent secretary, who was rumoured to enjoy the protection of the Mwanawasas, weathered the storm. During this period an earlier conflict between donors and the ministry about the drug distribution system had been finally laid to rest. Donors had invested heavily in creating a system to minimise instrumentalisation in the purchase and distribution of drugs. At the end of our narrative on the health reforms, however, a new scandal emerged. This had nothing to do with the issue of drugs, which was closely scrutinised by donors. It appeared that a human resource officer had been using the sense of urgency to enrich himself while claiming to train new staff in response to the human resource crisis and the AIDS pandemic. The restructuring of the health sector had apparently created disorder and removed the accountability systems of the Central Board, which could have prevented this scandal. This led to several major donors suspending their support to the health sector. Miti, who had since been transferred to a new ministry, was also suspended pending investigation. Thus by the end of this narrative, not only Kalumba, who had been the midwife of the health reforms, but also Miti, who had been the agent of their demise, had finally fallen from grace – or so it seems.

Change of power, change of leadership

With a change of power at State House, a change of leadership was due at the Ministry of Health. Within the first month after the elections, a large number of permanent secretaries and other senior civil servants were fired or retired by Mwanawasa, including some who would be named and tried in the Zamtrop affair and other corruption cases, such as Stella Chibanda, James Mtonga, and Richard Sakala. According to an article in

The Post, Bulaya had opted not to continue as permanent secretary,[1] though it could well have been that he realised his position had been controversial and he decided to jump rather than be pushed. He was replaced by the Director General of the Central Board of Health, Gavin Silwamba. Several months later, however, on the same day Mwanawasa announced that Silwamba's brother, Eric, Chiluba's former Minister of Presidential Affairs, was to be arrested for corruption, a new permanent secretary, Simon Miti, was appointed.[2] While the media did not explicitly link one event to the other, it seems credible that the events are related. A former ministry official suggested that Gavin Silwamba had owed his job at the Central Board to his brother, who was close to Chiluba.[3] Another respondent said that Silwamba was rumoured to be involved in misappropriation of anti-malaria funds.[4] It would thus appear that one of the un-official priorities for the health sector in Mwanawasa's first months was to dismantle the remnants of Chiluba's patronage network within the ministry.

A new minister was also appointed. For the first time since Kawimbe, the minister was a medical doctor. In fact, Brigadier General Dr. Brian Chituwo was a military surgeon who had proceeded his career in the civilian health sector and was later to venture into politics. After having served as executive director of the hospital in Kabwe, Chituwo quit the civil service to stand as the MMD candidate in a by-election in Mumbwa, only to be defeated by a candidate of the oppositional UPND. Following his failure, Chituwo rejoined the civil service, serving as a director of clinical care at the orthopaedic department at the UTH before being appointed as minister. Chituwo became a nominated Member of Parliament, as he had no constituency of his own. However, as we have seen with Kalumba, Chituwo would use his time at health to invest in his own political support base. Prior to the 2006 elections, a financial specialist at the Central Board of Health told me that the allocation of funds to districts was sometimes manipulated for political reasons. He mentioned the minister's constituency as an example.[5] My confusion at this statement, knowing that Chituwo was a nominated Member of Parliament, was dispelled upon learning that Chituwo had won the parliamentary elections in his home constituency Mumbwa in 2006. When driving through Mumbwa district a few months later, I asked a local hitchhiker what he thought of his new Member of Parliament. He answered: "He is very good; he built a hospital and clinics".[6] Regardless of whether he did in fact influence the resource allocation process of the ministry, he certainly was credited with delivering for his constituency. Another issue of controversy clinging to Chituwo was that he was named as an example of an official who owed his job to his belonging to the family tree. In a press statement by the president against the family tree publication, Chituwo's familial connection was denied, as Mwanawasa was from a Lamba-Lenje background and his wife was a Lenje, while Chituwo was a Kaonde from Mumbwa.[7] Among donors, Chituwo had the image of

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1 *Post*, 'Levy drops Sakala', 24 January 2002.
2 *Post*, 'Chiluba left a mess which I've to clean up, says Levy', 21 June 2002.
3 ML0810/06.
4 ML0810/01.
5 ML0607/02.
6 ML0706/15. An example of Chituwo's political discourse when opening a new clinic in his rural health centre can be found in *Times of Zambia*, 'Envoy cites common crisis between Zambia, US', 24 August 2004.
7 *Times of Zambia*, 'Press statement on the alleged family tree of His Excellency President Levy P. Mwanawasa', 15 June 2004.

being a man of integrity, a smart and pragmatic minister with whom it was easy to do business. However, he also gave the impression of being PR-savvy and 'political'.[8]

Mwanawasa snagged in Chiluba's web

Although Mwanawasa may have appeared to disband Chiluba's network in the health sector – arguably creating a network of his own – his involvement in Chiluba's network would nearly trip him off his pedestal, the reason being that it was this very network that had brought Mwanawasa to power in the first place. This became evident soon after the elections. In March 2002, three losing presidential candidates petitioned the Supreme Court to contest Mwanawasa's electoral victory.[9] Nearly three years later the Supreme Court ruled that Mwanawasa had been duly elected, to the dismay of the opposition, which claimed that the court had 'sanctioned theft'. According to the chief justice, only 6 out of 36 allegations had been proven, and then only partially. Regardless of the ruling, which formally strengthened Mwanawasa's legitimate hold on power, the judgement also shone light on how health officials used the health system to aid the ruling party in the elections. Furthermore, the events surrounding the petition process showed how Mwanawasa weighed witnesses' testimonies and rewarded or punished them for their loyalty or disobedience, using the powers at his disposal.

Former Minister of Health Mumba, who had been appointed by Mwanawasa to the Ministry of Sports after briefly serving as Minister of Tourism, had been called to testify in court on behalf of the petitioners. According to the final judgement of the presidential petition, Mumba gave detailed evidence on the use of government facilities and resources in the elections. The judgement highlighted the delivery of drug kits as an illustration. In his testimony, Mumba admitted that in the run-up to the elections, he had approached Mwanawasa to ask how the campaign was progressing. As Mwanawasa had indicated he was in need of extra transport, Mumba offered to make a suitable vehicle available. Earlier Mumba had been phoned by Maureen, Mwanawasa's wife, who had asked him for rural health kits to distribute during a campaign meeting. Mwanawasa had thanked Mumba for his response to Maureen's request and his offer to supply a vehicle. Mumba then testified that he told his permanent secretary, Bulaya, about his task of providing a vehicle and the drug kits to the Mwanawasas and had asked him to arrange a vehicle. Subsequently, Mumba wrote a letter to the managing director of Medical Stores to deliver the drug kits to Mwanawasa's residence.[10]

Another witness's testimony corroborated Mumba's account that rural health kits had been distributed during campaign activities. Katele Kalumba's wife testified to the court that at a celebration of Mwanawasa's appointment as presidential candidate for the MMD she had approached Maureen, given her phone number, and offered that she was available for campaign work. Later Maureen Mwanawasa did indeed call, inviting Kalumba's wife to accompany her to campaign in a constituency. There they met with the district administrator and other local party officials and went to two health centres, where Maureen Mwanawasa addressed the crowd, urging them to vote for her husband

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8 'Handing-over' memorandum, health advisor RNE, 1 August 2006 (EKN-files, unnumbered), ML0810/01, ML0607/13.

9 *Post*, 'Presidential Petition opens today', 15 March 2002.

10 *Post*, 'Sports Minister Mumba Testifies Against Levy', 21 November 2002 and Supreme Court of Zambia, 'Presidential Petition Judgement', February 24 2005, SCZ/EP/01/02/03//2002 retrieved at www.parliament.gov.zm (accessed 18 June 2009).

and handing out the kits to health centre staff. Mwanawasa's lawyers reacted to this testimony by stressing that the kits had been delivered to needy communities and had been handed over to no one but health centre staff. They concluded that 'this fell within the realm of philanthropic activities and there was nothing wrong'.[11] Mwanawasa's defence team also reacted with what can be termed character assassination, arguing that Mumba had been disgruntled for being demoted to Sports Minister, adding that he had been appointed only because he was the only ruling-party Member of Parliament who had won a seat in Eastern Province. Mumba's 'evidence was therefore dangerous, suspect, biased and motivated by malice; and that it was given not in the interest of advancing justice,'[12] according to the defence. A lawyer also suggested that Mumba had been removed from Tourism to Sports over allegations of corruption in issuing hunting licences. Mumba in turn argued during re-examination that, since Mrs. Mwanawasa was not in government, it had been "irregular" for her to hand out rural health kits. The court finally ruled that Maureen Mwanawasa had indeed handed out health kits during the campaign and that '(t)he timing of such public philanthropic activity must have had some influence on the affected voters'. However, the court ruled that regulations did not stipulate that this was improper, as it was 'not directed at individual benefit'. In addition, these were national elections rather than constituency elections, leading the court to conclude that it was not satisfied that the handing out of drug kits 'may have prevented the majority of voters in the country from electing the candidate whom they preferred'. While it is not the intent of this research to review the legal validity of the Zambian Supreme Court's judgement, it is clear from the judgement that the ministry played a role in delivering public resources for a party political campaign. Whereas this was evidently not proclaimed to be illegal, it can be argued that this behaviour violated the principles of an impartial, non-partisan public service. This could thus be validly termed patrimonial behaviour.

The same applies to the consequences Mumba faced as a result of his testimony. For his lack of loyalty, for being what Mwanawasa's lawyer called a 'witness who testified against his own President, when he was still a serving minister', Mumba was dropped as a minister,[13] and the ruling party expelled him.[14] Shortly afterwards, the Supreme Court nullified Mumba's election victory in the 2001 elections for 'corrupt and electoral malpractices', thus declaring the seat vacant and forcing a by-election. The case had been brought by the candidate who had stood against Mumba on a Heritage Party ticket. For the by-election, however, Mumba's opponent switched to the ruling party and defeated Mumba, who had stood for the UPND.[15] It thus appears that Mumba paid heavily for his disloyalty to the president and that he got snagged in a web of power struggles, allegations of electoral corruption, and counter-allegations of the same.

Meanwhile, Mumba's motives for testifying against the president remain unclear. It is clear that while Mumba testified, he was facing a humiliating court loss for his victorious election campaign in 2001. He had reportedly hired thugs to intimidate

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11 Supreme Court of Zambia, 'Presidential Petition Judgement', February 24 2005, SCZ/EP/01/02/03//2002.

12 Supreme Court of Zambia, 'Presidential Petition Judgement', February 24 2005, SCZ/EP/01/02/03//2002.

13 *Times of Zambia*, 'Levison Mumba dismissed', 28 November 2002.

14 *Times of Zambia*, 'Ex-Minister faces axe', 22 January 2003 and *Post*, 'Levison Mumba confesses to rigging 2001 elections', 16 February 2006.

15 *Times of Zambia*, 'MMD win back Msanzala seat', 16 October 2003.

voters.[16] Mumba was also accused, as Minister of Health, of opening an unused clinic in his constituency days before the elections and giving it an ambulance and staff, which were then withdrawn after the elections. He was also alleged to have transferred one clinical officer because her husband was an opposition member, while another was removed for refusing to accept the maize the MMD was handing out during the elections.[17] It would appear that, in such a situation, backing Mwanawasa was the most rational move, yet Mumba apparently aligned with Mwanawasa's predecessor, Chiluba. By that time Chiluba had already turned against Mwanawasa, as he, Chiluba, was under investigation and facing both the loss of his immunity and criminal proceedings over the ZAMTROP affair. Shortly before Mumba testified, Chiluba announced in an interview to *The Post* that he was 'working on some witnesses who could testify and link Mwanawasa to malpractice'.[18] Chiluba explained that both Bulaya and Mumba, in a meeting with him, had admitted to delivering fuel and drug kits to Maureen Mwanawasa and that they had 'raised cash and delivered it to Mwanawasa for use'.[19] Bulaya, however, did not support Mumba's testimony in court. According to Mumba, before the petition hearing took place Bulaya had convinced him to go to State House to meet with Mwanawasa's legal advisors, 'to discuss how to proceed with his subpoena in the petition'.[20] Apparently, this had little impact on Mumba's testimony,[21] but Bulaya turned out not to be the witness Chiluba had expected. Bulaya testified for the defendants and undermined Mumba's testimony.[22] He did not admit to the delivery of kits to Mrs. Mwanawasa but instead said that he had delivered a vehicle, fuel, and subsistence allowances to Mumba, at his request.[23] It thus appears that in this game of shifting alliances, Mumba moved to Chiluba's side at his own peril, while Bulaya shifted to Mwanawasa's camp.

Bulaya's loyalty to Mwanawasa – and thus his betrayal of Chiluba, whose client he had been while he was still permanent secretary – turned out to be in his own self-interest – though in the end it could not save him. In September 2003 an investigation by the task force investigating cases of plunder and corruption under Chiluba's regime led to a case in which Bulaya was charged with 'abuse of authority of office' and later with corruption.[24] He was alleged to have manipulated the tender procedure for the delivery of nutritional supplements worth just over 4 billion Kwacha (€ 720,000). The product was delivered by Butico, a company in Bulgaria,[25] where Bulaya had studied. Payments were made to a company of which Bulaya was a shareholder, together with a

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16 *Post*, 'Court hears how Mumba hired thugs to intimidate electorate', 24 May 2002.
17 *Post*, 'Court hears how ambulance was withdrawn from Msanzala', 20 May 2002.
18 *Post*, 'It's not a crime for opposition to meet ... Chiluba dismisses Levy's plot charges', 22 September 2002.
19 *Ibid*.
20 *Post*, 'Sports Minister Mumba testifies against Levy', 21 November 2002.
21 He even threw a narrative into his testimony suggesting that Chiluba had berated Mumba for helping Mwanawasa, threatening to dismiss him. Chiluba was quoted as saying 'that the campaign for the State Counsel was neither a personal matter nor a government responsibility'.
22 *Post* editorial on Bulya's nolle and Mumba's testimony
23 Supreme Court of Zambia, 'Presidential Petition Judgement', February 24 2005, SCZ/EP/01/02/03//2002.
24 *Post*, 'Former Health Secretary Dr. Bulaya appears for mention over abuse of office charge', 18 September 2003.
25 *Daily Mail*, 'Bulaya jailed 5 years', 27 December 2008.

Bulgarian business partner, who owned Butico, and the wives of both gentlemen.[26] According to witness testimony, in August 2001, half a year before the elections, Bulaya put the issue on the agenda at a procurement meeting which he chaired, without supplying the proper documents.[27] The nutritional supplements, which were controversially seen as part of AIDS treatment, were delivered to Medical Stores. Subsequently, some of these drugs were delivered to a private clinic owned by Bulaya, from where they were sold. Other parts of this shipment were reportedly going to waste in government storage as the drugs were not registered for use in Zambia.[28] For services rendered, Bulaya was paid a hefty commission by Butico, of roughly 1 billion Kwacha (€ 180,000). Also, 3 billion Kwacha was believed to have been diverted by the company of which Bulaya was a shareholder. In February 2007 Bulaya was sentenced to five years' imprisonment with hard labour.[29] In December 2008 a High Court judge dismissed his appeal, saying, "I uphold the conviction and this appeal has no merit. I also uphold the seizure of assets ... He (Bulaya) must go to jail now".[30] Obviously, Kash 'Quicksilver' Bulaya had gone too far in 'taking rewards' and become a rare example of a high government official being convicted for corruption. However, the path towards this remarkable conviction was not so straightforward.

In May 2005, Mwanawasa appeared to repay Bulaya for his favourable testimony during the presidential petition. *The Post* reported this as follows: 'President Levy Mwanawasa's government has prevailed on the Director of Public Prosecutions (DPP) Chalwe Mchenga to forgive former permanent secretary Dr. Kashiwa Bulaya in the Ministry of Health on his corruption charges. And Mchenga on Tuesday afternoon entered a *nolle prosequi* in favour of Dr. Bulaya, who was accordingly discharged by the court'. This led to a much greater controversy than Mwanawasa could have imagined. It had become a regular phenomenon that in public controversies such as Chiluba's third-term challenge, the elections, and the Zamtrop affair, *The Post* gave such issues incessant publicity and provided a platform for civil-society commentators to voice their opinion. Reverend Japhet Ndlovu, General Secretary of the Zambian Council of Churches, aptly summarised the moral outrage: "They have shown us double standards and these double standards can mislead and misguide the nation".[31]

Diplomats also reacted. The Finnish ambassador, for instance, was quoted by *The Post* as saying, "Government's decision raises concern. If government is committed to the fight against corruption it would only be fair to explain why that kind of decision has been made ... Government announced its fight against corruption and each and every effort should be taken towards that resolve". He publicly stated that he could not see any "painful consequences," but he suggested donors were watching closely.[32] The Swedish ambassador also steered clear of addressing potential consequences, stating, "I can only say that the case should go to court and let the court decide if he is guilty ... Let him pay back whatever he owes the people of Zambia. If he is not, that will mean that

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[26] *Post*, 'Court puts Bulaya on his defence', 21 April 2006. Judging from the surnames of the female shareholders, one can assume that they are the wives of both gentlemen. Alternatively they could be other female relatives.
[27] *Post*, 'Court puts Bulaya on his Defence', 21 April 2006.
[28] *Post*, 'Bulaya's HIV drugs expire next month', 11 June 2005.
[29] *Times of Zambia*, 'Bulaya jailed five years', 22 February 2007.
[30] *Daily Mail*, 'Bulaya jailed 5 years', December 27, 2008.
[31] *Post*, 'Levy U-Turns on Bulaya's Nolle', 15 June 2005.
[32] *Post*, 'Explain Bulaya's Nolle, Finnish Envoy Urges Govt', 31 May 2005.

the law has taken its course".[33] Behind closed doors, however, donors were certainly contemplating firm action. The seven bilateral donors supporting the Task Force on Corruption requested and were granted an audience at the highest level, with Mwanawasa himself, at which they conveyed their grave concern at the political interference in Bulaya's case. Basing themselves on the memorandum of understanding between donors and the government on budget support, which among its 'underlying principles' mentioned respect for the rule of law, donors were considering suspending their support to Zambia. Denmark even went so far as considering their entire aid relationship with Zambia. Donors were also contemplating ending their support to the Task Force on Corruption. This message from donors was deeply troubling to Mwanawasa. According to a report of this meeting by the Dutch ambassador, Mwanawasa was extremely disappointed that even the donors, 'his "all weather friends" – had started doubting his integrity and were threatening punitive measures'.[34] He also appeared to be extremely troubled by the personal attacks he was facing from the opposition, alleging that he had let Bulaya go as a *quid pro quo* for his testimony. Finally, waving a copy of the constitution, he claimed that the attorney general had every right to suspend Bulaya's prosecution.

Mwanawasa also defended this position publicly, but he also stated his annoyance with donors, whom he accused of acting as opposition parties. *The Post* quoted him as saying, "Donor countries don't want me to respect the Constitution, they want me to do what they want me to do. But I have sworn to defend the Constitution and it's the Constitution I will defend".[35] Both civil-society commentators and the editor of *The Post* condemned Mwanawasa for this attack.[3637] The editor of *The Post* defended donors: 'Even when Levy knew he was lying, he started attacking donors whose only crime was to encourage him to do the right thing for his very poor country and poverty-stricken people'.[38] This is especially striking, as these commentators themselves have been equally prepared to attack donors for their conditionality and imperialism on issues, though when their interests converge with that of donors, apparently they support their temporary allies. Nevertheless, Mwanawasa soon U-turned on the issue. He obviously faced a very personal dilemma between the needs of power politics, with its patrimonial aspects, and the rational-legal principles that he publicly paid homage to. In this case, it seemed he was violating his own vision of being a government of laws rather than of men. By reversing this decision and by allowing Bulaya to be sentenced as an example of illegitimate greed, Mwanawasa apparently redeemed himself, maintaining at least something of his image as the Mr. Clean of Zambian politics.

The human resource crisis

Chituwo's tenure at the Ministry of Health was accompanied with similar labour unrests to those during his predecessors' time. From February through August 2003, strikes and go-slows hit the health sector and much of the public service. The first unrest broke out in Ndola, with more than 1,200 health workers from various hospitals and clinics in the

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33 *Post*, 'Prosecute Bulaya – Swedish Envoy', 6 June 2005.
34 EKN report on Bulaya case (EKN files, 279/07/59013).
35 *Post*, 'Donors annoy Levy, calls them "Opposition Parties"', 6 June 2005.
36 *Post*, 'Editorial: Insulting the Catholics won't help Levy', 20 June 2005.
37 See for instance, *Post*, 'Mercutio on Friday: Little change', 28 May 1999.
38 *Post*, 'Citizens forum condemns Levy's attack on donors', 10 June 2005.

city gathering at the central hospital in protest and being dispersed by riot police. The reaction from a representative of the Central Board of Health, however, was conciliatory. He claimed that the authorities would look into health workers' demands and that 'the union's cry was genuine and that they were not in conflict with CBoH or the Ministry of Health'. The spokesman also added: "The Minister of Health is aware about the strike and we are looking at the best way of improving the workers' conditions of service'.[39] Doctors joined nurses by holding a go-slow, which they then suspended to discuss 'several unfulfilled promises' with the Central Board.[40] Shortly afterwards, 150 nurses, paramedical staff, and general workers in Ndola were fired for striking.[41] The permanent secretary called the strike illegal, singling out nurses and general workers.[42] By April, however, the Central Board announced that it had started paying higher salaries to nurses, which it had promised earlier.[43] In the following month it was the doctors who asserted their entitlements. By May it was again the junior doctors who started a strike at the UTH, which spread to the Copperbelt.[44] A few days later, the strikes were again called off as the Central Board of Health promised to pay the workers new salaries, backdated to April.[45] After this issue had been resolved, doctors came back in August to defend other entitlements. For what were assumed to be budgetary reasons, on-call allowances to doctors had been suspended. This prompted a boycott of doctors' services outside of regular working hours.[46] This boycott would only be suspended after the ministry had released over one billion Kwacha to pay doctors' allowances.[47] This again prompted nurses and paramedics to strike over their housing allowances.[48] It was not until the end of 2003 that this episode of labour unrest died down. As we have seen in earlier episodes of labour unrest, government again showed the same mix of repression and appeasement. In the end, it appeared that government more often than not gave in to health workers demands, although they often did not have the resources to do what was promised.

This contest between the government and health workers, in which health workers had a particularly effective tool for asserting their influence – withholding their labour – cannot be seen in isolation from what was going to be known as the human resource crisis. The first public mention of the 'human resource crisis' by a senior official recorded by the media was in June 2005, when the permanent secretary was answering parliamentary questions. He declared that the health sector was facing a human resource crisis and that 'the human resource situation in the health sector, especially in the rural areas, was pathetic'. The main causes for staff shortages were summed-up as the 'brain drain' (the out-migration of health workers), HIV and AIDS, and the barriers that existed against the government employing newly graduated health workers as a result of the conditionality of the Heavily Indebted Poor Countries' (HIPC) programme. The permanent secretary also stated that the establishments of the Ministry of Health and the

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39 *Times of Zambia*, 'Police disperse striking Ndola medical workers', 6 February 2003.
40 *Post*, 'Copperbelt docs suspend go-slow', 7 February 2003.
41 *Times of Zambia*, '150 striking jealth workers dismissed', 12 February 2003.
42 *Times of Zambia*, 'Medics strike illegal – Miti', 7 February 2003.
43 *Times of Zambia*, 'Nurses' pay ready – CBoH', 11 April 2003.
44 *Times of Zambia*, 'Junior docs' strike spreads to Ndola', 9 May 2003.
45 *Post*, 'Docs call off strike', 12 May 2003.
46 *Post*, 'Cb docs join call conflict', 7 July 2003.
47 *Post*, 'University teaching hospital doctors end call boycott', 4 August 2003.
48 *Times of Zambia*, 'Ndola nurses, paramedics walk out', 23 July 2003.

Central Board were insufficient.[49] With this presentation, he drew a familiar image of the state of the health sector. However, despite the recent emergence of the discursive label of a 'human resource crisis', which was intended to guide policy decisions, the manpower shortages the sector was facing were certainly not new.

In 1998 *The Post* printed an interview with a hospital director who decried "the serious cancer of brain drain", which he explained as a scenario "whereby qualified people leave the country to work elsewhere in pursuit of greener pastures". He claimed that out of 2,000 Zambian doctors trained locally and internationally, only 300 were still working in the country.[50] Regardless of the accuracy of his figures, this opinion aptly illustrates the labour shortage the sector was facing. This is in no way surprising, considering the ever-present manpower shortages of the health sector. Already in previous decades, external observers identified the problem of the 'brain drain'. The situation was also further impacted by the de-linkage process and associated separation packages, which were held responsible for losing the sector 1,400 workers.

An opinion piece printed in the *Times of Zambia* claimed that 'over 2,000 of Zambia's trained nurses are working in the United Kingdom', also citing unverified figures. The writer explained that '(t)he last half of this decade has seen Zambian nurses leaving the country in droves on recruitment schemes offering more lucrative salaries and conditions of service, the latest destinations being the United Kingdom and the United States'. The moral indignation of the article was raised beyond the impact on the sector, by stressing how professionals, 'trained on hard-earned public resources', were rather 'working in nursing homes as maids for the aged and terminally ill' than in the areas that they were trained for. In line with the character of the state-owned *Times*, the opinion piece was not overly critical of the government. It agreed that the government admitted that resources were 'simply not enough to beat the hefty packages offered abroad'. The writer also acknowledged the government's new initiatives to provide better housing for medical staff and increase rural hardship allowance, but argued that '(g)overnment has to take a more revolutionary stance to keep back its own. Half-hearted measures and procrastination as was the case with the medical doctors' car loans will not help save the situation. Better incentives and funds to effect attractive packages have to be found or else the brain drain of not just nurses alone will continue to haunt us'.[51] Obviously, it was a health worker himself who used the image of the human resource crisis to argue for better pay. This writer also addressed an initiative that resulted from cooperation between the Central Board of Health and a particular donor, the Netherlands.

Already a few years prior to the permanent secretary's mentioning of the human resource crisis to Parliament, the term had made in-roads in technical circles. In September 2003, the Cabinet had approved a pilot scheme managed by the Central Board of Health and financed by the Netherlands Embassy. The programme document presented 'the crisis in human resources in health', which it qualified as 'acute and deepening', as the problem statement on which the rationale of the scheme was based. This crisis was said to be caused 'by worsening economic circumstances, heavy external migration of trained staff in search of better working conditions and quality of life, poor pay and low morale', and exacerbated by HIV and AIDS. With the rural health worker retention scheme it was 'envisaged that health workers be retained and attracted to

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49 *Post*, 'Brain drain hits health sector', 11 June 2005.
50 *Post*, 'Zambia losing out on doctors', 2 April 1998.
51 *Times of Zambia*, 'Number of nurses in UKshocking', 22 December 2003.

underserved communities of Zambia'.[52] Initially the scheme applied only to doctors. The scheme involved a rural hardship allowance of 1 million Kwacha (€ 200) per month in some rural districts, and 1.3 million Kwacha (€ 250) in more remote rural districts. In addition to this allowance, a doctor would get up to 2.3 million Kwacha per term per child, for a maximum of four children, as education allowance. For the doctors' own training, the scheme also provided a study grant. Finally, doctors could get a loan of 90 per cent of 3 years' rural hardship allowance, and the scheme provided funds for the renovation and upgrading of the doctors' accommodation.[53] However, not only entitlements were addressed in this scheme, but also performance. Doctors would need to be appraised annually with an open performance appraisal system developed by Cabinet Office in 1997 under the Public Sector Reform Programme, which was in use in other government departments. The health sector, meanwhile,[54] was still using the old annual confidential reports, which were not shared with the person who was being appraised. The health worker retention scheme project document stated: 'Satisfactory performance shall be conditional to continued enrolment in the retention scheme'.[55] It appeared that – at least in the project's intentions – the entitlements were to be performance-based.

By 2004, 56 doctors were on the scheme, of which 9 were in the most remote districts. In total, 77 doctors had been projected to be on the scheme. The Netherlands government supported the programme with an initially budgeted 1.6 million euros for a four and a half year period, though this was adjusted to about 2 million euros when it turned out the allowances would be taxed by government, as is standard policy in Zambia.

The rationale behind this project and Dutch concern for the brain drain or the human resource crisis were not new. Already in 1991, a report on the Zambian health sector by a Dutch health expert presented the problem of staff shortages associated with the brain drain. 'The huge shortage of well-educated staff, especially doctors, is still alleviated by employing experts with foreign support. Locally trained Zambian doctors, who function well, aspire to a career abroad of quickly flowing through into further, often clinical specialisation. Bad pay and working conditions play a large role in this "brain drain"'. At the time, training clinical officers into medical assistants was seen as the answer to reducing dependence on foreign experts.[56] It would not, however, be until the first years of the new millennium that this idea became reality with the launch of a training programme to upgrade some clinical officers to medical licentiates. The idea of a donor-funded retention scheme was also not new. In 1993 a Dutch report on the British aid programme in the health sector reported on an initiative under development which would compensate the phasing out of the 'expensive' UK programme supplying experts to the health sector. It was envisaged that at the level of the School of Medicine and tertiary hospitals, Zambian professionals would be supported with 'focussed incentives' to keep them in-country. This meant that for new 'development-relevant' positions higher salaries would be paid. It is not clear from available documentation whether this initiative was actually launched, but, considering that in documentation on the later rural

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52 CBoH, *Rural retention scheme for health workers* (project proposal) (Lusaka, 2003), 8.
53 CBoH, *Rural retention scheme for health workers* (report) (Lusaka, 2004), 3.
54 By the time the field work for this research was being conducted, this Annual Performance Appraisal System (APAS) had still not been rolled out in the health sector, as the restructuring process had first to be completed.
55 CboH, *Rural* (project proposal).
56 RNE Lusaka, Note on Zambian health sector, 1991 (EKN files, ISN 1701).

retention scheme this preceding scheme was not mentioned, it is unlikely to have had a widespread impact.

Despite the fact that the problem the rural retention scheme aimed to address had been recognised earlier and similar ideas had existed, it was not until a drastic change in overall Dutch development policy had occurred that the conditions were right for the scheme to be developed and implemented. Evelien Herfkens, the Dutch Minister for Development Co-operation, who was in office from 1998 to 2002, was responsible for a significant transition in Dutch development policy. Her tenure formalised a more implicit existing shift in the sector from a project approach to the sector-wide approach, which as we have seen above had taken root in practice in the Zambian health sector in the period leading up to 1998. This shift also meant a change in technical assistance policy. By the turn of the millennium, the Netherlands had stopped sending experts to their own projects such as the primary health programme in Western Province, as these were mainly phased out. The new rationale for technical assistance was that more attention would be given to capacity-building rather than providing technical assistance and that what technical assistance would remain would be integrated in the overall sector-support programme, for instance by means of 'pooling technical assistance'.[57]

As a result, in July 2002 the department in The Hague responsible for recruiting and deploying Dutch experts was disbanded. This meant that tropical doctors could also no longer be sent to Zambia and other countries.[58] As mentioned earlier, throughout the 1990s Dutch doctors had been working in Zambia. For most of the decade between twenty and thirty doctors were in Zambia at one time, on the payroll of the department mentioned above. These doctors were mainly working in rural district hospitals in the Western and Northern Provinces. Immediately ending this practice would have a significant impact on service delivery in the more remote areas where the Dutch were posted and few Zambian doctors would go.[59] The rural retention scheme was specifically conceived to deal with these consequences of the external policy change. As the health advisor at the Netherlands Embassy at the time, who was decisive in implementing the scheme, often recounted, the choice for the embassy and the Zambian health system was clear. He could give the ministry the money to employ either Dutch or other foreign doctors. However, a Dutch doctor cost about ten times as much as a Zambian doctor. Alternatively, the embassy could give the money, which the ministry and Central Board could then use to make it more attractive for Zambian doctors to work in rural areas.[60]

This change did not go unchallenged. Amongst Dutch doctors, there was a feeling that their contribution to health care was valuable. A survey carried out of doctors who had served in Zambia under the Dutch programme indicated that most doctors held the opinion that the Netherlands should continue sending out doctors, as there were not enough doctors to answer Zambians' health needs. These opinions were taken into account in the assessment of whether to fund the retention scheme. In fact, the assessment

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57 Netherlands Ministry of Foreign Affairs, *Beleidskader technische assistentie*.

58 The Netherlands Embassy did, however, contract the consulting firm, Employment House, to facilitate the sending out of a limited number of Dutch doctors as the final part of the phasing out of long-term deployment of doctors. For the rest, Employment House served to recruit and employ long-term technical advisors with managerial/advisory rather than clinical responsibilities. This was considered an intermediate step towards the creation of a TA-pool and employment and recruitment of technical advisors by MoH.

59 Koot & Oosthoff, *Supplementation.*

60 ML0X13/01. This narrative was also presented in the assessment memo for the rural retention scheme.

document presented an interesting account of the perceived problems ending the deployment of Dutch doctors. It mentioned that at the annual meeting of Dutch doctors, a video had been shown, made by one of the Dutch doctors in Western Province, which presented members of the local community who were reluctant to see Dutch doctors be replaced by Zambian colleagues. 'Many of those interviewed were full of praise for all the work the Dutch doctors had done, especially the building projects, whereas they were fearsome of what to expect from Zambian doctors, voicing quite negative prejudices about their fellow countrymen and -women'. The health advisor who wrote the document, however, rejected this as an 'inappropriate side-effect of protracted provision of expatriate long-term technical advisors to small communities'. As the retention scheme was operating, however, some individual stories emerged from the last remaining Dutch doctors reflecting similar perceptions about their Zambian colleagues. In one case, Zambian doctors on the scheme were said to be drinking instead of working, away on private business for long periods without leave, and authoritarian and abusive to colleagues and patients. A representative of the Dutch doctors presented these anecdotes as criticism of the retention scheme. The health advisor at the embassy, however, disregarded these rumours as minor annoyances, preferring to focus on the overall success of the scheme as was demonstrated by an evaluation.[61]

The narratives above touch on the complex and sensitive area of cultural issues and clashes that play a role when expatriate development agents engage with local stakeholders. These cultural issues are sensitive issues in post-colonial relations between Europe and Africa. Nevertheless, certain cultural differences between Dutch doctors and Zambian colleagues were indeed relevant to the shift away from deploying Dutch doctors in Zambia. A good example is the acceptability of criticism and the directness one has in issuing criticism. We saw earlier in the clash between Dutch doctors and Zambian trainers in Mongu how this major cultural difference was a source of conflict. It is clear that for Zambians the distinction between criticism and insults is different than for the Dutch. This became evident to a Dutch doctor when he was visited by an officer of the 'office of the president', the intelligence service. The doctor had publicly aired his dismay at the conditions in the hospital, comparing it to Zambeef, the national chain of butcheries. He was warned that by insulting a government institution he was insulting the president.[62] It is likely that such experiences, which usually went unreported, created an implicit sense of unease under both Zambian policy makers and their Dutch counterparts about the desirability of foreign experts in the Zambian system. Another cultural issue that is likely to have influenced the trend away from sending out foreign experts is the concept of Zambianisation. Although the issue was less pressing in the 1990s than earlier in Zambia's history, there was still a strong sense of injustice at the idea of foreigners working in Zambian jobs, especially if they were paid more than Zambians. This frequently came to the fore in the complaints aired by striking doctors, most often targeted at Cubans. As the principle of 'ownership' found increasing currency in development policy, it can be expected that implicit Zambian concerns about insulting foreigners taking Zambian jobs may have influenced Dutch perceptions of the desirability of this practice.

As we have seen in earlier chapters, for a policy plan to actually be implemented it is important that there is a convergence in the concerns, discourse, and interests between donor representatives and policy makers in the health sector, who both have political

[61] ML0812/04, ML0X13/01.
[62] ML0902/01.

and institutional backing. In this case, the collaboration between individual officials in the Central Board and the Dutch health advisor was essential for the success of this scheme. The Zambian health officials were under pressure from colleague health workers who were striking for better conditions of service. And the health advisor was under pressure to find a solution for the policy changes at headquarters. Moreover, this advisor and his predecessor had an intimate understanding of the conditions under which Zambian health workers operate in rural areas, having worked as expatriate doctors in Zambia themselves. But on a more aggregate level also, the human resource crisis in health became a joint discourse for donors and recipient governments.

In fact, the rural retention scheme itself became an important attribute of this discourse. In various forums in Zambia and internationally, the scheme was used as an example of how the problem of brain drain and international labour migration could be countered. Also both the Zambian government as well as donors presented this as a 'best practice'.[63] For instance, Chituwo presented the scheme in Parliament as a major and successful innovation:

> In the area of retention, this House might wish to know that Zambia has one of the first innovations in the Retention Scheme; thanks to our co-operating partners. We started the Rural Health Worker Retention Scheme, targeting the Western Province, North-Western Province and other remote areas where an education allowance, proper housing and fast-track car loan scheme was instituted in order to attract people to serve in the rural areas. At the time of its inception in 2002, we had less than ten young Zambian doctors serving people in remote areas. We now have over eighty Zambian doctors serving happily in remote areas.[64]

In 2009 the scheme was recognised with an award given to the Dutch health advisor who had been behind the scheme's development at a meeting on the worldwide shortage of health workers, organised by Dutch organisations working in health.[65] Owing to the image of the scheme as a successful innovation, other donors even wanted to claim part of this success. This is illustrated by a British evaluation of its support to Zambia, which stated: 'Although DFID (Department for International Development) has *helped* the government put in place a retention scheme, training and recruitment remain inadequate'[66] (emphasis mine) To be fair, however, other donors had indeed joined the Netherlands in supporting the scheme, which by 2008 was expanded to also cover nurse tutors, non-doctors in the most remote locations, and rare medical specialists.

The image of being a success story is in large part deserved, as the scheme had managed to get Zambian doctors deployed in areas where there previously were no Zambian doctors. It arguably also played a role in changing development discourse to recognise the importance of salaries and financial incentives in operating a health system. This change in discourse is illustrated by the successful challenge launched by a coalition of Zambian and international policy makers and activists, which forced the

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63 See for example, International Organisation of Migration (2006), 'Migration for development: Within and beyond frontiers', 353.

64 National Assembly of Zambia, 'Daily Parliamentary Debates for the First Session of the Tenth Assembly', Friday, 9th November, 2007 http://www.parliament.gov.zm/index.php?option=com_content&task=view&id=617&Itemid=86 (accessed 26 June 2009).

65 Wemos, 'World Health Day 2009: A report', in http://www.wemos.nl/en-GB/Content.aspx?type=news&id=3142 (accessed 26 June 2009).

66 Hooper, R. *et al.*, 'Evaluation of DFID country programmes Zambia' (London, 2008). While the UK was a leading donor in the health sector, this was – at least initially – a Dutch initiative, yet it is still claimed that the UK *helped* the government put this in place.

International Monetary Fund to change its macro-economic conditionalities, conditionalities which imposed a ceiling of eight per cent of the gross national product on what the Zambian government was allowed to spend on salaries. For several years, the health system had been unable to hire sufficient staff, while qualified staff was graduating and remained unemployed.[67]

Despite the retention scheme's merits, however, there were also unintended side-effects in addition what could be euphemistically called 'implementation issues'. For other health workers working in rural areas besides doctors, the rural retention scheme was seen as unfair. As we will see later, doctors had historically been more privileged and influential than nurses or clinical officers, and the scheme would add a further inequity to non-doctors. The nurses' union therefore actively lobbied for a broadening of the scheme to include other cadres.[68] Other issues concerned keeping track of doctors on the scheme. There was concern and anecdotal evidence that doctors receiving allowances had in some cases moved from their posting, while continuing to receive allowances. At the time of fieldwork, donors were contemplating outsourcing the management of the scheme to cover these risks.[69] A final shortcoming of how the scheme was managed involved the lack of attention to performance. By the time the fieldwork for this research was being conducted, the annual performance appraisal system, on which participation in the scheme had been declared conditional, had still not been rolled out in the health sector – the reason being that the restructuring process, following the dissolution of the Central Board of Health, was first to be completed. Regardless of the precise reasons for these technical problems, and despite the overall merits of the retention scheme, this points to a more general pattern in the Zambian health sector. Health workers have been very effective in advocating for their entitlements, but less attention is paid to their responsibility to earn these entitlements.

Dismantling the boards

In the middle of the Mwanawasa era a decision was taken that would have a profound impact on the way the health sector functioned and was organised. The Central Board of Health and all other boards were dissolved by repealing the National Health Services Act of 1995. In part, this decision was a reaction to the confused institutional set-up in the health sector, following the failed de-linkage and competing restructuring processes at both Central Board and the ministry. Another factor, however, was one of power over resources. The Central Board of Health appeared to lie outside the control of the leadership of the ministry and formed a rival centre of power. Paradoxically, both rational-legal arguments and interests as well as a patrimonial desire for control over

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[67] For more on this, see Verhoeven, M. & A. Segura, 'IMF Trims Use of Wage Bill Ceilings', in http://www.imf.org/external/pubs/ft/survey/so/2007/pol095a.htm (accessed 26 June 2009); M.B. Chitah, 'Expenditure ceilings, human resources and health: The case for Zambia', in http://www.wemos.nl/Documents/zambia_report.pdf (accessed 26 June 2009); and Goldsbrough, D. & C. Cheelo, 'IMF Programs and Health Spending: Case Study of Zambia', in http://www.cgdev.Org /doc/IMF/Zambia.pdf (accessed 26 June 2009).

[68] Zambia Union of Nurses Organisation, 'Views on migration of health workers vis-à-vis the government's retention scheme in Zambia, presented to the parliamentary committee on health, community development and social welfare, March 14, 2008' (Lusaka, 2008). http://www.zuno.org.zm/downloads/200803271947260.NATIONAL_ASSEMBY_PRESENTATION_-_ZUNO.doc, (accessed June 26 2009).

[69] ML0804/01, ML1106/01.

money and people drove the decision to abolish what could be seen as a technocratic enclave in the politicised public bureaucracy. Again, this was an example in which the interests and the discourses of politicians and donors converged, making the decision to abolish the boards possible. At a casual glance, this decision put an end to the visionary 'flag-ship' reforms that had long since lost their reputation as a pioneering example to the rest of Africa.[70]

The first public mention of the intention to dissolve the Central Board came from the mouth of Mwanawasa himself in June 2004. After a private meeting with traditional leaders in Mkushi, Central Province, he briefed journalists on the issues discussed. Reacting on the chiefs' concerns over the neglect of their hospitals, Mwanawasa announced that the Central Board would be abolished to 'avoid disparities with the Ministry of Health in the recruitment of nurses and other medical personnel'. He was quoted as saying: "There has been an unsatisfactory arrangement with CBoH and the ministry in their responsibility of recruiting personnel. CBoH employs over 10,000 workers who are not taking care of the sick".[71] He explained that the board had been given money by the ministry, which was used to employ 10,000 "non-core workers". Mwanawasa went on: "When the Ministry of Health went to ask for money, they could not get it; for this reason, the government has decided that we will abolish the Central Board of Health and remain with the Ministry of Health, which will be doing job recruitments".[72] The line of argument Mwanawasa used was not very clearly articulated. He appeared to allude to a complex discussion he could not fully explain in this press briefing. Nevertheless, a decision had obviously just been taken that was important enough to mention. What was also clear was that regaining the power of recruitment was a key objective of this decision. The main justification given, however, was that because of the "duplication of duties between CBoH and the Ministry of Health,"[73] the sick were not being cared for.

Two days later, Chituwo showed his mettle as a PR-sensitive professional in a press briefing. He appeared to try to legitimate the decision to abolish the Central Board and take away uncertainty over the implications. Chituwo argued that donors supported the idea and would not withhold funding over the issue. "We are assured that the proposal to abolish CBoH will not affect donor funding and that it shall not alter what we agreed upon in the memorandum of understanding we signed with donors," he said, explaining that donors were in favour of this decision, as it would cost around 400 billion Kwacha to completely de-link boards from the public service. "Government does not have this kind of money and donors are (not) willing to assist. It is for this reason that CBoH cannot continue," Chituwo argued. He also legitimated the ministry's desire for control over certain key functions of a bureaucracy. "Surely it is only prudent that audit purposes and human resource issues should be left to the ministry, unlike what was obtaining". Finally, he further assuaged concerns over the consequences of this decision by explaining that "systems developed over the years, especially at district level, would remain in place to ensure delivery of primary health care to the people at all levels".[74]

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[70] This was admitted by Chituwo in a speech to donors, although he equally claimed that the reforms were 'sustainable and would improve equity, effectiveness, efficiency and quality of our health care delivery system.' *Post*, 'Lusaka is no longer a pioneer of health reforms – Chituwo', 28 April 2002.

[71] *Times of Zambia*, 'Central board of health to be abolished – Mwanawasa', 26 July 2004.

[72] *Post*, 'Govt to Dissolve CBOH', 26 July 2004.

[73] *Ibid*.

[74] *Times of Zambia*, 'CBoH abolition won't affect donor funding – Chituwo', 28 July 2004.

The decision in the second half of 2005 to abolish the Central Board of Health, by repealing the act that had established it, may have led to some resistance, although this was rarely strongly voiced publicly.[75] Perhaps the arguments for dissolving the board and restructuring the sector were convincing enough. In some interviews, respondents showed their displeasure at the dissolution, although these were primarily those who previously worked for the board or who had taken a role in the reforms from a technocratic perspective. Interestingly, some senior health officials placed the responsibility for the dissolution of the Central Board with the opposition. While we will see that this is partly justified, in part this may also have been intended to shift the responsibility for this controversial decision away from the MMD, who had begun the health reforms in the first place. Nevertheless, some months before Mwanawasa had made his pronouncements, opposition politicians called in Parliament for "scrapping" Central Board. In a parliamentary discussion of the ministry's budget in February 2004, UPND parliamentarian Robert Sichinga challenged Chituwo to explain the 11.7 billion Kwacha that had been budgeted for 'health system governance. Sichinga argued:

> I would like the Hon. Minister in his response, to indicate to us what this is all about. My concern is that there is a duplication of responsibilities between the Ministry of Health and the Central Board of Health. I think that all of us in this House agree that there is duplication of work and, as such, it is time we rationalised this issue in order to save on costs of administration and put the money in more deserving programmes.

Another opposition politician, former Minister of Finance Nawakwi, now parliamentarian for the FDD, formulated this more bluntly and explicitly. She put forward:

> Mr. Chairman, I think it is very important to define our direction. It is important to be specific and exact in our prescription of what we want this Government to do. I, personally, would urge this Government to scrap the Central Board of Health for the following reasons. They are taking more money than all district hospitals in this country. Their allocation is K5 billion. They are not even a ministry; it is just top-heavy for nothing. I would like the Government to come forward and propose the scrapping of the Central Board of Health.

Nawakwi bashed the MMD, claiming that the health sector was a Man-Made Disaster (MMD). "It is also the New Deal and that is the deal they are giving to the people of Zambia". Nawakwi then proposed deferring the vote on the budget item that was being debated.

Katele Kalumba, who following recent scandals had been reduced to the status of a mere backbencher, tried to defend 'his' health reforms, articulately as ever.[76]

> I really have difficulties in debating this vote, but I feel compelled to make a few remarks. Sir, Hon. Members have alluded to the mission statement and the importance of the concept of equity, cost effectiveness and quality health care and family centeredness of the health service. These are very important ideals. As they are ideals, we seek to aspire to achieve them. Like all other ideals, like the American dream, it is not something that you can achieve in a day or two. It requires the investment of effort and time. Sir, to help Zambia requires political commitment and technical understanding of the issues involved. There are many unfinished businesses in this particular sector.

Kalumba then went on to reflect on some issues the sector was facing, such as stalled investment programmes, a lack of health financing policy, and unsuitable legislation. He strongly defended the Central Board, however:

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[75] From an analysis of media reporting on the dissolution of CBoH, few strong feelings from stakeholders can be determined, other than the occasional anxiety over consequences for conditions of service. *Times of Zambia*, 'Ex-CBOH employees anxious to know their fate', 24 April 2006.

[76] 'Daily Parliamentary Debates for the Third Session of the Ninth Assembly', 26 February 2004.

> I see no particular institutional reason why there should be conflict between the Ministry of Health and the Central Board of Health. It is a leadership issue and must be understood as such. Technically, the understanding I have, Sir, is that ministers are responsible for policy formulation. The Central Board is an implementing arm of the ministry. It is responsible for the technical health service. When we have politicians and administrators doing technical work of the Central Board, you have a difficulty.

Thus, Kalumba had obviously retained the point of view that it was important to technocratically insulate the Central Board of Health from too much political interference.

During this particular debate Chituwo showed no desire to abolish the Central Board. He gave a detailed, technical, and 'politically correct' presentation of the challenges the health sector was facing and the policy priorities the ministry had adopted to overcome these challenges. He did not react to Nawakwi's intervention, and in response to Sichinga's questions on the 'health system governance' item, he merely indicated that this budget item referred to information technology:

> We need to have data upon which we can make decisions for better expenditure of our monies. Donors put this money into this Budget line so that we have no excuse of planning because we have data.

During this particular debate, this ended the discussion on the Central Board, and the vote on the budget item was passed.

It is unclear what happened in the months following this debate. Katele Kalumba in an interview later reflected that Mwanawasa or the people around him had used a 'hit man' from the opposition to undo the health reforms: "They knew I would be difficult as a backbencher". He suggested, as did a senior health official interviewed separately, that the opposition had sponsored a private members' motion challenging the Central Board. Kalumba realised, however, that he was seen as a 'problem person', so he stayed away from the issue.[77] Indeed, Kalumba's reputation had by that time become severely damaged by a string of corruption allegations, in addition to an embarrassing episode when he was caught by police hiding in the bush, despite the protection of magical charms, and was subsequently jailed. Although openly Mwanawasa had apparently rehabilitated him, Kalumba still maintained that he was the victim of a strategy by Mwanawasa against him.[78]

Before Mwanawasa had publicly announced the dissolution of the Central Board, steps had already been taken at the technocratic level to prepare for this decision, with a view also to ensuring that donors supported the idea. In May 2004 a consultancy team consisting of a former coordinator of the Dutch primary health care programme in Western Province and a Zambian public health consultant resident in South Africa carried out an 'institutional and organisational appraisal' to analyse the structures created under the health reforms with a view to streamlining these. This consultancy was financed by the Netherlands Embassy, facilitated by the consultancy bureau that had

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[77] ML0812/01. Kalumba mentioned opposition chief whip Sibeta of UPND as the 'hit man' who attacked the reforms. He could well have spurred Nawakwi and Sichinga to speak out on the issue. However, no account of him addressing the issue of the Central Board has been found in a search of the on-line archives of the National Assembly, nor has a formal reference to a private member's motion been found on the issue.

[78] Kalumba would continue to be an important power-broker in the MMD. In 2005 he defied Mwanawasa by being elected as National Secretary, beating Mwanawasa's preferred candidate. All the while, the court case against him and several others continued. It was not until 2010, however, that he was convicted. At the time of writing, the process of appeal against this conviction was ongoing.

been contracted to take over the Dutch provision of technical assistance and formally commissioned by the Ministry of Health. The resulting report was used as evidence to support the need for dissolution of the Central Board. For instance, when Chituwo's successor, Sylvia Masebo, defended the bill in Parliament repealing the National Health Services Act of 1995, she referred to this report:

> Mr. Speaker, an independent consultant was engaged by the Government through the Ministry of Health and donors to conduct an institutional and organisational appraisal for the Ministry of Health and the Central Board of Health. The report alluded to organisational inefficiencies in the public health sector and recommended the need to totally restructure the health sector, if the delivery of services was to be effective and sustainable.[79]

In the perception of some observers of the health reform process, this report was also instrumental in demonstrating the need to dissolve the Central Board. As one former senior official in an interview said: "Consultants came to demonstrate that which was pre-determined".[80]

While the consultants' mission was indeed intended by senior technocrats to demonstrate the pre-determined decision to abolish the Central Board, the report itself was not so straightforward in arguing the need for the Boards' dissolution. In fact, the team was rather negative about the prospects of this option:

> Dissolving or abolishing the CBoH was considered as an option given the high level of political pressure exerted by parliamentarians upon the Minister of Health, as well as the Cabinet's concerns on the level of resources currently used to support the personnel emoluments of CBoH. In the views of the appraisal team, immediate dissolving or abolishing the CBoH will have severe negative implications on the whole of health service delivery and is not worth the gains that would be mainly the reduction of high salaries of one institution in the system".

Instead, the team proposed two options that would place some of the Central Board's roles and functions with various agencies outside the ministry headquarters.[81]

From interviews with two people involved in conducting and facilitating the assessment, it appears that the process of carrying out the assessment was fraught with conflict and disagreements between the appraisal team and ministry officials. At the start of their mission, the team was briefed by the permanent secretary on the terms of reference of the assessment. According to an eyewitness, the permanent secretary "indicated, 'I want this, this, and this to come out of the research'". The lead consultant replied three times that he would do research and on the basis of this research would draft his report. The respondent suggested that the atmosphere was uncharacteristically tense at the briefing. The debriefing, however, took place in an even more unpleasant atmosphere. The permanent secretary had not attended the meeting but had instead sent a senior official to berate the consultant, as the report did not recommend the dissolution of the Central Board. The official was quoted as saying: "What a useless consultant you are. What a waste of money. I regret we ever hired you for this job". The report was never formally finalised and the consultant was not fully paid for the task.[82] Obviously,

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[79] National Assembly of Zambia, 'Daily Parliamentary Debates for the Fourth Session of the Ninth Assembly' Wednesday, 10th August, 2005, http://www.parliament.gov.zm/press/news/viewnews.cgi?category=1&id=1124107417 (accessed 17 July 2009).

[80] ML070603. Kalumba argued the same point. However, he discredited the report by erroneously attributing it to a consultant who knew nothing about health but was specialised in forestry. ML0706/04, ML0812/01.

[81] Koot & Inambao, *Institutional*, 48-50.

[82] ML0812/04 and ML0805/01.

the consultant did not feel that the reality justified the decision for which he was expected to deliver the evidence.

Nevertheless, the process took its course as had been 'pre-determined'. The Dutch health advisor supported this decision because the problems facing the structure of the public health system were felt to be too great to be overcome otherwise. Informally, the strategy of dissolving the Central Board had been discussed between the permanent secretary and himself,[83] and the embassy was instrumental in funding and facilitating the appraisal mission.[84] Eventually, when the bill repealing the Health Services Act was guided through Parliament by Chituwo's successor in 2005, donors generally consented to the decision. Only the Danish were opposed, considering this the final straw, and they ended their cooperation in the health sector.[85] Otherwise, this decision was regarded as a logical result of the problems the sector was facing. A joint Dutch-Swedish appraisal memorandum, for instance, did not question this logic but rather looked ahead, sketching the risks of mismanaging the reorganisation that would follow the decision to dissolve the Central Board.

Chituwo did not remain in the Ministry of Health long enough to see the decision to abolish the Central Board be approved by Parliament and to guide the implementation of this decision. In August 2005 he was moved from health to education.[86] This was just a few weeks before the bill to repeal the 1995 Act was passed by the National Assembly.[87] It is unclear what motivated this re-shuffle. Chituwo, who had a good rapport with donors, was welcomed at education, where it was felt performance was lagging.[88] Neither in the media nor in Parliament did Chituwo appear a strong advocate for the dissolution of the Central Board, but it would be mere speculation to argue that this issue had a role to play in his transfer and replacement by Sylvia Masebo.

In the 1990s Sylvia Masebo served as deputy mayor of Lusaka and later became deputy national treasurer for the MMD. Allegedly, she had been politically groomed by Michael Sata.[89] This closeness was illustrated by reports that she was entertained by Sata at his residence on the evening on which Mwanawasa resigned as vice-president.[90] However, in 1999 she led more than 760 MMD cadres who were resigning from the ruling party. She criticised the party's executive committee for only coming together to discipline party members rather than initiating programmes. Sata reacted with disappointment to the loss of such a senior party member.[91] Masebo then played a role in merging various small opposition parties, such as Kapita's Lima Party and

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83 ML0X13/01.

84 In fact, this was the second organisational and institutional assessment, as it followed on a less in-depth mission by two other Dutch consultants some months earlier.

85 According to its formal policy discourse, however, Denmark withdrew from the health sector as a result of the joint assistance strategy which rationalised donor division of labour by reducing the number of donors in congested sectors'. http://amg.um.dk/en/menu/PoliciesAndStrategies/CountryRegionalStrategies/ProgrammeCountries/Zambia.htm (accessed 17 July 2009). This does not correspond with the fact that Denmark had already decided not to sign the 2006 MoU between the MoH and Cooperating Partners, while the joint assistance strategy was not finalised until 2007.

86 *Post*, 'Levy explains use of bad language', 4 August 2005.

87 *Post*, 'Cboh spending a lot on administration, says Masebo', 13 August 2005.

88 Personal communication with education advisor, EKN 2005.

89 *Africa Confidential*, 'The Titanic sails at dawn', 20 October 2006; Vol 47, No 21.

90 *Post*, 'Sata accused of helping DPP in acquiring a house', 8 July 1994.

91 *Post*, '762 Ditch MMD', 25 January 1999.

Mung'omba's Zambian Democratic Party, into the Zambian Alliance for Progress.[92] This party in turn was merged with Ben Mwila's Republican Party to form the Zambian Republican Party in 2001.[93] Then, in the 2001 elections, Masebo won the only seat in Parliament for the ZRP, which was attributed rather to her own local support base than the strength of the party.[94] In 2003 Masebo became one of the Members of Parliament elected on opposition-party tickets who were invited, or some would say co-opted, into government by being offered ministerial posts. Masebo became Minister of Local Government.[95] Whereas other parties such as FDD had expelled their parliamentarian who had taken up government positions, Masebo's ZRP approved her ascension to government. [96] Masebo, however, did fall out with party president Mwila, who took part of the party into one of the two opposition alliances formed in the advent of the 2006 elections. At that time, Masebo herself took other elements of the party along and declared they would support Mwanawasa and his MMD during the elections.[97] Subsequently, she successfully defended her seat in Chongwe on an MMD ticket.[98]

One of Masebo's first tasks at the Ministry of Health was to defend the dissolution of the Central Board of Health in Parliament. Being new to the dossier, she apparently read what had been drafted by her senior officials. One wonders how similar Masebo's presentation would have been to what Chituwo would have presented if the recent Cabinet reshuffle had not come to pass. However, considering that in later parliamentary debates he himself took credit for having put the bill to repeal the 1995 Act before Parliament,[99] there is little reason to consider this would have been much different. The root of the problems necessitating the dissolution of the health boards was found in the failed de-linkage process. Masebo particularly stressed the '(f)ailure by both the Government and our co-operating partners to raise the K400 billion required to pay separation packages in order to de-link 26,000 health workers from the Civil Service to fall under the Central Board of Health', as a key factor urging the dissolution of the Central Board. This partially laid the blame for the failure of a key tenet of the health reforms with donors. The description of the problems put forward provided a picture of a bloated central bureaucracy, duplication of functions, lack of clarity about the division of roles, and multiple employment conditions for health workers.[100] A central point in the government's argument concerned the equity principle, stressing the need 'to get rid of iniquities and a situation where the minority of health workers based at the Central Board of Health Headquarters, totalling 240, are enjoying better conditions of service at the expense of 26,000 health workers providing health services to the Zambian population'. The language used by Masebo to defend this decision contained a heavy dose of rational-legal discourse. For instance, she described the confusion in employment

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92 *Times of Zambia*, 'Parties submit merger papers', 4 May 1999.
93 *Times of Zambia*, 'Zambian Republican Party born', 26 February 2001.
94 Neo Simutanyi, 'One country, one nation'. In: *The Post*, 6 February 2002.
95 *Times of Zambia*, 'Mwanawasa cautions new appointees', 10 February 2003.
96 *Times of Zambia*, 'ZRP nods Masebo appointment', 14 February 2003; *Times of Zambia*, 'Expelled MPs illegally in Parliament, says Nawakwi', 8 June 2005.
97 *Post*, 'ZRP Backs Mwanawasa', 27 March 2006.
98 *Post*, 'MMD Gets 72 Seats', 4 October 2006.
99 National Assembly of Zambia, 'Daily Parliamentary Debates for the First Session of the Tenth Assembly', Friday, 9 November 2007: http://www.parliament.gov.zm/index.php?option=com_content&task=view&id=617&Itemid=86 (accessed 21 July 2009).
100 This description corresponded with Koot & Inambao, *Institutional*.

conditions prevailing in the health sector as 'a serious anomaly, which cannot be allowed to continue under the New Deal Administration … which stands for the rule of law'.[101] Ruling party members refrained from contributing to the debate, other than by shouting 'hear, hear' in support of the government.

Whereas the opposition had earlier criticised the structure of the health system, many appeared less supportive of the government at this final debate on the repealing of the National Health Services Act of 1995. The parliamentarian for Sata's Patriotic Front, who took part in the debate, supported the bill, however. This did not restrain him from criticising the government for depending too much on donor:

> One of the reasons why the Central Board of Health has failed is because the donors who promised to give us money to run the boards have now refused to do so. Therefore, the Government's existence depends on the charity of foreigners. Why not go back to colonialism and ask the British to come back? I would not be surprised if, one day, this Government called a press conference to repeal the Independence Order Act so that Zambia reverts to colonialism.

An independent Member of Parliament took a more constructive tone to address Masebo as Minister of Health. He appealed to her to mend fences with doctors and other health workers:

> Have a human face. You are a mother and we are happy that you are in this ministry. We are not saying that Hon. Dr. Chituwo did not perform well. He did, but as a mother, my challenge to you is that you should seek audience with the doctors who will be affected ... Shifting a person from one organisation to another like a robot is not allowed after having been independent for forty years. They are not robots, but human beings who have children to look after".

The most serious accusation against the government came from Given Lubinda, who at that time had not yet joined Sata's party but belonged to UPND. Lubinda questioned the government's motives for dissolving the boards:

> It is on record that the Central Board of Health has been meeting the minimum standards set by the donors, to whom the Government always likes going to ask for money, and I hope those systems will be transferred to the Ministry of Health. Unless that is done, there will be a lot of speculation that the Central Board of Health was abandoned not because it was a monster, but because its financial systems were so tight that the Government could not dip its fingers into its money to finance its campaigns.

He then went on to warn about the possibility of 'asset stripping' during the process of re-integrating the Central Board into the ministry, adding:

> I hope that this will not create an opportunity for the big fish at the Central Board of Health to create conditions for themselves which they do not deserve. Not too long ago, this House was informed about …

Another parliamentarian interjected, "*Ba* Bulaya!"[102] This evoked laughter from the house and prompted Lubinda to thank his colleague for the interjection.[103]

Of course, any suggestions or concerns that the dissolution of the Central Board was motivated by the interest to plunder the sector were countered and assuaged with the declaration of good intent on the part of the government. However, this would not be

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[101] National Assembly of Zambia, 'Daily Parliamentary Debates for the Fourth Session of the Ninth Assembly', Wednesday, 10 August 2005: http://www.parliament.gov.zm/press/news/viewnews.cgi?category=1&id=1124107417 (accessed 17 July 2009).

[102] Using the Bemba pre-fix *Ba*, which refers to a person.

[103] National Assembly of Zambia, 'Daily Parliamentary Debates for the Fourth Session of the Ninth Assembly', Wednesday, 10 August 2005. See earlier footnote for internet reference.

the last time that the suggestion was made that the dissolution of the Central Board was motivated by a desire on the part of ministry officials to get their hands on the purse strings of the sector. A contemporary health official, interviewed during the course of fieldwork, suggested that indeed there may have been personal interests motivating the controlling officer of the ministry. This district health official declared, "The reason the reforms were reversed is because the DG of CBoH was seen as a threat to the PS. They had more money and more power. Miti was the DG, so when he was transferred, he felt he was demoted. He lost out in terms of money".[104] We will later look at further evidence, which emerged at the time of writing this dissertation, of serious plunder in the ministry, as well as allegations that this was linked to the dissolution of the boards.

Scrapping user fees

Another reversal of the health reforms consisted of the decision to abolish user fees. In January 2006, at the start of an election year, President Mwanawasa announced: "My government has decided to change the policy on accessing medical facilities. From 1st April, 2006, user fees will be abolished in rural areas as a first step in allowing our people there to visit medical facilities free of charge".[105] As was the case when the health reforms were conceived and implemented, this decision became possible owing to a convergence of domestic political and donor interests.

Within the international health community, the focus had gradually shifted to the concept of universal access to health care, rather than health care reform based on new public management and a greater role of the market in health care provision. This was in part influenced by the Millennium Declaration, in which donor and recipient governments set targets for poverty reduction. For health, this led to a stronger focus on fighting AIDS, tuberculosis, and malaria, and on mother and child health. The UK Department for International Development (DFID) played a particularly strong role in advocating for the removal of user fees. Within DFID, a policy was emerging in favour of the removal of user fees as a policy goal to promote universal access to health, following earlier experience in countries such as Uganda and in-line with the pro-poor policies espoused by the ruling Labour government.[106] Various studies by NGOs and research projects had already appealed for reform of the cost-sharing policies.[107] Masebo also appeared to be a strong proponent of removing user fees as part of the MMD's electoral campaign.[108] In fact, civil society, such as the churches, reacted with delight to this announcement,[109] as they had previously been opposed to user fees.[110]

Technocrats in the health sector, however, were less enthusiastic about the removal of user fees.[111] At the shop-floor level this had provided an extra source of income that aided day-to-day operations of districts and hospitals.[112] Among donors, such as the Dutch, there were also concerns about the impact of rushing this proposal through in

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[104] ML0810/07.
[105] *Post*, 'Polls to be held under new electoral law, says Levy', 14 January 2006.
[106] Clarke, J. *et al.*, 'DFID Influencing in the health sector' (London, 2009) DFID working paper, 52.
[107] Mogensen, H. & T.J. Ngulube, 'Whose ownership – which atakes? Communities and health workers participating in the Zambian health eeform,' In: *Urban Anthropology*, 30: 1 (2001): 71-104.
[108] Clarke *et al.*, DFID Influencing.
[109] *Post*, 'Access of medical services in rural areas increases', 24 June 2006.
[110] ML0810/06.
[111] *Times of Zambia*, 'Don't scrap users fees – HWUZ', 14 October 2005.
[112] ML0706/11, ML0810/09.

view of the extra demand for care linked to the shortage of funding.[113] Reportedly, the initial idea had been to remove user fees altogether; but only after Miti interceded, it was decided to limit the measure to rural areas.[114] Finally, this measure negated the concept of user fees as a central part of the original health reforms, which would empower the beneficiaries of health care to demand quality services. However, as one of the architects of the health reforms remarked, the plans of creating a system of exemptions for the poorest had failed.[115] Apparently, theoretical arguments or practical concerns were not strong enough against a coalition of electoral and donor interests, which had so conveniently converged.

Siphon mighty

Following the dissolution of the Central Board, Simon Miti had seen his position within the ministry strengthened. Undoubtedly, the transfer of Miti's fellow physician and minister, Chituwo, further boosted Miti's power. Although there is no evidence for this, Miti's interests might have motivated him to lobby for Chituwo's replacement. It is clear that there was a personal connection between Miti and the Mwanawasas, although he did not belong to any of the 'four Ls' that in casual talk were said to denote the groups for which Mwanawasa had a bias: Lamba, Lenje, Lozi and Lawyers. Before working as a bureaucrat in Lusaka, Miti was based in Ndola, working as the director of public health for the city council and later as executive director at the central hospital. Mwanawasa had been Member of Parliament for Ndola from 1991 to 1996. It is likely that in the small professional and political elite of Ndola, Miti and Mwanawasa had regular contact. As permanent secretary, he served as personal physician to the president. Miti must also have interacted with Maureen Mwanawasa, whose charity initiative made donations of medical kits to communities and of drugs and supplies to hospitals.[116] These contacts with the 'first family' are thought to have helped Miti when he got into trouble with the Auditor General in 2007.[117]

During his time as permanent secretary, Miti was never convincingly linked to acts of corruption or embezzlement. In the notes with which he handed over his tasks to his successor, a donor health advisor gave a short description of Miti.

> Simon Miti is the permanent secretary. He is a medical doctor and personal physician to president Levy Mwanawasa. He has an imposing physique and is an old hand at chairing meetings. We regularly played golf together. (He has a handicap of 19: 'risk taker' very daring and powerful, sometimes way off course). In the four years we worked together, I have had my suspicions, but I never managed to find something demonstrably corrupt: It might have been me ...[118]

A district public health officer in an informal chat suggested that an opaque cloud hung around the permanent secretary, shielding him from too much transparency. He said that friends of his were internal auditors at the ministry. Once they were investigating imprests and allowances. It appeared that certain senior individuals in the ministry had over a billion Kwacha outstanding in un-retired imprest: Advances they

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[113] Clarke *et al.*, 'DFID influencing'.
[114] ML0607/19.
[115] ML0706/03.
[116] The donations made by MMCI were criticised by opposition politicians for being political and supporting MMD candidates: *Post*, 'Maureen's NGO is Nauseating – Wina', 30 July 2003.
[117] ML0811/22.
[118] Translated from Handing-over notes, 1 August 2006 (EKN files, unnumbered).

had received but never accounted for. Moreover, when they confronted Miti with the fact that he had attended four meetings in a day, striking up allowances for each, he merely laughed and stared them out of the office.[119]

Miti's perhaps bullying character combined with his imposing physique would suggest that he tackled problems head-on. That is indeed what he did when he was confronted by an Auditor General's investigation. This investigation was extraordinarily thorough, and the parliamentary debate that ensued was extraordinarily robust. This was due to a combination of factors. First, the Auditor General herself exhibited a resolute drive to fulfil her mandate. Second, the Office of the Auditor General had been boosted by a Norwegian- and Dutch-funded capacity-building programme, having better staff, transport, and a revamped provincial presence. Thirdly, parliamentarians were empowered with a better understanding of audit reports, influenced by the book, *Show me the money,* produced by Transparency International Zambia. Finally, all the media gave a detailed account of the debate.

On an April day in 2007, the caption on a *Times of Zambia* article read, 'PAC sends Health permsec away'. The parliamentary accounts committee had called Simon Miti to respond to 'queries raised in the Auditor-General's report for the financial year ending December 31, 2005'.[120] The long meeting ended when Miti was sent away for 'failing to give satisfactory answers'.[121] The committee 'resolved to call in the Secretary to the Cabinet to appear before it to intervene in the misunderstandings that arose between Ministry of Health permanent secretary Dr. Simon Miti and Auditor General Annie Chifungula'. This came after the two protagonists had 'differed after (Miti) disputed most of the observations in the Auditor General's report and tried to defend the alleged financial misappropriations in his ministry. But Chifungula said accountability in the Ministry of Health left much to be desired'. A minor issue on which Miti differed with the Auditor General and certain parliamentarians was whether it was wasteful for the ministry to spend 21 million Kwacha (€ 4000) on Christmas cards for donors and other partners while clinics needed drugs. Miti also defended getting a monthly 350 US dollars in mobile phone 'talk time' while the minister and his deputy did not.[122] Following his denials the Auditor General exclaimed, "Mr. Chairman, I must state here that the Ministry of Health is the most difficult Ministry to audit, and I am surprised that Dr. Miti has come here to reject everything raised in the report when for the past one year his ministry failed to respond to our queries".[123] This tied in with her general feeling that her 'office found it difficult getting information from the Ministry of Health because officers were not cooperative'.[124]

Some of the accusations against Miti were more serious than talk-time or Christmas cards. According to the report, Sunrise International, a holding company based in Panama, which in name had taken over running Medical Stores from GMR Africa,[125] had been overpaid 1.5 billion Kwacha (€ 285,000) at the end of the contract to manage Medical Stores. Miti, however, distanced himself in what he explained as a debt swap at

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[119] ML0811/22.
[120] *Daily Mail*, 'Health Ministry leads in audit queries', 5 April 2007.
[121] *Times of Zambia*, 'PAC sends health permsec away', 5 April 2007.
[122] *Post*, 'Auditor General, Dr Miti differ', 5 April 2007.
[123] *Daily Mail*, 'Health Ministry leads in audit queries', 5 April 2007.
[124] *Times of Zambia*, **'**PAC sends Health permsec away', 5 April 2007.
[125] A note in EKN-files indicates that the British High Commissioner had been shown a letter by Mordini indicating that Sunrise Investments International, with a head office in Panama and an administrative office in Switzerland, had taken over the business of GMR (EKN files, ISN 5066).

the end of the contractual relation, saying it was the Ministry of Finance who was responsible, though it appeared he had written a letter on the issue. Strikingly, it appeared that it was Eric Silwamba,[126] the brother of Miti's predecessor as permanent secretary, who was mentioned as the local agent for Sunrise. *The Post* observed that the directors of Sunrise were the same as those of Medical Stores and Pharco, the commercial pharmaceutical company based on the terrain of Medical Stores.[127] While this did not directly implicate Miti in corruption, he apparently got snared in the process of winding up one of the biggest scandals of the Zambian health sector, failing to convince the Auditor General with his evasive answers.

About a week later the Secretary to the Cabinet, Miti's direct boss, came to the public accounts committee. According to an article in *The Post*, he shielded Miti, arguing that the Auditor General had been unfair to him. *The Post* quoted an anonymous source[128] which was outraged at this intervention as the Auditor General should be supported for her work rather than being frustrated. It was added that there was 'a need to destroy the "culture" ... of defending controlling officers when they were wrong'. The source further reported that Miti had sent a reconciliation letter to Chifungula, which had been copied to Maureen Mwanawasa. It was unclear why he had done this, but the suggestion was raised that this might have helped shield Miti. 'At health, Miti has been a problem ...we don't know, maybe he has certain connections to the President Mwanawasa and he is so arrogant and he extended that arrogance to us. He had no regard for PAC. Unfortunately the Secretary to the Cabinet was on his side'.[129] Although *The Post* continued following the case, and the satirist Roy Clarke spoofed the affair, referring to the permanent secretary as Siphon Mighty, the case died down and Miti was not held to account, while he remained permanent secretary at health. It would not be for another two years after he had been transferred to the Ministry of Science and Technology by President Banda that Miti would get into trouble for alleged involvement in corruption.

While Miti was unaffected by this scandal, it appeared that his minister might have been sacrificed as a result of the affair. Since Chituwo's transfer away from health, there had been significant changes and gaps in the political leadership of the ministry. As Masebo took the step to formally join the MMD, she had officially 'crossed the floor', meaning she would have to re-contest her seat. Since she was no longer a Member of Parliament, she was forced to abandon her position as Minister of Health in June.[130] This position would remain vacant and be covered by another Cabinet minister until after the elections in October. Apparently, Masebo's political career and the political value she had for the MMD outweighed the necessity of political leadership at the ministry. The next appointee as Minister of Health would raise some eyebrows because she was relatively unknown and had no medical expertise.[131] In the elections, Angela Cifire, formerly a public relations officer for the electricity company, won a parliamentary seat in Eastern Province. She would spend only seven months at the ministry, however, during which time she failed to make much of an impression on health policy. During a Cabinet reshuffle, which took place a few weeks after the confrontation in

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[126] Who had been arrested for corruption and was allegedly a recipient of a house bought with Zamtrop funds but was never prosecuted.

[127] *Post*, 'Auditor General, Dr Miti differ', 5 April 2007. Pharco, whose director was Leonardo Mordini, would go on to attempt to produce ARVs in Zambia.

[128] It can be assumed that this was an opposition parliamentarian.

[129] *Post*, 'Kanganja shields Dr Miti against Auditor General', 16 April 2007.

[130] *Times of Zambia*, 'Masebo, Nawa no longer ministers', 13 June 2006.

[131] *Post*, 'Ministers' calibre – Letter to the editor', 11 January 2007.

Parliament between Miti and the Auditor General, Cifire was dropped from Cabinet. The reasons for this were unclear, and people from Eastern Province were upset by the decision. To the relief of donors, Chituwo was brought back in. Perhaps this transfer was related to the public commotion about perceived lack of transparency in the health sector. As an alternative explanation, a rumour suggested that Cifire had had contact with Pharco, the successors of GMR. As this company was informally 'blacklisted', she had apparently involved herself in too-sensitive affairs.[132] Although this rumour cannot be confirmed, it appears as if the spectre of the GMR / MSL affair would continue to hang over the health sector.

Despite donor concerns, GMR and later Sunrise had been allowed to continue its management of Medical Stores until the contract expired in October 2003. Donors in the meanwhile had been bypassing Medical Stores and were commissioning studies for a parallel drug distribution system. In the end, on the basis of these studies, a new bidding procedure was started for the operation of Medical Stores.[133] Eventually, the tender was granted to the reputable British company, Crown Agents.[134] This re-won some confidence on the part of donors, although they continued monitoring procurement issues and issues of 'good governance'.[135] In the meantime, various consultancies were fielded by donors to support the operations of Medical Stores under management of Crown Agents.[136]

Donors' closer scrutiny of the procurement process led to further irregularities coming to light. However, it appears that donors had more success in formulating steps for preventing fraud than in appealing for investigation of corruption allegations and prosecuting those involved. In 2005 and 2006 two Dutch consultants were seconded to the Ministry of Health for short-term missions. Following reports of exceptionally high prices having been paid after the tender of drugs under a Canadian-funded project, one of the consultants was tasked by the permanent secretary as the ministry's procurement advisor to look into this suspicion of corruption and formulate lessons learned. In the process, the consultant also investigated an emergency tender for drugs funded by the British aid department. In this second case, the consultant found that two documents submitted by the UK-based company that had won the tender were false. For instance, an accountant's declaration had been issued by a firm that did not exist. The company had also invoiced the ministry for airfreight although the drugs were shipped by sea. Finally, there were some quality problems with the drugs. Two products in the shipment were rejected after laboratory tests, while the other drugs in the shipment were found to be in order.[137] During the investigation, the consultant experienced similar difficulties to those of the Auditor General's office. He reported that he could not prepare a complete report as staff at the Central Board did not offer the needed support and information. This led him to conclude:

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[132] ML0706/01.

[133] MoH, *Mid-term review* (Lusaka, 2004), 114.

[134] Crown Agents was formerly a British public service company which was privatised in 1997 as a non-profit company dealing in public finance management, distribution, and procurement. http://www.dfid.gov.uk/Working-with-DFID/Procurement/Procurement-of-goods-and-equipment/Crown-Agents/ (accessed 22 July 2009).

[135] KN, SIDA, Joint appraisal memorandum (Lusaka, 2005).

[136] A number of such consultancy assignments are listed on the website of the Belgian consultancy group, Hera: http://www.herabelgium.com/en/geo/country.php?country=31 (accessed 22 July 2009).

[137] These tests were conducted by Pharco.

> It is the advisor's opinion that CBoH procurement staff were, and still are, reluctant to share documents and information regarding the tenders under discussion and procurement in general ... With the dissolution of CBoH, MoH will get the control and action may be taken to start an inquiry into CBoH's procurement ... (A) full inquiry by auditors may reveal more flaws and is strongly recommended, if not alone to take away the current suspicions that CBoH staff may be involved in corrupt practices.

The tentative results of this investigation led donors to discuss steps to be taken by the ministry. Shortly afterwards, it appeared that while the tender and the company involved were under investigation, the company was paid the remaining ten per cent of the contract sum, against the wishes of donors. To authorise this, reportedly the permanent secretary's signature had been forged. According to a report by one donor to its headquarters, this led donors as well as the permanent secretary to withdraw their confidence in the central procurement unit of the Ministry of Health that had been merged with the procurement unit of the Central Board. Donors pressed to continue investigation of this issue and to complement an investigation by the National Tender Board with an external forensic audit. It is unclear what has become of this investigation, as further information was not accessible to this research.

More was apparently done with donors' desire to reform the drug procurement and distribution system. To do this, a special drug supply budget line was created with a secretariat and a manager who would control the entire drug supply process. This manager was recruited internationally through an intermediary agency and on international terms of service in order to ensure confidence on the part of both donors and the ministry.[138] In an open selection procedure, a highly qualified Zambian pharmacist who had worked in the private pharmaceutical sector in the UK and subsequently for international organisations, was selected for the job. He would have to oversee a more transparent and planned procurement process, rather than one based on emergency tenders spurned by urgency and characterised by a less-than-thorough approach. He would also liaise between donors and the ministry, participating in the technical working group on procurement in which donors monitored and approved procurement decisions. It is beyond the scope of this research to evaluate the changes to the procurement system this led to. However, according to a mid-term review mission in 2008, these planned changes to the drug supply system have been implemented and it appears that the drug supply manager recruited does inspire confidence on the part of stakeholders. In an interview, this Zambian professional, who had came back from the diaspora, indeed made a more than capable impression. He conveyed the impression that the system had improved since these changes. He said that the permanent secretary was under pressure from donors as well as Zambian agencies, such as the Tender Board and the Anti-Corruption Commission, to meet expectations on improving transparency, adding, "Some CPs[139] have an intelligent way of managing the sector, in reflection of failures of the past".[140] It thus appears that lessons have indeed been drawn from the procurement scandals of the past and the Medical Stores' saga. Whether these lessons will have a lasting impact on the sector, however, is a question for future research. Nevertheless, the next big corruption scandal to hit the health sector would indeed be unrelated to drug procurement. Perhaps this was because drug procurement was more

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[138] Terms of reference DSBL manager (EKN files, ISN 6693).

[139] Cooperating Partners, a euphemism for donors. In Uganda they are referred to as Development Partners (DPs).

[140] ML0810/02.

under the scrutiny of donors than other functions in the ministry. Instead, the next scandal would centre around a human resource officer.

The K 27 billion scam

In 2009 a new corruption scandal emerged which suggested that in light of the urgency of the human resource crisis, attention to transparency had apparently become a secondary concern. Although the full network of those complicit in the scandal is not clear, it appears that the dismantlement of the Central Board of Health and the instrumentalised confusion of the restructuring that followed created a conducive environment for opportunistic theft of public resources. The case reportedly came to light only because of a dramatic love affair, yet the affair would spark vehement public debate and deal a serious blow to the fragile trust donors had in the Ministry of Health. This affair further fills a black page in the obituary of Mwanawasa, the 'Mr. Clean' of Zambian politics, as he had allowed the Central Board to be dismantled and his 'client' Miti had been responsible for driving this process.

In May 2009 Zambian newspapers reported on the seizure of various vehicles and other property of a certain Henry Kapoko, formerly a human resource officer at the Ministry of Health. The seizures included a luxurious Mercedes, a BMW, and a Hummer.[141] Shortly afterwards, Kapoko and 22 other ministry officials were arrested and charged for participating in a 'K 10 billion scam'.[142] Soon, however, newspapers began referring to a 'K 27 billion scam', after the Auditor General claimed that this was the amount of money stolen from the Ministry of Health.[143] Kapoko was charged with 'obtaining money by false pretences amounting to K1.9 billion' and denied bail. Allegedly, he had been paid this amount for the delivery of mother-baby kits by a company he owned, but the delivery never took place.[144] Another allegation reported in the media was that over 7 billion Kwacha had been channelled to a nursing school managed and owned by an employee of the Ministry of Health.[145] Money had apparently been paid for workshops for the Ministry of Health that never took place.[146]

As the media first began reporting on this emerging scandal, a mysterious document began circulating among civil society and researchers. This anonymously written paper analysed the recent allegations and placed them in a broader political context. The material seems well informed although sloppy mistakes suggest it was a 'quick and dirty' product. It was also published on the Internet.[147] This report alleged that donor funding and money from the national budget destined for awareness-raising and training health workers had been diverted through a nursing school and that a lodge owned by Kapoko was used for Ministry of Health workshops. Remarkably, this report described how the case had in fact come to light.

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[141] *Times of Zambia*, 'Official challenges property seizure', 20 May 2009.
[142] *Post*, 'Police detain Kapoko', 1 June 2009.
[143] *Post*, 'Auditor General explains delay in MoH audit', 23 June 2009.
[144] *Post*, 'Kapoko denied bail', 6 June 2009.
[145] *Post*, 'Police pick up Dr Miti to help in MoH probe', 31May 2009.
[146] *Post*, 'Dr Miti singles out 3 accused court', 8 June 2010, *Post*, 'MoH paid Kapoko for workshop which didn't take place – witness', 5 November 2010.
[147] http://todayinzambiaonline.blogspot.com/(accessed 29 June 2011); A follow up document was published on http://www.scribd.com/doc/16445979/The-K27bn-Scamfollow-Up (accessed 29 June 2011).

> Thanks to a jilted lover, the lid has been blown that exposes the worst corruption cases in Zambia … (A) planner at the Ministry of Health (who) has a child with Henry Kapoko vowed to bring Kapoko down after a "marital" dispute in February 2009. When Kapoko broke her arm in an ensuing fight, she reported him to the Police for assault and occasioning serious bodily harm. She lamented at the Police that she had been in a longstanding relationship with Kapoko would not allow him to leave her for his other numerous girlfriends. She cried that she was only expected to fight with Kapoko's wife and not fight about his girlfriends! She promised to bring his arrogant "ass" down and bring his financial empire and that of his "bosses" to the drain. She took matters in her own hands and made frequent visits to Kulima House (where the Anti-Corruption Commission (ACC) is housed). This resulted in a sensational case where Kapoko has been exposed. ACC picked Kapoko and restricted and seized his newly acquired assets.

This rejected lover, however, obviously got caught in the trap that she herself had set, being among the 32 Ministry of Health employees to be suspended and investigated.

At the time of writing, no verdict had yet been handed down to Kapoko, in a case that has dragged on for some two years.[148] However, detailed allegations have begun to surface, ensnaring not only Kapoko but also others such as Simon Miti. Following Rupiah Banda's election as president, Miti had been transferred to the Ministry of Science and Technology. As the corruption allegations emerged, Miti was summoned by police for questioning. Subsequently, he was suspended from his position to help the investigation by the ACC and the Drug Enforcement Committee.[149] Indeed, Miti authorised many of the transactions in question. The question, however, is whether he was duped or complicit.[150] Miti retaliated against allegations of his guilt by writing a letter to President Banda to deny the charges.[151] Apparently, this proved effective because no charges were pressed against him. In fact, according to an anonymous report presented as a follow-up to the report cited above, Banda purportedly interceded to prevent Miti's arrest.[152] Well-informed insiders speculate that Miti was being protected because he was in a position to incriminate individuals close to the presidency. This would also explain why he was not mentioned in a forensic audit into this case, while allegedly being named as a culprit in an earlier draft.[153] Thus, much to the outrage of commentators from civil society and the political opposition, Miti continued to benefit from impunity while drawing a salary despite being suspended.[154] However, notwithstanding whether or not he was guilty, his involvement in this scandal, his transfer, and his suspension have damaged his reputation and destroyed the power base he had held as permanent secretary for the better part of a decade.

The emergence of this corruption scandal had serious implications for donor support to the health sector. Within a week, Sweden, followed by the Netherlands, publicly announced that they would suspend their aid to the sector. It appeared that the money embezzled under this scandal came from the 'extended basket' to which Sweden, the Netherlands, and Canada contributed.[155] Soon other donors, such as Canada, the UK, the Global Fund, and the Global Alliance for Vaccines and Immunisation (GAVI), suspended or reprogrammed their support to the health sector; only the European Union

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148 *Post*, 'Court orders probe into Kapoko's "harassment" of witness' relatives', 24 June 2011.
149 *Post*, 'Police pick up Dr Miti to help in MoH probe', 31 May 2009.
150 *Post*, 'Dr Miti singles out 3 accused court', 8 June 2010.
151 *Times of Zambia*, 'Be patient, Simon Miti told', 9 June 2009.
152 Anonymous, The K27bn Scam, 10.
153 ML1106/02.
154 *Post*, 'There's lack of political will in corruption fight – SACCORD', 2 June 2010 and *Post*, 'Lubinda challenges govt to disclose findings of Dr Miti's investigations', 24 March 2010.
155 ENK communication to headquarters, 19 May 2009 in EKN files 279/09/10083.

did not pursue this corruption case with the same sense of urgency as others.[156] However, in the months following the emergence of this case and donors' first reaction, donors and the Ministry of Health negotiated a Governance Action Plan that would lead to a gradual resumption of aid. This plan consisted of three phases of corrective and preventative measures against corruption. After completion of each phase, a tranche of funding would be released.[157] In November 2009, the first phase of immediate actions had been completed and verified by external auditors. These actions included agreeing on the recovery of funds and repayment to donors, strengthening internal audits within the ministry, and prosecuting and replacing implicated staff. This led to Sweden and the Netherlands each releasing € 4 million by the end of 2009.[158] The second phase comprised the actual repayment of funds[159] and the execution of three large audits: A systems audit, a financial audit, and a procurement audit. By June 2011 this phase had been completed and donors were waiting for completion of the external assessment in order to pay a second tranche of the suspended aid. This process had been far more tedious than had been initially planned, as initially it had been hoped that the plan of action would be completed and aid to the sector resumed by the end of 2009.[160]

Zambian reactions to the suspension of aid were mixed. Civil society and public opinion appear to have been positive about this signal.[161] The case and donors reactions were followed in *The Post* newspaper and on various blog sites. This included the coverage given to the removal of the director-general of the Swedish Development Agency as a direct result of this scandal.[162] The government's reaction, however, shifted from an initial urge to appease donors to increased irritation with donors' stance. For instance, within weeks of Sweden and the Netherlands having suspended their aid to the health sector, President Banda convened the donor community to reassure them of his determination to fight poverty.[163] The Ministry of Health also appeared eager to negotiate a plan of action. However, several months later, when former President Chiluba had been cleared of corruption charges, President Banda reacted more irritatedly to donors' concerns about the political leadership in the battle against corruption.[164] This irritation became more hostile as the president publicly complained about donor blackmail and interference in airing their concerns about corruption.[165] At the Ministry of Health, irritation also grew at donor's continued scrutiny in following up on corruption issues, as the ministry, in the words of one donor representative, "tried to shift blame" to

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[156] ML1106/01. Though admittedly the EU was facing a corruption scandal in the roads sector which caused them to suspend aid. See also, A. D. Usher, 'Donors lose faith in Zambian Health Ministry'. In: *The Lancet*, 376: 9739 (2010), 403-404.

[157] EKN communication with HQ, 29 May, 12 June, 17 June, and 3 July 2009; Adopted plan of action, and EKN memo to SIDA HQ and DGIS of 3 July 2009, all in EKN files 279/09/10083.

[158] EKN communication with HQ, 27 November 2009 in EKN files 279/09/10083.

[159] Indeed, by July 2010 the Netherlands had been repaid close to € 1 m., which had been its share of the embezzled funds (EKN communication with HQ, 9 July 2010 in EKN files 279/10/42750).

[160] ML1106/01.

[161] See for instance, *Post*, 'Govt shouldn't downplay donors' concerns on accountability – EFZ', 3 January 2011 and the blog reactions http://www.zambian-economist.com/2009/05/corruption-watch-ministry-of-health.html (accessed 29 June 2011); also ML1106/01.

[162] *Post*, 'Sida director general loses job over Zambia's corruption', 31 May 2010.

[163] ENK communication to headquarters, 26 May 2009 (EKN files 279/09/10083).

[164] ENK communication to headquarters, 4 September 2009 (EKN files 279/09/10083).

[165] Reuters, 'Zambian president says donors must not interfere', 26 June 2010.

donors for the slow process of implementation in the Governance Action Plans and the corresponding resumption of aid.[166]

This scandal is a bleak, yet fitting end to our narrative on the Zambian health reforms. It cannot be seen as an isolated case of corruption but is apparently linked to the dissolution of the Central Board of Health, that enclave of accountability and effectiveness which had been a by-product of the health reforms and donor involvement within the sector. Whereas it is difficult to convincingly prove this connection, various observers have argued that the dissolution of the Central Board created an environment conducive to corruption, as systems for accounting and controlling funds were weakened in the process. This argument had already been brought to the fore by the opposition during parliamentary debates cited earlier in this chapter. The anonymous report on the K27bn scandal also claimed that the Central Board was dissolved by people like Simon Miti, as '(c)rime thrives in chaos not in transparent and accountable systems. CBoH was a clear danger to them!'[167] Remarkably, this view was also espoused by a former minister, who in her time had not shown herself as a strong supporter of the Central Board and the systems it represented. Professor Nkandu Luo was quoted in the media as attributing the corruption within the Ministry of Health to the demise of the Central Board. "CBoH should have never been removed. It was set up primarily to monitor the prudent management of resources and it had started achieving that. So I hope that they have learnt that they need structures that have very minimal bureaucracy where they can easily track resources and how they are being used".[168]

In a sense this scandal also refocused the attention of donors and that of technocrats in the ministry on the need for accountability systems beyond the area of drug procurement, an area which appeared to have been overtaken by the sense of urgency about the human resource crisis and the AIDS pandemic. The Governance Action Plan aimed to again strengthen financial management, accounting, and procurement systems by carrying out a systems' audit and following up on the recommendations. This again illustrated the ongoing and unrelenting battle between the rational-legal order and patrimonial behaviour in the arena of the health sector. It is unlikely that the measures adopted following this scandal will completely prevent future theft of public resources. At the same time, these measures force opportunists to further adapt and refine their strategies to steal from the public health sector, just as Kapoko *cum suis* pursued refined strategies to plunder and bypass rational-legal arrangements and control.

Ultimately, however, this scandal had a serious impact on consolidating Zambia's reputation as a corruption-prone aid recipient. Although there is no relation formally, this arguably impacted on the decision of the Netherlands government to finalise its development cooperation with Zambia after more than forty years of aid. In 2011 the contours of a new Dutch development policy, comprising a reduced list of partner countries and priority themes, became clear.[169] The selection of partner countries was based on various considerations, including the extent to which there is 'action to fight corruption'.[170]

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166 ML1106/01.

167 Anonymous, *Corruption*.

168 *Post*, 'Prof Luo attributes corruption in MoH to demise of CBoH', 28 December 2009.

169 Netherlands Ministry of Foreign Affairs, 'Letter to the House of Representatives presenting the spearheads of development cooperation policy' (The Hague, 2011).

170 This was not without criticism since decisions to end cooperation with specific countries were not explained, creating the perception that the decision was arbitrary. *Vice Versa*, 'Knapens vage focus',

Conclusions

This brings us to the end of our narrative on the Zambian health sector and particularly the health reforms. This chapter showed that the 'New Deal' promised by the Mwanawasa administration may not have provided the best deal for the health sector. This period saw the dismantling of many of the achievements of the health reform era. This not only included the partial abolition of the user fees policy but also the dissolution of the Central Board of Health and other boards. It is clear that this was a case of partial reform, but the motives appear much more ambiguous and muddled. Paradoxically, the reversal of the health reforms appears to be both a case of instrumentalisation of disorder as well as a logical consequence of the failure of the health reforms themselves. As is befitting in a neo-patrimonial setting, this is the messy, negotiated outcome of a process in which rational-legal factors and interests competed with patrimonial, opportunistic factors and interests.

The argument used for these decisions to reverse elements of the health reforms were clearly formulated in rational-legal and international technocratic terms. The consequences of the incomplete delinkage between the Central Board and the Ministry of Health were real and problematic. In addition, the fact that exemption schemes for user fees were never been fully implemented made cost-recovery problematic for the most vulnerable. There were thus genuine rational-legal and equity considerations behind these decisions. For some actors, however, these arguments may have been used more as justifications rather than being the genuine motivators.

It is more likely that the motivation involved the desire to retain and expand political and personal power, which we can imperfectly label as patrimonial interests. The abolition of user fees clearly had an electoral motivation. This would reinforce the neo-patrimonial bond of political patronage by offering free services for political support; at the same time, however, the abolition of user fees also denies a political client the right to make demands concerning the quality of a service.[171] Regarding the abolition of the Central Board of Health, this decision reflects the pattern of centralisation of power. The Central Board had been created and in part served as an autonomous enclave of authority, arguably a pocket of efficiency in a neo-patrimonial setting. This was a situation that conflicted with the logic of how neo-patrimonial power politics is practised. The abolition of the Central Board thus brought the Central Board back under control of President Mwanawasa and his circle.

The argument here is not that Mwanawasa himself agreed to dissolve the Central Board of Health to allow for the corruption scheme that would come to light shortly after his demise. There are no indications that would support such a conclusion. Rather, Mwanawasa's decision to appease his political clients by regaining control over the Central Board of Health can be explained by his need to perform in the political arena. We have seen in this chapter how from the beginning of his presidency, Mwanawasa had to engage in power politics to expand his fragile political power base. This required him to compromise the image he had tried to cultivate throughout his career, that of being a man of integrity. This got him snagged in Chiluba's webs and required him to

April 2011, and Schulpen, L., R. Habraken, & L. van Kempen, *Landen-selectie knapen: Willekeur troef?* (Nijmegen, 2011).

171 Such an argument has been followed by columnists, for instance on free universal primary education in Uganda: Marcia Luyten, 'Gratis onderwijs en gezondheidszorg zijn slecht voor Oeganda'. In: *NRC*, 21 March 2009; Andrew Mwenda, 'Why Uganda has no citizens', *Independent*, 1 September 2009.

rely on the services of political hit-men such as Bulaya. At the same time, Mwanawasa was an actor in an arena in which others also wielded influence, as was illustrated by the reversal of Mwanawasa's decision to drop the prosecution of Bulaya. For Katele Kalumba, the need to survive in politics also forced him to compromise his image as a technocrat, as he relented in his opposition to the dissolution of his brainchild.

For others, however, the dynamics of dissolving the Central Board and reintegrating it into the ministry did create opportunities to siphon off public resources. This had severe consequences, however, for donor confidence in the health sector and the Zambian state in general. Whereas donors did little to oppose the reversal of the health reforms, the K27bn scam that emerged amidst the re-merger of the Central Board and the ministry refocused the attention of many donors on financial and accountability management systems. Donors had earlier invested much attention into such systems during the implementation of the health reforms. Then, after the Medical Stores scandal had impacted on donor confidence, a long trajectory was begun to focus on creating accountability and transparency in the drug procurement and delivery chain. This showed the capacity of donor agencies to react to the context of their recipient and to contribute to the strengthening of systems of oversight and prevention. Arguably, this narrowed the margins for opportunistic abuse of public resources.

Those instrumentalising the public services for their private interests, however, in turn also adapted their strategies. As the margins for manipulating systems apparently narrowed in one area, another area provided more opportunities. These were the areas of human resource development and maternal health, notably areas which donors prioritised in their endeavour to achieve the Millennium Development Goals in the context of the AIDS pandemic and the human resource crisis. In fact, one could even go so far as to argue that because these were donor priorities and donors were under pressure to deliver results in a context of perceived crisis and urgency, less scrutiny may have contributed to creating opportunities to manipulate the system.

What becomes clear from this analysis, however, is that in the context of the Zambian health sector, donors are an important influence – but at the same time, they are prone to being manipulated. Donors have in effect influenced, demanded, and contributed to the creation of various institutional arrangements and systems that have contributed to the rational-legal management of the sector. At the same time, we saw frequently how the discourse used by donors was appropriated by their counterparts in the health sector and instrumentalised to suggest a convergence of interests. In doing so, Zambian politicians, technocrats, and even health workers as a group shaped and reshaped the formal institutional reality of the sector, while in the process creating opportunities for satisfying personal and political interests.