



# **A review of corruption and accountability issues in Nigeria's COVID-19 response: Implications for health systems governance**

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## Outline

- Introduction
- Methods
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- Conclusion



## Introduction

- Evidence suggest that Nigeria's health sector is severely affected by corruption (Kohler & Bowra, 2020; Onwujekwe et al., 2019, 2020).
- COVID-19 has generated concerns for weak health systems, even as the pandemic presents unique setting for corruption in the health sector.
- With more money comes more corruption, and it is far worse when the procurement process is allowed to be flexible, just as it is amidst the pandemic (European Medicines Agency, 2020; Kamerow, 2020).
- Health systems with good governance set the stage for citizens to hold the leadership accountable and demand transparency (Kohler and Bowra, 2020).



- Steingruber (2020) highlights three scenarios for health sector corruption amidst COVID-19
  - The corrupt diversion or theft of allocated resources for COVID-19 response
  - The behavior of the pharma sector in exploiting the emergency for rent seeking
  - The elimination of accountability structures or political enemies by leaders under the guise of the urgency of pandemic response



## Methods

- Desk review of COVID-19 related articles,
  - Sourced from the media, journals, and other sources such as Coordinating and Mobilizing Civil Society Response in Nigeria [COMCiRIN]) and the Nigeria Governors Forum, including the tracker by the Presidential Taskforce on COVID-19.
- Geographical scope was national and sub-national levels in Nigeria
- Search terms/queries were generated using combinations of keywords ("COVID-19 or Coronavirus, response, tracker, Nigeria, Federal or State, corruption, account or accountability, financing or donations, materials, health infrastructure").
- The search was performed in PubMed, Google, Google Scholar, Science Direct, etc.
- We thematically analysed retrieved information under three themes - (i) aggregated resources (ii) evidence of corruption and anticorruption (iii) implications for health systems governance



## Findings (1)

### Were the resources to combat COVID-19 adequate? (Figures were tracked through COVID-Fund Tracker, including that of the PTF)

- Nigeria had multiple streams of private, public and international resources (Rahim et al, 2020).
- As of 6<sup>th</sup> February 2021, COVID-19 donations listed by the Presidential Task Force was totaling N149.22 billion from different sources.
- Additionally, there were direct contributions to ministries, departments and agencies in billions of naira (The Presidential Task Force on COVID-19, 2020).
- There were also in-kind donations comprising of food stuff, equipment for health facilities and PPE to national and sub-national governments



## Findings (2)

### Some insights into the spending of mobilized resources

- Federal Government released N71 million for border containment of the Coronavirus (N. Vanguard, 2020; The Guardian, 2020).
- N100billion naira was committed by the Federal government of Nigeria for scientific research in COVID-19 and other dreaded diseases in the country (Ibeh et al., 2020).
- By July 2020, part of the 2020 budget and COVID-19 special levy contributions, totaling N49.4b was fully approved for release (Nigerian Tribune, 2020a; The Presidential Task Force on COVID-19 secretariat, 2020)
- Humanitarian assistance to about 3 million vulnerable persons listed in the National Social Register and a conditional cash transfer was distributed to the tune of 5000 naira bimonthly to each.
- States in the country received N1b from the federal government while epicenters received more.
- Improved budgetary allocations at the national and subnational levels



## Findings (3)

### Suggestions of weak accountability and corruption

- Socio-Economic Rights and Accountability Project (SERAP) and Connected Development (CODE) had to pressure the accountant general of the federation to release a report on COVID spending
- At one time, there was a release of the revenue and expenditure for just few months but without details of spending (Olisah, 2020; Premium Times, 2020).
- Till date, no detailed breakdown of the funds and there is the lack of evidence to confirm optimal use of both promised and released funds.
- While it is public knowledge that corruption and unaccountability were wrapped around COVID-19 resources, evidence of sanctions, especially on public officials have been missing.
- There is evidence that donations were made to state and local governments but no substantial evidence of tracking donated resources at those levels (Onyishi et al, 2021)
- Health workers had to strike and protest at several times, despite welfare promises made to them (Agwu et al, 2022)



## Findings 3 (Cont)

- As of 7 June 2021, the Presidential Task Force COVID resource tracking website (<https://ngcovid19resourcetracker.info/>) was down, and has not been up till date
- As of now, the tracking website of the USA is still up (<https://www.usaspending.gov/disaster/covid-19>), and regularly updated
- Looting of COVID-19 relief meant to be distributed to citizens during the intense days of the pandemic (Dabang & Ukomadu, 2020).
- Some officials were seen to brand their identities on donated palliatives to score political points.
- Distrust in government COVID-19 policies manifested in citizens' disregard of safety guidelines, and belief that government officials take advantage of the pandemic to enrich themselves.
- Unwarranted inflation of PPE



## Findings 4

### Implications for health systems governance and recommendations

- Structural governance impacts health systems governance and reactions of population to health safety measures, as well as the attitudes of health workers toward work
- Lack of robust accountability mechanisms specific to health emergencies.
- Paying attention to events at subnational levels which impact primary healthcare the most
- Institutionalization of an accountability framework in health spending, even now that the country is past the critical phase of the pandemic.
- Private sector leadership demanding accountability, and assisted by CSOs
- Will the tag “donations” to health emergencies elicit accountability enough?
- Studies on corruption and anticorruption should be encouraged, as it will be a vital means of engaging government and policy makers with evidence



## Other vital areas with corruption concern

- Testing for COVID-19
  - Inflated fees for testing
- Vaccination
  - Getting registered vaccination cards without receiving jabs



## Further reading

<https://journals.sagepub.com/doi/pdf/10.1177/0021909620960163>

<https://journals.sagepub.com/doi/full/10.1177/00208728211073391>

<https://hprgunn.com/mobilisation-and-deployment-of-resources-for-the-covid-19-response-in-nigeria-a-view-with-transparency-accountability-and-anti-corruption-lenses/>

[https://arpgweb.com/pdf-files/ijhms6\(4\)27-45.pdf](https://arpgweb.com/pdf-files/ijhms6(4)27-45.pdf)

<https://www.premiumtimesng.com/news/top-news/441524-nigeria-seals-health-facility-issuing-fake-covid-19-test-results.html>

<https://globalanticorruptionblog.com/2020/03/31/guest-post-coronavirus-and-the-corruption-outbreak/>

<https://nairametrics.com/2020/09/07/fg-discloses-how-much-it-spent-in-4-months-in-its-fight-against-COVID-19/>



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