

CORRUPTION IN THE NIGERIAN PUBLIC HEALTH CARE DELIVERY SYSTEM

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Abstract

This study examines challenge of corruption in Nigeria public health delivery system. Like other sectors, the health sector in Nigeria is prone to corrupt practices. This is attributed to the fact that health services are in great demand coupled with low public access to health information and expenditure. The high demand for health services therefore has created avenue for health givers and providers to manipulate health care facilities and services at the expense of health consumers. This has created wide gap between governance and social responsibility because health care priorities and targets can hardly be met. Corruption in the health sector has made various health institutions to be ineffective while scarce resources invested in the sector are wasted. This study, therefore, examines the extent to which corruption in the Nigerian health sector has undermined consumers' access and effectiveness of health care services. In terms of methodology, the authors made use of secondary sources where relevant empirical literatures were reviewed to unravel the endemic problem in the health sector.

Key words: Corruption, Health, Social Responsibility, Health Consumers and Health Priorities

Introduction

In Nigeria, corruption has hampered social, economic and political development. Consequently, productivity is lower, administrative efficiency is reduced and the legitimacy of political and economic order is undermined. Funds intended

for aid and investment flow quickly into the accounts of corrupt officials, mostly in banks in stable and developed countries, beyond the reach of official seizure and the random effects of the economic chaos generated by corruption at home. The reverse flow of capital leads in turn to political

and economic instability, poor infrastructure, education, health and other services and a general tendency to create or perpetuate low standards of living (Buscaglia and Ratliff, 2001).

The challenges that corruption poses to national life in Nigeria is grave. Since independence in 1960, successive administrations have been enmeshed in crisis of confidence based on the adverse effects on the processes of policy formulation, and implementation. It is the cancer that has eaten deep into the very foundation of Nigerian society (Nekabari and Oni, 2012). The damage of the scourge to the economy and the fabric of the society are seen in the schools that are not built, the hospitals without medicines, the roads that are not passable and the failure of our citizens to be inspired. Because of its sheer scale and level, corruption is no longer secret. Indeed, it is celebrated. Transparency International (TI) 2011 report on corruption ranked Nigeria 143 out of the 183 countries surveyed (Transparency International, 2011).

Nigeria for a long-time suffered political instability that created an opportunity for corruption to thrive and enhanced poor macro-economic management (Apter, 2007; Okeke, 2008; Pierce, 2006). Following years of military dictatorship and lack of government accountability, infrastructural decay did not attract desired attention (Okogbule, 2007). The petroleum supported economy faced years of blatant economic mismanagement, and squandering of resources through institutionalised corruption (Arikpo *et al.*: 2007;

Transparency International, 2006). Change in the body polity of the nation has been slow, and in some cases, retrogressive (Nullis-Kapp, 2005; Okafor-Dike, 2008). Consequent upon decades of neglect, Nigeria is experiencing a serious shortage of modern health care facilities. The government has taken some steps to promote the development of a basic national primary care programme in the rural areas, but with undesirable outcomes because of a lack of basic drugs, inadequate work force, and serious lack of specialized health care facilities (Okeke, 2008; Ouma and Herselman, 2008).

Nigerian health sector is vulnerable to corruption; it occurs in systems whether they are predominantly public or private, well funded or poorly funded, and technologically simple or sophisticated. The extent of corruption is, in part, a reflection of the society in which it operates. Health system corruption prevails in Nigeria because there is no adherence to the rule of law, coupled with lack of transparency and trust. In addition, the public sector in Nigeria is ruled by ineffective civil service codes and weak accountability mechanisms, among others.

Commenting on the subject-matter, Hussmann (2011) argues that there is a critical link between corruption and health service delivery. He stresses that corruption makes health policy, health initiatives, the provision of care and international aid less effective, undermining efforts to increase better coverage and quality in the health systems and to improve the health status

of the population. Corruption affects all health systems, both in developed and developing countries, through the embezzlement from health budgets, fraudulent drug procurement, health insurance fraud, or bribes extorted at the service delivery level. The negative consequences are huge and the burden falls disproportionately on the poor (World Bank, 2009).

Corruption in the health sector could be understood by examining the roles and relationships among the different players to identify potential abuses that are likely to occur (Ensor and Antonio 2002; Savedoff, 2006). In the case of Nigeria, corruption in the health sector occurs among different actors. These include corrupt acts among both senior and junior administrative officers in health ministries, parastatals and agencies, corruption among health officials and personnel (Doctors, Nurses, Laboratory attendants, Pharmacists etc.) and corruption among political office holders (health ministers/commissioners, chairman of health related boards and agencies) and so on.

Judging from the above premises, this study focuses on corruption in Nigeria public health care delivery system. Against this background, the study is divided into five sections. Following immediately is the definitions of corruption. The third part examines the nature, causes and manifestations of corruption in the health sector while the fourth segment x-rays the consequences of corruption on health care delivery. The final

section is the conclusion coupled with recommendations.

Definitions of Corruption

There is no single, universally accepted definition of corruption; its meaning may also depend on the context in which the word is used. The United Nations Development Programme (UNDP) (2008) defines corruption as the misuse of entrusted power for private gain. This allows for a broad understanding that embraces not only public officials with entrusted power, but includes private sector staff, and corruption that occurs between private firms and within civil society organisations. It was stressed further by the UNDP (cited in USAID) that corruption is a crime against development, democracy, education, prosperity, public health and social justice- what many would consider the pillars of social justice. Corruption occurs any time that public officials or employees misuse the trust repose on them as public servants for either monetary or non-monetary gain that accrues to them, their friends, their relatives or their personal or political interests (United State Agency for International Development [USAID], 2006).

In addition, Akindele (1995) defines corruption as any form of reciprocal behaviour or transaction where both the power/office holder can respectively initiate the inducement of each other by some rewards to grant (illegal) preferential treatment or favour against

the principles and interest of specific organisation (or public) within the society. Overall, corruption covers such acts as: - use of one's office for pecuniary advantage, - gratification, - influence peddling, insincerity in advice with the aim of gaining advantage, - less than a full day's work for a full day's pay, - tardiness and slovenliness.

Aluko (2006) view corruption as the act of illegally diverting resources (particularly financial resources) meant for the good of the citizenry in a defined geographical area by a privileged individual or a group, for personal use, presumably for self-aggrandisement. On his part, Oyejide (2008) defines corruption as the abuse of public power for private benefits. In this context, corruption relates to deliberate diversion of public financial resources for personal or group use at the expense of the populace.

In the health setting, corruption can encompass bribery of health professionals, regulators and public officials; unethical research; diversion/theft of medicines and medical supplies; fraudulent or overbilling for health services; absenteeism; informal payments; embezzlement; and corruption in health procurement (Transparency International 2005; Vian, 2008). Extrapolation from these is that corruption in Nigeria public health sector is inimical to effective service delivery to the larger population.

As reported by Transparency International, the scale and scope of corruption impacting health is immense. Exact numbers are elusive, but it is

estimated that billions of dollars are lost annually due to corruption and fraud in a global health market estimated to be worth 10 per cent of global gross domestic product in 2009 (WHO, 2010). Systemic corruption in health is also a barrier in meeting the Millennium Development Goals as it weakens health systems and delivery (Holmberg and Rothstein, 2011).

Corruption in the Health Sector; Causes, Nature and Manifestations

According to Muhondwa, Nyamhanga and Frumence (2008), health systems are particularly susceptible to corruption because information asymmetry and the large number of actors create systematic opportunities for it and hinder transparency and accountability. It was argued that patients, their relatives and the general population are not mere objects who suffer the consequences of the corrupt system; rather they also sustain the system by encouraging corrupt acts. They stressed further that even when not asked for bribes, some patients believed that one cannot obtain high quality care unless one knows or is known to the health workers, failing which one has to pay a bribe as an incentive for the health workers to do what they were trained and paid to do. This social norm is associated with mutual definition of situations in which bribes are deemed appropriate. Therefore, both health workers and the general public recognise the negative impacts of corruption but

feel trapped in a system from which they cannot escape.

Accounting for factors responsible for corruption in health sector, Savedoff and Hussmann (2006) mention three reasons why health systems are so prone to corruption. These are:

1. There is a lot of *uncertainty* in the health sector, meaning that there is uncertainty regarding who will fall ill, when illness will occur, and what kinds of illnesses people get. As a result, it is difficult to adequately allocate resources and for healthcare 'consumers', it is difficult to make adequate choices between available 'products'. Health sectors are, therefore, vulnerable to inefficiency, which creates opportunities for corruption (Committee on Economic, Social and Cultural Rights, 2000).

2. The health sector is characterised by *asymmetric information*, meaning that information is not shared equally among the health sector actors that were identified above. Healthcare providers know more about the medical services they deliver than their patients; pharmaceutical companies know more about their products than health care providers; health insurers may know more about the health status of their clients than health care providers and patients themselves; and finally, patients may have certain information about their health status that they may not share with health care providers and insurers. The high degree of discretion given to providers

in choosing services for patients put patients in a vulnerable position. In most countries, health professionals have assumed a cultural role as trusted healers who are above suspicion (Savedoff, 2004). The gap in information regarding various types of services provided within the health sector create room for all sort of financial abuses and exploitation in which the health consumers are always at the receiving end.

From the illustration above, it can be argued that health care providers have a wide range of opportunities to engage in corruption because they have such a strong influence over medical decisions, including prescribing medications, determining the length of a hospital stay, ordering tests and referring patients for additional consultations or services. In making these decisions, health care providers may act in ways that are not in their patients' best interests whether motivated by direct financial gain, increased prestige, and greater power or improved working conditions. Consequently, health care providers are in the unique position of telling the 'consumer' what service 'to buy'. Health care providers are also in a position to defraud payers in several ways. Most payment systems have to rely on the honesty of providers to state the kind of and intensity of services that have been provided. Health providers may create 'phantom' patients to claim additional payments. They can order test to be conducted at private laboratories in which they have a financial stake, or prescribe expensive drugs in exchange

for kickbacks or bribes from pharmaceutical companies. In addition to health care providers, health facility officials may accept kickbacks to influence the procurement of drugs and supplies, infrastructure investments and medical equipment. In so doing, they may higher prices or overlook shoddy work.

3. In the health sector, a *large number of actors* engage with each other in multiple ways. This may hamper the adequate generation and spread of information, and the promotion of transparency (Savedoff and Hussmann, 2007). Furthermore, there is uncertainty in health markets; this makes it difficult for policy makers to manage resources. In other words, adequate predictions about when individuals will fall sick and the exact nature this is compounded by emergence of humanitarian emergencies when medical care is needed urgently and oversight mechanisms have to be bypassed. The fact that the health care systems are complex and they involve a large number of parties makes it difficult to have transparency.

In addition, the large number of dispersed actors increases the risks of corruption in health sector. The actors can be grouped in a simplified way into five broad categories, which can be public or private except for the government regulators: i) *government regulators* – health ministries, parliaments, specialised commissions; ii) *payers* – social security institutions, ministries or other public agencies, private insurers; iii) *providers* – hospitals, doctors,

pharmacists; iv) *patients* – consumers; v) and *suppliers* – medical equipment and pharmaceutical companies, construction companies, ambulance providers, etc. (Savedoff and Hussman, 2006).

Relationships between these actors are often opaque and the amount of relations between them increases the opportunities for corruption; for example, funds can be diverted or misallocated at a ministry, state hospital or local clinic by individuals working as managers, procurement officers, health professionals, dispensers, clerks or patients. Expensive hospital construction, high tech equipment, and the increasing arsenal of drugs needed for treatment, combined with a powerful market of vendors and pharmaceutical companies, present risks of bribery and conflict of interest. Government officials use discretion to license and accredit health facilities, providers, services, and products, making ways for corrupt acts in the sector.

Evidences abound from the literatures that the health sector is vulnerable to corrupt practices. In Nigeria, the following instances are some of the corrupt practices in the health sector; Recently, a senior officer in the Federal Ministry of Health (Nigeria) as revealed by Akinbajo (2012) was quoted to have exposed the following corrupt acts titled; '*The Massive Fraud; How the Health Ministry Steals from The Sick and Dying*', where he stressed that;

Officials continue to steal funds needed for fixing dilapidated hospitals and providing drugs. In

this first part of our series on the utilisation of the yearly \$1 billion for Millennium Development Goals (MDGs) projects, we investigate the monumental corruption in the health ministry. We found that rather than help in realizing the MDGs, the ministry is actually killing the country's hope of achieving the MDGs (Akinbajo, 2012).

Another disturbing incidence as revealed by Akinbajo (2012) was that of arbitrary inflation of unit price of drugs purchased by the ministry of health (Nigeria) as part of efforts to help in the treatment of HIV aids victims. It was discovered that in 2008, the ministry bought benzyl benzoate to be distributed to hospitals across the country. While the 100 ml benzyl benzoate costs a maximum of ₦200 in the retail market, officials in the health ministry claimed they purchased each unit of the drug for ₦119,000, which is 59,400 per cent higher than the retail market price.

Since a carton of the drug contains 24 bottles of 100ml benzyl benzoate, 544 cartons, which the ministry bought, could only have cost a maximum of ₦2.6 million. The ministry, however, paid 64.7 million naira for it, with 62 million naira perhaps going into private pockets of officials and their collaborators.

Notably, the year 2000 annual report submitted by the Acting Auditor-General revealed that the sum of ₦465,103,959.12 was reported to have been misappropriated in the

health ministry during the financial fiscal year. In addition, in the year 2008 the Nigeria health sector witnessed high profile corruption involving a former minister (Adenike Grange); and a former federal legislator (Iyabo Obasanjo); and their gladiators where the sum of ₦300 million was misappropriated in the health ministry (Ogbu, 2010).

While the perpetrators of corrupt acts suddenly become heroes, the masses suffer series of consequences ranging from inadequate funds for government to provide adequate facilities needed to support the people's health care services and thereby creating avenue for extension of poverty to the masses.

According to Okafor-Dike (2008), poor leadership in Nigeria has led to years of economic downturn affecting every aspect of social life. Rather than develop medical services in Nigeria, government officials and wealthy individuals frequently seek medical treatment abroad even for the most basic health care needs. Political analysts in both national and foreign media have often questioned the rationale behind late President Yar'adua's frequent trips for medical treatment in Saudi Arabia even for renal dialysis rather than developing medical facilities in the country. In an apparent endorsement of the existing malady in the Nigerian health care system, Judge Abutu of an Abuja High court, in a case brought before him in 2010, ruled that Yar'adua violated no laws by remaining on hospital

admission in Saudi Arabia for more than two months (Nigeria Judge Rules, 2010). The more affluent echelon of the society resorts to medical tourism overseas to obtain health care services, resulting in a loss of foreign exchange to Nigeria. A critical look at the culture of overseas trips in search of effective health care services by the so-called 'senior citizens' in Nigeria amounted to corruption because money meant for public goods are being misappropriated to serve individual's interest which in the long run expand the chain of corruption.

Consequences of Corruption in Health Sector; Establishing evidences of evasion of service delivery

The consequences that corruption portends are many. It stunts growth and development, creates political instability, destroys the social economic life of the nation, undermines the legitimacy of the state, makes fiscal planning almost impossible, places the wealth of the nation in the wrong hands and leads to an uneven distribution of the amenities and perquisites of life (Fagbadebo, 2007).

With the prevalence of corruption in all sectors of Nigeria, with particular emphasis on health sector, the health care delivery systems have become comatose and are nearing total collapse. More so, corruption in the health sector has also given room for counterfeit and adulterated drugs to find easy passage into the country with little or no resistance until 1999 when Professor Dora Akunyili took over the leadership of the National Agency for

Food and Drug Administration and Control (NAFDAC). Dora Akunyili (2006) writes eloquently about her struggle to lead Nigeria's battle against counterfeit drugs. For decades, Nigeria was plagued by counterfeit and poor-quality medicines. In 2002, the World Health Organisation reported that 70 per cent of drugs in Nigeria were fake or substandard; the National Agency for Food and Drug Administration and Control (NAFDAC) estimated that 41 per cent of drugs alone were counterfeit (Yakus, 2006; Akunyili, 2007). Throughout the late 1990s and early 2000s, other peer-reviewed studies estimated the number between 36 and 48 per cent (Shakoor *et al.* , 1997 Taylor *et al.* , 2001).

Fake and sub-standard drugs levied a heavy cost in both economic terms and in lives lost. In 1990, a total number of 109 children died after being administered fake paracetamol in Nigeria (Reef, 2008). It was stressed that unregulated medicines, which are of sub-therapeutic value can contribute to the development of drug resistant organisms and increase the threat of pandemic disease spread. In addition to fake and sub-therapeutic drugs on the market, corruption can lead to shortages of drugs available in government facilities, due to theft and diversion to private pharmacies. This in turn leads to reduced utilisation of public facilities. Procurement corruption can lead to inferior public infrastructure as well as increased prices paid for inputs, resulting in less money available for service provision.

Corruption in the health sector also has a direct negative effect on access and quality of patient care. As resources are drained from health budgets through embezzlement and procurement fraud, less funding is available to pay salaries and fund operations and maintenance, leading to de-motivated staff, lower quality of care, and reduced service availability and use (Lindelov and Sernells, 2006). The poor are disproportionately affected by corruption in the health sector, as they are less able to afford small bribes for health services that are supposed to be free, or to pay for private alternatives where corruption has depleted public health services. On the other hand, corruption in the health sector can literally be a matter of life and death, in particular for poor people in developing countries (Nigeria inclusive). The corruption in health sector has a significant effect on infant mortality in the country. The World Health Organisation Report (2008) indicated an infant mortality of 110 per 1000 live births in Nigeria. As a comparison, the infant mortality in Sweden is 2.7 per 1000 live births. Poverty has compounded these problems to give low life expectancy of 52 years for women and 49 years for men.

A 2005 study conducted in the Philippines (Azfar and Gurgur, 2005) found that corruption delays and reduces the vaccination of newborns, discourages the use of public health clinics, reduces satisfaction of households with public health services and increases

waiting times at health clinics. A 10% increase in corruption reduces immunisation rates by 10 to 20 %. It confirms the findings of a 2000 IMF working paper (Gupta *et al.*, 2000) that provides evidence that reducing corruption can result in significant social gains as measured by decreases in child and infant mortality rates, as well as per cent of low-birth weight babies.

A review of research in Eastern Europe and Central Asia found evidence that corruption in the form of informal payments for care reduces access to services, especially for the poor, and causes delays in care-seeking behaviour (Lewis, 2000). In Azerbaijan, studies have shown that about 35% of births in rural areas take place at home, in part because of high charges for care in facilities where care was supposed to be free (World Bank, 2005). Other studies have shown that corruption has a significant, negative effect on health indicators such as infant and child mortality, even after adjusting for income, female education, health spending, and level of urbanisation (Gupta, *et al.*, 2002). Corruption deprives people of access to health care and leads to poor health outcomes.

Examining the impact of corruption on health care sector in Nigeria, Hadi (2011) cited in Ogundiya (2012) sums it up thus;

Nigeria bears witness to some of the worst health care statistics in the world and close to the bottom of virtually every development index. Most of other countries that are ranked higher than Nigeria have

suffered significant internal conflict and have considerably lower per capita gross domestic products. In 2000, the World Health Organisation ranked the Nigeria health system in 187th place out of 191 countries evaluated. According to United Nations Development Programme, life expectancy in Nigeria has declined to 43years (2006) from 47 in 1990. In contrast, life expectancy in Malaysia, which attained nationhood at the same time as Nigeria, has now reached 70 years. Over 50,000 Nigerian women die from child birth every year (equivalent to a plane carrying 140 people crashing every day). Nigeria accounts for 10% of the world's maternal deaths in child birth whereas the country represents 2% of the world's population. One in five Nigerian children dies before his/her 5th birthday. About a million Nigerian die of preventable causes every year. Only 18% of Nigerian children are fully immunized by their first birthday. Malaria kills more Nigerians than any other disease, and yet less than 5% of its population has access to insecticide treated nets proven to be effective in preventing malaria (Ogundiya, 2012: 59).

In a related development, Olusegun Obasanjo (2005) cited in Ogundiya (2012) note the following:

Corruption brings a nation no good. The resources meant for water supply, education, health and other basic and social services are

captured and stolen by a handful of Nigerians through corrupt acts stultify development. When you encourage, cover up, join hands in such acts you are destroying the nation and our collective future (pg. 60).

Acknowledging the negative effects of corruption in Nigeria, the Federal Ministry of Health (2004) stressed that the management of the public health is characterised by corruption. This among others poses challenge against effective immunisation programme in the country.

Improved health of the population is an essential means to reducing poverty and achieving sustainable economic growth (Mtwikisa, 2005). Corruption in the health sector must be tackled for this to happen. Hayhurst (2001) suggests a major challenge to governments wishing to reduce corruption in health that society condones some improper conducts. For instance, the acceptance of out of pocket payments to doctors and nurses is still widely tolerated by the public.

Turnock (2006) argues that the ultimate aim of public health is to reduce health problem to the maximum extent possible with the minimum resource necessary; effectiveness and efficiency are primary criteria for evaluating programmes. Offei, Bannerman and Kyeremeh (2004) argue that quality of care means health activities in the medical, nursing, and those performed daily by others benefit patients without causing harm. Quality in health care is,

therefore, difficult where corruption pervades the health organisation, and resources for patient care are misdirected. Quality of services is about good governance and good leadership in the health system that advances health security for all citizens.

Conclusion and Recommendations

The study examined challenges of service delivery and corruption in the Nigeria health sector where evidences are abound that corruption is one of the major factors responsible for poor health indices of the majority of Nigerians as corruption discourages access to good and functional health care services in the country. Resources drained from health budget through embezzlement, fraud and corruption reduce the funding available for health services and maintenance, contributing to lower quality of care and declining service availability and use. Corruption makes health policy, health initiatives, the provision of care and international aid less effective, undermining efforts to increase better coverage and quality in the health systems and to improve the health status of the population. There is no doubt, that corruption affects all health systems, both in developed and developing countries, through the embezzlement from health budgets, fraudulent drug procurement, health insurance fraud, or bribes extorted at the service delivery level. In sum,

corruption has a corrosive impact on health outcomes and it is the poor and marginalised who are most affected. Unethical and fraudulent behaviour in the health sector compromises the fundamental human rights and seriously, compromises the achievement of the MDGs related to health – the reduction of child and maternal mortality and the combating of HIV/Aids, malaria and other diseases (Hussmann, 2011). Corruption tarnishes the image of a nation; perhaps, Nigeria suffers more than most societies from an appalling international image created by its inability to deal with bribery and corruption. Corruption in the health services industry comes with a high price tag, representing worldwide billions of dollars lost to theft, bribery and extortion. Unethical and fraudulent behaviour in the health sector compromises the fundamental human rights and creates barriers to the achievement of essential medical care.

In Nigeria, corruption is widespread and pervasive that it can only be effectively addressed by using strategies that are comprehensive in nature and successfully integrate reforms with one another and in the broader context of each country's social, legal, political and economic structures.

In line with the above, this study recommends the following: Corruption as earlier indicated, is widespread in Nigeria largely due to poor governance structures; weak accountability systems; and a society that tolerates such practices. Therefore,

there is need to enhance culture of transparency and accountability in governance across the various sectors of Nigeria, the health sector inclusive. The keys to effectively managing corruption in any society are honesty and integrity, effective leadership and governance, transparency and accountability, because corrupt leaders cannot wage effective war against corruption. To this end, the Health Foundation (2010) argues that all quality improvement requires good leadership. Therefore, all the stakeholders (health professionals, political appointees, among others) in health sector should show reasonable degree of commitment and sense of sincerity in carrying out their respective duties in a way that the rights of patients' will be protected vis-à-vis effective service delivery.

To effectively control corruption in Nigeria, adherence to 'ethical standards' in decision-making must be the foundation of the nation's policy on corruption as the nation's public officials are not worried about the ethical implications of their corrupt behaviours. However, armed with ethics and virtue, the nation should reduce personal gains from corrupt behaviour by instituting "effective sanctions" for corrupt behaviour. Therefore, preaching the gospel of virtue alone (as is often the case with the leaders of Nigeria) is not enough to fight corruption. In this regard, the judiciary must be given adequate freedom to investigate perpetrators of health corruption coupled with

adequate enforcement of adequate sanctions of any erred officials or health care professionals.

Corruption, like terrorism, thrives on a lack of reliable information. As the 1987 Nobel Peace Laureate Oscar Arias Sanchez has observed:

We must not despair of arresting the cancer of corruption. As much as we speak of the globalization of corruption, we must also welcome the global tidal wave of public demands for good government. Today, national leaders are beginning to accept that corruption must be discussed on the domestic and international stages.

But our most important weapon in the war against corruption will be the growing number of democracies and, consequently, free presses around the world. Without the freedom to ask questions, or to effect change, people are not empowered – they are, instead, caught in a system of superficial democracy. One of the most important freedoms in a democracy is the freedom of the press. When the voice of one man or woman is suppressed, all voices are in danger of being silenced. When even the smallest part of truth is hidden, a great lie may be born (Transparency International Source Book, 2000; 203-204).

Public office holders in Nigeria must demonstrate a sense of accountability and culture of transparency. Specifically, adequate measures in forms of checks and balances coupled with effective monitoring and evaluation of health resources and outcomes in Nigeria. This

will make it easier to detect and identify any loophole in the health sector and units. The greater the information made publicly available and the more certain its accuracy, the greater the chances for a transparent and truly accountable government. Without such access, confidence in public institutions is placed in jeopardy. Thus, information about health care expenditures and programmes must be made available and accessible to members of public, as it will enhance checks and balances in health administration.

Importantly, health care provision and delivery must be accorded priority by government at different levels. Therefore, obstacle such as corrupt practices in any form must be discouraged and fight against whenever they are noticed. This will go a long way in restoring public interest and particularly health consumers' in terms of delivery of health needs.

Finally, all efforts must be put in place by government and other stakeholders in health domain to fight against any form of corruption in the Nigeria public health sector as it will enhance effective service delivery to health consumers.

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