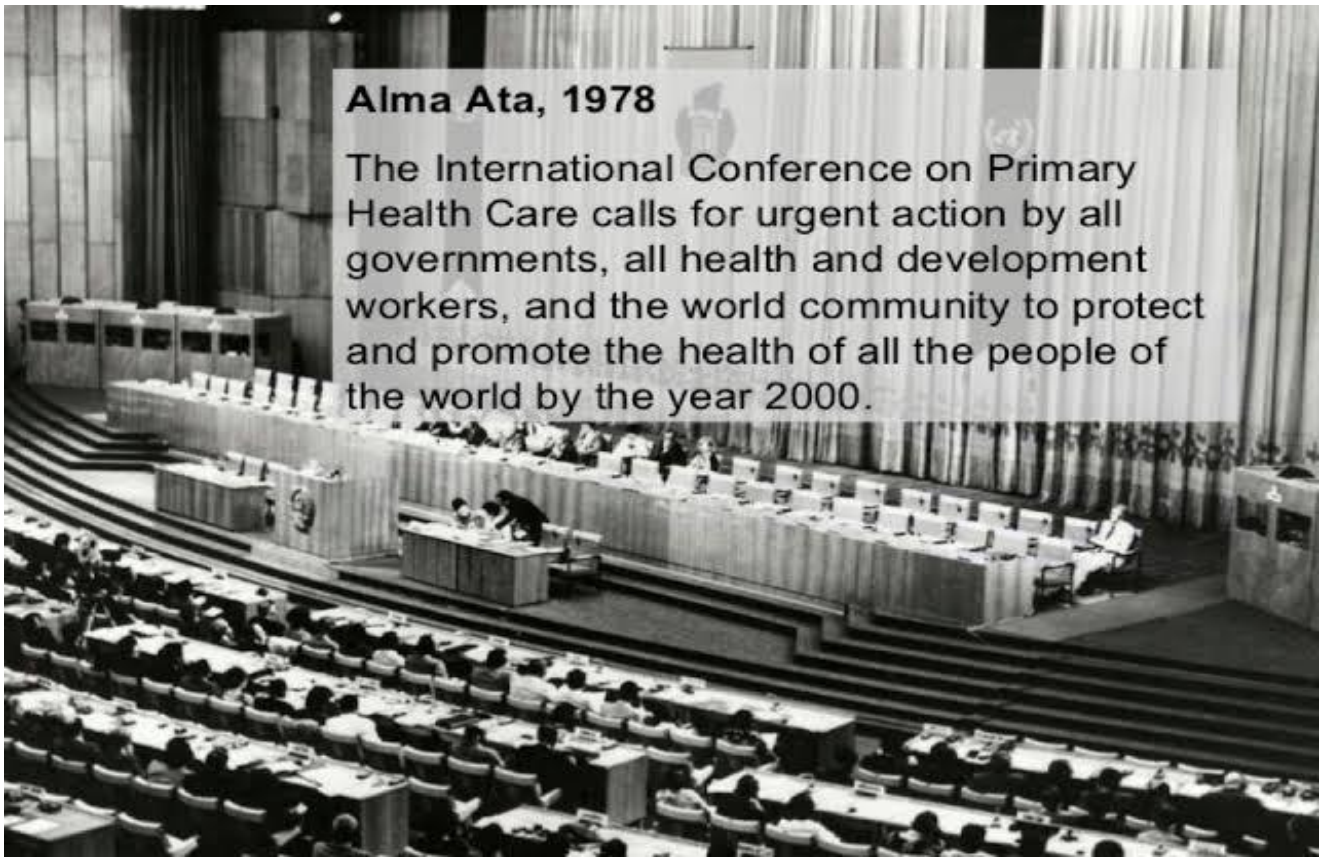
Primary Health Care Renaissance in Nigeria

Strengthening the Foundation of the National Health System

Executive Preview Edition

By Dr Abdullahi Jibril Mohammed, MBBS, MPH

The Alma-Ata Declaration: Birth of Health for All



The Founding Moment of Primary Health Care at the 1978 International Conference on Primary Health Care, Alma-Ata.

Vision of the Future by Prof. O. Ransome-Kuti, Hon. Minister of Health (1985 - 1992

"As Minister of Health, my vision of the future is quite clear. I look forward to the day when, for all time, the fear of ill-health will be removed from our homes and villages by the availability of health services that are accessible, affordable and acceptable to every Nigerian. I believe that comprehensive PHC is the most powerful strategy to achieve this happy state for our people…..".

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Pre-Publication Executive Summary Edition

MESSAGE FROM THE AUTHOR

Why the Executive Preview Edition Was Developed

The *Pre-Publication Executive Summary Edition of Primary Health Care Renaissance in Nigeria: Strengthening the Foundation of the National Health System* was developed as an early, accessible introduction to the book's central ideas, findings, and reform recommendations ahead of the full manuscript release.

At a time when Nigeria's health sector is advancing key reforms through the Sector-Wide Approach (SWAp) and the Nigeria Health Sector Renewal Investment Initiative (NHSRII), national attention on strengthening Primary Health Care (PHC) as the foundation of the health system has grown significantly. This Executive Summary is intended to contribute meaningfully to these ongoing policy and reform discussions by highlighting critical system gaps and transformation priorities.

While the full book provides an in-depth technical analysis across more than 500 pages, this edition distils the key messages into a concise, accessible format for policymakers, health managers, development partners, academics, professional bodies, and other stakeholders.

It also serves as an advocacy and engagement tool, encouraging early dialogue on pressing PHC issues such as governance, financing, workforce capacity, accountability, service integration, quality of care, and community trust. By doing so, it enables stakeholders to begin engaging with the reform ideas immediately rather than waiting for the full publication.

Importantly, this Executive Preview Edition is not only a preview of the full work but also a catalyst for reflection, dialogue, and collective action toward rebuilding Primary Health Care as the true foundation of Nigeria's national health system.

It complements the ongoing *Primary Health Care Renaissance* blog and podcast series, which continue to explore themes of PHC governance, financing, workforce development, service delivery, accountability, community participation, trust, and system transformation.

Through these platforms, policymakers, health professionals, development partners, academics, students, and the general public are invited to participate in shaping the future of Primary Health Care and Universal Health Coverage in Nigeria.

We warmly invite you to:

Follow the Primary Health Care Renaissance blogs and podcast series on our platforms;
Join the ongoing conversations on health system reform and transformation;
Share the message with us; and
Pre-order copies of the forthcoming full book.

Our Platforms include:

1. WhatsApp 09133488988
2. Contact phone No:08080605448
3. Youtub: ihatnigeria
4. Twitter: ihatnigeria
5. Facebook: ihatnigeria
6. Instagram: ihatnigeria
7. Website: ihatresources.org

Together, we can advance a stronger, more accountable, people-centred, and trusted Primary Health Care system for Nigeria.
Because better health outcomes begin with stronger foundations.

TABLE OF CONTENTS

Primary Health Care Renaissance: Strengthening the Foundation of the National Health System is a comprehensive 561-page volume, including the front matter. The book is organized into six (VI) parts comprising 24 chapters, structured as follows:

ABOUT THE BOOK

Written by Dr. Abdullahi Jibril Mohammed, a Public Health Physician and Primary Health Care (PHC) technocrat with extensive experience in health system strengthening, governance, reforms, and service delivery. He retired as a Director at the National Primary Health Care Development Agency (NPHCDA), where he contributed significantly to advancing Nigeria's PHC agenda and has continued to support health sector reforms through consultancy and advisory roles.

In Primary Health Care Renaissance in Nigeria: Strengthening the Foundation of the National Health System, Dr. Abdullahi draws from over three decades of experience in PHC development to present a compelling national conversation on the urgent need to rebuild Primary Health Care as the true foundation of Nigeria's health system.

The central argument of the book is both simple and profound: Nigeria cannot build a strong and sustainable health system on a weak Primary Health Care foundation. The work argues that Primary Health Care was never intended to be merely the lowest level of healthcare delivery or a collection of isolated rural clinics providing basic services. Rather, PHC was envisioned as the central organizing principle of an equitable and people-centred health system.

Dr Abdullahi is the Founder and Convener of the Initiative for Health Accountability and Transparency (IHAT) and a leading advocate for integrity-driven, people-centred, and accountable health reforms. He is also the author of *Trust Renewal: The Integrity Call for Better Health for All.*

In *Primary Health Care Renaissance in Nigeria: Strengthening the Foundation of the National Health System*, he examines the structural weaknesses of Nigeria's PHC system and proposes practical pathways for transformation through stronger governance, integrated PHC systems, workforce development, sustainable financing, digital innovation, and social accountability.

The book serves as a reform companion, policy resource, and practical guide for strengthening resilient, equitable, and trusted health systems in Nigeria and across Africa.

ENDOSEMENTS

“Primary Health Care Renaissance in Nigeria: Strengthening the Foundation of the National Health System” has been described by senior PHC leaders and former health administrators including former executive directors and directors of primary health care at the national and state level as a timely, bold, and reform-driven contribution to Nigeria’s health sector transformation.

Reviewers commend the book for its deep institutional insight, practical relevance, and comprehensive examination of the evolution, challenges, and future direction of Primary Health Care in Nigeria. They highlight its strong emphasis on governance, accountability, functional integration, leadership, trust, community responsiveness, and people-centred care.

The book is widely recognised as more than an academic publication; it is seen as a clarion call for systemic PHC transformation and a practical roadmap for rebuilding PHC as the true foundation of Nigeria’s health system. Commentators particularly note its argument that incremental reforms are no longer sufficient and that sustainable progress requires integrated systems, stronger institutions, effective oversight, and accountable implementation.

Described as a Compendium for Primary Health Care Transformation, the book is recommended as an important policy resource and practical guide for policymakers, programme managers, health professionals, development partners, researchers, and all stakeholders committed to strengthening resilient, equitable, and trusted health systems in Nigeria.

FOREWORD

The Foreword, to be written by a senior authority in national health leadership and governance, most likely the Hon. Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate will underscore that Primary Health Care (PHC) remains the bedrock of a strong, equitable, and resilient health system, serving as the foundation for improved health outcomes, Universal Health Coverage (UHC), and national health security. It will reaffirm that a functional, responsive, and trusted PHC system is essential for delivering accessible, people-centred care and achieving sustainable health progress.

The Foreword will also recognize that despite decades of reforms and investments, PHC in Nigeria continues to face significant challenges in access, quality, governance, accountability, workforce performance, service delivery, and public trust. These persistent gaps underscore the urgency of comprehensive PHC transformation as the most strategic pathway for improving health outcomes, reducing inequities, expanding access, and strengthening health system resilience.

It will further situate the book within the context of ongoing national reforms under the Sector-Wide Approach (SWAp), the Nigeria Health Sector Renewal Investment Initiative (NHSRII), and the Renewed Hope Agenda for Health, highlighting the opportunity these reforms present to reposition PHC as the true foundation and gateway of Nigeria's health system through stronger integration, accountability, quality improvement, community engagement, and people-centred care.

PREFACE

The Preface will be authored by a distinguished leader in Nigeria's Primary Health Care reform and development, most likely the Executive Director and Chief Executive Officer of the National Primary Health Care Development Agency, Dr. Muyi Aina. It will highlight that strengthening Primary Health Care (PHC) is essential to building a resilient, equitable, accountable, and high-performing health system, while stressing that genuine PHC transformation demands more than policies and investments.

It will also highlight the importance of strong system design, functional integration, effective governance, accountability, legislative support, oversight, and sustained political commitment in achieving lasting

Its central argument would be that many of Nigeria's PHC challenges arise not from lack of vision or policy, but from fragmented structures, weak coordination, inconsistent implementation, and limited accountability. The message will calls for a coherent, integrated, and people-centred PHC system that is responsive to communities, grounded in integrity and performance, and capable of delivering Universal Health Coverage through effective execution and institutional responsibility.

DEDICATION AND ACKNOWLEDGEMENTS

Primary Health Care Renaissance: Strengthening the Foundation of the National Health System is dedicated with deep gratitude to the National Primary Health Care Development Agency, an institution that profoundly shaped my professional journey and strengthened my commitment to advancing PHC in Nigeria. The Agency's vision, mentorship, and opportunities expanded my knowledge and inspired my pursuit of resilient, equitable, and accountable health systems.

Special recognition is accorded to the late Prof. Olikoye Ransome-Kuti, Honourable Minister of Health (1985–1992) and Chairman of the Governing Board (2000–2003), whose leadership is widely celebrated as the golden era of Primary Health Care in Nigeria. Tribute is also paid to the Coordinating Minister of Health and Social Welfare, a former Executive Director of the National Primary Health Care Development Agency, whose visionary leadership, exceptional mentorship, and steadfast commitment to health system transformation profoundly shaped the author's professional growth and deepened his understanding of Primary Health Care during his tenure at the Agency.

Also, the past Executive Directors and Directors of the Agency with whom the author worked closely; and the many colleagues, leaders, managers, and health professionals whose tireless service continues to sustain Primary Health Care across Nigeria.

And the frontline health workers whose commitment brings life to the system and ensures that care reaches those who need it most, and to the patients, families, and caregivers who seek healing, dignity, and hope through Primary Health Care, and whose lived experiences remain the true inspiration behind this book.

OVERVIEW OF THE BOOK

Primary Health Care Renaissance in Nigeria: Strengthening the Foundation of the National Health System.

Introduction: A Health System at a Defining Moment

Nigeria's health system stands at a defining moment in its national development journey. Over the decades, governments at federal, state, and local levels have invested enormous resources in health sector reforms, infrastructure expansion, workforce development, disease control programmes, financing initiatives, and institutional strengthening efforts aimed at improving the health and wellbeing of the population.

Policies have been developed. Strategic plans have been launched. Facilities have been constructed. Development partners have supported multiple interventions across the country. Yet, despite these efforts, the everyday experiences of many Nigerians continue to reveal a health system struggling to consistently deliver accessible, responsive, equitable, and trusted care.

For millions of citizens, healthcare remains difficult to access, particularly in rural and underserved communities. Patients often encounter overcrowded facilities, shortages of medicines, inadequate staffing, weak referral systems, prolonged waiting times, inconsistent quality of care, and poor responsiveness. Communities continue to experience gaps between policy promises and frontline realities.

In many places, the health system appears present in structure but weak in functionality. The result is a gradual erosion of confidence in public healthcare services and growing concerns about the capacity of the system to meet the health needs of the people effectively and equitably.

It is within this context that Primary Health Care Renaissance in Nigeria: Strengthening the Foundation of the National Health System emerges as a timely, thought-provoking, and transformative work.

Understanding the Historical Evolution of PHC in Nigeria

The book traces the historical journey of Primary Health Care in Nigeria, situating it within broader global and regional health reform movements. It reflects on the influence of the Alma-Ata Declaration of 1978, which proclaimed Primary Health Care as the pathway to achieving "Health for All," and examines how subsequent developments, including the Bamako Initiative and Nigeria's National Health Policy, shaped the country's PHC trajectory.

It revisits important milestones such as the Basic Health Services Scheme (BHSS) of the 1970s, the expansion of PHC under Professor Olikoye Ransome-Kuti's reforms, the passage of the National Health Act in 2014, the introduction of Primary Health Care Under One Roof (PHCUOR), the Basic Health Care Provision Fund, and current reform efforts under the Sector-Wide Approach (SWAp) and the National Health Sector Renewal Investment Initiative.

The narratives demonstrates that while Nigeria has made repeated attempts to strengthen PHC over the years, implementation gaps, structural weaknesses, and governance challenges have continued to limit the full realisation of the original PHC vision.

The Unfinished Vision of Primary Health Care

While acknowledging the reforms and investments made over the years, the book confronts a difficult reality: the original PHC vision remains unfinished. More than four decades after the global declaration that positioned PHC as the cornerstone of equitable healthcare delivery, Nigeria's PHC system continues to struggle under the weight of fragmentation, weak governance, poor coordination, underfunding, workforce shortages, inadequate infrastructure, weak accountability systems, and declining public trust.

The work argues that the challenge facing PHC in Nigeria is not merely about expanding services or constructing facilities. It is fundamentally about building systems that function effectively, respond to community needs, and consistently deliver quality care.

Structural Weaknesses and System Fragmentation

The book critically examines the structural and systemic weaknesses that continue to undermine PHC performance in Nigeria. It analyses how the country's three-tier governance arrangement has contributed to fragmentation and weak coordination across levels of care. It explores the consequences of donor-driven vertical programmes that often operate parallel to existing systems rather than strengthening them holistically.

The narrative further discusses poor operational integration, inconsistent financing arrangements, weak referral systems, weak data systems, and inadequate community ownership structures. It highlights how these systemic weaknesses collectively reduce efficiency, weaken accountability, and limit the ability of PHC to function as an effective gatekeeper within the broader health system.

The book argues that without addressing these structural weaknesses, many reforms may continue to produce isolated successes without generating sustainable system-wide transformation.

Towards a Primary Health Care Renaissance

Rather than merely diagnosing problems, the book advances a strategic vision for transformation. It advocates for a Primary Health Care renaissance grounded in systems thinking, functional integration, accountability, workforce transformation, digital innovation, quality improvement, and stronger community participation.

The work argues that reform efforts must move beyond fragmented projects and isolated interventions toward coherent system redesign capable of producing sustainable national impact. PHC transformation, according to the narrative, requires stronger governance systems, improved coordination, responsive leadership, better performance management, stronger patient feedback mechanisms, and greater alignment between financing and service delivery priorities.

The book consistently reinforces the idea that PHC reform is not merely a technical exercise. It is a governance, leadership, and societal transformation agenda.

Aligning PHC Transformation with National Development

The narrative situates PHC reform within broader national and global development agendas, including Universal Health Coverage, the Sustainable Development Goals, Sector-Wide Approaches to health sector coordination, and current national health sector renewal initiatives.

The book argues that PHC should not be viewed narrowly as a health sector programme alone. A functional PHC system contributes directly to economic productivity, educational attainment, maternal and child survival, emergency preparedness, poverty reduction, and national resilience.

The future strength of Nigeria's health system, according to the book, will depend largely on whether the country succeeds in rebuilding PHC as a trusted, accountable, integrated, and people-centred foundation for healthcare delivery.

A Practice-Informed and Systems-Oriented Approach

Primary Health Care Renaissance in Nigeria: Strengthening the Foundation of the National Health System was developed not as a purely academic exercise or a theoretical policy document, but as a practice-informed and systems-oriented

reflection on the evolution, performance, and future of Primary Health Care (PHC) in Nigeria.

The book emerged from a long journey of professional engagement, institutional experience, policy participation, programme implementation, field observations, and sustained reflection on the realities of Nigeria's health system over several decades.

The methodology adopted in developing this work is therefore grounded in a practical systems-based approach that combines experiential learning, policy analysis, implementation realities, health system observation, and reflective interpretation of PHC performance over time. The intention was not merely to describe structures or reproduce policy narratives, but to critically examine how the PHC system functions in practice, why important gaps persist, and what must change to build **a more functional, accountable, people-centred, and trusted health system.**

Experience, Engagement, and Institutional Learning

A major source of insight for the book comes from years of active involvement in Nigeria's health sector, particularly within the areas of Primary Health Care development, health systems strengthening, programme implementation, governance, monitoring and evaluation, and policy engagement. Experiences across national, sub-national, institutional, and community levels provided opportunities to observe the health system from multiple perspectives, as a policy environment, an implementation structure, a governance system, a service delivery platform, and ultimately as a lived experience for patients and communities.

These years of engagement created deeper understanding of how PHC policies are conceptualised, how programmes are operationalised, why reforms sometimes fail to achieve expected outcomes, and how structural weaknesses affect service delivery, accountability, trust, and overall system performance. The methodology therefore incorporates practical knowledge gained through direct participation in health sector processes over many years.

Health System Assessments and Reflective Analysis

The development of the book also relied extensively on reviews and reflections derived from health system assessments, programme reviews, monitoring reports, implementation evaluations, supervision findings, workforce analyses, health financing reviews, accountability assessments, and policy documents relating to Primary Health Care in Nigeria. These materials were used not

simply to present information, but to interpret what recurring findings reveal about the deeper functioning of the health system.

Particular attention was given to recurring systemic themes such as fragmentation of services, weak coordination mechanisms, workforce and capacity gaps, infrastructure-functionality disconnects, weak accountability systems, poor data credibility, referral system weaknesses, inadequate community ownership, poor patient experience, and declining public trust in healthcare institutions. Rather than viewing these as isolated problems, the book examines them as interconnected manifestations of broader system design and implementation challenges.

Policy, Reform, and Governance Perspectives

Another important methodological component was sustained engagement with major PHC reform frameworks and governance processes over time. The book reflects continuous interaction with important policy directions and reform initiatives, including the Alma-Ata philosophy of Primary Health Care, Nigeria's National Health Policies, Primary Health Care Under One Roof (PHCUOR), the National Health Act, the Basic Health Care Provision Fund (BHCPF), Universal Health Coverage (UHC) reforms, Sector-Wide Approaches (SWAp), and broader national health sector renewal initiatives.

Participation in technical discussions, reform dialogues, programme planning processes, institutional coordination mechanisms, and policy implementation engagements provided opportunities to critically examine both the strengths and limitations of Nigeria's PHC reform journey. This helped shape the analytical framework of the book by linking policy intentions with operational realities and frontline outcomes.

Programme Implementation and Operational Realities

The methodology of the book is also strongly implementation-oriented. Insights were drawn not only from policy environments, but also from direct involvement in programme implementation, technical support activities, monitoring exercises, health insurance initiatives, community-based interventions, accountability programmes, and institutional performance improvement efforts.

These experiences provided practical opportunities to understand how systems behave under real operational conditions, how frontline realities differ from policy assumptions, how incentives shape behaviour, how data is generated and used, and why some interventions succeed while others struggle to achieve sustainability.

The book therefore places strong emphasis on operational realities rather than idealised assumptions. It recognises that sustainable PHC transformation requires more than policy formulation alone. It also depends on functional coordination, institutional discipline, leadership capacity, accountability systems, reliable data, implementation consistency, community trust, and responsiveness to the needs and experiences of the people the system is meant to serve.

Systems Thinking and Frontline Perspectives

An important methodological feature running throughout the book is reflective systems observation. Over the years, continuous observation of health facilities, programme structures, workforce behaviour, patient experiences, governance systems, supervision processes, and community interactions created a broad body of practical insight into how Nigeria's PHC system functions in reality. These observations were not treated as isolated incidents, but as indicators of broader systemic patterns and institutional behaviour.

The book therefore adopts a systems-thinking perspective that examines the relationships between policy and implementation, governance and performance, financing and accountability, infrastructure and functionality, workforce behaviour and patient trust, as well as data quality and decision-making. This reflective analytical approach allows the discussion to move beyond descriptive reporting toward deeper interpretation of the underlying drivers of PHC performance and dysfunction.

The analysis also recognises that the true performance of a health system is ultimately reflected in the experiences of the people it serves. Attention was therefore given not only to structures, staffing levels, infrastructure, and policies, but also to accessibility of care, waiting experiences, communication with providers, responsiveness of services, respect and dignity, continuity of care, complaint resolution, and public confidence in health institutions.

METHODOLOGICAL FOUNDATION AND ANALYTICAL FRAMEWORK OF THE BOOK

The methodological foundation of *Primary Health Care Renaissance in Nigeria: Strengthening the Foundation of the National Health System* is grounded in a practice-informed, systems-thinking approach that draws on policy analysis, implementation experience, frontline realities, health system observation, and citizens' lived experiences. Combining historical reflection with reform insights, the book examines how Primary Health Care (PHC) has evolved, why important gaps persist, and what is required to build a more functional, integrated, accountable, people-centred, and trusted health system.

The analytical framework adopted is interdisciplinary, reflective, and reform-oriented. It integrates historical analysis, policy review, implementation learning, operational observation, systems interpretation, and practical reform thinking to move beyond describing challenges toward understanding their underlying causes and identifying sustainable solutions. The book is therefore grounded not only in what PHC was intended to become, but also in what it has become in practice, why transformational progress has remained elusive, and how meaningful improvement can still be achieved.

Through this methodology, the book seeks to provide both a realistic diagnosis of Nigeria's PHC challenges and a practical pathway for rebuilding a functional, responsive, integrated, accountable, and trusted Primary Health Care system capable of strengthening the foundation of the national health system.

STRUCTURE OF THE BOOK

Primary Health Care Renaissance: Strengthening the Foundation of the National Health System is a **comprehensive 561-page volume focused on Strategic Directions for Primary Health Care Transformation organized into six parts (sections) and twenty-four (24) chapters.** The narrative propels the reader through a transformational journey—Foundation → Evolution → Crisis → System Diagnosis → Reform Logic → Transformation Pathways → Operationalization → Future Vision, laying out nothing less than the roadmap to a healthier, stronger, and more resilient national health system.

See below the summary of the Summary of Chapters and Key Excerpts

Chapter/Title	Key Excerpts
Introduction: The Foundation That Must Work	Primary Health Care is not merely one level of care within **PHC** health system; it is the foundation upon which the effectiveness of the entire system depends. The true condition of a

	nation's health system is revealed at the frontline of Primary Health Care.
Methodological Foundation of the Book	This book is grounded not only in theory and policy analysis, but also in decades of practical engagement with Nigeria's Primary Health Care system. The methodological foundation of the work combines institutional experience, policy review, programme implementation insights, frontline observations, and systems analysis.
Chapter One Primary Health Care: Foundations and Evolution in Nigeria	Primary Health Care emerged globally as a transformative vision for achieving health for all through accessible, equitable, community-based care. The evolution of Primary Health Care in Nigeria reflects both periods of remarkable progress and phases of institutional decline and fragmentation.
Chapter Two The Systems and Structures That Power Primary Health Care in Nigeria	Nigeria's PHC system is shaped by a complex network of constitutional responsibilities, policies, institutions, laws, governance arrangements, and intergovernmental relationships that determine how care is organised and delivered. The effectiveness of Primary Health Care depends not only on facilities and workforce, but on the strength of the systems and structures that govern, coordinate, finance, regulate, and support service delivery.
Chapter Three Foundation And Gatekeeper in Crisis: The State of Primary Health Care	Primary Health Care was designed to serve as the foundation and gatekeeper of Nigeria's health system, yet in many communities that foundation is weak and the gatekeeper is in crisis. Primary Health Care cannot function effectively as a gatekeeper when referral systems, financing mechanisms, workforce support, and accountability structures are weak.
Chapter Four: Results by Design: Reimagining System Architecture and Functional Integration	Primary Health Care systems do not become effective by accident; they produce results when deliberately designed for integration, coordination, accountability, and continuity of care. Fragmented structures create fragmented outcomes, but functional integration transforms

	isolated programmes into a coherent system that truly works for people.
Chapter Five: Leadership, Governance and Accountability in Primary Health Care: Closing the Gaps That Weaken Performance and Trust	Weak accountability erodes both performance and public trust. Good governance is not an abstract principle; it determines whether PHC systems function effectively or fail communities.
Chapter Six: Service Delivery, Quality Assurance, and Regulation in Primary Health Care	Quality Primary Health Care requires more than access alone; services must be safe, effective, responsive, and capable of delivering meaningful health outcomes. Achieving this demands a shift from periodic inspections to continuous quality improvement, supported by strong regulatory systems that safeguard the integrity, safety, and credibility of healthcare delivery.
Chapter Seven: The Primary Health Care Workforce: Capacity, Competence, and Continuous Learning at the Frontline	Health workers are the human face of Primary Health Care and the primary link between the health system and the communities it serves. The effectiveness of PHC depends largely on a competent, motivated, and well-supported workforce strengthened through effective supervision, continuous learning, and professional development.
Chapter Eight: Financing and Resource Constraints in Primary Health Care	A weakly financed PHC system cannot sustain equitable and quality healthcare delivery. Financing should ensure system functionality, promote accountability, and support improved service performance and health outcomes.
Chapter Nine: Access to Essential Medicines and Supplies in Primary Health Care	Reliable access to essential medicines is fundamental to effective Primary Health Care and a key determinant of public confidence in the health system. Frequent stock-outs disrupt continuity of care, undermine health outcomes, and erode trust, making efficient and dependable supply chain systems indispensable to functional PHC delivery.
Chapter Ten: Primary Health Care Infrastructure and Equipment	Buildings alone do not create functional Primary Health Care systems; infrastructure must also support service readiness, safety, dignity, and quality care. A facility may be physically present

	yet remain functionally weak if it lacks the resources and capacity to deliver effective services.
Chapter Eleven: Health Information Systems in Primary Health Care	Data is valuable only when it is credible and used to improve decision-making, planning, supervision, and accountability. Digital transformation should strengthen overall health system performance, not simply increase reporting activities.
Chapter Twelve: Community Engagement in Primary Health Care	Communities are central stakeholders in the success of Primary Health Care, not merely passive beneficiaries. PHC becomes stronger and more sustainable when communities trust, participate in, and take ownership of the system.
Chapter Thirteen: From Aid to Impact: Development Assistance for Sustainable Primary Health Care Transformation	Development assistance creates lasting impact when it strengthens health systems rather than fragmenting them. External support should align with national priorities, promote local ownership, and ensure the sustainability of interventions.
Chapter Fourteen: Designing and Implementing Primary Health Care Projects That Work	Many PHC projects fail due to weak design and implementation rather than poor intentions. Successful interventions are context-specific, integrated, accountable, sustainable, and supported by strong implementation discipline.
Chapter Fifteen: Optimizing Public–Private Collaboration in Primary Health Care Systems	The private sector is an important part of the health system and should be strategically integrated into PHC delivery. Public–private partnerships are most effective when they promote equity, quality, accountability, and are guided by clear standards and the public interest.
Chapter Sixteen: Emergency Preparedness and Resilience at the Primary Health Care Level	Resilient health systems depend on strong and resilient Primary Health Care systems. Since emergencies reveal the strengths and weaknesses of frontline services, preparedness must be integrated into routine PHC system design.
Chapter Seventeen: From Policy Design to National Transformation: Making Reform Work in	Policies alone do not transform health systems; effective implementation does. Reform succeeds when leadership, institutions, financing, and accountability are aligned, with sustained

Practice	commitment beyond political cycles.
Chapter Eighteen: Performance Management in Primary Health Care: Building a Results-Driven System	What is not measured is rarely improved, making strong data systems essential for progress. Performance management must go beyond reporting to drive accountability, feedback, and corrective action in a results-driven PHC system.
Chapter Nineteen: Primary Health Care and Universal Health Coverage in Nigeria: The Strategic Pathway	Universal Health Coverage cannot be achieved without strong Primary Health Care, which provides the most equitable and sustainable pathway to it. A hospital-centred system alone is insufficient to deliver health for all.
Chapter Twenty: Primary Health Care as a Driver of Socio-Economic Development	Strong Primary Health Care systems drive national productivity, stability, and overall development. Health is both a social good and an economic investment, and communities cannot thrive where health systems remain weak.
Chapter Twenty-One: The Future of Primary Health Care in Nigeria: A Call to Action	Nigeria's health system future depends on the strength of Primary Health Care. PHC renewal requires courageous leadership, accountability, and sustained commitment, as the time for incremental change has passed and transformation is now necessary.
Chapter Twenty-Two: Featured Reflections 22.1 Why the Original PHC Vision Remains Unfinished	The Primary Health Care vision remains unfinished not because it lacks relevance, but because translating its ideals into sustainable operational reality has been difficult. Over time, many health systems shifted from comprehensive PHC to selective, programme-driven approaches, weakening the integrated transformation envisioned at Alma-Ata.
22.2 Is the Three-Tier Health System Structurally Weakening Primary Health Care?	A key question in Nigeria's health sector is whether the current three-tier governance structure strengthens or weakens Primary Health Care as the system's foundation. A major structural contradiction is that PHC is largely managed by the weakest tier of government, leading to weak financing, poor supervision, workforce constraints, fragile referral systems, and uneven service quality.
22.3 Why Health Insurance Without Strong PHC Gatekeeping May Fail	PHC gatekeeping is the organising intelligence of the health system, ensuring coordinated, efficient, and continuous care, without which utilisation becomes fragmented, costly, and hospital

	overburdened. Health insurance cannot sustainably succeed without strong PHC gatekeeping, as it depends on trust, system integration, and a PHC foundation that enables equity, efficiency, and Universal Health Coverage.
22.4 Why Community Ownership of Primary Health Care Remains Difficult and How It Can Be Achieved	One of the most transformative principles of Primary Health Care is that communities must not only receive services but actively help shape, support, and sustain them, yet true ownership remains difficult because participation is often symbolic rather than empowering. Sustainable PHC requires moving from passive engagement to genuine partnership, where communities influence priorities, accountability, and decisions, making the system truly "our healthcare" rather than "government healthcare.
22.5 Why Donor-Driven Vertical Programmes Can Unintentionally Fragment Systems	Donor-supported programmes save lives and deliver important results, but their long-term value depends on whether they strengthen the Primary Health Care system or create fragmented, parallel structures that undermine coherence. True impact requires shifting from isolated programme success to system-wide strengthening, ensuring alignment, integration, and national ownership rather than disconnected pockets of excellence.
22.6 Why Do Reforms Frequently Fail to Achieve Sustainable Implementation and Institutional Continuity Across Political Transitions?	Nigeria's health sector does not lack reforms, but it struggles to sustain them long enough to produce lasting institutional transformation. Many reforms begin with strong momentum but weaken over time due to political transitions, funding disruptions, and weak institutionalisation, revealing that launching a reform is not the same as embedding it into routine system practice. True reform maturity is achieved only when policies survive leadership changes and become part of everyday planning, budgeting, supervision, and service delivery.

CONCLUSION: A CALL FOR NATIONAL TRANSFORMATION

Primary Health Care Renaissance in Nigeria is far more than a policy text or technical manual. It is both a reflection on the unfinished journey of PHC reform and a call for national transformation. It challenges policymakers, health professionals, development partners, institutions, and communities to rethink the future of healthcare delivery in Nigeria.

The book contends that meaningful health system transformation will not emerge merely from new policies, additional projects, or increased investments alone. It will emerge from rebuilding systems that function effectively, respond to people's needs, uphold accountability, strengthen trust, and place communities at the centre of care.

At its heart, the book carries a powerful national message: the future strength of Nigeria's health system will depend on the strength of its Primary Health Care foundation. Without restoring functionality, responsiveness, accountability, and trust at the frontline level of care, the promise of equitable and better health for all Nigerians may remain permanently beyond reach.