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# A NATION'S WORST ENEMY: DID ANYTHING CHANGE WITH THE 'SYNDROME' OF CORRUPTION IN NIGERIA'S RESPONSE TO THE COVID-19 PANDEMIC?

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**Abstract.** Corruption has remained Nigeria's worst enemy that has immeasurably robbed her of her wellbeing and development potentials as a nation. For most people, mere mention of 'Nigeria' exudes corruption. The basic explanation for this is that corruption has become so endemic and systemic in Nigeria as the syndrome permeates all facets of the country's public life, including the processes and institutions of administration, as well as its entire sectors, without an exception. The COVID-19 pandemic saw overwhelming outcries from different quarters bearing on allegations of corruption in the Nigerian healthcare sector amidst efforts to contain the spread of the disease in the country. This study, thus, attempts to investigate and ascertain the major aspects of the corruption that transpired in the health sector in Nigeria during the pandemic to substantiate the allegations. Relying on secondary data, which were analysed through the descriptive-interpretive and thematic procedures of qualitative data analysis, the study finds that corruption occurred in the affected sector in several ways during the specified period, including mismanagement and unaccountability of COVID-19 financial donations, hoarding and diversion of COVID-19 palliative materials meant for the vulnerable people, among others. The study concludes by suggesting, among other things, the development of a comprehensive national pandemic response framework with effective anti-corruption mechanisms, and the creation of a centralised fund or account for receiving financial donations from donors by the Nigerian Federal Government, as measures for preventing a reoccurrence of this undesirable experience in any future epidemics.

**Keywords:** corruption, COVID-19, emergency, health, Nigeria, pandemic.

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## Introduction

Corruption persists as a major challenge to the Nigerian State. Suffice it to say that corruption is Nigeria's worst enemy that has ruined the hitherto efforts of governments and citizens of the country towards attaining the set goals of sustainable national development. The pervasive character of corruption in Nigeria besets the efficiency and effectiveness of her entire public sector systems, just as it scuttles the viability of the private sector and hinders it from playing the supporting role in the nation's social and economic advancement. Diffusely, the menace of corruption is comparable with unaccountability, which relates to failure to exhibit stewardship or imprudence in the use of public resources (Agwu et al., 2023).

In Nigeria, abuse of public office or authority for personal material gains, is the order of the day, while the nurturing of elements of good governance, such as accountability, has remained in limbo. No doubt, since independence up to the present time, the condition of public accountability is lamentable; is it more of a rhetoric, in that, the more the emphasis on it, the more disturbing it becomes (Adejuwon, 2014). The syndrome of corruption also characterises inter-personal relationships among Nigerians as all sorts of corrupt practices and crimes have become normalised in the societies, albeit with social trust almost completely eroded.

As a nation, thus, there is no aspect of Nigeria's national life that is apparently free from the effects of corruption, including the most critical of the institutions and processes of public governance. As crucial as the healthcare sector is to the wellbeing of every country and its population, it is regrettable that this sector is among the worst hit by the storm of systemic and endemic corruption in Nigeria, mainly propelled by selfish desires. Successive administrations in the country, inclusive of the immediate past President Muhammadu Buhari-led government with its popular "zero tolerance to corruption" maxim, have largely concentrated anti-corruption effort on grand corruption at the higher levels of government and politics, and given lesser attention to undiscussed but extremely susceptible spheres, such as the healthcare system (The Conversation, 2020). Undeniably, the Nigerian health sector is bedevilled by endemic corruption, and this comes with huge adverse effects on the health and welfare of Nigerians, both at the individual and household levels (Sidi and Dawit, 2018). Before the outbreak of the COVID-19 pandemic, the damages caused by corruption in the country's healthcare sector and the need to institute appropriate measures to curtail the anomaly had constantly provoked public resentments, both among the citizens and international healthcare donors, but were mostly neglected.

The COVID-19 crisis has, regardless, further brought to light the depth of corruption that has ravaged the Nigerian healthcare system over the years. As Nigeria responded to the pandemic, there were persistent allegations among the public regarding massive corruption within the country's healthcare sector. This study, thus, was motivated by the question: What were the main aspects of the corruption that occurred in the Nigerian healthcare system during the COVID-19 pandemic? As its objective, the study attempts to answer this question, with the intention to substantiate the allegations that trailed the sector at the aforementioned momentous period. The study adopts the qualitative approach, and relies on secondary sources of data that were analysed through a systematic review of literatures on the issue of corruption in the Nigerian health sector in the time of the coronavirus pandemic.

## A brief background to the phenomenon of corruption in the Nigerian Healthcare System

Corruption is, in general, Nigeria's most prevalent social problem (Oluwadare and Abe, 2013), as earlier observed, and all efforts to eradicate it have proven to be almost completely fruitless since the effects of the perversion continue to be felt strongly in every sector of the country's economy. As it pertains to healthcare, corruption and unaccountability have remained major impediments to the establishment of an equitable healthcare system in Nigeria (Agwu et al., 2023). In 2017, Nigeria ranked 148th out of 180 countries on Transparency International's (TI) Corruption Perception Index (TI, 2018), and the nation's health system has been found to be among the highly corrupt sectors (TI, 2017). The various sorts of corrupt practices that are common in the Nigerian health system include but are not limited to absenteeism, unauthorised payments, procurement corruption, employment corruption, and corruption in health financing (Onwujekwe et al., 2020).

The fact that most medical doctors employed by government hospitals in Nigeria use public paid-time for private practice also raises serious moral questions, but this corrupt practice is not adequately documented (Oluwadare and Abe, 2013). On top of that, Nigeria's healthcare system is overwhelmed by personal, ethnic, religious, and regional interests, which have ramifying effects on its workings (Akinaso, 2014).

Driving these types of corruption are deep-seated issues in the governance frameworks of the country and its health sector, coupled with the conduct of health personnel and managers (Balabanova et al., 2020; Onwujekwe et al., 2020). Unarguably, the insensitivity of Nigerian political leaders at all levels to the plight of health professionals, which often leads to continuous strike actions by the nation's health workers, is an indication of government insensitivity to the health and wellbeing of the ordinary citizens, as well as the value of good governance practices in the health sector (Oluwadare and Abe, 2013). The current anti-corruption measures in the health sector of Nigeria are apparently frail, discriminating and unfair (Ezeibe et al., 2020). The result is that corruption continues to thrive in the sector with accompanying grave consequences.

Critically, corruption contributes greatly to lowering the health status of the vast majority of poor Nigerians as it denies them access to quality healthcare services, hence elevating the level of vulnerability of their health (Tormusa and Idom, 2016). With the alarming rate of corruption in Nigeria's health sector, it is not surprising that the country failed to achieve most of her targets in the area of health, despite that the health sector constituted three of the seven Millennium Development Goals (MDGs) she aimed to actualise in 2015, and the 2010 Nigerian MDGs Report attests to this failure (Oluwadare and Abe, 2013).

Reliable sources show that Nigeria is among the world's countries with poorest healthcare statistics, which invariably presents the country as one of the least in almost all development indicators (Tormusa and Idom, 2016; Oluwadare and Abe, 2013). Based on a recent World Health Organisation's (WHO) health system ranking, Nigeria only moved from the position of 187th amongst 191 countries in the past two decades to 163rd position amongst 191 countries in 2021 (Muanya and Ozioma, 2021).

This situation persists in spite of the substantial amounts of external funds that have been invested in the sector, as well as the billions of naira continuously allocated to the system through the annual budget by successive governments in the country (Oluwadare and Abe, 2013). According to Oluwadare and Abe (2013), corruption is the main factor accounting for this gloomy record of the Nigerian healthcare sector. Of course, this unimpressive position of the Nigerian healthcare system typifies a system besieged by corruption and poor management practices.

Relevant stakeholders in Nigeria, including the government, organised civil societies, and the citizenry have repeatedly lamented the alarming incidence of corruption and related unethical practices in the health sector over the years, but these public outcries have apparently not yielded the expected outcomes as the anomalies continue unabated. It is even more regrettable that reform efforts aimed at repositioning the health system in Nigeria for improved performance have continuously met with major challenges, also due to ingrained and systemic corruption.

## Aspects of corruption in Nigeria's COVID-19 pandemic response operations

Rhodes (2020) observes that in times of pandemics, the weakness of the majority of health systems is unveiled, and this is usually serious for notoriously corrupt and unaccountable healthcare systems. This implies, therefore, that the attainment of a just and corruption-free healthcare system is a prime concern, and crucial to preparation and response to pandemics (Agwu et al., 2023). Unfortunately, the healthcare sector in Nigeria is neither just nor free from corruption, and hence in response to the COVID-19 crisis, several scenarios gave rise to allegations of corruption within the system. In investigating the allegations, the study finds and thus confirms that several aspects of corruption ensued in the Nigerian health sector during the COVID-19 pandemic, and these are hereby examined along appropriate themes below.

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## Mismanagement and Unaccountability of COVID-19 Financial Donations

One aspect of Nigeria's COVID-19 pandemic response operations that stirred a loud alarm on perceived corruption, was the management of financial and material donations for containing the disease, and reducing its severe economic impact on the populations. As Agunyai and Ojakorotu (2022) asserted, the processes for the disbursement and release of COVID-19 relief grants, loans, social protection funds, and palliatives in Nigeria were blanketed in corruption, particularly by politicians and government agencies who had the responsibility for coordinating the distribution. It would be recalled that the Independent Corrupt Practices and Other Related Offences Commission (ICPC), one of Nigeria's key anti-corruption institutions, came up with a set of regulations to prevent corruption in the management of relief funds by the Presidential Task Force on COVID-19 (Okoduwa, 2020). This is because previous experiences of national emergencies in Nigeria had occasioned corrupt behaviours, hence this became a source of serious concern (Christopher, 2020). For example, among other instances, *"the misuse of social intervention funds and donations towards the rehabilitation of North-East in the wake of large-scale destruction by the Boko Haram insurgency is a common reference"* (ThisDay, 2020, para. 5). Therefore, the rationale for the action of the ICPC was to ensure that officials of government agencies that managed the COVID-19 relief financial and materials donations did not siphon them off for personal gain.

The Nigerian Federal Government endorsed a COVID-19 containment grant of N10 billion (\$27 million, as of that time) (Muanya, 2020). Meanwhile, on the 26th of March 2020, the private sector established the Coalition Against COVID-19 (CACOVID) to help the Nigerian government in combatting the virus (Aluko, 2020). As a private-sector arrangement, CACOVID was piloted by Mr. Godwin Emefiele, the former Governor of the Central Bank of Nigeria (CBN), and it spearheaded the course of raising funds to contain the disease in the country. The CBN Governor stated that Nigeria, as of June 2020, had received more than N29 billion in donations from members of the coalition in support of government's efforts in combating the coronavirus epidemic, and that the monies had been used in building and equipping isolation centres in different parts of the country (Muanya, 2020). Data from CBN indicates that 107 Nigerian firms and philanthropic individuals had contributed a total of N25.8 billion for COVID-19 relief materials as of April 2020 (Onah, 2021). The PTF under the leadership of the former Secretary to the Government of the Federation (SGF), Boss Mustapha, also received donations of large amounts of funds. Among other donations, the International Monetary Fund (IMF) endorsed its biggest COVID-19 emergency response funding facility of \$3.4 billion Rapid Financing Instrument (RFI) for Nigeria, and Nigeria also drew from the \$90 million World Bank's health fund for the containment of COVID-19 (Muanya, 2020). All in all, the public funds and donations received by the Nigerian Federal Government to combat COVID-19 were N36.3 billion (Ramon, 2020).

The COVID-19 response donations made to Nigeria were channelled directly to the Federal Government through the CBN as a way of ensuring accountability and adequate coordination (Benson, 2020). But Ariche et al. (2021, p. 54) contended “*that channelling all the donated funds to the Nigerian government is [was] a misdirected one due to its antecedent of unaccountability, lack of transparency and corruption*”. Putting it in a more specific terms, Ariche et al. (2021) further insisted that governments in Nigeria have a track record of unaccountability and opacity, particularly in matters pertaining to handling of financial resource. By this, it is not in doubt the fact that Nigerians do not have trust in their government. Since Nigerian government inherently lacks the culture of accountability and transparency in dealing with public funds, it then could not have done otherwise in the management of the COVID-19 donated funds and palliatives, especially as proper checks were not instituted (Ariche et al., 2021). Although Boss Mustapha maintained that the CBN was in custody of the funds, he added that the then Accountant General of the Federation (AGF), Ahmed Idris, had accounted for them. This unsubstantiated claim of Mustapha provoked serious outrage within the civil society sector, because no comprehensive account on how the funds were used was publicly disclosed, particularly those donations received by the PTF (Jimoh, 2022). As such, details of how the billions of naira received in donations were spent remain blurred and trailed by many controversies to date. Amidst the lockdown, Mrs. Sadiya Umar Farouq, the then Minister for the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development (FMHADMSD), was quoted to have allegedly said that everyone resident in Nigeria received the Federal Government cash relief transfer through their bank accounts; 95 percent of the population received the relief fund, while 5 percent, which constituted mostly children did not get the financial package. Meanwhile, when she was asked questions on this claim, she denied that she ever made the statement (Agbede et al., 2020; Silas, 2020). But the information that circulated through society suggested that she made that claim.

Other official sources claimed that 2.6 million households received N20,000 each, under the conditional cash transfer programme of the Nigerian government, during the period of January to April 2020. The Nigerian government also claimed that it gave N5 billion worth of palliatives to the transportation sector, and that another N56 billion was distributed amongst small and medium-scale enterprises as a survival fund (Igwe, 2022). Nonetheless, these claims were shrouded in controversy as they were not backed with any publicly accessible documented evidences. This scenario provided an ample opportunity to the main opposition party in Nigeria, the Peoples’ Democratic Party (PDP) to aver, through its spokesman, Kola Ologbondiyan, that the utter inability of the much-planned COVID-19 social palliatives to reach Nigerians, as against the claims by the current All Progressive Congress (APC)-led government, had validated the allegations that the APC has constantly used ghost beneficiaries to drain government financial resources. The PDP substantiated that it was disturbing and revealed that not even a small number of Nigerians declared that they received any social relief from the government despite the claims by its officials

that billions of naira had been paid out to individual citizens and households (Odigan, 2020). In the same manner, reports from the media indicated how the distribution of the over N50 billion COVID-19 loan to small business was ruinously characterised by absence of transparent and efficient process. Further, stakeholders complained that the utilisation of the N1 trillion purposed to be given to manufacturers fell below expected standards. Also, the disbursement of cash grants and food assistance amongst food-insecure communities was marred by massive irregularities (Igwe, 2022). In the face of this appalling development, the PDP called on Nigerians to take cognisance of how the APC-led government fraud circumvented existing financial regulations and unlawfully engaged in cash disbursements, directly through a Cabinet Minister, rather than by the Central Bank of Nigeria (Odigan, 2020). The party (PDP) claimed that *“such was part of the design to use few unsuspecting Nigerians to circumvent the system, muddle up financial documentation and accountability processes and facilitate the siphoning of huge chunk of the palliative fund”* (Odigan, 2020, para. 6).

The undeniable fact, as Eyisi and Ukah (2021, p. 57) have argued, is that *“COVID-19 in Nigeria became the bet of primitive accumulation in facets of governmental activities”*. The PDP argued that *“this explains[ed] why the APC-led administration has [had] refused to open up on the handling of palliative funds despite huge allegations of fraud and diversion”* (Odigan, 2020, para. 10). A coalition of civil society organizations, led by the Women Advocates Research and Documentation Centre (WARDC), made allegations of corruption in a report in Abuja over the management of COVID-19 palliative funds, asserting that the monies were plundered due to lack of transparency and accountability (Jimoh, 2022). According to these CSOs, *“...the COVID-19 funds and resources, especially donations from multilateral and bilateral agencies bypassed parliamentary budget oversight and government financial management controls and processes”* (Ibid., para. 2). The organisations openly faulted the management of the COVID-19 funds, arguing that it created avenues for corruption, mainly because the government did not carry CSOs along as it received COVID-19 donations and while spending the monies (Ibid., 2022). This aligns with the claim by Eyisi and Ukah (2021) that the COVID-19 situation in Nigeria provided real avenues for manipulation and graft. This, explains why the handling of the COVID-19 funds in Nigeria was epitomised by the lack of transparency and accountability, which was a serious challenge in the entire pandemic response activities (BudgIt, 2021).

On its own, BudgIT, a Nigerian CSO championing advocacies on issues of fiscal transparency and accountability, alluded that the donations made in cash and in kind to the federal and sub-national governments by local and international donors for managing the COVID-19 pandemic amounted to more than N200 billion, and requested adequate accountability on the use of the funds (Muanya, 2020). Likewise, the PDP called on the Nigerian National Assembly to quickly probe allegations of diversion of funds related to the recent sharing of COVID-19 palliative money by a Cabinet Minister and recover the money for Nigerians (Odigan, 2020). BudgIT described Nigeria as a context where the cultures of profiteering and avoidance of transparent practices in the utilisation of public financial resources thrive, and pledged its commitment to collaborating with the ICPC

and other relevant government agencies to put in place an appropriate structure for launching investigation into COVID-19 response matters in the country (Olawoyin, 2021). Allegations of corruption raised by many CSOs regarding the handling of the COVID-19 financial donations by relevant government authorities, were confirmed by the ICPC Director of Operations, Mr. Akeem Lawal, who stated that instances of diversion of COVID-19 funds and logistics into individual accounts was manifest at the time. According to Mr. Lawal, the ICPC was at the time conducting investigation into some of the cases relating to the utilisation of funds and the distribution of palliatives by certain government organisations in connection with the COVID-19 epidemic (ThisDay, 2020). However, the report of its investigation was as yet unpublished up until the time of completion of this study. The precursor to these developments was the visible activism and watchdog role of numerous anti-corruption and transparency and accountability-specialised CSOs that raised the alarm concerning the observed unscrupulous activities of some public institutions amidst the pandemic, publicly holding them responsible for their actions.

### Hoarding and diversion of COVID-19 palliative materials meant for the vulnerable people

Human Rights Watch (2021, para. 4) correctly points out that *“Nigeria was particularly vulnerable to the economic impacts of COVID-19 due to the absence of a functioning social security system capable of providing support to households that lost jobs and income during the crisis”*. In spite of this, ordinary Nigerians witnessed outright mishandling of relief materials intended to be used in assisting them as the coronavirus pandemic surged, by politically exposed persons. As with the cash relief, the FMHADMSD Minister was also quoted by the social media for having allegedly claimed, during the lockdown, and that all Nigerians received the COVID-19 palliative (Silas, 2020). The Minister was quoted stating that:

*“There is hardly anyone in Nigeria who did not receive the Federal Government palliative care during the COVID-19 pandemic period. All the tribes in Nigeria received the palliative. In fact, it was evenly distributed”* (Agbedo, et al., 2020, p. 5).

The newspaper report further quoted the Minister as adding that, *“hearing some tribes crying, especially the eastern part of Nigeria and the South-South that no palliative car was given to them tends to blackmail. Nobody in the eastern or South-South parts of Nigeria will say he or she didn’t receive any palliative from the government...”* (Ibid., p. 6).

However, when she was questioned on these statements allegedly credited to her, she insisted that she never made them, saying that it was not possible for every Nigerian to receive the palliatives. Instead, she said that all the State Governments in Nigeria had been given their shares of the palliatives for onward distribution within their respective jurisdictions (Silas, 2020).

But in reality, an average Nigerian can attest that *“...the distribution of palliatives to the vulnerable in society [was] riddled with tales of looting and diversions”* (ThisDay, 2020, para. 2). This was why the N2.3 trillion (\$5.6 billion) eco-

economic stimulus package set aside in June 2020 by the Nigerian Federal Government to protect vulnerable citizens from the economic effects of the COVID-19 crisis (Human Rights Watch, 2021), failed to make satisfactory impact. In addition, CACOVID raised above N26 billion from the private sector, which was mainly utilised in purchasing relief items, especially food materials, which were handed to the State Governments, and to be distributed to residents (Aluko, 2020). However, there were bitter complaints by Nigerians from all parts of the country regarding their access to these palliatives (BudgIT, 2021). Most State Governments hoarded these relief materials amidst the increased hunger and suffering among the masses, and this provoked doubts regarding the transparency and accountability of the State Governments as some elder statesmen and civil societies voiced-out (Aluko, 2020; Sanni, 2020). The Head of Transparency International in Nigeria, Mr. Musa Rafsanjani, stated, emphatically, that the State Governments ignored the principles of inclusiveness and accountability in the distribution of the COVID-19 relief materials (Aluko, 2020). BudgIT and other civil society groups maintained that politicians hijacked the palliative materials meant for the public and shared them only between political party loyalists in the midst of the biting effects of the pandemic (Igwe, 2022; Olawoyin, 2021). The then Chairman of the ICPC, Prof. Bolaji Owasanoye, concurred that the Commission observed that there were “...selective distributions, favouritism, nepotism and other biases in the allocation and distribution of relief materials or palliatives as well as the hijacking of palliatives by political actors, their proxies, cronies, and affiliates” (Odeniyi and Angbulu, 2022, para. 7).

BudgIT, for example, asserted in its report that politicians appropriated and redirected palliatives and distributed them among party members in majority of the local government areas (LGA) that were tracked in Lagos State, inclusive of Agege, Mushin, Ikorodu, Surulere and Epe. Many residents in these areas, who do not belong to the party complained over the seizure and their non-inclusion in the entire distribution exercise (Olawoyin, 2021). Oga Yemi, a resident of Mushin in Mushin LGA of Lagos State, for instance, said: “Politicians in our area hijacked the sharing of the palliatives, which were channelled through the party’s leadership across the wards in the local government area” (BudgIT, 2021, p. 28). BudgIT held that the same scenario repeated in several parts of Nigeria as politicians hijacked the sharing of COVID-19 palliatives (Olawoyin, 2021). In Kano, the Chairman of the Kano State Public Complaints and Anti-Corruption Commission, Muhuyi Magaji Rimigado, confirmed the agency’s arrest of Alhaji Kabiru Ado Panshekara, the Chairman of Kumbotso Local Government Council, for using his publicly entrusted office to redirect palliatives meant for vulnerable people to local law enforcement personnel and fellow workers during the pandemic (Tijjani, 2020). BudgIT also stated that residents of Minjibir in Kano State recounted that the process of selecting the recipients was primarily based on loyalty to a political party, which denied the vulnerable individuals in community access to the relief materials. It affirmed that party helmsmen received instructions to distribute palliatives to party members alone following presentation of their party identity card or after being identified as a member of the ruling party. A parallel situation occurred in Ogun, Rivers, and Niger

States, amongst others. (Olawoyin, 2021). The above is thus a confirmation that *“...the COVID-19 relief materials were hijacked by the politicians and their cronies as a result of human greed”* (Onah, 2021, p. 2).

Marginalised and vulnerable Nigerians thus only kept hearing that government had shared money and food items, but they were not able and privileged to partake in this (Human Rights Watch, 2021). The majority of Nigerians are still unclear as to how the relief materials were distributed across the states of the federation (Aluko, 2020). BudgIT disclosed that it examined the financial assistance and institutional response to COVID-19 and had analysed data on the pandemic in Nigeria. This encompassed donations, allotments, spending and the sharing of palliatives at the national and sub-national levels. They stated that exhaustive details on how the funds were disbursed had not been published on the Open Treasury platform (Olawoyin, 2021; BudgIT, 2021). In a report that emanated from its study on the management of COVID-19 funds in Nigeria entitled “COVID-19 Fund: Fiscal Support, Palliative Analysis and Institutional Response”, BudgIT revealed that the sustained misappropriation of pandemic related money and palliatives meant for the citizens further widened the existing gap between the affluent and the needy as the vulnerable and excluded were not given access to the palliative materials to which they were entitled to (Olawoyin, 2021). Obiezu (2020) described this act of hoarding COVID-19 palliatives provided for the poor and vulnerable, by some State Governors, as an act of corruption. Similarly, a notable human rights lawyer in Nigeria, Femi Falana, condemned the hoarding of palliatives and blamed the government of Nigeria for not displaying transparency and accountability in the conduct of its response to the pandemic (Igwe, 2022). Njoku (2020) confirmed that political consideration, corruption, cronyism and nepotism obscured the overall aim of the COVID-19 palliatives and economic stimulus program in Nigeria.

Another civil society organisation, the Socio-Economic Rights and Accountability Project (SERAP), *“...petitioned the ICPC to promptly, thoroughly, transparently and effectively investigate the circumstances surrounding the alleged hoarding of COVID-19 palliatives in warehouses in several states”* (Sanni, 2020, p., 5). This hoarding and embezzlement of donated resources (Agwu et al., 2023), would later translate to an opportunity to criminals, who forcibly broke into warehouses where palliative materials were kept and stole them. This happened in October 2020, immediately after the “#EndSars”<sup>1</sup> protests when a number of those warehouses were uncovered in different parts of the country (BudgIT, 2021). Several states of Nigeria were affected, including Osun, Kwara, Ekiti, Cross River, Plateau, Bauchi, Kaduna, Rivers, Delta, as well as Abuja, and the FCT (Aluko, 2020; Sanni, 2020). The hoarding of COVID-19 relief materials that were later discovered during the “#EndSars” reveals how corrupt and indifferent the ruling class in Nigeria actually is to the plight of the ordinary citizens (Orjinmo, 2020). The Nigerian Fed-

<sup>1</sup> A protest held in October 2020 by Nigerian youth against police brutality, and mainly to demand the disbandment of the Special Ant-Robbery Squad (Sars) of the Nigeria Police Force (NPF), which became known as #EndSars protest. <https://blogs.lse.ac.uk/africaatlse/2024/02/07/how-the-endsars-protest-turned-violent-and-what-can-be-done-to-prevent-recurrence/>

eral Government tried to exonerate itself as it spoke through the Chairman of the Presidential Task Force on COVID-19. This Chairman, Boss Mustapha, argued that it released the palliatives to the State Governments to further distribute them to the citizens, and that the COVID-19 relief items looted by criminals in these affected states were reserved for vulnerable citizens. However, he remained silent on why the State Governors refused to distribute them to their residents (Aluko, 2020). The question, thus, is: Why then did the palliatives remain in the warehouses until mid-October 2020, with many already expired, while the same vulnerable people for whom they were meant continued to suffer acute hardships and hunger amid the COVID-19 pandemic? CACOVID could not understand the reason for hoarding the palliatives for six months after the pandemic, and hence it could not also answer this question (BudgIT, 2021). Inability to answer this crucial question, among others, further exposes the rot and corruption in the country's governance systems and processes.

All these would eventually constitute parts of the appalling incidents that negatively affected Nigeria's response to the coronavirus emergency and resulted in loss of confidence in its healthcare system (Agwu et al., 2023). Of course, the claim of the Nigerian Federal Government was not tenable as far as the masses were concerned, and thus a coalition of 33 CSOs<sup>2</sup> demanded that the State Governors provide explanations regarding why they deliberately refused to distribute the relief materials supplied in good faith, mainly by CACOVID, to the citizens (Aluko, 2020). Unfortunately, none of the State Governments was able to provide a justifiable explanation for their action, and the Federal Government has not taken any steps in holding them accountable for this. This also exposes the height of impunity that characterises the Nigerian governance system. After the pandemic, a roundtable discussion was held between BudgIT and the Chairman of ICPC and his team, where the latter renewed their commitment to offer steady assistance and put on trial all coherent cases associated with COVID-19 corruption (BudgIT, 2021). However, as of the time of conducting this research, there were no publicised updates as regards on-going prosecution of any alleged COVID-19 pandemic-related cases of corruption.

## Procurement corruption, pilfering of medical supplies, and administrative fraud

The procurement of medical supplies or materials, under normal circumstance, has been a sphere of activity notable for its susceptibility to numerous corrupt practices in the Nigerian health sector. It is not too surprising, therefore, that there are documented examples that the outbreak of COVID-19 further aided these shady practices in Nigeria. For instance, in the study "Fraud

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<sup>2</sup> Among the CSO coalition were; the Centre for Democracy and Development, Enough is Enough, Partners for Electoral Reform, the Civil Society Legislative Advocacy Centre, the Centre for Information, Technology and Development, Yiaga Africa, Global Rights, Project Alert, and Women Advocates Research and Documentation Centre (Aluko, 2020, October 31); "Hoarded' COVID-19 palliatives put governors under the spotlight", Punch. Available at: <https://punchng.com/hoarded-covid-19-palliatives-put-governors-under-the-spotlight/> (accessed 14 July 2025).

within the Nigerian Health System, a Double Threat for Resilience of a Health System and the Response to the COVID-19 Pandemic: A Review”, Akokuwebe and Idemudia (2023, p. 6) attested thus: *“In response to the COVID-19 pandemic in Nigeria, issues of exploitation and commercialisation of COVID-19 pandemic response were determined”*. Also, in their own study titled “Effects of Corruption and Unaccountability on Responses of Frontline Health Workers to COVID-19 in Nigeria: Lessons and Considerations for the Social Work Profession”, Agwu et al. (2023) found that there were documented reports of corruption and unaccountability during the zenith of Nigeria’s COVID-19 response. To start with, from accredited sources, it was established that the sum of N500 billion was infused in the budget to take care of emergency spendings at the time of the pandemic. But Nigerians still have no clarity as no exhaustive reports were published regarding the processes followed by the Nigerian government in procuring the one million doses of vaccines that quickly expired and were left unused after their importation, whereas imported vaccines are not expected to expire until long after six months have elapsed. The ICPC attested to the discrepancies and infractions that characterised the procurements and payments by relevant Nigerian government agencies after the allotment of COVID-19 funds (Igwe, 2022).

There were accounts of fraud perpetrated by senior health officials, who pilfered medicines and medical items, including COVID-19 diagnostic tests and personal protective equipment (PPE), such as goggles, gloves, hand sanitisers and facemasks from COVID-19 response centres and designated hospitals across the country (Akokuwebe and Idemudia, 2023). The costs of PPE were also arbitrarily inflated by top health authorities, and the PPE stolen from COVID-19 response facilities were sold at exorbitant prices on the private market for personal financial benefit (Balabanova et al., 2020; Rhodes, 2020). Other forms of corruption and fraudulent practices identified within the Nigerian health sector by studies during the pandemic period include the cases of inadequate provision of testing kits and medicines, outsourcing of COVID-19 test centres, racketeering of coronavirus tests, under-the-counter payments, and fraud associated with employment (Akokuwebe and Idemudia, 2023). Moreover, apart from the allegations of corruption and unaccountability that followed the procurement of vaccines in Nigeria (Onwujekwu et al., 2023), another form of fraud emerged in relation to vaccine administration, as many Nigerians dodged being vaccinated with COVID-19 vaccines, but tried to illegally obtain proof of vaccination documents through unscrupulous health officials. This type of fraud was mostly popular among Nigerians that sought to travel overseas, since vaccine certificates were a requirement for international travel. Health functionaries were incriminated in this corrupt practice of falsifying vaccine certificates. Dishonest health officers charged high unofficial amounts to confer vaccination certificates on people who were not yet vaccinated. Still, health administrators claimed that they were not able to harvest enough evidence to apprehend corrupt officers (Ripples Nigeria, 2022).

Besides accepting illegal fees to issue vaccination certificates, reports revealed that frontline officials in-charge of COVID-19 vaccines and vaccination in Nigeria also requested unauthorised payments for vaccinations in the guises

of logistics expenses, internet charges, and transportation costs. Vaccine officers were able to enter vaccination reports on the authorised e-recorder platform and the e-records served in verifying vaccination documents during border crossing, thus those that required vaccination certificates for international travel typically came under intense coercive pressures to yield when demanded to pay unofficial fees. Persons that needed COVID-19 vaccine certificates but did not want to be vaccinated were asked to pay bigger unofficial amounts for the cards (Onwujekwu et al., 2023). The involvement of health officials in this highly unprofessional conduct is not just disheartening, but also vividly depicts that corruption is, undeniably, Nigeria's biggest problem. In a ministerial meeting held at the Federal Ministry of Health in Abuja, on the update of COVID-19 response and development in the country's health sector, the Federal Government of Nigeria disclosed, through the Director of Port Health Services (PHS), Dr. Geoffrey Okatubo, that from July to August 2022, as many as 422 persons who wanted to travel with counterfeit COVID-19 vaccination documents were arrested by the Port Health Officers at the airport as they attempted to go through the clearance process (Ali et al., 2024). To reinforce this fact, in its study entitled "Undercover Investigation: How Health Workers Collect Bribes and Issue COVID-19 Cards without Vaccination", the Media Advocacy West Africa Foundation (MAWA-Foundation), a non-profit organisation based in Abuja, revealed how Nigerian health workers collected bribes, ranging from N2000 to N40, 000 for issuing COVID-19 vaccination certificates without actually administering the vaccine, in three states of Nigeria namely, Plateau, Ebonyi, and Gombe States, as well as Abuja (MAWA-Foundation, 2022).

In a statement made available to The PUNCH, Mohammad Ohitoto, the Head of Public Relations of the National Primary Health Care Development Agency (NPHCDA), a part of Nigeria's Federal Ministry of Health, stated that ad hoc staff of a COVID-19 vaccination centre at Wuse General Hospital in Abuja, Dauda Abu-Huraira, was apprehended by security operatives for taking informal payments from some people who intended to embark on international travel and issuing them falsified vaccination cards without passing through the vaccination process (Adejoro, 2022). In Lagos State, the report of an investigation piloted by Premium Times, declared that a corrupt health worker, Solomon Oriere, a male nurse affiliated with the NPHCDA's authorised vaccination centre at the Lagos State University Teaching Hospital (LASUTH) in Ikeja, was popular for collecting bribes and giving either COVID-19 test results or vaccination certificates to anyone who needed them, and he confessed to this act upon arrest. In his words, Mr. Oriere boasted thus: *"You do not need to come here, all that I need from anyone in need of result or card is just the money paid into my account, and they will be provided"* (Ileyemi, 2023, para. 5). Mr. Oriere stated further that, *"in fact, we use courier services to deliver to those outside the state without seeing them"* (Ileyemi, 2023, para. 5). An interrelated inquiry carried out by Sahara Reporters, a Nigerian-based investigative media channel, showed that health professionals in 10 primary healthcare centres and clinics in Abuja procured the vaccination cards for as low as N15, 000 (\$23), when the presidential Steering Committee on COVID-19 in 2021 made it compulsory, but refused

to receive the vaccination shots (Ali et al., 2024). Another investigation showed that many persons who were vaccine hesitant procured vaccination certificates for as little as N2, 000 from health personnel at facilities or vaccination centres, while some purchased them at between N20, 000 and N50, 000 per card. Some private health facilities equally indulged in the fraudulent act of issuing false COVID-19 test results at a cost, which ranged from N5, 000 to N100, 000, based on the class of the individual or exigency (Akor et al., 2021).

The foregoing documented evidences amply strengthen the claim that Nigerian health workers undermined the ethics and standards of the profession by assuming an unbecoming disposition motivated by corruption that put the lives of the public at risk (MAWA-Foundation, 2022). The issuance of falsified COVID-19 vaccination documents by unethical health professionals in Nigeria resulted in the existence of incorrect and unreliable vaccination records in the country. With these fake vaccination certificates, people who did not receive the COVID-19 vaccine dishonestly claimed immunisation, and thus undermined the integrity of the vaccination programmes and posed significant obstacles to adequate health management (Ali et al., 2024). Furthermore, Onwujekwu et al. (2020) identified intentional funding irregularities by top health authorities, which adversely impacted the procurement of medical equipment and the payment of the salaries and allowances of health workers during the crisis (Adebowale, 2020; Ewubare, 2020). The unnecessary delays in paying the allowance of the health workers at the forefront of the war against COVID-19 and lack of priority to their health and safety, discouraged many health experts from being part of the containment efforts (Akokuwebe and Idemudia, 2023).

Additionally, in the aforementioned study by Agwu et al. (2023), health workers specifically lamented about incidents of corruption and unaccountability, which mitigated against their efforts towards containing the coronavirus in the peak of the crisis in Nigeria. Respondents revealed that these corrupt practices mainly transpired within the apex healthcare management structure and within the facilities. The respondents recounted that the funds allotted to the health sector as often publicly reported on the popular media did not lead to their enhanced conditions and protection, and this resulted in the health workers protecting themselves by intentionally keeping away from suspected cases of coronavirus and releasing several victims of the infection, inclusive of those still undergoing treatment. One of the respondents, a medical doctor, stated that in the entire Abia State in the South East region of Nigeria, the health workers were not provided with COVID-19 testing kits as of March 2020, which made them run for their lives whenever they saw a suspected case of the infection, whereas the government allocated billions to the health sector in the 2020 budget to contain the virus. This authenticates the popular assertion that the coronavirus epidemic made a few Nigerians richer, because the enormous funds mobilised and deployed to contain the spread of the disease in the country hardly resulted in better conditions of health complexes and their work force (Agwu et al., 2023). One can rightly posit, therefore, that while Nigeria tried to manage the COVID-19 pandemic, it also battled with another pandemic, 'corruption', which immensely undermined its effort at vigorously combating the virus.

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## Falsification and misinformation on COVID-19 data by government health institutions

Government health authorities that championed the fight against COVID-19 in Nigeria discarded sincerity and authenticity and were implicated in the malfeasances of fabrication and dissemination of false data or statistics on the virus while it prevailed. This was a noteworthy disturbing dimension of corruption that drew widespread attention to the Nigerian health sector during the public health crisis. As Agbo and Nche (2023, p. 726) put it, “COVID-19 statistics ... refer to the daily reports of the number of confirmed COVID-19-infected persons (i.e. confirmed cases), persons on admission, treated and discharged persons (i.e. discharged cases), and persons dead (i.e. deaths)”. The NCDC is the formal agency established in 2011 by the Nigerian Federal Ministry of Health to prevent and control the transmission of pandemic diseases and other public health crises in the country (Agbo and Nche, 2023). But it was in November 2018 that former President Muhammadu Buhari signed the NCDC establishment Act into law, making it Nigeria’s national public health institution with the responsibility for coordinating public health preparations, observation, laboratory, and response actions (NCDC, 2020). In the wake of the coronavirus epidemic, it was the duty of the NCDC to publicise up-to-date and factual information to the public. In line with its functions, the NCDC collaborated with State Ministries of Health in the country to release figures or data on a daily basis concerning the numbers of confirmed, released, active COVID-19 cases, and deaths caused by the disease all over the nation in the time of the pandemic (Agbo and Nche, 2023).

These figures or details were normally disclosed on the official website of the agency. The data were also circulated on social media outlets, notably WhatsApp, Twitter, Facebook. National television channels such as the Nigerian Television Authority (NTA), and Channels TV, also steadily served as mediums for publicising these statistics on COVID-19 in Nigeria (Agbo and Nche, 2023). But many Nigerians faulted the figures daily published by the NCDC and maintained that they were mostly forged, and not a reflection of the real COVID-19 situation in the country. For example, in their study, Abdullateef and Okonkwo (2021) contended that the figures were incongruent and inflated by the NCDC to misappropriate money. Similarly, Agbo and Nche (2023) conducted a study dubbed “Suspecting the Figures: What Church Leaders think about Government’s Commitment to Combating COVID-19 in Nigeria”. In this survey research, only one out of the eighteen respondents involved indicated confidence in the credibility of the figures published on a daily basis by the NCDC on the numbers of COVID-19 infections, recoveries, deaths, and other attempts that the government claimed it made to contain the epidemic. One of the respondents was undecided about this issue, while the rest of the respondents believed that the statistics were completely fallacious, expressing that they were magnified (Agbo and Nche, 2023). According to one of these participants, “everyday, we will hear on the media that people are dying or being infected with COVID-19 but you don’t see anybody dying of COVID-19 around you. It is all ‘they said’, all we see here, my sister, is poverty and hunger” (Agbo and Nche, 2023, p. 737). This was the belief commonly held by the majority of the respondents.

The findings of the aforementioned study corresponds with those of Abdullateef and Onknonkwo (2021), in their study, “Why Trusting the Nigerian Centre for Disease Control Information is Difficult: A Study of the Awareness, Knowledge and Perceptions of Nigerians Hesitant towards COVID-19 Management by NCDC in Nigeria”. Most of the participants in this study in Abuja held that the COVID-19 figures released by the NCDC were inflated to misappropriate funds. The position of these respondents was predicated on the ground that they never saw any persons infected or died from COVID-19 in Nigeria, implying that direct or indirect encounter mattered in discussing COVID-19 mistrust (Abdullateef and Onknonkwo, 2021). In substantiating the finding of these studies, Akokuwebe and Idemudia (2023) confirm that the Nigerian government and its health authorities were among the governments of developing nations that indulged in data fabrication and falsification and were reluctant to disclose the authentic figures on COVID-19 cases and deaths incidences, as well as the numbers of individuals tested for the infection. They posit further that this fraudulent practice also took the forms of duplication of COVID-19 healthcare facilities and circulation of contradictory government reports on the virus (Akokuwebe and Idemudia, 2023). This all contributed to eroding public trust in the Nigerian government and its designated health institutions during the epidemic, leading to disregard for officially recommended COVID-19 preventive and containment measures by many of the citizens.

## Recommendations for the future

Corruption in pandemic response activities can appropriately be described as a ‘pandemic within pandemic’ as it hampers the effectiveness of efforts at combatting any prevailing public health emergencies, resulting in increased dangers of loss of human lives and overall related disruptive impacts on society. This can be seen in the analysis in the preceding section of this study dwelling on Nigeria’s experience during the COVID-19 crisis. Considering that, the study recommends the following actions, below, to Nigeria as measures for adequately check-mating corruption in her response actions to contain any other pandemic outbreaks at any future point in time:

The Federal Government of Nigeria needs to develop a comprehensive national pandemic response framework consciously designed to incorporate effective mechanisms for mitigating corruption by guaranteeing a significant level of transparency and accountability amidst implementation. Among other steps in this direction, this can be achieved by bringing the country’s two principal anti-corruption institutions, the EFCC and ICPC, as well as anti-corruption and transparency and accountability-focused CSOs into the fulcrum of its pandemic response strategy and activities. The knowledge of the integral existence and participation of these ‘watchdog’ parties in the country’s pandemic preparedness and response architecture would naturally frighten all other stakeholders, thereby drastically reducing the spate of corrupt, or even possibly eliminating it absolutely.

As a lesson from the COVID-19 pandemic experience, the Nigerian Federal Government should create a known single and centralised stand-by fund or ac-

count, specifically dedicated for receiving all financial donations directly from local and international donors in times of any future epidemics. Major signatories to this account should include, but not limited to the Minister of Health, the Minister of State for Health, the Director General of the NCDC, the Chairman of the EFCC, the Chairman of the ICPC, and representatives of some selected accredited CSOs working in the field of ant-corruption and transparency and accountability promotion in Nigeria, to represent the citizens. This hybrid funds management structure would, without doubts, help to inject optimal efficiency and accountability in the coordination and utilisations of financial aids received to cushion the usual severe effects associated with public health emergencies among the vulnerable populations in the country. This measure would also go a long way in helping to restore public confidence in the Nigerian government and its health authorities at such times.

The Federal Government of Nigeria should initiate a top-bottom approach for the distribution of palliatives in times of any future pandemics. In this sense, relief materials should pass from the Federal Government through to the various State Governments, and then to the Local Governments units. Once this is done, trustworthy traditional rulers, community leaders, religious leaders, and leaders of grassroots organisations should then be selected by the Local Government Chairmen to constitute a committee or task-force entrusted with the duty to coordinate the distribution of palliatives. This approach would prevent politicians at the higher and lower levels from hoarding and diverting relief items, as well as foster equitable distribution patterns that ensure that the palliatives reach the target vulnerable populations.

The Nigerian National Assembly needs to enact a public health emergency procurement law that would be dedicated to the regulation of all procurement activities within the country's health sector in times of public health crises. This law should incorporate a provision that creates a body, say 'National Council or Committee on Public Health Emergency Procurement', which should be constituted by the earlier mentioned health authorities in Nigeria, the anti-corruption agencies, and civil society groups. This body should be charged with the responsibility for the procurement, distribution, and supervision of the use of pharmaceutical and non-pharmaceutical goods during pandemic responses. The law should also contain adequate provisions on the procedures for achieving optimal accountability of the management of the publicly-financed goods by government health officials during and after any would be emergencies. With an extant law and a supervisory body constituted by health institutions and non-health-related bodies to manage procurement matters, Nigeria would have almost completely curbed most of the corrupt practices in this particular area of emergency response activities.

The Nigeria Centre for Disease Control being the official public health management institution for the country must nurture high levels of professionalism and competence in accordance with global best practices and standards in its disposition and conduct of public health emergencies response operations. The agency must desist from any suspicious acts that can arouse doubts about its dependability among the public, especially as it pertains to publishing of updates during pandemics. It must not comprise standards in providing the public with timely,

accurate, verifiable and reliable statistics or information on important developments as they unfold in such times. This would be another way of raising the level of public trust in the Nigerian government and its health agencies, which is also essential for securing the citizens' cooperation and compliance with government's instituted pandemic preventive and containment protocols.

## Conclusion

Corruption is Nigeria's worst enemy and, therefore, the biggest obstacle to its progress in all areas. Corruption weakens the effectiveness and efficiency of institutions of public administration in Nigeria, and substantially drains the limited public economic resources that ought to be prudently channelled to delivering development goods and services to its citizens. A systemic syndrome, corruption besets Nigeria's entire sectors, including the most critical sectors. Hence, in the wake of the global public crisis caused by the outbreak of COVID-19, the Nigerian healthcare sector came under the spotlight as a result of persistent overwhelming allegations of corruption within the system while the government fought against the spread of the virus in the country. As the analysis in the main body of the study showed, various forms of corruption took place in Nigeria's healthcare system during the period of the epidemic. These includes mismanagement and unaccountability of COVID-19 financial donations, hoarding and diversion of COVID-19 palliative materials meant for the vulnerable populations, procurement corruption, pilfering of medical supplies, and administrative fraud, and falsification and misinformation on COVID-19 data by government designated public health authorities. These trends of corruption impacted unfavourably on the Nigeria's response to the coronavirus disease. However, this study reposes confidence in the ability of its recommended strategies to enable the country to prevent corruption in its health system, should there be any other pandemics in the future.

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