

# Combating corruption in health providers in Nigeria

What could work to curb health sector corruption and improve health outcomes?

## Research Question

Corruption is common across different levels of the health sector in Nigeria, and a major barrier to achieving universal health coverage. This project seeks to identify the most common and damaging forms of corruption, establish why they occur, and to assess a range of approaches to help reduce corruption in healthcare delivery and its impacts on health outcomes for Nigerian citizens.

## Key Findings

The main types of health sector corruption identified as having a high impact on patient outcomes were absenteeism, under the counter payments to gain access to care, diverting patients to private clinics and informal charges to patients. Absenteeism was identified as the form of corrupt behaviour with the greatest impact on healthcare outcomes. Further research will identify which strategies could best align incentives for healthcare workers to reduce corrupt practice.

## Implications

Early findings suggest absenteeism takes two forms: 'adaptive' and 'voluntary'. The first is to cope with health system inefficiencies while the latter is the due to political or social protection and hence identifiable as corrupt behaviour. Our research suggests addressing absenteeism through examining and realigning incentives for healthcare workers could result in the greatest benefits for patients. There could be small interventions that provide phone numbers of personnel on duty rosters so they can be tracked or providing or giving a greater role to local paramount leaders in socially sanctioning absenteeism.

## Project Summary

Achieving the Sustainable Development Goal 3 of Universal Health Coverage is hampered in many countries by widespread health sector corruption. This project aims to identify the **patterns of corruption** among frontline public health providers and their managers in Nigeria, and explore the **underlying determinants** – systemic and individual factors - that give rise to corrupt behaviours. It will synthesize

available evidence on the impact of corruption on users of health services and **identify and assess the potential of accountability measures**, including recent reforms, to constrain corrupt practices among frontline public health providers and their managers. Finally, it will make recommendations towards a **more resilient, efficient and accountable health system**.

## Methodology

### Stage 1

Literature review: synthesis of policy context; dimensions of corruption in health; existing strategies and policy interventions.

### Stage 2

Workshops in August 2018 with researchers, civil society and public health providers, used to identify common and detrimental corrupt practices.

### Stage 3

In-depth interviews with range of health workers and managers to understand dynamics behind informal rent-seeking.

### Stage 4

Health worker survey of between 200 and 400 healthcare workers, including a Discrete Choice Experiment to examine decision-making by healthcare workers.

## Policy and programming implications

From the literature review and workshops with health providers and policy makers, we found that absenteeism, diversion of patients to private clinics, inappropriate prescribing, informal payments/bribery and theft of drugs and supplies were the top five corruption problems in the health sector. In addition, absenteeism was identified as the most prevalent type of corruption, as well as the type of corruption that was most feasible to address: to improve healthcare outcomes, policy-makers could therefore focus first on strategies to address absenteeism, particularly in rural areas. Further recommendations on the most effective ways to work with health workers to address absenteeism will follow.

## Team members

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