WHY NIGERIA NEEDS A PRIMARY HEALTH CARE RENAISSANCE

A Primary Health Care Renaissance Blog

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> *Moving Beyond Policy Commitments and Infrastructure Revitalisation to Functional, Accountable and People-Centred Health Care*

Nigeria needs a Primary Health Care Renaissance because decades of policies, reforms, investments and institutional commitments have not consistently translated into accessible, functional, equitable and quality health services for millions of Nigerians.

The challenge is no longer simply recognising the importance of Primary Health Care (PHC). It is ensuring that PHC delivers on its promise as the foundation of the national health system and a critical determinant of population health outcomes.

A PHC Renaissance is therefore not another reform slogan or programme. It is a call for a fundamental transformation in how PHC is conceptualised, governed, financed, managed, delivered, monitored and experienced by the people.

Ten compelling reasons for a PHC Renaissance

1. **To close the persistent gap between policy commitments and service delivery.** Nigeria has adopted numerous PHC policies, strategies and reform initiatives. Yet the translation of these commitments into consistently functional services remains uneven. A Renaissance must shift attention from policy formulation and implementation activities to demonstrable improvements in service delivery and health outcomes.
2. **To move beyond infrastructure revitalisation to genuine PHC functionality.** Renovated buildings, new equipment and programme launches do not automatically constitute functional health facilities. True functionality requires competent and motivated health workers, essential medicines, reliable equipment, effective management, quality services and community confidence.
3. **To confront persistent weaknesses in PHC system performance.** Evidence continues to reveal deficiencies in workforce availability, essential medicines, equipment, clinical readiness, service quality and institutional capacity. These are interconnected system failures requiring comprehensive rather than fragmented solutions.

4. **To address the leadership and institutional capacity gap.**
   PHC transformation depends not only on financial resources but also on the quality of leadership at national, state, LGA and facility levels. A Renaissance must cultivate strategic thinking, transformational leadership, effective management, institutional accountability and a culture of performance.
5. **To reposition PHC as the foundation of the national health system.**
   PHC must move from being perceived primarily as a collection of basic health programmes and facilities to being recognised as the organising foundation of an integrated, preventive, promotive, curative, rehabilitative and people-centred health system.
6. **To strengthen accountability for investments and results.**
   Increased funding and revitalisation efforts must be accompanied by transparency, financial stewardship, independent performance verification and citizen participation. Success must be judged not merely by resources spent or facilities renovated, but by improvements experienced by communities.
7. **To restore public confidence and trust in PHC services.**
   Where health facilities are poorly equipped, understaffed, unreliable or unresponsive, communities lose confidence and seek alternatives, often at considerable personal expense. Restoring trust requires dependable services, respectful care, professional integrity and responsiveness to patients' experiences.
8. **To reduce inequities in access to essential health services**.
   Rural, underserved and vulnerable populations continue to face disproportionate barriers to quality health care. A PHC Renaissance must make equity a measurable institutional responsibility rather than simply a policy aspiration.
9. **To strengthen the link between PHC investments and population health outcomes.**
   The ultimate purpose of PHC is not the existence of facilities but the prevention of illness, reduction of avoidable deaths, improved maternal and child health, effective management of communicable and noncommunicable diseases, and healthier communities.
10. **To build a sustainable culture of learning, innovation and continuous improvement.**
    PHC reforms must be supported by evidence-informed decision-making, implementation research, adaptive leadership, peer learning, innovation and institutionalised quality improvement.

From the current paradigm to a PHC Renaissance

Prevailing Emphasis	Renaissance Imperative
Policies and commitments	Measurable implementation results
Programme activities	Improved health outcomes
Inputs and expenditure	Value, quality and impact
Administrative reporting	Independent performance verification
Top-down planning	Community participation and ownership
Routine administration	Transformational leadership
Fragmented interventions	Integrated systems strengthening

What makes the PHC Renaissance different?

The PHC Renaissance, as articulated in Primary Health Care Renaissance: Strengthening the Foundation of the National Health System, advocates a shift from repeated reform efforts to sustained institutional transformation.

It seeks to translate decades of accumulated evidence, practical experience and lessons learned into three complementary areas of action:

1. Knowledge and thought leadership: Bridging the knowledge-to-action gap through critical analysis, strategic dialogue and evidence-informed policy engagement.
2. Transformational leadership and capacity development: Equipping PHC leaders and managers with the competencies to translate reform priorities into measurable institutional and service delivery improvements.
3. Independent functionality assessment and social accountability: Establishing credible mechanisms for verifying PHC performance, strengthening citizen voice and ensuring that reported progress corresponds with people's lived experiences.

The fundamental proposition

> *Nigeria does not merely need more Primary Health Care reforms. It needs a Renaissance in the thinking, leadership, institutions, accountability and service delivery systems that determine whether reforms succeed or fail.*

The ultimate test of PHC transformation is not how many policies have been adopted, facilities renovated, health workers trained or resources disbursed.

It is whether a pregnant woman receives timely and quality antenatal care; whether a child is immunised and appropriately treated; whether essential medicines are consistently available; whether patients receive competent and respectful care; and whether communities can depend on their PHC facilities when they need them.

That is the compelling case for a Primary Health Care Renaissance: moving from promises to performance, from investments to functionality, from reported progress to people's lived realities, and ultimately from reforms to measurable improvements in the health and well-being of every Nigerian.

Primary Health Care Renaissance — Repositioning Primary Health Care. Inspiring Transformation. Improving Health Outcomes.