CORRUPTION IN THE NIGERIAN HEALTHCARE SYSTEM

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ABSTRACT

Corruption is the use of public resources for private gain. This is common in most countries though reduced in some and alarming in others. It affects all sectors of the economy and the healthcare system is not spared. Medical corruption is increasing in countries with high rates of corruption and all healthcare professionals are affected. This is review article on medical corruption in Nigeria with suggestion on how to reduce it

KEY WORDS: Healthcare System, Corruption, Healthcare Professional, Medical Care

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INTRODUCTION

Nigeria is located in West Africa bounded in the north by the Republic of Niger, west by Republic of Benin, east by Chad and Cameroon and on the south by the gulf of Guinea and Atlantic ocean. Nigeria is divided into thirty-six states and seven hundred and seventy-four local government areas with a federal capital territory at Abuja for administrative purposes. It has over five hundred ethnic groups which have different languages but English is widely spoken as lingua franca. Nigeria under the colonial rule of the British and got its independence on the first of October, 1960 and became a republic in 1963.

POPULATION AND DISEASE PROFILE

Nigeria is the most populous country in Africa and the seventh most populous country in the world [1] with a population of 144 million [2] with a growth rate of 3.2%. The population of Nigerians living in urban areas is 50% [3]. Young people aged 10 – 24 years constitute approximately 33% of the population [2]. Poverty is widespread in Nigeria with an estimated 56% of the population living below the poverty line [2]. The utilization of available demographic and gender disaggregated data for planning is inadequate. The Nigerian census data of 2006 shows that the population of rose to 36% between 1991 and 2006, there was a drop in the population of Ondo, Plateau and Sokoto states and males outnumbering females[4]. The country has 2.9 million people living with human immunodeficiency virus with a prevalence of 4.4% in 2003 [2].

Nigerian health profile[3]

Total fertility rate (per woman)	6
Life expectancy at birth	54 years
Healthy life expectancy	46 years
Under-five mortality rate (per 1000 livebirths)	124 livebirth
Adult mortality rate (probability of dying between 15 and 60 years per 1000)	Male- 371 Female – 346
Maternal mortality ratio(per 100,000 livebirth)	560
Incidence of malaria (per 100,000 population)	28710
Prevalence of tuberculosis (per 100,000 population)	161
Percentage of women who attend antenatal care	57%
Births attended by skilled health personnel	

Non-communicable diseases are responsible for 60% of all deaths worldwide. This is so especially in developing countries such as Nigeria.

Risk factors for non-communicable disease[3]

	Males (%)	Females (%)
Raised blood glucose	7.9%	12
Raised blood pressure	38.6	41.2
Obesity	5.1	9
Tobacco	11	2

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Health workforce training

The health workforce in Nigeria per 10,000 of its population is 4.4 physicians and 16.1 nurses and midwives. There is a limited opportunity for continuing medical education[5]. The training of the health workforce in Nigeria is borne by the individual themselves and therefore expensive. There are over 20,000 general duty doctors providing clinical care ta the primary care level in Nigeria[6]. Some Nigerian universities offer master of public health, master in science in the basic medical sciences and diploma in anaesthesia. The fellowship programmes consist of three professional examinations

Lack of training of these general doctors with no specialist training engage in excessive referrals because they are not confident in handling cases with even the slightest complications. Several poor but discerning patients avoid these first contact health facilities and end up visiting multispecialty hospitals where health care costs are very high [6] with long waiting time because of huge patient population.

IDENTIFICATION OF THE PROBLEM

Corruption is a serious threat to good governance in countries around the world, affecting healthcare as well as other social service sectors. Yet fighting corruption in the health sector is a complete challenge[7]. Corruption affects all sectors of development are affected negatively as impedes growth therefore becoming a global concern[8] and it is a pervasive problem affecting the health sector[9]. The Nigerian health system is comatose, few hospitals with few drugs, inadequate and substandard technology and a lack of infrastructural support, including electricity, water and diagnostic laboratories resulting in misdiagnosis [10]. Transparency international defines corruption as "misuse of entrusted power for private gain"; alternatively, it is defined as "sale by government officials of government property for private gain". There is increasing interest among health policy makers, planners and donor in how corruption affects healthcare access and outcomes and what can be done to combat corruption in the health sector [11]. Corruption in the healthcare system or the medical practice is widely known both in the developing and developed world [8,12]. It may be viewed by examining the roles and relationships among the different players to identify potential abuses that are likely to occur [8]. The health sector is prone to corruption due to uncertainties surrounding the demand for services as seen in many developing countries and particularly in former centrally planned economies, where bribery in the form of informal payments from patients to healthcare providers is common and widespread [8]. Corruption in the healthcare may be provoked by weakness in the healthcare system (low salaries, relatively low levels of healthcare spending or research budgets, close ties between the industry and healthcare providers) or flaws and loopholes in healthcare supervision, anti-corruption legislation or judicial effectiveness [13].

- Drugs: Physicians prescribe drugs marketed by pharmaceuticals companies who offer gifts and money for increasing their sales without considering if the patient actually needs it. They are not interested if it is evidenced based or has undergone clinical trials. Certified drugs and vaccine bought by the government hospitals are diverted to private pharmacies and hospitals. Drugs meant to be dispensed free at no charge and free healthcare for the elderly and the under-fives are sold or written as out of stock. In the area of medical devices and pharmaceuticals, procurement corruption and improper marketing relations appear to be the most prevalent type of corruption[13]. Sometimes, counterfeit drugs are administered. Corruption also costs lives when adulterated medications are sold to health sector [8]. Some family physicians own private hospitals while also working for the government therefore diverging much of their attention to these private hospitals. Some family physicians working for government also work in private hospitals. Sometimes doctors are late to work or sometimes direct patients to other health facilities they work so as to make money for themselves[8]. Sometimes they absent themselves from these public services and make way to other facilities at the detriment of patients who may have queued up in these public health facilities hoping to see these doctors [8]. Health provider absenteeism is chronic in much of the developing world leading to closed public clinics, limited patient access to services, lower quality of care and eventually corruption [14].

- Bribes: Bribery in the doctor to patient service delivery is the most visible form of corruption in healthcare [13]. Medical staff can charge unofficial fees to attend to patients. They may demand bribes for medication which should be free [8]. They let patients who bribe them queue-jump [8]. Integrity violations and misuse of rights and opportunities depend on personal motivations, norms and values [13]. A study in Ghana by Agbenorku in 2012 showed that the most corrupt health staffs are doctors followed by pharmacists as these health staffs usually come in contact with patients [8]. Government doctors pay more attention to their private patients prescribe unnecessary diagnostic tests and drugs; accept perks from pharmaceuticals companies, presenting expensive medications to patients[12]. At the level of

individuals and households, there is mounting evidence of the negative effects of corruption on the health and welfare of citizens[9].

IMPACT OF CORRUPTION ON THE NIGERIAN HEALTHCARE

- Drugs: Counterfeit drugs find their way into the hospitals and are administered to patients. These fake drugs cause treatment failure, complications, economic drain, and even death.

- Lack Of Trust: Lack of trust in the Nigerian healthcare leading to medical tourism and patronage of traditional healers and patent medicine stores. In Nigeria, unauthorized persons without proper training and licences sell drugs and do investigations and sometimes go ahead to prescribe drugs to their clients. They are patronized so much and most of the populace have confidence in them because their fees are cheaper and they are easily assessable.

- Lack of adequate and quality medical care: This is because the patient is not properly clerked by the doctor, absenteeism and lack arrival of the family physician. Pharmaceutical companies that do not give gift to the doctors do not have their drugs prescribed even if it has undergone several clinical trials.

- Bribes: Patients are forced to pay bribes to get drugs and vaccines meant to be free; and also to queue-jump so as to spend less waiting time. This makes the populace not to get vaccinated. Bribes have to be offered to get medical reports and certificate of fitness signed. Even when they are legal documents such as police report medical form for cases of assault and rape. Politicians and their dependants' queue-jump for personal attention and favours for political appointments.

- Lack of continuing medical education and continuing professional development: Some doctors apply for work free days to attend refresher courses which are approved but never attend them, but use the period to work at private hospitals. Sometimes the hospital pays for such courses therefore draining the resources of the hospital. These physicians pay for the refresher course just to get the certificate but never attend the course therefore no upgrading of knowledge.

- False medical reports: Bribes are collected to issue medical reports on illnesses in people that are otherwise well and not sick. Sometimes excuse duty from work issued after bribes have been offered.

- Non-functioning of some health facilities because the physicians do not come to work or come late.

- Bad reputation on the doctors to the extent that if they need to work in another country, there certificates is thoroughly screened in other not to put the citizens in that country ta risk.

RECOMMENDATIONS AND SUGGESTIONS

- Monitoring: There should be continuous monitoring of all health staff. Submission of registers and books is not enough as sometimes not everything written in the books are true. Unannounced visits should be made to the hospitals by disguising as patients.

- Use of automated attendance register: electronic cards can be issued so that it can be slotted into the machine once the person comes to work and at the close of work. This because some people may give their cards to those that come to work early.

- Protection of hospital letter headed paper, excuse duty and death certificate forms/register: Physicians should apply to the hospital authority before issuing documents such as medical reports, excuse duty and death certificate. A register containing the physician's name; name, age, sex, and folder number of patient/client; and number sheets of the hospital letter headed paper, death certificate and excuse duty issued. The duplicate copy of the document should be in the patient's folder.

All reports of certificate of medical fitness and assault should pass through the office of the chief medical director or a designated authority. The body receiving the report such as the police should confirm with the hospital if the patient received medical care there and all such reports should have the patient's/client's hospital folder number.

Physicians who claim to have attended refresher courses should asked question on what they learnt, have a logbook signed by each of the lecturer and ask the organisers of the course not to sign and issue certificates to those absent. Attendance should be taken with a head count so that one absent is signed for and also call the organizers at random times to confirm if the physician attended the course.

CONCLUSION

Corruption is common in the health care services. The causes are many and multifactorial and have negative effects on the patients and doctors. Efforts and checks should be made in place to reduce this for trust in the Nigerian health system. Checks and monitoring teams should be put in place.

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