

PRIMARY HEALTH CARE RENAISSANCE: BEYOND THE CONCEPT AND WHY IT MATTERS NOW MORE THAN EVER.

A Blog Series

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Introduction

Nigeria does not lack Primary Health Care policies, programmes, institutions or reform initiatives. Over several decades, considerable effort and resources have been invested in strengthening Primary Health Care.

Yet a fundamental question remains:

Are these investments translating into Primary Health Care services that are consistently functional, accessible, integrated, responsive and trusted by the people they are intended to serve? This question lies at the heart of the Primary Health Care Renaissance.

Primary Health Care Renaissance is more than a call to revisit Primary Health Care. It is a call to rethink, reposition and transform PHC in response to changing realities of health, society and the health system.

It invites us to look beyond individual programmes and periodic reforms and ask a more fundamental question about the future:

What must change for Primary Health Care to function not merely as the lowest level of healthcare delivery, but as the foundation of the national health system and the hub for integrated health services?

Beyond the Concept

A renaissance implies much more than reform, rehabilitation or the revival of old programmes.

It represents renewal, reimagination and transformation.

For Primary Health Care, this means drawing lessons from its foundational principles while redesigning institutions, systems and approaches for contemporary realities.

The principles that shaped the global PHC movement remain relevant: equity, community participation, prevention and health promotion, appropriate technology, multisectoral action and accessible essential healthcare.

But the environment in which PHC must operate has changed significantly.

Population dynamics are changing. Disease patterns are evolving. Non-communicable diseases are increasing alongside persistent infectious diseases. Citizens expect better quality and responsiveness. Digital technologies are transforming healthcare. Health financing arrangements are evolving. And expectations for transparency, accountability and measurable results are becoming stronger.

A Primary Health Care Renaissance must respond to these realities.

It therefore calls for a shift:

- from fragmented interventions to functional integration;
- from infrastructure-centred development to functional systems;
- from programme implementation to people-centred care;
- from administrative structures to accountable leadership and governance;
- from counting inputs and activities to measuring outcomes and lived experience;
- from episodic reforms to sustained institutional transformation; and
- from PHC as a collection of facilities to PHC as a comprehensive approach to health system development.

This is not simply a change in terminology. It represents a change in how we think about PHC itself.

What Primary Health Care Renaissance Is Not

Clarity about what the Renaissance means also requires clarity about what it does not mean.

Primary Health Care Renaissance is not another programme, project or slogan.

It is not simply about constructing more PHC facilities, renovating existing ones, introducing another funding mechanism, increasing the number of health programmes or returning nostalgically to earlier models of Primary Health Care.

Infrastructure matters. Financing matters. Human resources matter. Medicines, equipment, technology and logistics all matter.

But none of these, individually, constitutes a functioning Primary Health Care system.

The real challenge is how these elements work together to produce accessible, continuous and quality services for people and communities.

Neither should Primary Health Care be confused with primary care alone.

Primary care is an essential component of a functioning health system, but the PHC approach is broader. It encompasses community participation, prevention and health promotion, multisectoral action, equity, social accountability, appropriate technology, integrated service delivery and attention to the social determinants of health.

The Renaissance is therefore about recovering this broader vision while adapting it to today's realities.

Why It Matters Now More Than Ever

Nigeria has accumulated decades of experience in Primary Health Care.

There have been policies, institutional reforms, national programmes, development-partner investments, financing initiatives, infrastructure projects and repeated efforts to improve service delivery.

Yet persistent challenges in functionality, workforce, financing, governance, coordination, quality, accountability, community confidence and continuity of care continue to constrain PHC performance.

The central challenge is therefore no longer simply whether Nigeria recognises the importance of Primary Health Care.

That question has largely been answered.

The more important question is:

Can Nigeria translate policy commitment, institutional architecture and investment into consistently functional services that people can see, experience and trust?

That is why the idea of a Primary Health Care Renaissance matters now more than ever.

The present moment offers an opportunity to reconnect the founding principles of PHC with emerging possibilities in digital health, sustainable health financing, data and intelligence, integrated service delivery, quality improvement, community accountability and stronger subnational leadership.

The task is not to discard what has been built.

It is to learn from it, strengthen what works, correct what does not, bridge persistent gaps and build a PHC system capable of responding to the health needs of the coming decades.

From Facilities to Functional Systems

Perhaps one of the most important shifts required is moving the conversation from facilities to functionality.

A renovated building does not automatically constitute a functional PHC system.

Functionality emerges when infrastructure, competent health workers, medicines, diagnostics, financing, referral arrangements, information systems, leadership, accountability and community engagement work together reliably.

The question should therefore not end with:

“How many PHC facilities have been constructed, renovated or equipped?”

It should extend to:

“What happens when a person actually walks through the door?”

Is a competent health worker available?

Are essential medicines and diagnostics accessible?

Is care respectful and responsive?

Can the patient be referred seamlessly when necessary?

Is there continuity after referral?

Are communities able to provide feedback and obtain redress?

And,

Do people trust the system enough to use it?

These are the questions that move Primary Health Care from infrastructure to experience, and from investment to impact.

The Conversation We Need

For many years, an important question has been:

“How do we strengthen Primary Health Care?”

That question remains relevant, but it may no longer be sufficient.

We should increasingly ask:

“What kind of Primary Health Care system does Nigeria need for the coming decades, and what must we do differently to build it?”

That is a larger conversation.

It requires government, health professionals, communities, academia, development partners, civil society, the private sector and emerging health leaders to examine not only individual interventions but the architecture and performance of the system as a whole.

It requires us to confront difficult questions about fragmentation, institutional responsibilities, accountability, financing, workforce distribution, quality, referral systems, data use and citizen experience.

And importantly, it requires us to learn continuously from implementation rather than repeatedly designing reforms without adequately understanding why previous reforms succeeded, stalled or failed.

From Knowledge to Transformation

Primary Health Care Renaissance should therefore become more than an idea.

It should provide a framework for reflection, dialogue, learning and action, connecting the lessons of the past, the realities of the present and the possibilities of the future.

This is the purpose of the Primary Health Care Renaissance Thought Leadership Programme: to create a continuing space for ideas, evidence, experience and constructive dialogue around the transformation of Primary Health Care and the wider health system.

Through thought-leadership blogs, policy discussions, expert conversations, podcasts, webinars, masterclasses, case studies and other knowledge products, the Programme seeks to move the PHC conversation beyond isolated interventions towards deeper questions of system design, leadership, functionality, accountability and transformation.

From a Book to a National Conversation.

From Knowledge to Transformation.

The success of a Primary Health Care Renaissance will not be measured by the number of policies written, facilities renovated, programmes launched or resources mobilised.

Its real measure will be found in the everyday experience of people and communities.

Can they access care when they need it?

Does the system work when they arrive?

Is care integrated, responsive and respectful?

Are institutions accountable for results?

And can citizens trust the system that is meant to serve them?

When the answers to these questions increasingly become yes, then the Renaissance will have moved beyond a concept.

It will have become a lived transformation.

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