


Rethinking corruption in contemporary African philosophy: Old wine cannot fit



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To conceive the notion of corruption presupposes the existence of corrupt individuals, groups or organisations. The existence of corrupt individuals, groups or organisations you might say presupposes the presence of an entity. Every entity (i.e. state or corporate) has laid down procedures, processes and methods of doings and functioning. When these procedures and processes are negated, one could be accused of subversion. Subversion is an element in the definition of administrative corruption and is the unwillingness to follow stipulated plans of actions. An action that negates procedures falls under corrupt practice. This article will answer the following research questions: How has corruption been framed and perceived and what are the underlining consequences in Africa? In what ways, if any, has the prevailing perception of corruption undermined and understated the notion of corruption in Africa? In what ways can a remedial be conceived in the fight to make Africa free of corruption? And finally: How can Kleptoafroonia be conceived as a panacea for corruption in the continent? This article uses themes and narrative analysis in the qualitative realm to provide answers to the research questions. Over 500 scholarly materials were read and scanned from journal articles, Internet sources, textbooks and several academic indexes to provide evidence for the arguments in this article from five disciplinary standpoints: political science, public administration, criminology, psychology and medical sciences. This article is a conceptual article that tends to demonstrate that corruption in Africa is a psych-administrative disorder termed – *Kleptoafroonia*.

Introduction

... Corruption goes with power ... therefore to hold any useful discussion of corruption; we must first locate it where it properly belongs – in the ranks of the powerful. (Achebe 1983:na; Okere 2012:114; Smith 2007:55)

Corruption over the years is argued as Africa's worst undoing (Hanson 2009). International organisations, academia, practitioners and government institutions have thus far failed to produce a remedy to the widespread enigma – corruption.¹ This article seeks to interrogate the notion of corruption in Africa from a transdisciplinary approach using public administration, psychology and medical science. Hence, it conceptualises corruption as both a terminal disease and a mental disorder. This article also seeks to demonstrate that corruption is a disorder, a disorder which we termed *Kleptoafroonia*. The formulation of this objective is informed by this article's well-considered observation that scholars and professionals in corruption studies and its cognate academic disciplines around the globe (Fisman & Svensson 2007; Olken & Pande 2012; Ouédraogo 2017; Rodriguez, Uhlenbruck & Eden 2005; Rose & Heywood 2013; Rose-Ackerman 1999; Thompson 1995) and the continent have not given a clear picture and sustainable solution for this scourge, disease and disorder. Rather, most scholars and practitioners in the field have provided justification, or what others call reasons for the increasing trend of the disease (Dimant & Tosato 2017; Enste & Heldman 2017; Rose-Ackerman 1999).

This article is one in a series of studies that endeavour in changing the direction of the discourse – corruption in Africa. It does not merely seek to neither confirm the known, nor conform to status quo. Rather, it proffers an alternative perspective to the discourse of corruption in Africa. It rethinks the idea and notion of corruption, thereby introducing a new thinking on how corruption is to be seen, viewed and understood in Africa in the 21st century. This is premised against the backdrop that several academic findings (Heinemann & Heimann 2006; Lopez-Claros 2014; Rose-Ackerman 1998; Van Rijckeghem & Weder 2001) have argued that strengthening institutions and governance frameworks and systems are the panacea to corruption in Africa and beyond, whereas others (Acemoglu & Robinson 2015; Rose-Ackerman 1998) have dismissed

1. <http://www.d20pfsrd.com/magic/all-spells/a/alleviate-corruption/>

the notion of corruption, as ever being a disease but a symptom of a larger disease.

Worthy of note is that psychology is concerned with the two main features: the individual in the society and the collective or a group. In creating an understanding for explaining psychological behaviour among individuals and groups, it tends to emphasise three things: firstly, psychology focuses on the individual. Secondly, it looks for pathologies in the individual (i.e. what is wrong or what sickness does the individual have). Thirdly, it tries to develop a solution, cure or treatment for this pathology.

This article begins with the known ideology of corruption. It conceptualises corruption from three facets: psychology – the urge to steal; medical science – the nature of contagion; and administration – the substandardisation and subversion of policies, processes and procedures.

Thus, the article is organised in the following manner. In the next section we explore the logic of what is known about corruption in greater detail, showing the nature of the arguments and debates on corruption and corrupt practices. Thereafter, we try to understand what constitutes disease and symptom, showing their meaning and differences and also provide some useful discourse on the Ebola virus disease (EVD) and Kleptomania. Following this, we rethink corruption on the basis of kleptomania, while taking some elements of EVD in making the analysis for Kleptoafroonia in Africa. After providing a summarised introduction to the concept of Kleptoafroonia in Africa, we conclude this conceptual article.

Symptoms versus disease

Disease

- Disease is an abnormality of the body or mind that causes discomfort or dysfunction.
- By extension, it is any abnormal or harmful condition, as of society, people's attitudes, way of living, et cetera.

Symptoms

- Perceived change in some function, sensation or appearance of a person that indicates a disease or disorder such as fever, headache or rash.
- Anything that indicates a disease, or is characteristic of the presence of something else, especially of something undesirable.
- Symptoms are what the patient experiences.
- A symptom can be defined as one of the characteristics of a disease.

Ebola

The Ebola virus disease causes an acute, serious illness, which is often fatal if untreated. The Ebola virus disease first appeared in 1976 in two locations simultaneously, one of the outbreaks in a location now called Nzara in South Sudan and the other in

Tambuku in the Democratic Republic of the Congo. The latter occurred in a village near the Ebola River, hence its name.

The Ebola virus disease, formerly known as Ebola haemorrhagic fever, is a severely fatal illness in humans. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. The average EVD case fatality rate is around 50%, and case fatality rates have varied from 25% to 90% in past outbreaks.

The first EVD outbreak occurred in remote villages in central Africa, near tropical rainforests. That the 2014–2016 outbreaks in West Africa largely occurred in the urban areas was a misnomer from status quo. In the fight towards wiping off the scourge in West Africa, community engagement was seen as a key role player. Hence, every outbreak without a counter-interventionist strategy in place will largely result in a failed attempt to wipe such a scourge. A good interventionist strategy is dependent on case management, infection prevention and control practices, surveillance, contact tracing, sophisticated laboratory equipment and services, safe burials and social mobilisation.

Early supportive care with rehydration and symptomatic treatment improves survival. There is as yet no licensed treatment proven to neutralise the virus but a range of blood, immunological and drug therapies are under development. However, the use of quarantine in the affected countries has been able to prevent the spread of this disease from one individual to another.

Symptoms of the Ebola virus disease

The incubation period, that is, the time interval from infection with the virus to the onset of symptoms, is 2–21 days. Humans are not infectious until they develop symptoms. The first symptoms are sudden onset of fever, fatigue, muscle pain, headache and sore throat. Vomiting, diarrhoea, rash, and symptoms of impaired kidney, liver function, or internal and external bleeding is often the case. Examples may include oozing from the gums and blood in the stools. Laboratory findings include low white blood cells, platelet counts and elevated liver enzymes.

Transmission

It is a general belief that fruit bats of the Pteropodidae family are natural EVD hosts. The Ebola virus was introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals such as chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead in the rainforest.

The Ebola virus spreads through human-to-human transmission via direct contact through broken skin or mucous membranes with the blood, secretions, organs or other bodily fluids of infected persons and with surfaces and materials, for instance bedding and clothing contaminated with these fluids. Hence, healthcare workers were frequently infected while treating

patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

Burial ceremonies that involve direct contact with the bodily fluid of the deceased can also contribute in the transmission of The Ebola virus. People remain infectious as long as their blood contains the virus, implying that EVD can still get transmitted when the (infected) host sheds blood or bodily fluids.

Sexual transmission

More surveillance data and research are needed on the risks of several ways of transmissions and particularly on the prevalence of viable and transmissible virus in semen over time in the interim and based on present evidence. WHO (2014a) recommends thus:

- All Ebola survivors and their sexual partners should receive counselling to ensure safe sexual practices until their semen has twice tested negative.
- Survivors should be provided with condoms.
- Male Ebola survivors should be offered semen testing at 3 months after onset of disease and then for those who test positive, every month thereafter until their semen tests negative for the virus twice by reverse transcriptase–polymerase chain reaction, with an interval of 1 week between tests.
- Ebola survivors and their sexual partners should either abstain from all types of sexual intercourse or practice safe sex through correct and consistent condom use until their semen has twice been tested negative.

Understanding the Ebola virus disease in relation to corruption

One would wonder what or where the relationships exist between these two different phenomena but both are problematic and terrifying to say the least. Others would suggest, why trivialise EVD by comparing it to corruption. It will be helpful to state that both are contagious, because when one associates oneself to EVD there is a high tendency of being infected. So also, exposing or associating oneself with corrupt individuals and organisations exposes one to be corrupt as well. Hence, corruption is a vicious circle, which continues to spread even without the presence of the host like EVD. Corruption penetrates a system as a result of weak interventionist strategies, poor defensive mechanism, poor warning systems and inadequate audit alarm mechanisms, as well as poorly managed case (cases without consequence, ineffective anti-corruption strategies among others) of individuals, organisations or governments in Africa. Where there are weak or poor interventionist strategies to curb EVD, people suffer similar faith.

Early supportive care is an essential criterion for curbing EVD. This is also the case with corruption because corruption is not tackled from its base. It tends to create a breakdown in the entire system leading to institutional failure and maladministration. Hence, our argument that corruption is a

disease based on the fact that it causes dysfunctionality in a system resulting in poorly equipped institutions of learning and economic downgrade as seen in Nigeria and South Africa, maladministration, eroded justice system, poorly delivered services resulting in mass protest actions across the continent and poor governance framework. This creates a system of dependence on the rich within a polity. More worrisome is that in some cases the carriers of EVD have nothing to gain by infecting another with this disease.

Kleptomania

Kleptomania is the inability to resist a desperate urge to steal and is usually done for financial gains or personal use.² This disease was first diagnosed in 1816, classified in psychiatry as an impulse control disorder (Shulman 2004). According to Grant (2004), patients suffering from kleptomania are typically aggressive. Elsewhere, kleptomania is described as the intermittent failure to resist the urge to steal what belongs to others. According to Kohn (2006:553), kleptomania is a severe mental disorder that affects a smaller proportion of the general population but a higher per cent of the clinical populace.

The *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association (2000), classifies kleptomania as an impulse control disorder in which the essential feature is a recurring failure to resist impulses to steal items, even though those items are not needed for personal use or their monetary value (Criterion A). The individual experiences an increasing sense of tension just prior to the theft (Criterion B) and feels pleasure, gratification or relief when committing the theft (Criterion C). The stealing is not committed in order to express anger or vengeance, is not done in response to a delusion or hallucination (Criterion D) and is not better accounted for by conduct disorder, a manic episode or antisocial personality disorder (Criterion E).

It is imperative to demystify the notion expressed herein. The manual classifies kleptomania into five categories. Criterion A deals with the notion that what is stolen is or is not for personal gain or monetary value. Hence, it is done to satisfy an urge that one cannot control. The idea for Criterion B is that the patient suffers from a certain compulsion, which is uncontrollable by the individual, to steal right before the act is committed, whereas without the urge, the act could have been avoided. Hence, stealing is much like a getaway from the feel of pressure. The idea shared in Criterion C is that this stealing is done for pleasure rather than to harm anyone. The issue of stealing by its very nature harms the victim. Much glaring is that the nature of this form of stealing is not to express vengeance or anger, delusion or hallucination (Criterion D). The idea shared in Criterion E is that people who suffer from kleptomania are not principally suffering from antisocial personality disorder, conduct disorder or a manic episode.

2. <http://phrontistery.info/mania.html>

According to research (Abelson 1989; Goldman 1991; Grant & Kim 2002a; 2002b; Kohn 2006:553; McElroy et al. 1991; Sarasalo, Bergman & Toth (1996), kleptomania is a 'disorder seen mainly in white, upper- and upper middle-class women', although, with a few exceptions where men suffer from this disease (Kohn & Antonuccio 2002; Wiedemann 1998).

Linkages between obsessive-compulsive disorders

Kleptomania belongs to a group of disorders that has strong compulsive and impulsive qualities. The latter are at variance with the obsessive-compulsive spectrum disorders, composed of compulsive buying, pyromania, pathological gambling, trichotillomania and nail biting (Matsunaga et al. 2005).

According to Baylé et al. (2003), there exists a relationship between mood swings, eating disorders, anxiety, substance abuse and alcohol. According to Grant (2003), there is a linkage between depression and kleptomania in that some patients attribute relief from unhappiness after stealing.

The basis for stealing in this regard is not totally in sync with conduct disorder, antisocial personality disorder and a manic episode of bipolar disorder as stated ab initio. But it creates an understanding for Kleptoafroonia as a disease that is carried out by impulse. Hence, we shall underscore what several scholars have termed as causes of corruption to the triviality of corruption. This argument is built on the basis that corruption is a recurring urge to steal.

Concept and notion of Kleptomania

The idea of the concept of corruption from the Anti-Corruption Internet Database (2013) argues that corruption is a breakaway (meaning subversion) from a norm or a tradition of doing things. Another argument in the definition as seen elsewhere is that it tends to destroy. Hence, the argument is that corruption is one of the reasons for the economic downgrade in South Africa and Nigeria. It also accounts for the increase in the number of the poor as a result of poorly implemented policies and non-provision of services to those in rural areas. We have also acknowledged in the same definition presented above that corruption erodes moral, ethics, principles, value, honesty, conventions and regulations among others. The essence for the proposition of the concept of Kleptoafroonia is in view to provide a possible cure for the disease called corruption in the next article. This article sets the precedence for the proposition of a panacea to the concept and notion of corruption in Africa premised on the same assumptions.

The underlining assumptions of *Kleptoafroonia* include the following:

- Corruption is a disease and not a symptom in Africa.
- Corruption is contagious.
- Institutional failures, bribery and kickbacks among others are not the major causes of corruption in Africa, rather they are forms of corruption under subversion.³

³This will be fully dealt with in the next article.

- Where there is a high prevalence of corrupt practitioners, there are usually legal anti-corrupt practitioners in Africa.
- Corrupt practitioners practice within an entity, a body or corporate as an individual or for a government or corporate organisation in Africa.
- Corruption frustrates or compromises institutional efficiency, productivity and effectiveness in Africa.
- Corruption hampers institutional development that manifests in dysfunctional systems or institutional failure in Africa. Hence, corruption is not a symptom but a disease.
- In most cases, institutional failures are a result of rampant or heightened gravitational corruption levels in Africa.

Trivialising corruption

Corruption and corrupt practices account for over 600 million Africans without electricity in sub-Saharan Africa (Parke 2016). Corruption is the reason for the increasing number of unemployed youth in the continent (Apergis, Dincer & Payne 2010; Buehn & Schneider 2009; Habib & Zurawick 2002). It is also blameable for the junk status in South Africa and the recession in Nigeria (National Association of Seadogs 2017; Ngolina 2016; Payi 2017; Van Zyl 2017). Corruption is answerable for the dwindling markets and foreign investment (Dumludag 2012; Ohlsson 2007). The lacklustre attitudes of governments in power, the African Union (AU) and its regional commissions and several academics are disheartening in their fight against corruption in Africa. Hence, they have treated and continued to take the issue of corruption lightly, due to benefit accruing to them. The foregoing assertion acknowledges the existence of regional, continental and international anti-corruption legal instruments. But, this article is seriously concerned with the inability or lack of political goodwill for those concerned with law enforcement. This reality has created a situation whereby the existing regional and international cooperation frameworks' efforts in the fight against corruption are reduced to empty rhetoric.

While corruption continues to individually and collectively maim the African states in the eyes of international organisations, investment by industrialised countries is equally scared away from the continent as a result of compromised governance institutions and systems. It is worth noting that corruption manifests in several ways including capital flight and deplorable service delivery in the continent, among others, resulting in the death of several millions of individuals and cost. Yet, academics and practitioners (as mentioned before) have been limited to finding the reason for the existence of this disease, than an actual cure to this disease. One may ignorantly dismiss this assertion by asking how have academics and professionals trivialised corruption over the years. There is no gainsaying that corruption has led to war, agitation, sectionalism, separatist movement, marginalisation, increasing poverty and inequality gap in the continent. Considering that Ebola being one of the deadliest disease to ever hit West Africa, was curbed in less than two months in Nigeria, it is disheartening to say the least that corruption, which has done much harm to the continent, its regions and its member states, is still treated with laxity.

If an institution is failing, does it mean that individuals, organisations or governments must take advantage of it? This is like an individual taking advantage of a partner probably because of his or her financial bondage with the abuser. Therefore, our notion is that corruption is basically the urge of an individual, group or organisation to steal, to subvert laid down procedures and to substandardise goods and services in terms of distribution and manufacturing of inferior and outdated products at the cost of the original product or services. These actions are totally abnormal, dishonest and amoral, so it is seen as corruption.

Our philosophy is that corruption and corrupt practitioners in Africa are an abnormality, hence, a disorder, and a misnomer. Therefore, we argue that such an individual or organisation is suffering from a *psych-administrative disorder called Kleptoafroonia*. Kleptoafroonia as stated ab initio is a disorder that prompts an individual, group or organisation to take for themselves or not for themselves what does not belong to them. In other words, it is a mental anxiety that prompts people to pervert principle, norms, standards, procedures and processes for personal benefit, gratification or otherwise (see OECD 2003a).

Several authors, practitioners and commentators in the corruption discourse have actually reiterated the reason for corruption as institutional failures, poor remuneration, and low level of integration, political will and commitment among others as the bane in the fight against corruption in the continent. This is both ridiculous and mundane because even institutions with strong and vibrant systems, structures and framework have also been indicted of corrupt practices over the years (see Siemens, BP, Innospec and BAE Systems among others).

And most worrisome is the argument by scholars that poor remuneration is a catalyst for corrupt practices. Such claims cannot be fathomed; therefore, the problem is not and cannot be poor remuneration whatsoever, rather it is the inability of an individual, organisation or a body corporate to refrain from being *Kleptoafroonic*. Thus, Presidents, Parliamentarians, Ministers, Commissioners, Governors, Director Generals, Premiers, Local Government Chairmen and Councillors constitute a category of well-remunerated officials in any given country in Africa; but it is not rare for them to be caught for being involved in illegal activities including corruption.

Reasons and rationale to rethink of corruption in Africa

According to Wolfensohn, corruption is cancerous. Corruption is the greatest eroding factor in a society. Corruption is the largest impediment to investment. And it is not just a theoretical concept. It is a concept whose real implications become clear when children have to pay three times the price that they should for lunches and other basic needs. It becomes clear when people die from being given bad drugs because the good drugs have been sold under the table. It becomes clear when farmers are robbed of their livelihood (2005:138–140).

The president of the World Bank in his remarks on international corruption illustrates the nature and complexity of corruption in the context of fragmenting or crumbing a nation's ability to function. In that, corruption has the potential to destabilise governance and governance frameworks, resulting in corrupt practices as a result of undermining governance policies and programmes. Corruption though seen as a cancer by James Wolfensohn, is likened to EVD in this study, based on the spiralling rate of infection. Where cancer only spreads to the body of an individual, EVD spreads by contact with another individual and so does corruption also spread.

The reason why the study sought to rethink corruption is also attributed to the fact that this study is the first to clearly posit that corruption is infectious and transmitted from one individual to the next. Nonetheless, others have argued that it is a disease in the nature of cancer that spreads, but in this study we liken corruption to a terminal disease as Ebola to fully understand the nature, extent and elements of corruption in order to proffer a cure in subsequent articles. The main contention for rethinking corruption in this light leans on the fact that no terminal disease or illness in world history has been left unattended and then disappears as a result of its inattention. In the same way, no parent of a kleptomaniac is contempt that the child is out without watchful eyes (to avoid embarrassment). So, hoping that when corruption is not treated or left unattended will lead to its extinction is delusional. Every government in Africa (without exception) has continued to pamper this disease. Hence, it has both continued to grow and spread. For several years of academic discourse, no cure has been proffered because governments in the continent are seeing corruption as a discourse or philosophy rather than a disease. This is mainly as a result of how the disease was conceptualised and its sentiments have led to its triviality.

Hence, corruption has over the years gained momentum because of its deep roots, resulting in failed experiments that have not produced intended consequence. For corruption to be eradicated, it must be seen, measured and understood from the prism of a disease in stature and class of Ebola in the medical science and from a psychological perspective with such watchful eyes as when a kleptomaniac is around one's vicinity.

Both Ebolism and Kleptomania are curable diseases and disorders, respectively. Yet, over the years researchers have failed to address the issue of corruption from either the standpoint of a disease or a disorder. Studies of Scott (1972), OECD (2007), Amundsen (1999:1), Nutting (1996), Carl Friedrich, cited in Bratsis (2003:11), Buchan and Hill (2014) and Heywood and Rose (2015:106–107) have portrayed corruption as a disease in the form of a cancer. Hence, Amundsen (1999:1) posits that 'corruption is a disease, a cancer that eats into the cultural, political and economic fabric of society, and destroys the functioning of vital organs'. Wolfensohn (2005) corroborated the assertion of Amundsen (*ibid*) thus, 'let's not mince words: we need to deal with the

cancer of corruption' (Nutting 1996). The ideology of corruption by Amundsen and Wolfensohn demonstrate the assertion that corruption is a disease and not a symptom. However, these scholars limited the disease to cancer, possibly because of the nature of its expansionary ability (spread in an individual) within a body polity that erodes both the social and intellectual fabric of society.

However, with the recent spate of Ebola in West Africa and the nature of its spread, one is tempted to rather link corruption with Ebola than cancer, the reason being that the contemporary nature and complexity of this disease in the continent calls for quick action that could bring about a possible solution within the nearest future; and probably because measures or treatment plan used in providing cure for Ebola could also be applied in reducing the incidence of corruption in Africa. Also another major reason why this article opted for Ebola to cancer is premised on using the methodologies used in proffering a cure for EVD to also find a cure for corruption in Africa as stated ab initio. One must admit that if the same attention placed on EVD cure and prevention is repeated in the fight for the elimination of corruption in the continent, Africa would have long found a cure for this disease.

Despite the argument pursued by the authors mentioned above, others have continued to trivialise the notion and philosophy of the concept, thereby belittling the nature and complexity in ensuring that corruption can make a government or system non-functional. These scholars have therefore reduced this disease rather to a symptom of a larger disease. Rose-Ackerman (1996:3) in the paper *Political Economy of Corruption – Causes and Consequence* acknowledges that corruption is a mere symptom to a larger disease (a larger disease which was not mentioned), despite stating that corruption and corrupt practices account for illegal payoffs that reduce the quality and increase the cost of public works to be projected as between 30% and 50%. Also with a survey suggesting that:

where corruption is *endemic*, it imposes a disproportionately high burden on the smallest firms. But, importantly, the most severe costs are often not the bribes themselves, but the underlying distortions they reveal. (Rose-Ackerman 1996)

The argument presented by Rose-Ackerman is therefore conflicting, while it is a symptom of an unidentified disease, it accounts for 30%–50% of illegal payoffs and 175 billion dollars that escape the African continent. These have devastating consequence in both growth and development of the country, its regions and the continent at large. Because it destroys the notion of free enterprise in a continent, it triples the prices of goods and services, and it creates an avenue for the production and distribution of substandard products within the African markets and kills ultimately the dignity of an individual. Therefore, to argue that corruption is merely a symptom to a larger unidentified disease might be misleading, why several millions of citizens on the African continent are meant to live in penury and other dehumanising situation, while some nations are at the brink of total collapse

as a result of corruption. Examples are bound in several countries within the sub-Saharan region of the continent, where the absences of essential service such as water, housing, healthcare, sanitation and electricity are lacking. Notwithstanding, the economically savvy postures manifest in the following ways:

- shortage of jobs;
- job loss;
- rising unemployment;
- rising inequalities;
- rising poverty;
- poor sanitation;
- unhealthy consumption;
- lack of productive capital and capacity;
- lack of access to the wealth of nations;
- lack of inner, conscious or subjective well-being among others.

This article notes with concern the position of other scholars who conceive of corruption as a symptom of a larger disease. It, however, argues that such arguments trivialise the power and effect of the disease in the 21st century in Africa. Consequently, there are several underlying questions that might suffice: hardly is it ever stated that a patient died of symptoms, rather it is said that a patient died of symptoms in relation to a certain disease. It becomes imperative to present certain scenarios in which we believe corruption must have been trivialised.

Scenario 1: In a case where an individual finds an open garage with groceries or cars parked with keys that the individual in question must make all necessary means to steal it for oneself. This is at the backdrop that most scholars have consistently argued that weak institutions are a reason why people are corrupt. The issue in question is hardly about the institution. It is primarily about the corrupt practitioner who functions effectively in a skewed location. Hence, it could further be argued that an individual's values and ethics determine in the short and long run their actions in relation to certain circumstances.

Conceptualising Kleptoafroia in contemporary African philosophy

Many theorists argue that the propagation of corruption is contagious and that the level of corruption in a given country is largely dependent on the level of corruption in neighbouring nations. An empirical study focused on the United States added merit to this theory and found that an increase in the levels of corruption in neighbouring states of 10% led to increased levels of corruption in a state by 4%–11%, seemingly confirming the contagious (effect) nature of corruption (Goel & Nelson 2007). Similarly, a 2008 multi-country study found that corruption can be viewed as a regional phenomenon and that any attempts at decreasing corruption in one nation will lead to decreased levels of corruption in neighbouring countries (Becker, Egger & Seidel 2009).

In arguing for *Kleptoafroonia* as a concept in the understanding of corruption in Africa, two postulations were made. The first being that corruption is contagion (in line with Becker et al. 2009; Dimant & Tasota 2017; Goel & Nelson 2007), and the other, corruption is simply the urge to steal for oneself or not for oneself (some authors such as Lumumba PLO have argued in terms of thievery in a series of conferences in Africa and beyond; also see Jonathan's statement in 2015 on corruption (Okafor 2015).⁴ The following two scenarios provide varying contexts under which corruption manifests itself in both the industrialised and developing world.

Scenario 2: 'On a tram in Zagreb (Croatia) in 2005, a young man inquired what I did and when I told him I was writing on corruption and inequality, he responded: "Yes, we all know about that. If you steal a video recorder, you're a criminal. If a politician steals \$100 million, he's a respected citizen". A young itinerant trader in Lagos told New Yorker writer George Packer (2006)' (Uslaner 2015:120).

Scenario 3: 'Most of the people who lead us embezzle instead of using that money to create factories Our parents' generation was OK. But this generation is a wasted generation – unless God comes to the aid. Because we know there is money in Nigeria' (Uslaner 2015:120).

This notion portrayed by the Croatian and Nigerian incidents is one of the reasons we argue that corruption is but a calculated intention of an individual to commit a criminal act; hence, it is not haphazard. Therefore, it is imperative that Africans begin to retrace their footsteps in embracing African traditional values, which could restore dignity and discipline in the continent. This notion depicts that corruption is not just a mere act of abuse but a demonstration of a gross lack of discipline. Where indiscipline is largely appreciated and mediocrity honourable, corruption soars. This is the reason why it is important to understand corruption in its entirety before proffering recommendations; as corruption is multidimensional, a solution must be transdisciplinary rooted within the African traditional value system. Otherwise, the emergence of the African continent will be a wishful thinking. In that, for industrialisation to lead growth and the market economy, new techniques for addressing corruption must be proffered, possibly because the known methodologies for addressing corruption have become accustomed to corrupt practitioners both locally and globally. This brings to notice the reason the youths in the 21st century behave in a certain way: lacking morale, self-control and dignity. These tendencies have resulted in moral debauchery in the continent. Hence, we argue that fighting corruption is a fight to restore sanctity and credibility in a situation where it does not exist.

Individualistic perception and the fight of anti-corruption

It is now common knowledge that corruption fights back in times of resistance. It is also a truism that institutions

⁴ Corruption is simply stealing.

designated to fight corruption in most instance are tools of the central government to suppress unpopular interest and views against their government. This notion has a tendency of ridiculing the sterling job done by anti-graft agencies in the fight to purge the continent of corrupt practitioners before 2030 as designated under the AU.

There are several individuals whom the continent had perceived as incorruptible (Muhammadu Buhari, Thomas Shankara, Magnufuli, Julius Nyerere and several others). Among these individuals mentioned only Muhammadu Buhari is yet alive and is the sitting President of the Federal Republic of Nigeria. Major General Muhammadu Buhari's past regime restored sanity, integrity and cost-cutting measures that not only reduced the debt of Nigeria but also improved the well-being of the nation though military. However, for him to return to power in 2016 as an elected president, he had to associate with men and women with economic power and rigging abilities. More worrisome was the fact that these men and women were renowned individuals and groups of questionable character, revered and notorious for corruption in Nigeria.^{5,6,7,8} His gestures, tune and ability to counter the corrupt changed, and plunder the economy of Nigeria into greater financial, social and cultural Tsunami. This resulted in the plundering of the infrastructure in the country, which has made foreign companies to leave the shores of the country. Poor healthcare, poverty, inequality and hunger are widespread while the president receives treatment in London for over 100 days in counting. The assertion therefore is, corruption is contagion, and any individual or corporate or nation that exposes itself to such will be contaminated, thereby, bringing about feasibly signs as bribery among others. Premised on these, we choose to consider corruption from the standpoint of a disease and a disorder, which we refer to as *Kleptoafroonia* as a result of the study's location – Africa.

Limitations of the study

Although this article was carefully thought out, it still has several limitations, one of which is that it is limited to the African continent and within the African context. Another limitation is that lack of data and that it does give a limited scope to corruption in the African continent. However, it sought to rethink the concept of corruption and proffer an alternative paradigm in the understanding of corruption in the continent. It argues that corruption is a disease, but not in standing with a cancer. Its invocation is that corruption is in stature and status like EVD. More so, literature from medical sciences and psychology were harnessed to make this argument that corruption is simply *the urge to steal*.

The study is also limited based on the unit of analysis adopted; it utilises the individual as the unit of analysis

5. <http://www.femiaribisala.com/the-worst-government-in-the-history-of-nigeria-2/>

6. <http://www.premiumtimesng.com/news/headlines/204253-buhari-fails-keep-promise-release-details-looters-recovered-assets.html>

7. <https://guardian.ng/news/buharis-success-claim-insult-to-intelligence-of-nigerians-says-pdp/>

8. <https://politics.naij.com/653065-hidden-truth-behind-president-buharis-failed-promises-american-lawyer.html>

rather than a collective. It is a truism that while African psychology is premised upon group dynamics, there is no theory or construct that has warned against the use of individual analysis, especially in contemporary Africa, where Westernisation and incidences of individualism have taken centre stage in Africa.

The exposition for this study must be understood within the context of the conversation (Afrocentricism), in that in building an analogy for EVD and Kleptomania, the study did not conduct any practical medical examination in making the assertion in this article. However, it must be understood based on the contagion effect for the EVD, and Kleptomania in terms of the individual's inability to desist from the urge of stealing.

Conclusion

By justice a king gives a country stability, but those who are greedy for bribes tear it down. (Proverbs 29:4 NIV)

In this conceptual article, we have re-conceptualised corruption from the standpoint of both medical science and psychology. We have also proved that corruption is not a mere symptom but a disease in itself in stature and class with EVD. In providing a roadmap for future research, we have likened corruption to Ebola in the medical science and Kleptomania in psychology. In doing so, we have framed a concept in the discourse for understanding corruption from premise of a psych-administrative disorder in Africa called *Kleptoafroonia*, which we defined from a psych-administrative perspective as simply a recurring urge to steal, and from a medical science perspective as an infectious and fatal disease marked by severe institutional failures, lack of political will, deficiencies in government agencies among others spread through contact with an infested individual, organisation or body polity by greed, whose host species is residual in indiscipline.

Leaning on literature from the medical science with regard to Ebola and Kleptomania in psychology, we argue that corruption from a psychological perspective is a mental disorder that induces an individual, organisation or a body polity to steal for self or not for self what rightfully belongs to another. We also argue in this conceptual article that corruption is in the same stature and status with (\geq) EVD with regard to death toll and rate of infections.

We did not dwell much on medical area and its spread in this conceptual article. Furthermore, we did not provide a solution for curing corruption in this article, as that was not the goal of this study. We, however, have linked corruption to kleptomania and found other obsessive-compulsive disorders such as pyromania and pathological gambling among others. This is to show that riding corruption of the African continent requires more than a uni-philosophical or interdisciplinary perspective but a transdisciplinary approach, in providing cure for Africa's most dreaded disease – corruption.

Our argument is that corruption does not only subvert structures and ridicules institutions but corruption is as

contagious as EVD. This stance is also reiterated by Heywood and Rose (2015), hence their (Heywood & Rose 2015) argument that corruption is frequently seen as a disease or physical illness (Buchan & Hill 2014), which is understood according to Carl Friedrich (cited in Bratsis 2003:11) as 'a general disease of the body politic'.

Corruption is a disease, a cancer that eats into the cultural, political and economic fabric of society, and destroys the functioning of vital organs (Amundsen 1999:1).

Corruption is a result of poor administration or governance which arises when an individual or organisation has monopoly power over a good or service, discretion over making decision, limited accountability and integrity and high pressure (Hanapiyah, Daud & Abdullah 2016).

Lastly, in the subsequent article the forms, types and causes of Kleptoafroonia will be discussed, as this article only facilitates the argument for *Kleptoafroonia* as a concept in understanding or for conceptualising corruption in contemporary African literature.

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Competing interests

The authors declare that they have no financial or personal relationships which may have inappropriately influenced them in writing this article.

Authors' contributions

E.A.N. was the project leader and coordinator for the research, O.J.N. was responsible for the medical perspective, while K.B.S. was responsible for the Afrocentric perspective and M.M.T. performed the proofreading and public policy perspectives of this research article.

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