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IMPACT OF REGULATORY CHANGES ON PUBLIC PROCUREMENT PERFORMANCE IN ZIMBABWE'S PUBLIC HEALTH SECTOR

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Abstract

Regulatory changes were implemented worldwide to respond to the different economic dictates and pressures on the supply chain environment. The world now being a global village, similar pressures also impacted on Zimbabwe's economic and supply chain environment leading to regulatory changes. This paper interrogated various Statutory Instruments introduced by the Zimbabwean government to try and assess their effects on the health sector supply chain. The paper outlined the various challenges on the health sector as a result of the policy positions such as exchange rate disparities and increased costs of doing business which lead to shortages and procurement of more expensive medical supplies by the health facilities. The paper concludes that the regulatory changes interrogated were prematurely adopted without *further interrogation of the actual impact on the supply chain environment. The paper further proffers a series of recommendations such as setting up of research and development units which spearhead all stakeholder consultative initiatives and government to consult and do pilot assessments on the feasibility of regulations before they are actually implemented. The paper advocates for further research studies by other researchers focusing on other policy positions being implemented by the government such as the National Development Strategy 1 and 2.*

Keywords: Procurement Performance, Statutory Instrument, Promulgated, Hyperinflation, Regulation

INTRODUCTION

The world over governments in a bid to try and address the ever changing requirements of the procurement environment have instituted various regulatory changes either directly or indirectly thereby impacting on the way procurement is conducted to enhance the social justice contract between the citizenry and governments (Mccrudden, 2007), In the US regulatory changes enhanced the war on corruption whilst promoting more transparency by promoting mandatory disclosure of information in Federal procurements (Yukins, 2015). Regulatory changes in Europe enhanced procurement as a strategic function in public procurement (Swick, Priess, & Yukins, 2016), in countries such as the UK with strict public procurement regulations competitive and transparent practices were adopted (Tas, 2019).

Reforms were also done in America and Asia; at least 12 countries signed the Transpacific Partnership Agreement (TPP) including countries such as USA, Canada, Malaysia and Japan in a bid to provide equitable and equal treatment of suppliers as well as transparency in the procurement systems. As the changes occurred the public health sector was also affected both positively and negatively by such changes (Labonté, Schram , & Ruckert, 2016). This was also the case with NAFTA which was a tripartite agreement between USA, Canada and Mexico. The tripartite agreement articulated issues related to corruption, debarment of suppliers as well as the ethical conduct of such in procurement processes (Yukins, nternational Pr International Procurement De ement Developments in 2015: Structur elopments in 2015: Structural Reforms to International Procurement Laws, 2016). In India reforms were done to address issues related to corruption, transparency issues and inadequate skilled practitioners, however regardless of the reforms they were not able to fully address transparency issues emanating from the processes (Hazarika & Jena, 2017) and also very little had been achieved in tackling corruption issues (Dávid-Barrett & Fazekas, 2020).

In Africa regulatory changes also occurred, which also affected public procurement and in particular the health sector. Regulatory changes were instituted in the form of changes to the governing laws regulating public procurement with subsequent directives issued during the COVI-19 pandemic further changing the public procurement space. Due to these regulatory changes and subsequent directives African countries such as South Africa, Malawi and Kenya were found wanting with adverse reports being reported by the auditors (Madziva, Msipah, & Tukuta, 2022)

Locally in Zimbabwe various statutory instruments were adopted and implemented to try and ensure the existence of a favorable supply market in the public sector. In a bid to correct the imbalances within the supply market, Zimbabwe pursued the de-dollarization agenda through various Instruments which banned the use of the multi-currency systems (Bonga, Chirowa, Chiminya, & Mawire-Van Strien, 2014). This position was meant to control the supply market and ensure that goods and services were procured using our local currency. As a result of the various regulatory positions adopted the supply market responded with various pricing regimes. The supply market ended up having five different price regimes being implored by suppliers. The different price regimes in the market were USD, USD paid at RBZ prevailing interbank rates, Ecocash, the bond note cash and the electronic platform in the form of the Real Time Gross Settlement (RTGS) (World Trade Organisation , 2020). Bond notes marked bond were no longer being accepted by the market. All these prices had several impacts on the procuring entities and worse still on the health sector in terms of acquisition of medicines and medical supplies.

In view of the above, generally all the reforms were meant to strengthen governance in public sector procurement (Gabela & Okeke-Uzodike, 2020), through various regulatory changes either through changing the Act or by way of statutory instruments or through policy directives to guide the frameworks. It is against this background that the paper interrogates the provisions which were implemented in Zimbabwe to try and establish the relative impact to the procurement function.

Statutory Instrument 122 of 2017 Control of Goods (Open General Import License) (Amendment) Notice, 2017 (No.5)

The Statutory Instrument had three broad objectives after promulgation. Firstly, the Instrument was meant to protect the local market in terms of products that could be manufactured locally such as medicines, where the local pharmaceutical industry was supported to create equity between the foreign and domestic pharmaceutical industry. Secondly, it specified the list of products which required import and export licenses. Lastly it prescribed the requirements for the import license and the list of products exempted from such licensing.

However, the instrument though having noble intentions and objectives it mandated entities or anyone importing medicines which were manufactured locally to apply for an import license technically increasing the costs of such medicines to the disadvantage of the local market. The Instrument also added another layer of bureaucracy to the process of medicines by requesting that applications be made to the Permanent Secretary for Industry and Commerce first adding to the already existing regulatory bodies again such as MCAZ regulating the Pharmaceutical Industry. Due to this barrier imports were reduced for such products further complicating the easy provision of medicines (World Trade Organisation , 2020) from the foreign suppliers whilst the local market failed to comprehend and sustain the adequate provision of the medicines, a development that further crippled the health sector causing more shortages of medicines (Modisakeng, Matlala, Godman, & Meyer, 2020).

Public Procurement and Disposal of Public Assets Act Chapter 22:23 & Statutory Instrument 5 of 2018 (General) Regulations, 2018

The Procurement laws that is both the Act and the Regulations were promulgated in 2018 to correct serious anomalies which ranged from corruption and lack of transparency in the public sector with the health sector also being one of the hardest hit sectors with serious shortages of medicines and medical equipment bewildering the sector (Munharo, Edet, Friday, Maradze, Ahmadi, & Lucero-Prisno III, 2021). Courts and media houses were also awash with cases related to contractual issues and lack of transparency in the public procurement process (Munyede & Mapuva, 2020). Against this background the birth of a new Act to correct these issues was inevitable and indeed the Act was promulgated. The Act gave birth to the creation of PRAZ as a Regulator in charge of monitoring and evaluation, providing guidance on procurement matters to the government as well as directing procuring entities where necessary for the benefit of the general public. Professionalization of the procurement function was also done with the introduction of the Procurement Management Units to spearhead the implementation of the Act and provide feedback through reports to PRAZ (Munyede & Mapuva, 2020). These reports then formulated the basis for procurement performance in the public sector. The Act also addressed the critical issues related to procurement preparation and planning constituting 50%. The Act also largely provides for various transparency provisions which include the mandatory publishing of tenders and subsequent awards, the use of standard bidding documents and contracts (Komakech, 2016), an appeal process at three phases starting with an appeal at the entities Accounting Officer, PRAZ and the Administrative Court in the event that the bidder is not contend. The Act also provides for the adequate maintenance of records as part of transparency provisions. The reforms also provides for the establishment of an electronic government procurement platform (Chania & Demetrashvili, 2017) thereby ensuring that the principles of public procurement are achieved in turn reducing corruption (Chalkidou, Keller, & Jones, 2020).

However, as much as the reforms greatly improved the governance and administration of public procurement in Zimbabwe a gap still exists in terms of the ability to respond to pandemics with the urgency required whilst ensuring that value for money is achieved (Madziva, Msipah, & Tukuta, 2022)

Statutory Instrument 33 of 2019 Presidential Powers (Temporary Measures) (Amendment of Reserve Bank of Zimbabwe Act and Issue of Real Time Gross Settlement Electronic Dollars (RTGS Dollars)) Regulations, 2019

The Instrument leveled all bank balances and assets before the prescribed rates into RTGS dollar at a rate of 1:1 with the USD. Effectively all other payments and contracts coming after the effective were then be converted at the ruling interbank rates (Insuarence and Pensions Commission , 2021). After the promulgation of the instrument an exchange rate of USD 1:2.5 RTGS was then set and only foreign currency accounts and foreign loan obligations were exempted (Tshuma, 2019). To a larger extent the Instrument outlawed the use of the basket currency system whereby the USD dollar was the main currency dominating the supply chains. The Government in coming up with such a directive wanted to remove USD currency that had been generally adopted and accepted by the market, however, technically unsustainable for the country as a whole since the country had limited resources attributed to low foreign currency streams.

The Instrument though meant to stabilize the currency disparities did not improve supplies of medicines, supply gaps were evident as shortages still persisted (Modisakeng, Matlala, Godman, & Meyer, 2020), worse the situation was exacerbated by the fact that the country had misaligned exchange rates (Corsetti, Dedola, & Leduc , 2020).

Statutory Instrument 142 of 2019 Reserve Bank of Zimbabwe (Legal Tender) Regulations, 2019

The Statutory Instrument outlawed the use of any other currencies as legal tender in domestic transactions effectively making the Zimbabwean dollar the sole legal tender for domestic transactions (Pasi, 2019). In this respect the Statutory Instrument took cognizance of the fact that monetary supply in terms of the foreign currency especially the USD was dwindling and for operations to improve the Zimbabwean dollar had to become the sole legal tender of trade effectively implying that no contracts could be concluded in any other currency except the local currency. Further to that in other stable economies domestic transactions are concluded using the local currencies and as such this phenomenon was in line with international best practices whereby all local transactions for the procurement and payment of goods and services are settled using the local currency.

However, regardless of the noble intensions of the Statutory Instrument negative come backs were experienced as the courts were flooded with suppliers approaching the courts to seek for legal recourse to try and salvage their capital outlays which they had invested in supplying the public sector as well as to maintain their contractual obligations (Supreme Court of Zimbabwe, 2020). There were further delays to critical government projects and lack of basic health care requirements as suppliers failed to honor the contractual obligations due to the hyper inflationary environment (Munharo, Edet, Friday, Maradze, Ahmadi, & Lucero-Prisno III, 2021).

Statutory Instrument 212 of 2019- Exchange Control (Exclusive Use of Zimbabwe Dollar for Domestic Transactions) Regulations, 2019

The Statutory Instrument was introduced to further buttress Statutory Instrument 142 of 2019 through provisions which permitted the use of other currencies for certain products such as the petroleum industry and duty payments for imported vehicles. The Instrument however, still maintained the same notion that the Zimbabwean dollar was the sole recognized legal tender accepted in Zimbabwe. The same provides for civil penalties for not complying with the dictates of the Statutory Instrument. In general terms the government realized that the exclusive use of the Zimbabwean dollar was not feasible especially given the fact that the same was not trading on the international market and as such not recognized as a currency of trade internationally, products such as fuel which were ordinarily imported had to be dealt with separately.

Despite the instrument recognizing the petroleum industry it did not recognize the critical pharmaceutical industry as well given the fact that more than 80% of the medicines used were imported as enshrined under S.I. 122 of 2017 Control of Goods, which states the medicines being manufactured locally and requiring import permits if they were to be imported.

Statutory Instrument 49 of 2020 Public Procurement and Disposal of Public Assets (General) (Amendment) Regulations, 2020 (No. 1)

The Instrument amended Section 10 of Statutory Instrument 5 of 2018 on financial thresholds and the financial thresholds were denoted in the local currency in alignment to Statutory Instruments 33 and 142 of 2019. Unfortunately though trying to align with the dictates of the other instruments, due to hyperinflation within the country (African Development Bank Group, 2019), the situation was further escalated by the fact that the Procurement Laws provide for 60 days and 90 days as bid validity periods yet the prices were continuously rising making it technically impossible for entities to adopt the default procurement method as set out under Section 31 of Chapter 22:23. Most entities resolved to use the Request for Quotation (RFQ) method to try and slash on the dates and counter the continuous escalations in the supply chain market. This policy position was also not in tandem with health sector requirements which are generally imported hence more shortages were created in terms of medical supplies (Munharo, Edet, Friday, Maradze, Ahmadi, & Lucero-Prisno III, 2021).

S.I.85 of 2020 Exchange Control (Exclusive Use of Zimbabwe Dollar for Domestic Transactions) (Amendment) Regulations, 2020 (No. 2)

Unlike S.I.33, 142, 212 of 2019, the instrument allows for the payment of goods and services charged in local currency to be paid in USD if the funds are classified as “free” funds which are generated as foreign currency. The Statutory Instruments actually provides for the purchaser of goods and services to pay for goods charged in local currency using USD at the prevailing RBZ Auction rates and not the sale of goods and services in USD effectively prohibiting or limiting the authorization of the charging of the same using the USD but only the payment after supply (Mushoriwa & Chinyama, 2020). After the promulgation of the Statutory Instrument tenders reviewed by SPOC directed procuring entities to proceed with the signing of the contract in local currency only. The contract would then be paid using foreign currency if the funds are available using the RBZ interbank rates. The major issue which emanated from the above was that due to the price distortions between the parallel market and the RBZ Interbank rates bidders withdrew from the signing of the contracts denominated in local currency in fear of loss of value. Another point to note is that the public sector in general does not have access to free funds hence they would want to offset the contract value in the local currency. This position led to further shortages of medicines as the local currency was not stable with serious fluctuations and high rate of inflation emanating from the increased parallel market activities making it difficult if not impossible to be able to conclude a contract using the local currency (African Development Bank Group, 2019).

Statutory Instrument 219 of 2020 Public Procurement and Disposal of Public Assets (General) (Amendment) Regulations, 2020 (No. 2)

After the introduction of S.I. 85 of 2020 a new Instrument was promulgated which re-introduced the USD financial thresholds in public procurement wherein Section 10 of S.I. 5 of 2018 which had been previously converted to the local currency was re-configured to USD to try and respond to the dictates of the market and try to bring a little bit of stability to the procurement processes. Improvements were noted, however the value was still eroded as the parallel market rates generally caused disparities in terms of payments using the interbank rates. The rates were not in tandem with the shift in the parallel market rates, the auction system did not adequately support the health sector making it more difficult for medical suppliers to manufacture medicines and medical supplies hence stock outs and serious shortages were noted in the market (Modisakeng, Matlala, Godman, & Meyer, 2020).

Statutory Instrument 127 of 2021 Presidential Powers (Temporary Measures) (Financial Laws Amendment) Regulations, 2021

The Instrument came as a remedy to the Statutory Instrument 142 of 2019 and allowing the pricing of goods and services in USD and be paid at the RBZ Prevailing Interbank Rates but putting a ceiling to the prices such that anyone who prices above the prevailing interbank rates would be penalized.

However, though noble and trying to offset the initial irregularities within the supply chains brought about by the introduction of Statutory Instrument 142 of 2019 and the subsequent amendments various pricing models and regimes were introduced into the supply chains

Statutory Instrument 299 of 2021 Public Procurement and Disposal of Public Assets (General) (Amendment) Regulations, 2021 (No. 3)

The Instrument replaced certain provisions under S.I. 219 of 2020, changing the values for authorization to procure as outlined in Section 15 of the Public Procurement and Disposal of Public Assets Act with Class A procuring entities being charged ZWL280,000 whilst Class C entities being charged ZWL80,000. The Instrument provided an opposite position and to larger extent corrected an anomaly under S.I. 219 which charged the lower class higher fees of ZWL160, 000 and the higher class ZWL80, 000 yet the lower class is also regarded as a procuring entity with lower procurement thresholds as such S.I. 219 was more punitive than promoting the concept of value for money outlined under Section 4 of the Act.

Part VI of the same Instrument introduced new contract administration fees capping them at ZWL12,500,000 for contracts equivalent or above ZWL8,75Billion replacing the ZWL2,000,000 apex under S.I. 219 of 2020. The major impact of this statutory provision was that the overall costs of goods and services became too high and this largely affected the medical sector as well since most of the medicines, medical equipment and medical supplies were imported. The increase in prices of medicines was in direct contradiction of the government policy position to provide affordable quality health medicines for all Zimbabweans. This was also the case with contract administration fees for direct procurements which were pegged at USD15, 000 resulting in critical laboratory equipment and consumables becoming very expensive especially in the acquisition of re-agents were the laboratory machines were not compatible with any other consumables and direct procurements had to be adopted. Given these increase the health system which had already been strained was further compromised.

Statutory Instrument 33 of 2022 Public Procurement and Disposal of Public Assets (General) (Amendment) Regulations, 2022 (No. 4)

The Instrument increased the total allowable preference given to the local bidders from 15% to 20% for goods and up to 10% from 7.5% for services. The logic was to create an enabling environment and also align with the objectives of public procurement under Section 4 of the Act Chapter 22:23 to create an equitable treatment of suppliers. The instrument took into consideration that domestic bidders were not at par with foreign bidders.

Despite the strides to try and create an even ground the pharmaceutical industry remained constrained due to the fact that foreign bidders were paid in USD whilst local bidders were being paid using the prevailing RBZ Interbank rates and having to wait long for the foreign currency disbursements at the auction hence taking more time to deliver. In most instances the local industry would lose to the foreign bidders even after getting the preference due to the lack of competitive prices.

CHALLENGES CREATED AS A RESULT OF REGULATORY CHANGES

The introduction of S.I. 122 of 2017 though noble increased the costs of medicines to the final consumer due to the fact that the local pharmaceutical industry was facing high costs of production with lack of adequate availability of foreign currency. Foreign currency had to be sourced from the parallel market, overhead costs of business were also very high and also the fact that the country was grappling with inflation did not make things any easier. The Instrument effectively meant that an inbuilt price structure to cover for the import license fees was factored making the medicines unaffordable for the general populace.

A disparity was created where an uneven balance existed in the market, with local bidders being paid in RTGS because of the lack of free funds in the public sector as specified under though S.I.85 of 2019 whilst foreign bidders were paid actual USD. The major impact of these statutory instruments was that the business operating environment in Zimbabwe particularly the pharmaceutical sector had to rely on the parallel market to get the USD to procure raw materials for manufacturing since the auction system could not adequately supply the much needed USD in time. The failure of the local pharmaceutical manufacturers to get the USD in time at the auction exchange rates created price distortions as the local bidders naturally became more expensive and the costs of production heavily increased making the local bidders less competitive in turn lost out on the awards. As a result of this position there was no growth of the local medical manufacturing industry thereby limiting the capacity of the sector to diversify and produce more lines of medicines to manufacture, as such increasing dependency on foreign manufacturers.

Lack of investor confidence as statutory Instruments inhibited investors from coming into the country with their investments, like taking cognizance of the changes in the price regimes created disparities within the market therefore creating uncertainties which destabilized organizations focus and cash flow projections, and due to such instabilities investors willing to invest ended up not investing or diverting their business to other functions, this is the case of VARICHEM were they had initially invested in the manufacturing of ARVs but due to the diverse regulatory frameworks and lack of enough support ended up abandoning the project yet the country loses millions of dollars towards the purchase of such pertinent medical requirements for the populace.

Increased litigations as a result of contractual violations as a result of the various Statutory Instruments and other Cabinet Directives related to the payment of contracts which had been concluded previously using the USD where the government had to battle litigations after giving a directive that contracts which had been previously concluded in USD were to be paid in Zimbabwean dollar after the introduction of S.I.212 of 2020-Exclusive use of the Zimbabwean Dollar (Supreme Court of Zimbabwe, 2020). This created a situation where valuable government time and resources had to be wasted trying to defend a position which was also later reversed.

RECOMMENDATIONS ON IMPLEMENTATION OF REGULATORY CHANGES

The researcher recommends that PRAZ should come up with a consolidated research department which advises the government in terms of policy position which has a direct impact on the overall procurement function which will in turn have a massive bearing on the citizenry.

PRAZ is supposed to take a leading advisory role in guiding policy positions as they should also be alive to the market changes especially given the hyperinflationary environment were price stability would not be maintained.

A consultative approach with all the concerned stakeholders is required such that regulatory changes are not effected without proper impact assessments having been done such that going back and forth is avoided. Also regulatory changes should address the actual fundamentals affecting the procurement environment instead of adding more piles of layers, this is the case with having a statutory instrument promoting domestic preference yet failing to create the enabling environment such as 50% payment of the local pharmaceutical industry in foreign currency so as to capacitate them to get the much needed role materials, or even inclusion of supplier development clauses in statutory instruments to promote growth of the local industry.

A provision or amendment should be done to S.I. 85 of 2020 to allow for goods and services to be priced in USD and contracts concluded using the same whilst payment is done using the prevailing interbank rate of the day or in foreign currency for those using free funds so as to try and preserve the values in the contractual obligations.

There is need for policy makers to come up with an instrument that allows for direct capital injection within our pharmaceutical industry, such that the industry is able to produce more medicines (Madziva, Msipah, & Tukuta, 2022) which the country is currently importing thereby reducing dependency on other countries and also promoting the growth of foreign currency reserves through the exportation of the medicines manufactured locally.

CONCLUSIONS

As much as Statutory Instruments were promulgated to try and guide processes and create a favorable business environment, the crux of the matter was that there was over regulation which actually gave rise to more confusion. The regulations as they affected the economy also impacted negatively on the procurement function particularly the health sector were contractual violations, price fluctuations, price distortions, loss of competitive edge for the local supply industry and litigations were noted on the supply chain of various medicines, medical equipment and sundries. A huge vacuum was created and shortages of medicines were prevalent. It was also noted that very little to non-impact assessments were conducted before the instruments were promulgated leading to continuous changes to the same instrument and in some cases reverting back to almost similar positions initially repealed.

Other researchers going forward should broaden the analysis on the regulatory frameworks to cover the impact of various legal instruments which affect public procurement in

Zimbabwe such as changes to the Indegenisation Act updated as at 1st January 2021 (Richards, 2020) , Competition and Pricing Act, the Zimbabwe Development Agency Act Chapter 14:37 amongst others.

Another area of focus for future studies would be to interrogate the impact of the economic blue prints and polices on the performance of the procurement function in the public sector. The procurement function consumes much of the countries revenue hence it is imperative to analyse the impact of such polices as the Transitional Stabilization Program (TSP) 2018-2020, National Development Strategy 1 (NDS1), 2020-2025 and the National Development Strategy 2 (NDS2) 2025-2030.

REFERENCES

African Development Bank Group. (2019). *Zimbabwe Economic Brief .* African Development Bank Group.

Bonga, W. G., Chirowa, F., Chiminya, J., & Mawire-Van Strien, F. (2014). World De-Dollarisation: Economic Implication of De-Dollarisation in Zimbabwe (Introduction of Special Coins) . *http://ssrn.com/abstract=2534972*.

Chalkidou, K., Keller, J. M., & Jones, A. (2020). Can Better Procurement Be the Key to Financing UHC? Potential Savings from Health Sector Procurement Reforms in Low- and Middle-Income Countries. *CGD Policy Paper 192* .

Chania, A., & Demetrashvili, K. (2017). *Public Procurement Reform in Georgia: The Way from Paper-Based Procurement to an E-Procurement System.* Georgia: Digital Governance and E-Government Principles Applied to Public Procurement.

Corsetti, G., Dedola, L., & Leduc , S. (2020). Exchange Rate Misalignment and External Imbalances: What is the Optimal Monetary Policy Response? *Federal Reserve Bank of San Francisco Working Paper*.

Dávid-Barrett, E., & Fazekas, M. (2020, September 24). Anti-corruption in aid-funded procurement: Is corruption reduced or merely displaced?1. p. 61.

Gabela, S., & Okeke-Uzodike, O. E. (2020). The perceived impact of public sector procurement reforms on development agenda in the Kwazulu-Natal Province. *International Journal of Procurement Management*.

Hazarika, B., & Jena, P. R. (2017). *Public Procurement in India: Assessment of Institutional Mechanism, Challenges, and Reforms.* New Delhi: National Institute of Public Finance and Policy New Delhi.

Insuarence and Pensions Commission . (2021). *Guideline for the Insurance and Pensions Industry on adjusting Insurance and Pension Values in response to currency report .* Harare : Insurance and Pensions Commission .

Komakech, R. A. (2016). Public Procurement in Developing Countries: Objectives, Principles and Required Professional Skills . *Public Policy and Administration Research*.

Labonté, R., Schram , A., & Ruckert, A. (2016). The Trans-Pacific Partnership Agreement and health: few gains, some losses, many risks. *Globalization and Health*.

Madziva, P. F., Msipah, N., & Tukuta, M. (2022). Impact Of Praz Circular 01 Of 2020 On Procurement Performance Of The Public Sector In Zimbabwe During The Covid-19 Pandemic. *International Journal of Economics, Commerce and Management*.

Mccrudden, C. (2007). *Buying Social Justice: Equality, Government Procurement & Legal Change.* Oxford University Press.

Modisakeng, C., Matlala, M., Godman, B., & Meyer, J. C. (2020). Medicine shortages and challenges with the procurement process among public sector hospitals in South Africa; findings and implications. *BMC Health Services Research*.

Munharo, S., Edet, A. A., Friday, A. E., Maradze, T. C., Ahmadi, A., & Lucero-Prisno III, D. E. (2021). Impact of COVID-19 on Supply Chains in Zimbabwe. *Journal of Public Health International*.

Munyede, P., & Mapuva, J. (2020). Exploring Public Procurement Reforms in Rural Local Authorities in Zimbabwe. *Journal of Public Administration and Governance*.

Mushoriwa, F., & Chinyama, F. (2020). SI85/2020 & Exchange Control Circular No.3/2020. Is Zimbabwe reverting to multi-currencies via the back door?

Pasi, M. (2019). *Analysis of Statutory Instrument 142 of 2019.* Harare: Mushoriwa Pasi Corporate Affairs.

Richards, R. (2020). *Indigenisation and economic empowerment in Malawi: lessons from other southern African states.* K4D Helpdesk reports.

Supreme Court of Zimbabwe. (2020). *Judgment No. SC 66/2020: Civil Appeal No. SC 484/2019.* Supreme Court of Zimbabwe.

Swick, B., Priess, H.-J., & Yukins, C. (2016). International Procurement Developments in 2015: Structural Reforms to International Procurement Laws. *The George Washington University Law School*.

Tas, B. K. (2019, March). Effect of Public Procurement Regulation on Competition and Cost-Effectiveness.

Tshuma, M. (2019, March 12). Update on currency reform.

World Trade Organisation . (2020). *Trade Policy Review .* Harare : World Trade Organisation .

Yukins, C. R. (2015). Public Procurement Law— Part I: An American P t I: An American Perspective on the New European Public Procurement Directives . *GW Law Faculty Publications*.

Yukins, C. R. (2016). International Procurement Developments in 2015: Structur elopments in 2015: Structural Reforms to International Procurement Laws. *GWU Legal Studies Research Paper No. 2016-6*.