**Title**: Identifying and prioritising health sector corruption in Nigeria.

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**Background**: Corruption is wide-spread in the health sector, with negative effects on health and access to care. However, there is paucity of knowledge on the subject of corruption in Nigeria’s health sector: its systemic nature, and ways institutions and social systems drive corrupt practices. Understanding corrupt practices thriving in health systems is important in positioning health systems for Universal Health Coverage.

**Aim**:

To examine existing types of corruption, the incentives that enable corrupt practices and the ways and means of reducing such corrupt practices in the Nigerian health system. This will then inform the planning, designing and implementation of feasible high-impact anti-corruption strategies in Nigeria.

**Methods**:

A systematic review of literature identifying corrupt practices reported in studies focusing on Nigeria was conducted. To further identify and prioritise main types of health sector corrupt practices and their possible solutions, a priority setting workshop using Nominal Group Technique (NGT) with 30 frontline health workers was held. The NGT was used to prioritize different types of corrupt practices according to their significance in Nigeria and how feasible they could be addressed. Microsoft Excel was used to assign numerical weights to the rankings made by participants with the most disturbing and addressable corruption emerging with the greatest value and the least corruption, the least value.

**Key Findings**:

In the literature review, 50 publications were reviewed identifying a wide range of corrupt practices in Nigeria’s health sector. In the NGT, frontline health workers originally identified 49 types of corruption which was later aggregated to 19 distinct corruption types. Ranking and re-ranking sessions revealed the top five corrupt practices that emerged (with their weighted scores) to be: *absenteeism(53), procurement-related corruption(34), under-the-counter payments(33), health financing-related corruption(28), and employment-related corruption(26)*. Participants in the NGT agreed that some of the corrupt practices could be meaningfully tackled using horizontal approaches that exclusively involve health workers, street level bureaucrats and community groups. Findings from the systematic review corroborated with corruption types identified and rated by frontline health workers and policy makers.

**Main Conclusion:**

Corruption is pervasive in the Nigerian health sector, but there are ‘horizontal’ solutions that can be implemented at the health facility and community levels to reduce the scourge and improve health system performance. Further studies will be undertaken to reveal the preferences of health workers of the ways and means that could be used to tackle the most common corrupt practise, which is absenteeism.