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GOVERNANCE AND CORRUPT PRACTICES IN HEALTHCARE SYSTEMS IN NIGERIA

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Abstract

Governance in health systems is the stewardship activities of leaders in the provision of healthcare delivery. Due to information asymmetry, lack of transparency and accountability, health systems are susceptible to corrupt practices among the actors. This article examined different types of effect of governance on corrupt practices in the health sector, specifically to determine the type of governance domains, corrupt practices, the challenges and effects on health care delivery systems. The study adopted interviews, archival search, participant observation and explorative method for collection of data. The analysis was descriptive. Findings showed that medical and non-medical staff can charge unofficial fees to attend to patients. They may demand bribes for medication which should be free and sometimes assist patients whom they have collected bribe from to jump the queue and break the rules just to get attended to before others. Unfortunately, corruption was considered as a social norm associated with the mutual definition of situations in which bribes are deemed appropriate by both health workers and the general public despite the recognised negative impacts. Not only that the patients, their relatives, and the general population suffered from the corrupt system. Unfortunately, many promote corrupt practices for their gain.

Financial regulation and management in the health sector by the governments need to be made public by publishing detailed health budgets and financial information for proper tracking of funds to enhance transparency. This would, in turn, promote trust, motivate as well as bring about attitudinal change that would discourage corruption among health care providers. There is also the need for change in government policies regarding provisions of supplies, training of medical personnel, cooperation between health care sector and other agencies, such as the law enforcement agencies, to be able to curb the menace of corruption in the healthcare system.

Keywords: Governance; Corruption; Healthcare; Health Workers; Nigeria

INTRODUCTION

Good governance includes implementation of formulated policies, resources management, voice with accountability and transparency, management of resources and control of corruption. Effective and efficiency functions in healthcare systems imply good governance. According to Kaufman and Kraay (2003), good governance is defined as "the traditions and institutions by which authority in a country is exercised". However, when people use their position and power to benefit themselves and others close to them, corruption is said to have occurred. In other words, corruption is ascertained when public administrators who have been given the authority to carry out goals which would further the public good now use such authority for personal gains. Thus, corruption can be well-defined as "use of public office for private gains" (Bardhan, 1997). Similarly, according to the Transparency International, corruption is defined as the 'misuse of entrusted power for private gain'. With either definition,

good governance hinges on the incentives for and accountability of public servants. It varies from tracking the occurrence of bribes, nepotism, favouritism among public officers, the irregularities in public purchasing and oversight including the nature and extent by which the authority in the government manages corruption. (Partha, Pradip and Sarkar, 2008)

Health system in Nigeria is dysfunctional, despite huge investment. This is evident in that Health status indicators in the country are worse than the average for sub-Saharan Africa with infant mortality rate: 115/1,000; under-5 mortality rate: 205/1,000; and maternal mortality ratio: 545/100,000. (Federal Ministry of Health, 2016). Despite proven, cost-effective interventions, programs, and policies to improve maternal health, maternal mortality remains a public health challenge in Nigeria. The system in health has not been able to respond adequately to this and other public health challenges, such as child health, maternal healthcare, etc. The country's health status, according to the national health indicators, has remained fundamentally the same over the past 25 years. Several state governments in Nigeria have begun to offer free maternal health services as an initial response to inadequate maternal health care. In 2007, the Northern Governors' Forum Summit pledged to end preventable maternal deaths, most notably in the Northern Nigeria. As a consequence, about 17 states in the country launched free maternal health services. An assessment of the impact of free maternal health services in nine selected states was conducted but was unable to reach definitive conclusions. (Saka, Oloriegbe, Zubair, 2009)

In 2000, the United Nations set eight Millennium Development Goals (MDGs) designed to end poverty, hunger, and illiteracy, to be achieved by 2015, including improving maternal health (MDG 5) with a goal of reducing maternal deaths by three-quarters from the 1990 estimate. This goal has not been reached, but there has been significant progress in reducing maternal mortality at the global level. In Nigeria, not enough progress was made to achieve MDG 5 by the target date of 2015. (Federal Ministry of Health 2016)

Nigeria is one of the five countries in the world with the highest number of under-five deaths. A recent study identified the leading causes of death in Nigeria for children age one month to 5 years in 2013 as: malaria (31%), pneumonia (19%), and diarrhoea (14%). Among neonates, the leading causes of death are preterm birth complications (33%), intrapartum-related events (29%), and sepsis/meningitis/tetanus (20%). Collectively, malaria, pneumonia, and diarrhoea account for 45% of all under-five deaths in Nigeria. (Westoff, Clara, 2016)

In terms of the high levels of mortality for children under five and adult males aged 15 to 59, Nigeria reportedly had one of the worst health indices in the world and was classified among the high-mortality in the developing countries. (<http://www.pharmanewsonline.com>). Poor governance and corruption accounted for poor health and developmental indicators, and this would lead to the situation that the country would have less money to spend on essential healthcare services, despite the assertion that the global health programmes funding has more enormous impacts on the health system. To reverse the trend of worsening indicators and for better improvement on socio-economic development of the country, it is important to examine different types of corrupt practices affecting the delivery of quality of healthcare services in the health sector from the management to the implementation level.

The Specific Objectives are:

1. to describe the effectiveness and efficiency of different levels of governance in health facilities and the effect of corrupt practices in the health sector; and
2. to describe the impact of corrupt practices on healthcare delivery system in Nigeria.

A CONCEPTUAL MODEL OF GOVERNANCE AND CORRUPTION IN THE HEALTH SECTOR

To consolidate some of the concepts and models that have been developed previously. Figure 1 below shows an outline of corruption in the health system.

At the government level, corruption can be determined by three key factors: those who feel pressured to abuse (financially or by clients) for private gain; those who do so because they feel their actions can be justified in terms of social norms, or their attitudes can support their decision; and those who have the opportunity to abuse power.

In health sector and development partners, officers evaluate the costs-benefits analysis of acting corruptly against the costs-benefits of acting with honesty and choose to act in the way that takes full advantage of their self-interest (Saka, 2008). Prospects for corruption are more in circumstances of *monopoly of power* over clients by the government agents or officials that have a great deal of *discretion*, or independent in making decisions where accountability is not practiced. (Vian, Taryn, 2008 and Klitgaard 2000)

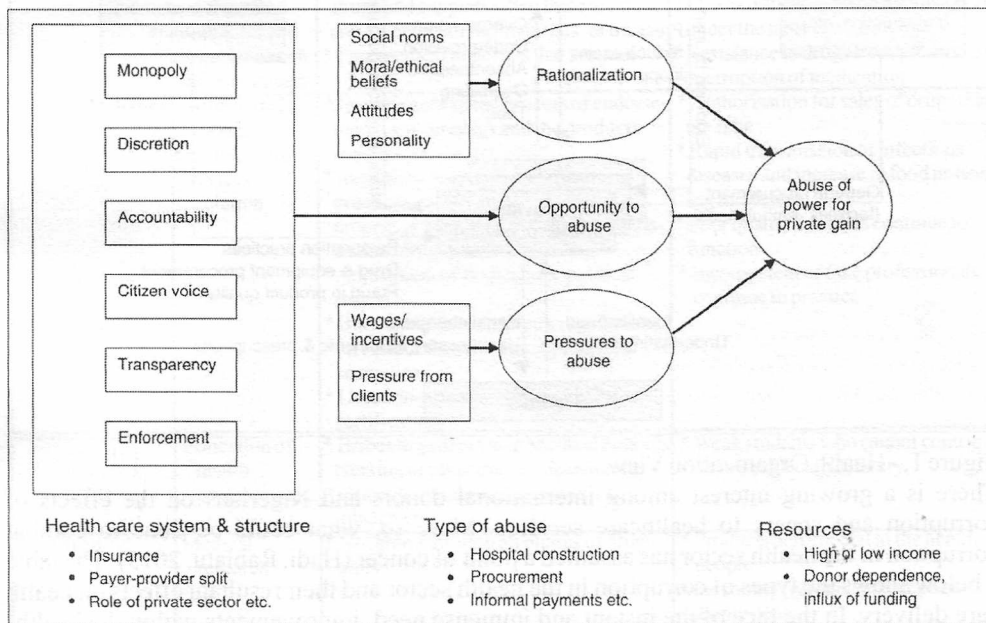


Figure 1: Framework of corruption in the health sector

ANALYSIS OF DIFFERENT TYPES OF GOVERNANCE IN HEALTH FACILITY AND TYPE OF CORRUPT PRACTICES: AN ORGANISATIONAL VIEW

In the hospitals and health sector set, we can look at the corruption issues by examining the responsibilities, roles and relationships between different players (health consumers and providers) in the hospitals to find potential abuses that are likely to occur (Vian and Taryn, 2008). Such an organisational view is shown in Figure 1. Corruption in the health sector may also be viewed by looking at the different types of functions in the health care delivery process and examining the potential abuses that can occur at each step. Corruption is a universal problem affecting the Nigerian health sector. At the level of individuals and households, there is mounting evidence of the adverse effects of corruption on health and welfare of citizens.

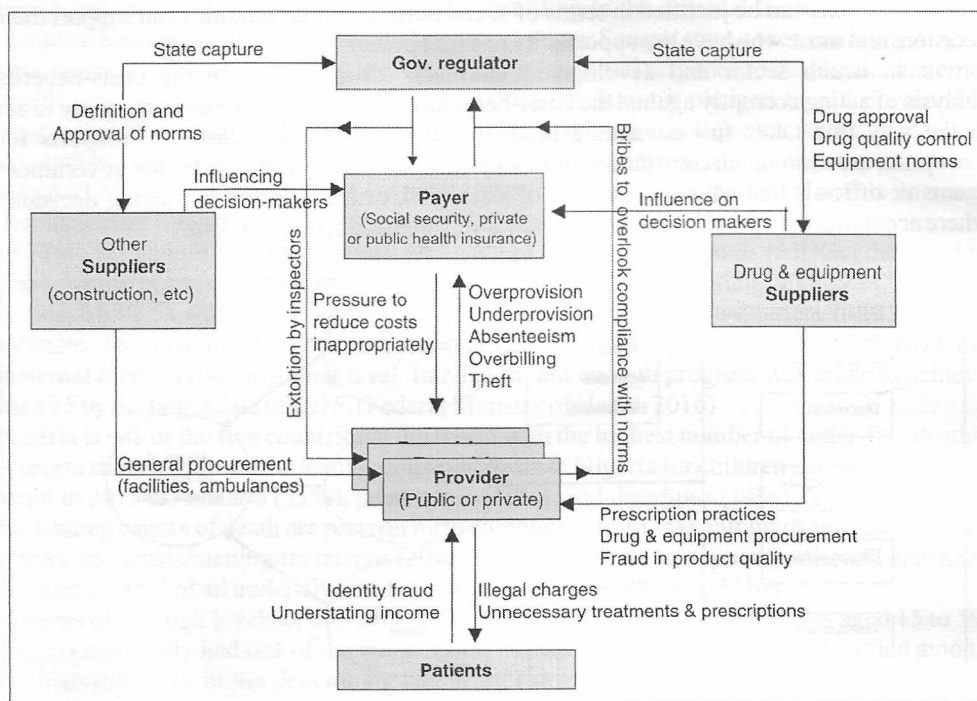


Figure 1; - Health Organization View

There is a growing interest among international donors and Nigerians on the effects of corruption and access to healthcare services. More so, what could be done to combat corruption in the health sector has assumed a point of concern (Hadi, Rabiati, 2015). The table 2 below shows the types of corruption in the health sector and their resultant effects on health care delivery. In the face of the instant and immense need, improvements within the health-care sector are not yet inspiring enough. International and private funding is available, yet there is a pressing need for the government to move from rhetoric to substantial commitment if these benefits are to reach the local level.

Table 1; - Different Types of Governance domain, Corruption Types, challenges and Effective on Health Care Delivery Systems

Governance Domains	Area in the Hospital	Corruption Types and Challenges	Results
Administrative Section	Building and rehabilitation of hospitals	* Bribes, kickbacks and political thoughts influencing the contracting process * Contractors fail to perform and not detained for wrong doing	* High cost, low-quality facilities and construction work, high technology * Location of facilities that do not match to the needs, leading to inequities in access to healthcare * Distribution of infrastructure in favour of urban and elite focused service
	Procurement of supplies, drugs, equipment and other materials	* Kickbacks, bribes and political deliberations, influence conditions and victors of bids * Collusion or bid rigging during gaining * Non-incentives for low choose cost and high-quality suppliers * Unethical drug promotion to health consumers and in some cases where providers did not account for non-delivery of goods	* Inappropriate high cost, duplicative drugs and equipment * Inappropriate equipment located without consideration of actual requirement * Expired drugs and poor equipment * Inability to provide all the needs due to inadequate funds
	Delivery of materials, supplies and drugs for health facilities usage	* At storage and distribution points of drugs and supplies when there are theft and diversion of the materials * Free medical materials that are paid	* None proper treatment for patients * Lower utilisation of drugs that are fro under the table * Resistance to drugs from pre-mature interruption of medication
Service Delivery	Professionals, products, facilities and services regulation	* Incentives to speed process of endorsement, consumables and the products used in services delivery * Incentives for good manufacturing practices certificate to speed up the process or gain approval for drug registration, drug quality inspection * Adjustment of findings for political reason * Biased request of sanitary regulations for restaurants, food production and cosmetics * Unfair in-process of licensing for certification	* Authorisation for sales of drugs that are fake * Rapid transmission of infections diseases and increase in food poisoning incidence * Poor quality facilities continue to function * Incompetent or fake professionals continue to practice
	Education of health professionals	* Bribes to gain place in Medical Schools Nursing or other pre-service training * Bribes to obtain passing grades & placement	* Weak students who cannot contribute to health care delivery
Research	Medical research	* Not going through all phases of drugs trails	* Products detrimental to the health of people * Personnel right and privilege of people denied * Research in-justices
Personnel	Performances of services in the	* Unnecessary referrals to private practice or privately owned ancillary services	* Staffs are not available to serve patients, leading to lower volume of serv-

	hospitals by the health workers	* Absenteeism * Health workers are attending to a private patient with government equipment * There is also the diversion of health budget allocation * When patients are giving fake receipts for services rendered	ices and unmet needs, and higher unit costs for health services delivered * Reduced utilisation of services by patients who cannot pay and Impoverishment as citizens use income and sell assets to pay for healthcare * Abridge quality of care from loss of revenue * Loss of citizens faith in government
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Source: Vian, Taryn. Review of Corruption in the Health Sector: Theory, Methods and Intervention.

METHODOLOGY

An archival search method of literature on the global, and specifically Nigeria, is adopted for measuring corruption which ranges from corruption perception surveys, household and public expenditure surveys, triangulation in data collection, the use of qualitative data collection, investigative journalism and control of systems review. Merit, benefits, weakness and demerits in each of these methods were described as summarised in table 1 below. However, the researcher adopted explorative method along with participant observation. Randomly selected key informants were interviewed among healthcare providers, and health consumers were conducted.

Tactic	Explanation	Assistance	Weaknesses
Corruption Perception surveys	A study conducted by world bank on the perception of corruption among citizens in general, or particular classes of health workers, <i>Perception Index</i> , Transparency International's <i>Corruption Freedom House's Freedom in the World Survey</i>	Highlights areas of concern. Creates a starting point and allows monitoring of changes over time. Asking different health workers about the same problem can illuminate issues. For accountability and external reasons information are provided to the public	* Terms of engagement may not be well understood locally due to weak methodology and effect on results * Behaviour may differ in actual or as perceived
Surveys on Household and public expenditure	Results of identification of leakages inflows of public funds between levels of government are the outcome of public expenditure analysis. While informal payment and other expenditure results are got from the Household studies. Examples: Public Expenditure Tracking Surveys and World Bank Living Standards Measurement Surveys;	Data can be related with goals to provide measures of accountability, e.g. amounts paid for allegedly free services, the percentage of government spending reaching service delivery points. Provides detail on household health spending by income and region, formal or informal	Existing data sets may not explore questions that allow one to differentiate between informal and formal payments. Though it may be patchy, public records is the outcome of public expenditure survey

Collection of data that are Qualitative	Using key informant Interview (KII) in-depth interviews (IDI) and focus group discussion (FGD) to collect qualitative data to determine areas of concern. Example Vian <i>et al.</i> (2006); Balabano-va and McKee (2002a,b)	Permits follow-up, provides details on norms, beliefs, attitudes and pressures. More importantly on how to clarify the corrupt act during corruption surveys	To get full cross-cultural meaning requires careful attention to translation and training of research staff. On social desirability, bias or reticence may influence results
Investigative Journalism	Using the freedom of information act, the journalist meeting and discussion with health providers and consumers		
Review of Systems and Control	To examine inherent risks, given mission mode of operation; control environment; and existing safeguards against corruption. E.g. US Office of Management and Budget Internal Control Guidelines Klitgaard 1988, p. 84-85, US hospital compliance programmes to combat fraud (OIG - 1998); pharmaceutical assessment (WHO 2007)	* Offers profound analysis of particular government departments or units, comparing actual systems with best practices	* Assumes systems are stable, therefore not good for systems undergoing health reform * With proper documentation and administrative systems developed work better in countries

ANALYSIS OF THE EXPLORATIVE FINDINGS

Patients interviewed at the general hospitals in the North Central Nigeria, including pregnant and newly delivered women, complained about ill treatments that occurred in the night from nurses and midwives. Some of the patients also complained about extortions regarding payment for soap, gloves, fuel to power hospital generator, disinfectants, etc.

Even the clerks are cashing in, making registration deliberately cumbersome, chatting and leaving their posts at will and for long periods, to extort bribes. When confronted with these allegations, some of the officers in charge of free drugs did not deliver by drug revolving fund. The management of the hospital claimed that they were personally buying them to ensure their availability, and since it was their own money, they were forced to recover it from patients or their spouse/relatives. They argued that it was their only way of reducing the incidence of deaths during child birth. In addition, the head of a hospital said that while the government did provide the hospital with caesarean packs, routine drugs for antenatal and drugs for normal delivery were not provided. The caesarean packs supplied by the government were insufficient in that they did not contain enough post-delivery drugs; mostly antibiotics, to accommodate the influx of women assessing the free maternal healthcare. (Nwaebuni and Rosemary, 2013)

Magnitude of Massive Corrupt Practices in the Nigerian Health Sector

In Geneva, the Global Vaccine Alliance for Vaccine Initiative (GAVI) that provides funding to increase access to immunisation for children in the world's poorest countries, released its Nigerian audit report that covered the expenditures incurred and procurement activities

conducted by the Federal Ministry of Health, the National Primary Health Care Development Agency (NPHCDA), and States in the fiscal years 2011-2013. GAVI as an organisation has a zero-tolerance approach to misuse of funds. (Jaiyesimi and Rotimi, 2015). The Cash Programme Audit (CPA) of GAVI's programme in Nigeria determined that US\$ 2.2 million have been misused. GAVI requested reimbursement of the identified US\$ 2.2 million, and this has since been fully reimbursed. Shameful as this is, more worrying is the lack of conscience from the officials who have misappropriated funds meant to save lives. In Delta State, Nigeria some medical doctors collude with pharmacists to divert high-priced drugs from the government hospitals to their private clinics, with patients forced to follow. This corruption and apathy among professionals, as well as inadequate supplies, in the public health sector of Nigeria's Delta State, have led to inane service delivery leaving many victims in their wake.



Programme SURE-P funds were also diverted from the Federal Ministry of health to NPHCDA, and the funds may have been used to acquire its new well-furnished office in Area 11, the contract for which was awarded to top politicians and their cronies instead of the money being used to address challenges in the health sector. 'Richards, Chris (2016)

Donor agencies like Rotary International, Bill and Melinda Gates foundation, the World Bank, United Nations Children Education Fund UNICEF, Global Alliance on Vaccines GAVI and a host of others have sunk over \$1billion into the fight against the polio disease however cases of the disease are still being reported in the country, with Nigeria being one of the few countries in the world still harboring the virus notwithstanding billions of naira sunk into National Immunization plus Days NIPDS, procurement of vaccines and other logistics meant for the eradication of polio.

IMPACT OF THE PROBLEMS

The impact of corruption in the health sector, in general, is relatively well documented. There is a growing body of evidence that demonstrates that corruption undermines the cost, volume and quality of public service delivery, undermining the access and quality of patient care. Diverted resources reduce the level of resources and investments available for the public health system on which most vulnerable populations are more reliant on. Resources drained from health budget through embezzlement, fraud and corruption reduce the funding available for salaries, health services and maintenance, contributing to lower staff motivation, quality of

care and declining service availability and use. Corruption delays and reduces the vaccination of new-borns discourages the use of public health clinics, reduces satisfaction of households with public health services and increases waiting times at health clinics. A ten percent increase in corruption reduces immunisation rates by 10 to 20 %. Reducing corruption can result in significant social gains as measured by decreases in child and infant mortality rates, as well as the percent of low-birth-weight babies. Corruption in the health sector not only suffers developing countries, but also wealthy countries via the loss of millions of dollars each year to insurance fraud and corruption. (Transparency international, 2016)

CONCLUSION

Corruption in the health sector can mean the difference between life and death. Poor people are worst affected. Medical staff can charge unofficial fees to attend to patients. They may demand bribes for medication which should be free. Alternatively, they may let patients who bribe them queue-jump. Corruption also costs lives when fake or adulterated medications are sold to health services. Without proper checks from regulators, public health funds can easily disappear. Ministers and hospital administrators can syphon millions of dollars from health budgets. Alternatively, they can accept bribes. This distorts policy and denies people hospitals, medicines and qualified staff. Stolen funds also hamper efforts to beat major health challenges, such as immunization, malaria, TB and HIV/AIDS. On a final note, as noted earlier on, it is not only the developing countries which suffer, wealthy countries also lose millions of dollars each year to insurance fraud and corruptions.

RECOMMENDATIONS

Governance at the top level of health institutions such as chief executives, head of administration or unit heads should be single term tenureship which should not be more than three years. Governments need to publish detailed health budgets and financial information that is easy to understand and accessible to all stakeholders. At the institutional level, everybody has an important role to play. Demand for accountability from health professionals and administrators is important for funds tracking. Health workers need adequate pay and guaranteed regular salary to reduce vulnerability and pressure to corruption. Continue training on the need for attitudinal changes among all health workers. Officers in charge of the hospital should be more disciplined and conscious of daily activities to avoid unnecessary demand of money from patients. It is also important to demand public consultations over health services to allow full active participation in planning and implementation. There is also the need for change in government policies regarding provisions of supplies, training of medical personnel, cooperation between the healthcare sector and other agencies such as the law enforcement agencies to be able to curb the menace of corruption in the healthcare system.

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