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The Impediments of Corruption on the Efficiency of Healthcare Service Delivery in Nigeria

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The Impediments of Corruption on the Efficiency of Healthcare Service Delivery in Nigeria

Introduction

Corruption is one of the most distressing challenge threating national development in all sectors. Though Nigeria is not alone in the siege of corruption but it is ranked among the top ten most corrupt countries in the world. According to Transparency International (2015), Nigeria ranks 136 out of 176 countries with a score of just 27 out of 100 on the 2014 Corruption Perception Index. In a survey conducted in the country, the report indicate that 85 per cent of Nigerians believe corruption has increased from 2011 to 2013. This is not a good omen for any country that aspires to be among the great economies of the world. Agha (2012) cited by Diara and Onah (2014) is of the opinion that due to the high presence of corruption in Nigeria the main mechanisms that would have brought development to the nation are circumvented for personal gains. This happens in all sectors of the economy thereby posing serious threat to national growth. Coming down to the individuals and households levels, evidence abounds on how corruption negatively effects the health and welfare of citizens. This has therefore attracted a lot of attention from both local and international organizations who are donors in health care and even Nigerians on how corruption can be combated (Hadi, 2015).

The efficiency of health care delivery in any nation is predicated on transparent combination of financial resources as well as human resources, the supply and delivery of timely services to vulnerable populace throughout the country. Lewis (2006: 6) posits that for health care system to achieve efficiency it "requires a "system" that mobilizes and distributes resources, processes information and acts upon it, and motivates providers". This efforts is to be accompanied with appropriate behaviour by individuals, health care workers, and administrators. This entails that good governance is considered as a yardstick in ensuring a sustainable and efficient health care delivery.

The notion that health is wealth serves as a precondition for both personal productivity and national development. For any country to keep its citizens healthy, it has to invest heavily in the health sector and also create opportunities for individual investment as well. Good investment in the health sector must portend good equipment, adequate staffing, easy access and affordable medical services with a possible good insurance scheme in place. However, citizens will not have good health services where corruption prevails and self-interest is the focus of political participation. Besides, where corruption prevails there is difficulty in the implementation of state policies on effective health care delivery. This is the situation Nigeria has found itself. Nigeria has been dominated with personal, ethnic, religion and regional interest which is greatly affecting the health sector in all ramifications (Akinnaso, 2014).

For the fact that this paper is focused on how corruption affects health care delivery in Nigeria, it is yet mindful of Nigeria's ranking on corruption ladder generally.

This is reflected in the low placement of Nigeria in the Human Development Index which affects its entire economy. Scholars can therefore explore corruption prevalence in different sectors of the Nigerian system.

Conceptualization of corruption

The United Nations Development Programme (UNDP) (2008) defines corruption as the misuse of entrusted power for private gain. Similarly, Transparency International regards corruption as the abuse or 'misuse of entrusted power for private gain' (Hadi, 2015). Corruption is said to have taken place when public officials use their positions and powers for personal gratification and their allies. Nye (1967: 419) defines corruption as 'behaviour which deviates from the formal duties of a public role because of private-regarding (personal, close family, private clique) pecuniary or status gains; or violates rules against the exercise of certain types of private-regarding influence'.

Corruption in the health sector could be dictated by scrutinising the roles and relationships among all the actors to identify potential abuses that may probably occur in the course of service delivery. On this note, Vian (2008) is of the opinion that most often there is hardly any difference between bribe and gift, and other forms of reciprocity which are usually regarded as normal in some countries but may be considered illegal in other countries. For example, if informal payments or unofficial fee is paid to medical personnel for services that should have been free, this constitute corruption.

Similarly, if a head of department decides to employ an unqualified relation or friend, or an agent procures a new, expensive drug above the required price or in quantities that is greatly above what is needed in order to benefit from the purchase, this amounts to corruption.

However, it is noteworthy that what constitute corruption in real sense is subjective and tied to prevalent norms in different societies. But we can on a general stance speculate that any abuse of power or privileges for personal gains in the course of rendering medical services amount to corruption.

The nature and types of corruption in the health sector

Table 1: Types and effects of corruption in the health sector

Area or process	Types of corruption and problems	Results
Construction and rehabilitation of health Facilities	Bribes, kickbacks and political considerations influencing the contracting process	High cost, low quality facilities and construction work
	Contractors fail to perform and are not held accountable	Location of facilities that does not correspond to need, resulting in inequities in access

		Biased distribution of infrastructure favouring urban- and elite-focused services.
Purchase of equipment and supplies, including drugs	Bribes, kickbacks and political considerations influence specifications and winners of bids Collusion or bid rigging during procurement Lack of incentives to choose low cost and high quality suppliers Unethical drug promotion Suppliers fail to deliver and are not held accountable	High cost, inappropriate or duplicative drugs and equipment Inappropriate equipment located without consideration of true need Sub-standard equipment and drugs Inequities due to inadequate funds left to provide for all needs
Distribution and use of drugs and supplies in service delivery	Theft (for personal use) or diversion (for private sector resale) of drugs/supplies at storage and distribution points Sale of drugs or supplies that were supposed to be free	Lower utilization Patients do not get proper treatment Patients must make informal payments to obtain drugs Interruption of treatment or incomplete treatment, leading to development of anti-microbial resistance
Regulation of quality in products, services, facilities and professionals	Bribes to speed process or gain approval for drug registration, drug quality inspection, or certification of good manufacturing practices Bribes or political considerations influence results of	Sub-therapeutic or fake drugs allowed on market Marginal suppliers are allowed to continue participating in bids, getting government work Increased incidence of food poisoning Spread of infectious and communicable diseases

	inspections or suppress findings Biased application of sanitary regulations for restaurants, food production and cosmetics Biased application of accreditation, certification or licensing procedures and standards.	Poor quality facilities continue to function Incompetent or fake professionals continue
Education of health professionals	Bribes to gain place in medical school or other pre-service training Bribes to obtain passing grades Political influence, nepotism in selection of candidates for training opportunities.	Incompetent professionals practicing medicine or working in health professions Loss of faith and freedom due to unfair system
Medical research	Pseudo-trials funded by drug companies that are really for marketing Misunderstanding of informed consent and other issues of adequate standards in developing countries (including Nigeria).	Violation of individual rights Biases and inequities in research
Provision of services by medical personnel and other health workers	Use of public facilities and equipment to see private patients Unnecessary referrals to private practice or privately owned ancillary services Absenteeism Informal payments required from patients for services Theft of user fee revenue, other diversion of budget allocations	Government loses value of investments without adequate compensation Employees are not available to serve patients, leading to lower volume of services and unmet needs, and higher unit costs for health services actually delivered Reduced utilization of services by patients who cannot pay

	Impoverishment as citizens use income and sell assets to pay for health care
	Reduced quality of care from loss of revenue
	Loss of citizen faith in government

Source: Adopted from Vian (2005). Reproduced with permission

Factors that make the health sector susceptible to corruption

According to Vian (2008) menaces of corruption in the health sector are exclusively determined by several organizational factors. As Vian, Savedoff, & Mathisen, (2010) explain, the health sector is predominantly susceptible to corruption due to: uncertainty involved in the demand of services (who becomes ill, at what time and what are their needs); several discrete players which include regulators, payers, providers, consumers and suppliers who all interrelate in complex ways; and lopsided information among these players, which makes it impossible to detect and control contravening interests. More to these, is the fact that the health care sector suffer due to the unusual involvement of private providers who are entrusted with vital public roles, and the huge public funds allocated as health disbursements in many countries. Some of these expenditures includes; construction of hospitals at exorbitant rates, high tech equipment and the increasing collection of drugs required for treatment in combination with a dominant market of vendors and pharmaceutical companies. All these pose risks of bribery and clash of interest in the health sector (Vian, 2008).

Di Tella and Savedoff (2001) also observed that Government officials use their discretion to provide license and accredit health facilities, use of services and products, which leads to the risk of abuse of power and use of resources. They also see the patient-provider relationship as being dominated by risks emanating from imbalances in information and inflexible request for services, which results to corruption problems. This is characterized by inappropriate ordering of tests and procedures for financial gains; 'under-the-table payments for care' and making use government resources for private practice.

Similarly, Matsheza, Timilsina, and Arutyunova, (2011) see corruption in the health sector as a reflection of the structural problems bedevilling the health care system all over the world. The factors that drive corruption in the health sector are due to weak or absent of rules and regulations, over-regulation, lack of accountability, low salaries and inadequate services among others. In addition, Health professionals are hardly accountable to regulatory bodies and the execution of standards and sanctions for nonconformities from standard are sometimes inadequate or absent due to low financial and human resources. Furthermore,

sometimes, the regulatory agencies are never objective and can be influenced negatively by those they are supposed to regulate.

Similarly, absenteeism are common indicators of Nigerian hospitals. Medical personnel abandon their official duties to attend to patients in their private hospitals or hospitals where they work on contract at the expense of their original places of employment. Some serve as consultants in several hospitals where they spend little time trying to cover all the hospitals, thereby not giving their best. According to Matsheza, Timilsina, and Arutyunova, (2011) a high magnitude of absenteeism could reduce the volume of health care services which could lead to poor quality of care thereby increasing costs to the health system. Some health workers may not see absenteeism as corruption but as a means of complementing low income. The justification given for this act is based on the low wages received by health workers in the country. Therefore, absenteeism is only but a coping mechanism' for health workers who try to look for more than one source of income. Matsheza, Timilsina, and Arutyunova, (2011) however, are of the opinion that low income do not provide adequate explanation for the absenteeism in the health sector. They instead see absenteeism as a result of poor motivation of health workers, inadequate or poor quality of health worker education, inadequate knowledge of health workers roles and responsibilities, and absence of emphasis on merit for employing health workers.

The effects of corruption on Nigeria's health sector

Nigeria is tagged with some of the worst health care statistics in the world. This makes the country one of the least in virtually all development index. Ironically, Nigeria has not suffered any major natural or man-made disaster like the countries who rank higher. The World Health Organization currently positions the Nigerian health system at the 197th place of 200 WHO countries evaluated. According to a report by UNDP, life expectancy in Nigeria has declined drastically from 47 to 43 years. Nigeria accounts for 10% of the world's maternal mortality rate in child birth whereas it constitute only 2% world's population (WHO, 2015). One in every five Nigerian children dies before their 5th birthday while over a million Nigerian children die from preventable diseases yearly. The immunization records of Nigeria also show that only 18% of Nigerian child receive full immunized by their first birthday (WHO, 2015). Malaria also kills the Nigerian child more than any other disease. Despite these indices of poor health services in the country, the Nigerian Government at all levels budget less than 5% on health, despite its signatory to the 2000 Abuja Declaration to increase health budget to 15%. Corruption therefore, has placed the Nigerian Primary Health Care system is in a state of total breakdown. Primary Health Care centres are in disarray with structures adorned with 'expired drugs and cob webs. (Hadi, 2015).

Evidence from an International Monetary Fund (IMF) reports show that corruption has a devastating negative effects on health indicators like infant and child mortality, female education, health budget and spending. Corruption therefore lowers the immunization rate of children as stated above, and also thwarts the

delivery of essential treatment, especially for the poor; and as well dampens the use of public health facilities (Dike, 2005).

Certainly, the drugs used for treating some of the common diseases of the world, such as malaria, tuberculosis and bacterial infections, are filled with counterfeit. This sometimes causes more problem to the health of individuals, groups and the entire nation, and as well puts the integrity of the country into question. It is noteworthy that corruption has a great effects on the health status of the majority poor in Nigeria by denying them access to quality health services thereby endangering their health.

The post-positivist approach on corruption in the Health sector

This approach focuses on how corruption is socially constructed. The famous American political scientist Michael Johnston defined corruption as 'the abuse, according to the legal or social standards constituting a society's system of public order, of a public role or resource for private benefit' (Johnston 1996: 331-334). His position therefore is to investigate how the content of concepts of abuse, public role, and private benefit are challenged in a particular place and at a particular time. Johnston's interest is to find out how disagreements over the boundaries between public and private, politics and administration, institutions and sources of power, state and society, private and shared interests, and the limits of the market develop. According to him, it is within the ambit of such encounters that the conception of integrity and corruption are discovered (Johnston 1996).

Considering this cultural or constructivist perspective, corruption is hereby regarded as manifesting through specified types of social relationship in an organization like the health sector. This also implies that the social meaning of corruption must also be understood with particular reference to such social setting (Sissener, 2001). The basis of defining corruption with reference to a particular social setting is based on variation in the norms of every society and social setting. It is expected that what constitute a norm in a hospital setting may not be a norm in a school setting or sport setting. Therefore, the norm prevalent in health setting determines or defines what constitute corruption in that sector.

This perspective therefore is disputing the universality of the meaning of corruption, instead it emphasizes a representation of social mechanisms designed to achieve solidarity between and within an interdependent group. The understanding of corruption from this perspective therefore reveals the social construction of reality.

It is noteworthy that the critical apparatuses of quality care in all healthcare systems all over the world comprises competent staff, well-constructed policies and procedures that guide practice, safe healthcare environments, interdisciplinary evidence-based disease management processes, however, when this structured system does not achieve its aim, it means there is a leakage. Within this fold, corruption may be prevalent.

Conclusion

The problem of corruption is quite complex as it threatens health care access, fairness and outcomes. Gradually, leaders in the health sector, and citizens globally, have realized the malicious effects of corruption, and the need to take action against it without delay. Struggles to disaggregate precise corruption harms in the health sector, and to detect and comprehend the core causes, will assist in the fight to overcome this menace. Theoretical application in studying the realities locally would craft programmes that will be effective in closing off opportunities, ease pressures and brace resistance to corruption. It should be taken into serious consideration that corruption hurts health outcomes and it is the less privilege in the society that suffer most.

Recommendations

Based on the factors identified by this paper as major impediments to good health delivery in Nigeria, the following recommendations are hereby made:

In compliance to WHO recommendation for Good Governance for Medicines (GGM) programme launched in 2004, there is need to employ a 'top-down' discipline based strategy that would help governments establish anti-corruption laws and facilitate legislation and regulation governing the health sector, especially pharmaceutical companies. If these laws are strictly complied with, it will create accountability and justification for the actions of all stakeholders within this sector. This also means that, there should be no "sacred cows". Beginning from the very senior officials, all activities should be monitored and accounted for.

Secondly, there is need to build up a 'bottom-up' value based strategy that is designed to help governments establish institutional integrity by promoting ethical values and practices. This is in compliance with Nigerian civil service ethics laws which require civil servants and public officials to maintain and strengthen the public's trust and confidence in government, by demonstrating the highest standards of professional competence, efficiency and effectiveness, upholding the Constitution and the laws, and seeking to advance the public good at all times. The bottom-up approach therefore enable members of key actors in the course of consensus-building to create in them a sense of ownership and personal identification with their places of work.

Relevant supervisory agencies should ensure administrative compliance to stipulated rules and regulations in collaboration with good governance and anticorruption initiatives and also establish whistleblowing mechanism with strict sanctions for corrupt acts among health workers. Establishing whistleblowing mechanism is therefore essential to encourage the reporting of misconduct, fraud and corruption. However, this must be done by providing effective protection for whistle-blowers to supports an open organisational culture where employees are not only aware of how to report but also have assurance in the reporting processes. This will also help in the prevention and easy detection of bribery and other corrupt

acts in the health sector. Protecting members of the public and health workers who serve as whistle-blowers from vengeance for reporting suspected acts of corruption and other wrongdoing is therefore essential to efforts to combat corruption, safeguard integrity, and enhance accountability. This will support smooth administration of the health sector.

Higher salaries are also recommended for public health workers. This recommendation is based on the argument put forward by health workers unions that Nigerian workers are the least paid compared with many African countries. Results of our findings also confirms this position. However, considering another fact that even among the higher ranking officials who are highly paid there is a high level corruption. This study therefore proposes that employment security, recruitment and promotion criteria, and management should be applied as a reward system to complement salary increase. This justifies the fact that salary adjustments may reduce corruption, however, evidence suggests that while wage levels may play a role in controlling corruption it is not a guarantee that it will curb corruption. Therefore there is need to employ complementary means.

There is also need to create strategies in other to increase adequate control of discretion exhibited by some heads and personnel in-charge of various sections in hospitals. Some of these strategies should include separating responsibilities between individuals to create checks and balances; transparent decision-making process by making use of standard operating policies and measures; and solidification of information systems such as personnel management, control of drug inventory and affirming internal financial control systems. More so, establishing checks and balances such as the division of functions between cashiers and accountants would assist in reducing embezzlement.

The need for accountability will demonstrate health workers obligations in rendering effective services to their client. This is due to the fact that lack of accountability creates prospects for corruption. This can be achieved through health boards or other civic organizations who demand clarification on services rendered; establishing organizations watchdog, providing incentives for good performance; and sanctioning poor performance. This is based on the fact that an institution cannot be effective if there is no adequate degree of public trust, which is only granted to people and organizations that demonstrate trustworthiness through transparency and responsible administration of what is assigned to them. Public health servants are therefore trustees of public resources and are also accountable to the society they serve.

Transparency is another watch word that can reduce corruption in the health sector. The notion behind transparency is that it keenly assist in providing information on how decisions are taken, measures of performance, how to improve public discussion and strengthen accountability and inform citizen choice. More so, transparency assists in documenting and circulating information on the nature and consequences of corruption, which help to build support for anti-corruption

campaign. Transparency policies price monitoring and release of hospital documents or resolutions through web sites, public databases, public meetings and the media. When more information is released to the public, it is ascertain that there is a higher chance of accuracy and transparency in the administration of health institutions and agencies. This therefore justifies the need to make public information on health care expenditures and programmes for easy accessibility by the public. This will also boost checks and balances in health administration in Nigeria.

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