ASSESSING PRIMARY HEALTH CARE AS A STRATEGIC TOOL TO ACHIEVING UNIVERSAL HEALTH COVERAGE IN NIGERIA; CHALLENGES AND PROSPECTS

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Abstract
Primary health care is a grass root-oriented approach to health care that is structured to provide essential health care services to all individuals in the community. This concept that came into existence globally in 1978 from the Alma-Ata conference, was conceptualized to achieve "Health for All" and universal health coverage. Universal health coverage means all individuals have access to essential and quality health care services needed at the right time without financial hardship. The paper reviewed PHC as a strategic concept structured towards achieving Universal Health Coverage in Nigeria with focus on challenges and prospects. The study adopted a qualitative study design with a review method that focused on PubMed and google scholar databases. Search was conducted using key words like PHC in Nigeria, current status of PHC, PHC implementation, universal health coverage, and challenges to universal health coverage. The review results revealed that, Nigeria has a robust primary health care implementation framework with result-oriented interventional programmes that are supported by policy to achieve universal health coverage. However effective implementation of primary health care has been challenged by various problems, some of which included inadequate funding, unsatisfactory political will, deficit in human resources for health, poor state of health infrastructure etc. Primary health care was initiated to make essential health care services available, accessible, acceptable and affordable by all individuals in the community. For primary health care implementation to achieve the universal health coverage in Nigeria, efforts must be made to comprehensively address these highlighted challenges.
Key Words: Health; health insurance; health service delivery; primary health care; universal health coverage

Introduction

To make quality health care accessible to individuals in the communities, government must sustain a health care system that will provide the platform for skilled health workers to provide quality and people-oriented health care services to all segments of the population. A good and strong health system that is rooted in the communities, and not only focused on preventing and treating diseases, but equally enable individuals to improve their well-being and quality of life through their full participation in the spirit of self-reliant and determination. This indeed prompted the move to initiate and conceptualize the primary health care approach of

health care delivery that can potentially make health care services available, accessible, acceptable and affordable by all individuals and families in the community (Aigbiremolen *et al*., 2014). Effective implementation of primary health care interventions will guarantee a minimum level of basic health care for all individuals in a given population. Primary health care emphasizes the development of a community-based health care services that encourages health promotion and maintenance, self-reliance, and community participation in decision making about health. As explained by Abdulraheem *et al*., (2012). The concept of primary health was birthed at an international conference jointly organized by the World Health Organization and United Nations children Fund in collaboration with the Russian government in 1978 in Alma-Ata.

The international conference on primary health care appealed to member nations and governments to formulate national health policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. The appeal was highlighted in article eight of the Alma-Ata Declaration which also solicited for the commitment and professional contributions and funding from donor agencies like WHO and UNICEF, and other multilateral and bilateral agencies, non-governmental organizations to support the primary health care movement. According to Aregbeshola, and Khan, (2017), a decade later, specifically in 1988 the administration of General Babangida with great support and professional competence from the then Minister of Health Professor Olukoye Ransome-Kuti articulated a National Health Policy that identified Primary Health Care as the cornerstone of the nation's health system. The fundamental provisions of the health policy based on primary health care emphasized that, achieving good health for the entire population is enclosed on the national principle and belief of social justice and equity. The Primary Health Care approach is very significant for every Nigerian to attain a level of health that will enable them lead a socially and economically productive life. Primary health care is structured on a strong commitment to make available a full range of preventive, promotive, curative, rehabilitative and palliative health care to all individuals and families in the community without financial hardship (Center for Population and Environmental Development (CPED), (2017). This is the basic principle behind the concept of Universal Health Coverage, making health care services accessible to all individuals in where and when they need them, without unnecessary financial encumbrances.

Universal health coverage is a global move initiated by the United Nations to enable all individuals in any geographical region of the world to have access to quality and affordable health care, which is the basis for individuals and families to lead productive and fulfilling lives and contribute significantly to the development of a strong economy. As averred by Abulsalam *et al*., (2023), for universal health coverage to be actualized, all segments of the population must have equal access to quality health care services, which include well-trained health personnel, safe treatment and access to medicines and vaccines when and where needed without catastrophic spending or incurring financial hardship. It is the organization of the health system in a comprehensive manner that, the specific health care needs of individuals in a defined population are met. The health system is provided with a mechanism that will ensure individuals access to health care without being pushed into extreme poverty.

The concept of universal health coverage was adopted in the World Health Assembly in 2005, as a strategy that can potentially enable every individual to access the health care services that can comprehensively address the major causes of ill health and death with a view to ensuring that the quality of those provided health services is good enough to improve the health of the recipients (Bachamasi, 2002). Nigeria's journey toward attainment of universal health coverage is still very far, as only about 4 percent of the population is covered by prepayment and risk pooling scheme through the National Health Insurance Scheme. Nigeria adopted the National Health Insurance Scheme as the central focus to the attainment of universal health coverage. As explained by Awosusi, (2002), the 4 percent coverage is far below the benchmarked indicator of 90 % of the population as prescribed by WHO. This implies that a greater percentage of Nigerian population still bear direct cost of health care service and consequently indulging in catastrophic health expenditure. In Nigeria, the out-of-pocket expenditure as a share of current health expenditure was estimated at 70.5% as at 2019 (Auwal *et al*., 2023). Out of pocket health expenditure refer to cost an individual spend on health that is out of their own cash reserves. The spending on health directly out-of-pocket by households. The 76.6% out of pocket health care expenditure is also far above the threshold of 30 to 40 % by WHO. According to WHO an out-of-pocket expenditure of more than the above threshold percent is apparently a catastrophic health expenditure.

Effective implementation of primary health care can lead to the achievement of universal health coverage, thereby pulling out more than 80 million individuals that are pushed into poverty every year by health expenses (Bellow, 2021). Making quality health care services available, affordable and accessible to all individuals is an essential part of the primary health care concept. Relieving individuals of the financial risk resulting from health care expenditure. As affirmed by Auwal, *et al*., (2023), many individuals have been impoverished because of unexpected health problems that required them to use up their incomes thereby jeopardizing their future and sometimes those of their children. The nation's health care delivery system is structurally oriented towards primary health care as its operational base, where more than 90% of the various health interventional programmes designed to improve the health status of all segments of the population are implemented. The 2016 National Health Policy was established to ensure access to affordable health care services by all Nigerians through effective implementation of primary health care at the grassroot level, including the rural underserved population. The concept of primary health care as highlighted in the Alma-Ata international conference is to form the cornerstone of the country's health care delivery system. Being a grassroot oriented health care system that is closely connected to the rural population where more than 70% of the nation's populations lives, it becomes a perfect channel to deliver to majority of the individuals and families in the community interventional programmes structured to achieve universal health coverage (Muhammed, *et al*., 2013). Primary health care is the foundational stone and pivots where the implementation of all health care interventional programmes designed to improve the health status of the population thereby achieving the goal of universal health coverage revolves. As averred by Eguagie and Okosun (2010), effective implementation of primary health care programmes would equally facilitate the achievement of universal. It was the forgoing that necessitated the need to review primary health care as a strategic concept structured towards achieving Universal Health Coverage in Nigeria with focus on implementation challenges and prospects.

Methods

The paper adopted a qualitative study design with a review method that focused on PubMed and google scholar databases. Search was conducted using key words like PHC in Nigeria, current status of PHC, PHC implementation, universal health coverage, and challenges

to universal health coverage. The review was conducted and reported in accordance with York methodology, outlined by Arksey and O'Malley, (2005). Twenty published academic papers that were related and met the inclusion criteria were reviewed. The criterion for inclusion was information about primary health implementation in Nigeria and universal health coverage that were more recent research specifically from 2010 onwards. Papers that did not meet this criterion was excluded even if the study was based on primary health care. The relevant information obtained from these papers that met the inclusion criteria were selected, summarized and presented as findings or results in this review.

Findings

As stated above, the findings presented in this section are the results obtained from the review of the various academic papers and other relevant documents. From the reviewed papers, it was discovered that, Nigeria has a robust primary health care implementation framework with result-oriented interventional programmes that are supported by policy to achieve universal health coverage (Tijani & Sabageh 2015). However, according to Ige and Nwanchukwu (2010), the process of implementation has been challenged by various issues ranging from inadequate funding, unsatisfactory political will, deficit in human resources for health, poor state of health infrastructure etc. The results on primary healthcare implementation and the programmes initiated to achieve the goal of universal health coverage are presented under the following sub-topics: primary health care system of Nigeria, overview of universal health coverage, drive to universal health coverage through primary health care, challenges of primary health care implementation in Nigeria and strategic imperatives for effective implementation of PHC in Nigeria

Primary Health Care System of Nigeria

From the various academic papers reviewed it was revealed that, the provision of health care services to all segments of the population is a constitutional priority of government, because health is also a very important fundamental human right. Prior to the Alma-Ata conference, there was an unacceptably poor state of health in the developing countries and among the underserved populations in the developed world. In the 28th World Health Assembly, in Geneva in 1975, delegates, judged the current global situation of health to be unhealthy and unjust. This led to the mobilization of health expects from countries all over the world by two United Nations

specialized agencies, WHO and UNICEF in collaboration with the then Russian government at an international conference in Alma-Ata in 1978 (Topp & Abimbola, 2018).

In that international conference the concept of primary health care was adopted and endorsed by delegates as the path way that will usher majority of the global population into a level of health that will make them lead a socially and economically productive life (World Health Organization (WHO), 1978). As affirmed by all the delegates that attended the Alma-Ata international conference, the health care delivery system that can have global impact and incorporates the potentials to resolving the basic health problems of the global community, especially the underserved rural population is primary health care. A system of health care that would impact positively on the health status of a greater percentage of the world population, especially the developing countries utilizing available local resources with maximum emphasis on community participation.

As revealed from the papers and documents, one of the ten articles of the Alma-Ata Declaration highlights the definition of primary health care. Article six of the Alma-Ata Declaration defined Primary health care as essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (World Health Organization (WHO), (1978). The individuals and families in the community make first contact to the national health care delivery system through primary health care. It is the globally acceptable benchmark for rendering comprehensive health care services to meet the health need of the people, thus making it an important tool towards achieving universal health coverage (World Health Organization (WHO) and United Nation's Children Fund (UNICEF), 2018).

It was also revealed from the papers that, Item three of article seven in the Alma-Ata Declaration highlighted the eight areas that guide the implementation of the concept of primary health care globally (World Health Organization (WHO), 2018). Eight essential elements of Primary Health Care, also known as Basic Components of Primary Health Care were identified at the Alma-Ata International Conference on primary health care and they include; education concerning prevailing health problems and methods of preventing and controlling them;

promotion of food supply and proper nutrition; adequate supply of safe water and basic sanitation; maternal and child health care including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries and provision of essential drugs.

In response to the appeal at the Alma-Ata conference, in August 30th 1988 the Federal Government of Nigeria articulated a National Health Policy that adopted primary health care as the cornerstone to the nation's health care delivery system (Alenoghena *et al*., 2014). To kick start the process of Primary Health Care development in Nigeria after it launched in 1988, a directorate of Primary Health Care was established at the national level which was responsible for the formulation of policies that will facilitate the development and smooth implementation of PHC in Nigeria in accordance with the provisions of the Alma-Ata Declaration in 1978. According to some of the papers reviewed, Nigerian primary health care scheme was initiated to achieve the following objectives(Ade & Sholoye, 2014); Expedite the development of health man power; modernize the management of health data; stabilize the provision of essential drugs to every segment of the country; accelerate and expand the coverage of expanded programme on immunization; to ensure improved nutrition and create adequate health awareness; improvement and formulation of a maternal and child health programme nationally and implementation of a diarrheal diseases treatment programme among children with a comprehensive emphasis on oral rehydration therapy.

From some of the reviewed papers, it was clearly revealed that, the launch of the primary health care in Nigeria prompted the establishment of Primary Health Care facilities across the country, first in 52 Local Government Areas (Aregbeshola, & Khan,2017). This coverage was later extended to 300 LGAs in 1989 and has since been implemented in all the 774 Local Government Areas in Nigeria. As explained by Abiodun, (2010), the implementation plan of primary health care was to render primary care, especially ante natal and post-natal care in homes or closest to homes. It also has a referral link to the nearest primary health care facility which could be a health post, a health clinic which may be mobile or static, or a primary health care center as a backup for home care. As revealed from the papers reviewed, an efficient management, administrative, organizational and operational structure was required to effectively implement this plan.

It was also confirmed from the papers that, since the launch of the first National Health Policy that adopted primary health care as the corner stone of the Nigerian health system, its implementation has been services offered at the various primary health care facilities across the country. These services are structural in accordance with the 8 basic components of primary health care that were established at the Alma-Ata conference (Eguagie, & Okosun, 2010). It was also gathered from the papers that primary health care services are rendered by middle level health personnel called primary health care workers and they include physicians, nurses, midwives, CHO, CHEW, JCHEW, environmental health officers, dental technicians, medical lab technicians, pharmacy technicians and health information officers. The papers further revealed that, these groups of primary health workers are to be supervised by the Medical Officer of Health (MOH), who is a general medical practitioner (physician) (Alenoghena *et al*., 2014). Primary health care implementation is at three levels; the village /settlement level, the ward level and the local government level (Adam & Awuner, 2014). At all these levels, a suitably trained team of health workers are professionally integrated to implement the various aspects of PHC implementation is Nigeria.

It was also confirmed from the papers that, Nigeria operates a 3-tier system of health care delivery as stipulated in the National Health Policy (Alenoghena *et al*., 2014). Primary health care is the first tier and managed administrative by the local government councils. The papers also revealed that, primary health care constitutes a department in the unified local government system headed by a primary health care coordinator who is answerable to the chairman of council through the supervisory councilor of health. As stipulated in the National Health Act 2014, the implementation of primary health care is regulated by three entitles (Federal Republic Nigeria, 2014). The National Primary Health Care Development Agency (NPHCDA) at the national level initiating policies and programme to be implemented at the local government level. At the state level, the primary health care board supervise the implementation of PHC at the local government level, recruit and discipline staff, monitor and evaluate PHC interventional programmes. Primary health care interventional programmes and other health care service at the Local Government Area level.

It was also discovered that, in 2000, the district health system initiated as part of the Basic Health Service Scheme before the launched of PHC in 1988 was replaced by the Ward

Health System (WHS) (Effiong *et al*., 2021). The ward is the smallest geographical unit from which a counselor is elected. The aim was to use the political ward as a channel of providing primary health care services to the population. Specifically, the ward health system was designed to improve immunization coverage, and nutritional status, reduce maternal and infant mortality, and to make essential drugs available and affordable. This period witnessed the building of 200 model health centers in 200 selected wards across the country and handed over to the community development committees and ward Development Committees. This was done in line with the spirit of community ownership and participation. According to National Primary Health Care Development Agency (NPHCDA), 2012), to strengthen the ward health system, the Federal Government through the ministry of health introduced several interventional programmes. Some of them include Minimum Health Care Package, Integrated Management of Childhood Illness, Expanded Programme of Immunization, National Immunization Plus Days, Integrated Measle Campaign, Maternal, New-born and Child Health week. The National Health Management Information system was also introduced during this period. All these programmes were initiated to revitalize the primary health care system in Nigeria.

Overview of Universal Health Coverage

From the reviewed papers, it was revealed that, the core principle of universal coverage health coverage is for individuals globally to have unhindered access to the healthcare services they need at a particular time without suffering financial hardship. Universal health coverage means that every person globally has full access to a wide range of quality essential health services needed by them when and where without financial hardship (World Health Organization, 2022). Its aim is to enable all individuals and families in the community receive the essential health care services they need without facing financial hardship. For Universal Health Coverage to be actualized, all segments of the population must have equal access to quality health care services, which include well-trained health personnel, safe treatment and access to medicines and vaccines when and where needed without catastrophic spending or incurring financial hardship. It was also revealed from the papers reviewed that universal health coverage encapsulates a wide range of basic and essential health care services that are promotive, preventive, curative, rehabilitative, and palliative in nature, thereby protecting individuals and families from being pushed into poverty as a result of catastrophic spending on health care

(Okonronkwo *et al*., 2014). Catastrophic spending entails an out-of-pocket spending on health that is more than 70% of your regular income. When a person uses up all his life saving, sell out properties and borrow calamitously as a result of unexpected illness and diseases. However, it is very unfortunate to note that almost 2 million people are facing catastrophic or impoverishing health spending.

Another important revelation from the review was the fact that delivering health care services to achieve universal health coverage requires a functional health system with skillful health workforce that are equitably distributed, efficiently supported and motivated to render services in a decent work environment. And that making quality health care services available, affordable and accessible to all individuals is also an essential part of the United Nations Sustainable Development Goals (SDGs) (Okonronkwo *et al*., 2014). Sustainable Development Goal 3, target 8 is aimed at achieving the goal of universal health coverage, including financial risk protection access to quality essential healthcare services access to safe, effective, quality and affordable essential medicines and vaccines for all. SDG 3.8.1 talks about the proportion of the population that can access essential quality health services, while SDG 3.8.2 deals with the proportion of the population that spends a large amount of household income on health care. The SDGs are part of the call to end poverty and a pathway towards the actualization of Universal Health Coverage (WHO & United Nation's Children Fund (UNICEF), 2018).

The fact that access to quality and affordable health care by all persons everywhere is an essential priority for global development, prompted the United Nations General Assembly to endorse a resolution on the 12th December, 2012, encouraging countries to accelerate the progress towards Universal Health Coverage (Puras, 2016). As revealed in the review, this UN endorsed resolution proclaimed the 12th of December every year as Universal Health Coverage Day. The day is commemorated with the aim of raising awareness of the need for a strong and resilient health systems globally that will accelerate the actualization of the goal of universal health coverage.

As revealed from the reviewed papers, the universal health coverage concept was adopted in the 2005 World Health Assembly as an international instrument aimed at providing specific and essential health care services to all members of a particular population that could improve health outcomes through the provision of financial risk protection for all segments of the

population (WHO, 2013). One major objective of universal health coverage as revealed in the review is that, pulls individuals out of poverty resulting from catastrophic health care spending. It provides the access key to equitable, qualitative and universally accessible health care for all citizens of the various regions of the world without incurring any form of financial hardship. Achieving universal health coverage requires that, there should be a functional health system with critical health infrastructure, a sustainable funding of health service, well trained and motivated skilled work force that is equitably distributed, provision of essential drugs and technologies.

Although the some of the reviewed papers revealed that unhindered access to affordable primary health care is a fundamental pillar of universal health coverage, but several families across the globe are still deprived of essential primary health care services (Bellow, 2021). According to Auwal *et al*., (2023), this fact necessitated the recent momentum recorded in the global universal health coverage movement. The concept of universal health coverage has gained a remarkable attention in recent years with the first United Nation General Assembly High-Level meeting on Universal health coverage held in September 2019. The meeting provided the platform for member nations to adopt a political commitment to universal health coverage and a plan of action was outlined to support countries in achieving the SDGs 3 targets 1 and 2. Just a year after, a follow-up meeting was held in January 2020 in Bangkok to enhance the political momentum on universal health coverage globally (Bellow, 2021). In all these international fora, the discussion was centered on how affordable and quality health services are provided to the community to achieve universal health coverage. Protecting individuals from the financial risk resulting from health care expenditure.

It was also revealed from the reviewed papers that, in Nigeria, the primary mechanism for achieving universal health coverage is the National Health Insurance Scheme which was established by an act of parliament in 2004 and was flagged off on the 6th of June, 2005. The National Health Insurance Scheme is a contributory social insurance scheme that was launched for the purpose of improving health care funding and striving towards achieving Universal Health Coverage. The scheme is made up of formal and informal sector social health insurance schemes. In March 10th 2014, a presidential summit was held in Abuja, Nigeria, with the theme "Universal Health Coverage a vehicle for sustainable growth and development". The summit

was organized to review the progress made so far in the National Health Insurance Scheme as the main strategy for achieving Universal Health Coverage in Nigeria (Awosusi, 2002). It was highlighted in the papers reviewed that a presidential declaration on universal health coverage in Nigeria was drawn in the summit with a pathetic concern that, Nigerian's attainment of 30 percent health insurance coverage by December 2015 was not feasible. As confirmed in reviews, the declaration proposed an institutional mandatory health insurance scheme that instituted a strong call for government at all levels to make commitment towards increasing budgetary allocation to health care with a reasonable proportion prioritize for universal health coverage related interventions. Although the scheme was launched in 2005, the bill establishing the National health Insurance was signed into in May 19th 2022, by President Mohammadu Buhari, making the scheme mandatory for all citizens.

Drive to Achieve Universal Health Coverage through Primary Health Care

Achieving universal health coverage was one fundamental reason why the 2030 Sustainable Development Goals were adopted in 2015. As revealed from the papers reviewed, one globally recommended strategy of actualizing this is the re-orientation of the health care system towards primary health care (Bellow, 2021). Primary health care as a concept is structured to make health care services accessible, affordable, acceptable and available to meet the health care needs of all the individuals in the community, where and when they need them. About 90% of the essential universal health coverage interventions can be delivered in an integrated approach through the primary health care platform at low and affordable cost. As revealed from the papers, over 75% of the projected gains of the health-related sustainable development goals could be achieved through the primary health care platforms (Nwankwo *et al*., 2017). Strengthening the health care delivery system based on primary health care is a result-oriented drive to the achievement of universal health coverage.

Primary health care has passed through several policy frameworks and reforms that were geared towards the achievement of universal health coverage. Some of these policies and frameworks as revealed from the reviewed papers include the following. In May 2011, at the 54th National council of Health meeting, the Primary Health Care Under One Roof (PHCUOR) policy was approved (National Primary Health Care Development Agency, 2015). This policy provides the platform to integrate all essential PHC services under one authority that will ensure all

individuals get their health needs meet at record time at an affordable cost. The Basic Health Care Provision Fund created in the National Health Act, 2014 was also a strategy aimed at providing adequate funding for primary health care to achieve universal health coverage. As stipulated in the National Health Act 2014, 50% of the fund will be used for the provision of essential drugs, vaccines and consumables, infrastructure and human resources development and to ensure emergency medical treatment at the primary health care level (Federal Republic Nigeria, 2014). The Saving One Million Lives (SOML) strategy that was initiated by the National Primary Health Care Development Agency was also designed to strengthen PHC towards achieving universal health coverage (Oyekale, Oyekale, A.S. (2017). 2017).

The Nigerian State Health Investment Project (NSHIP) was also designed to revitalize PHC through accountability and provision of incentives to improve the quality of health care services at primary health care facilities. This programme that is also oriented towards the achievement of universal health coverage ensures managerial autonomy and strengthen accountability that will lead to efficient delivery of health care services to all segments of the population (Sam, 2022). The establishment of National Emergency Routine Immunization Coordination Centre (NERICC) was focused on achieving universal health coverage. This initiative is aimed at achieving at least 80 percent immunization coverage for all vaccines in Nigeria by 2028. NERICC was mandated to provide mechanism to manage the implementation of routine immunization programme at the state and LGA levels. This programme is being replicated at the state and LGA levels. As part of the Federal Government move to achieve universal health coverage in 2017, 10,000 Primary Health Care centers were proposed to be built across the nation (Sam, 2022). The aim is to facilitate health care access across a wide geographical area. However, as at May 29, 2023, the government was only able to build 4,500 PHCs with assistance from donor agencies.

The World Bank funded IMPACT Project was aimed at improving health care infrastructure in the country. It is aimed at upgrading and refurbishing about 3,807 Primary health care centers in 14 IMPACT states. These primary health care centers are funded to reposition primary health care delivery at the grass root level in order to achieve universal health coverage. In addition, this through the Basic Health Care Provision Fund (BHCPF), for the past few years, 300 primary health care facilities have been renovated and upgraded to level 2

standard PHCs in all 36 states and Federal Capital Territory. The Expanded Midwife Service Scheme (eMSS) was also established by the federal government to improve the healthcare manpower requirement (Muanya, 2023). More than 2,000 skilled birth attendants (midwives) were engaged and deployed to some of the renovated primary health care centers to complement the existing health personnel. There is also the Community-based Health Research Innovative Training and Services Programme (CRISP) established by the Federal Government and implemented in 12 selected states of the nation (Gyuse *et al*., 2018). Through this programme, community medicine resident doctors are empowered to attend to patients in primary health care centers within the catchment area stipulated for the universities. The intervention is aimed at building capacity and competence of health personnel in these health facilities.

Beside these interventional programmes that were born out of policy framework, the reviewed papers also highlighted some statutory primary health care interventions such as Integrated Measles Campaign, Immunization Plus Days, Maternal, Newborn, Child Health Week, Yellow Fever Campaigns, Vitamin A supplementation that are designed to make essential health care services available, accessible and affordable by all individuals and families in the community. These interventions were designed and initiated to strengthen and revitalize primary health care in Nigeria and position the health care sector in the right trajectory towards achieving universal health coverage.

Challenges of Primary Health Care implementation in Nigeria

From the reviewed papers, it was discovered that, Nigeria's health care indicators have been staggering below international benchmark for the past decades, despite the various interventional programmes designed and implemented in the primary health care system (Muanya *et al*., 2023). PHC being the cornerstone of the country's health system is marred with series of challenges that has translated to the negative health outcome of the country. Some the critical challenges primary health care, as revealed in the reviewed papers include the following; Maternal and child mortality rates are still above international average. Vaccine-preventable childhood killer infections are still rampart. Out of the 34,076 primary health care centers in Nigeria, only 20 percent are functional. Most of the PHCs do not have the capacity to provide essential health care services. About 20 percent of the facilities only can provide emergency obstetrics services. About a quarter of the PHCs only have more than 25 percent of the minimum

required equipment package. There is the unacceptable poor state of infrastructure and lack of essential drug supply in majority of the PHCs in the country. The reviewed papers, revealed a negative picture of the Nigerian PHC system. This is a pointer to the fact that, there are challenges that impede its implementation. Furthermore, the reviewed papers also highlighted the following as potential challenges that could hinder the smooth implementation of primary health care in Nigeria.

Inadequate Finance and Funding: Funding for PHC is majorly from the Federal Government and donor agencies like WHO and UNICEF, with supports from states and LG councils. Funding for PHC in Nigeria is grossly inadequate to sustain effective implementation of programmes to achieve universal health coverage (Muanya, 2023). The budgetary allocation has been consistently below 5% as against the 15% target of the 2001 Abuja declaration. More than 85% of the funding from the states and LGAs are for staff salary payment and the rest will not be sufficient enough for capacity building, supply of drugs and infrastructural development. Nigeria spends in the average, less than 4 percent as percentage of her GDP (Gross Domestic Product) on health care as against the 10 percent established by WHO. This makes the country spend less on health care than nearly every country in the world according to World Bank Report (World Bank,2016).

Unacceptable Level of Political Will. Government commitment to the implementation of PHC is very cardinal to the achievement of universal health coverage. Nigeria is currently riddled with a poor level of political will towards PHC development. Policy and decision makers are only interested in approving projects that favours their political agenda other than the overall interest of the entire population. The political-will to release money for PHC interventional programme is at the poorest level especially at the LG level.

Inadequate Human Resources for Health: Human resource plays significant role in the implementation of PHC. A basic standard of health care workers is required to successfully implement PHC to achieve universal health coverage. At the moment, Nigeria is challenged with poor human resources for health ranging from insufficiently trained health workers and poor distribution of available personnel (Muhammed *et al*., 2013). Most health personnel work in urban areas leaving empty and locked-up health facilities at the rural areas. There is a critical shortage of health workers across majority of the states. There is an abysmal and wider spectrum

of human resources for health densities in most of the states with no clear policy direction for replenishments following death and retirement.

Inadequate State of Critical Health Infrastructure: Nigeria has a serious challenge in health infrastructure. Recent reports revealed that 80% of primary health centers in the country are non-functional and this is attributed to the level of infrastructural deficit in the primary health care sector (Oyekale, 2017). They don't have the capacity to provide essential health care services as a result of inadequate equipment, and poor condition of infrastructure. To achieve universal health coverage in Nigeria, there must be at least one primary health care center per ward, well equipped with the minimum level of basic infrastructure including equipment and essential drugs in line with the minimum standard of primary health care in Nigeria as established by the National Primary Health Care Development Agency. The infrastructure deficit in the primary health care sector is unprecedented, and could obviously hamper the achievement of universal health coverage by 2030 (Oyekale, 2017). The Federal Governments initiative to renovate and upgrade the health care infrastructure at the primary health care level through the Basic Health Care Provision Fund (BHCPF) as stipulated in section 11 of the National Health Act, 2014 has not yielded any significant result. As revealed in some of the papers reviewed, most of the PHCs lack the necessary cold chain equipment for adequate vaccine storage and this will affect the quality and frequency of immunization (Muhammed, 2013)

Poor Managerial and Weak Health System: Nigerian health care delivery system is generally weak and has serious managerial defects. As revealed from the reviewed paper, the pronounced inefficiencies at various sub sections in the system have also affected the implementation of PHC at the grassroots level. The PHC system of Nigeria has over the years suffered greatly from fragmented services and weak referral system. There is also the multiplicity of vertical interventional programmes from the national level without proper integration with existing ones at the grassroots. The reviewed papers have revealed that, this has over the decades created serious gaps that resulted to low coverage. According to Ige, & Nwanchukwu, (2010), the laudable drug revolving scheme that was initiated to ensure availability and affordability of drugs several decades ago has been abandoned leading to critical shortage of drugs and other commodities at the PHC facilities. A good number of the PHC components at the primary health care facilities are not provided at the service point.

Undue Emphasis on Curative Care: The various programmes of primary health care across the nation are mostly curative and clinic-based services as revealed in the reviewed papers. The scope of primary health care covers all essential aspects of health, which is both preventive and curative. From the reviewed papers, it was discovered that, most of the programmes so designed by the NPHCDA, are in favour of curative health care services within the health facilities and not in the community. The focus on wholly clinical aspects of primary health care without the major preventive aspect that has to do with the environment will not support the achievement of universal health coverage. The general public and environment are critical in the prevention of diseases and promotion of wellness. The neglect of community sanitation, health, safety and environment and other disease control measures outside the health facilities is a contradiction to the tenet of PHC implementation as enshrined in the Alma-Ata declaration (Gyuse *et al*., 2018).

Poor Health Information Management: Health data management is a critical aspect of PHC implementation. It helps in planning health programmes, service utilization and availability and assessment of performance. In Nigeria, health data are reported on the DHIS2 (District Health Information Systems version 2) platform where services delivered are reported from the health facility, forwarded to the LGA level and collated at the state level. As revealed from the reviewed papers, there are several gaps in this system that placed doubt on the credibility of the data through the DHIS2 (Tijani & Sabageh, 2015).

Poor utilization of PHC facilities by individuals and communities: It was revealed from the revied papers that, the PHC facilities utilization rate in Nigeria at the moment is less than 20% (Sam, 2022). This has resulted to poor coverage for several cost-effective interventional programmes at the community level (World Health Organization (WHO), 2012). As revealed from the reviewed papers, this low utilization of PHC facilities is attributed to several factors, such as poor community participation, poor attitude towards services at PHC facilities by community members (Sam, 2022). The reviewed papers revealed that, in Nigeria, most people believed PHC facilities are meant for the rural and under-privileged individuals and prefer to go the secondary level of care. Others believed the staff at the PHC is not skilled and less qualified to manage health problems. This negative perception about PHC is so pronounced due to the

poor community participation. Community participation is one of the pillars of successful PHC implementation, which is essential to acceptance and utilization of health services.

Strategic imperatives for effective implementation of PHC in Nigeria to achieve UHC

Primary health care concept remains the best strategy to actualize health for all as it promotes equitable distributions of health care services to all segment of the population. This will eventually lead to universal health coverage. To reposition primary health care implementation, with a view to achieving universal health coverage, the following measures are very pertinent.

Result Oriented Community Participation: Community participation is one of the fundamental pillars of PHC as enshrined in the Alma-Ata declaration (Otovwe, & Elizabeth, 2017). This will ensure a shift from government driven health system to individual centered system that will bring about sustained community ownership. The community will be involved in the process of planning, implementation and evaluation of health programme that are designed to improve and maintain their health. Achieving universal health coverage requires a system that put the individuals at the center of health care, enabling them to mobilize locally available resources to solve the locally endemic health problems.

Re-Emphasizing the Core Supportive Structures of PHC: Strengthening PHC requires a deliberate commitment to emphasize the core supportive programmes of PHC. These structures include PHC house numbering, home visiting, community mobilization and diagnosis. Relegating these structures may lead to a total collapse of PHC in Nigeria. Sadly, to note, is the fact that, Nigeria is moving towards that reality. Practicing these structures will help bring health care services closer to the people (Muhammed *et al*., 2013). Achieving universal health coverage requires health equity, organizing health care services around the health needs of the individuals and families in the community. Proper implementation of these structures would make PHC a sustainable and reliable vehicle for the delivery of many cost-effective health interventions that would lead to the reduction of the rates of morbidity and mortality in the community. This may also resolve the challenge of under-utilization of PHC services among member of the population.

Task Shift from Curative to Preventive Care: Primary health care is today mainly of curative with some levels of preventive care especially immunization. This is contrast to the tenets of PHC as stipulated in the Alma-Ata Declaration (Tijani, & Sabageh, 2015). Primary

health care is more of preventive, which look at health care delivery from the perspective of the population. Encouraging the entire population to be involved in the pathway to wellness. This is in tandem with the WHO's definition of health in 1948, which explained health in accordance with ecological and holistic concept. Primary health care scope should be reshaped and broaden to cover all essential aspects of health and not only the curative. PHC programmes should not only favour curative health services within the health facilities, but also outside the facilities where the people live and are interacting daily with the environment.

Improved Governmental Support to PHC: Government is the oil that lubricates the wheels of PHC implementation in any country especially developing nations in the sub-Saharan Africa. The political commitment to implement all aspects of PHC by government is a necessary force that is needed to fight health inequity and inequality in any nation (Nwokoro *et al*., 2022). To achieve universal health coverage, government at all levels must sustain their commitment to primary health care in the following areas; Adequate funding, recruitment of adequate number of skilled staff, provision of critical infrastructure and appropriate equipment, provision of drugs and other consumables and policy framework that will improve coverage and sustenance of interventional programmes.

Transparent Implementation of Basic Health Care Provision Fund: The National Health Act 2014, created the Basic Health Care Provision Fund. This fund was primarily designed to provide funding for PHC, National Health Insurance Scheme and emergency medical services. This fund is to be accessed by facilities in states that meet the requirement gateway. The national primary health care development agency is mandated by the NHA 2014 to disburse the fund to eligible states appropriately (World Bank, 2010). The fund is earmarked to support one primary health care center in each political ward to provide essential health care services that meet the health needs of the people. The NPHCDA should provide technical assistance to the various states by putting in place the necessary machinery required to access and utilize the fund. The fund will enable the facilities to upscale their health workforce, sustain the provision of drugs and other consumables, improve infrastructure and increase implementation of target service delivery strategies. The efficient utilization of this fund by eligible facilities in a state will bring about equitable distribution of health care services to achieve universal health coverage. Despite

the various platforms provided, less than two-third of the states have all eligible health facilities approved to receive and utilize these funds.

Supportive Supervision, Monitoring and Evaluation: Supportive supervision is very necessary to the effective and efficient implementation of primary health care to achieve desired goal. It reduces wastage rate and ensure high coverage in primary health care intervention programmes. Supportive supervision is a supervisory process that involves assisting health personnel to improve their competence and performance in a sustained manner (Otovwe, & Elizabeth, 2017). It links workers in hard-to-reach areas to the health system and guide them in providing quality services to achieve set objectives. An accountable structure of supportive supervision that is firmly anchored on set objectives of PHC is necessary for a nation to achieve universal health coverage. Monitoring and evaluation involve carefully observing how health services are rendered correctly by health personnel and assessing performance and outcome of health programme in accordance with an established or acceptable benchmark. These activities are very significant and play pivotal role in primary health care implementation.

Integrating PHC into the National Health Insurance Scheme: Accrediting and utilizing some PHCs as health care services providers in the National Health Insurance Scheme will conveniently draw several thousands of rural Nigerians from poverty as a result of catastrophic health spending. The scope of the NHIS at the moment is mainly covering the urban dwellers with no specific provision for the rural undeserved population. Extending the coverage of the NHIS to the rural population through the PHC platform will ensure unhindered access to health care services and health equity which are fundamental pillars of universal health coverage.

Conclusion

Primary health care was initiated to make essential health care services available, accessible, acceptable and affordable by all individuals in the community. The primary health care concept was initiated to provide a full range of essential health care to every individual and family in the community without unnecessary financial encumbrances. It was also structured as a pillar designed to achieve universal health coverage. Form the review it was revealed that, primary health care is the globally acceptable benchmark for rendering comprehensive health care services to meet the health need of the people, thus making it an important tool towards achieving universal health coverage. Universal health coverage provides the access key to

equitable, qualitative and universally accessible health care for all citizens of the various regions of the world without incurring any form of financial hardship or catastrophic spending. The implementation of primary health care in Nigeria is marred with several challenges. For primary health care implementation to achieve the universal health coverage in Nigeria, some strategic imperatives for effective implementation of PHC in Nigeria to achieve UHC were highlighted to comprehensively address these challenges.

References

Abdulraheem, I.S., Oladipo, A.R. & Amodu, M.O. (2012). Primary health care services in Nigeria, a critical issue and strategies for enhancing the use by the rural communities. *Journal of Public Health and Epidemiology, 4* (1): 5-13.

Abiodun, A.J. (2010). Patients' satisfaction with quality attributes of primary health care services in Nigeria. *Journal of Health Management, 12* (1): 39-54.

Abulsalam, A., Adejo, P, Uzoho, J. & Omoje, O. (2023). *Universal health coverage in Nigeria: accelerating the NHIS Acts implementation*. Abuja: Nigeria Health Watch.

Adam, V.Y. & Awuner, N.S. (2014). Perceptions and factors affecting utilization of health in a rural community in Southern Nigeria. *Journal of Medical Biomedical Research, 13(*2): 117-124.

Ade, O.A., & Sholoye, O.F. (2014). Strengthening the foundation for sustainable Primary Health Care Services in Nigeria. *Primary Health Care, 4*(3):167-175

Aigbiremolen, A.O., Alenoghena, I. Eboreime, E. & Abejegah, C. (2014). PHC in Nigeria: from conceptualization to implementation. *Journal of Med Appl Biosei,* 6 (2): 35-43.

Alenoghena, I., Aigbiremolen, A., Agbejegah, C. & Eboreime, E. (2014). PHC in Nigeria: strategies and constraints in implementation. *Inter Journal of Community Health Research, 3* (3): 74-79.

Aregbeshola, B.S. & Khan, S.M. (2017). Primary health care in Nigeria: 24 years after Olikoye Ransome-Kuti's leadership. *Frontiers of Public Health,* 5: 48-56.

Auwal, A.S., Oluwatomisin, L.A., Olatunji Y.T., Adekunle, A.A. & Oluwatobi, O.P. (2023). Achieving universal health coverage in Nigeria. Current challenges and recommendations. *International Journal of Tropical Disease and Health, 44(*7): 1-5.

Awosusi, A. (2012). Nigeria's mandatory health insurance and the march towards universal health coverage. *The Lancet Global Health, 10*(11): 155-165.

Bachamasi, H.S. (2012). Coverage measure of achieving universal health coverage in Nigeria in Kosgi, S.Q Agraval, A, Health Care Access.

Bellow, M.A. (2021). *Why Nigeria needs to achieve universal health coverage and the importance of efficient funding for health*. Abuja: West African Institute of Public Health.

Center for Population and Environmental Development (CPED) (2017). *Primary health as an instrument for the attainment of universal health coverage in Nigeria*. Benin City: CPED.

Effiong, F.B., Elebesunu, E.E. & Babatunde, A.O. (2021). Primary health care in Nigeria, amidst disease outbreaks: the need for improvement. *Medical Care Journal, 18* (1): 113-121

Eguagie, I. & Okosun, V. (2010). The role of primary health care delivery system: problems and prospects. *Knowledge Review, 21*(1): 71-76.

Federal Republic Nigeria (2014). *Official gazette of the National Health Act 2014*. Abuja .FMOH

Gyuse, A.N., Ayuk, A.E., & Okeke, M.C. (2018). Facilitators and barriers to effective primary health care in Nigeria. *African Journal of Primary Health Care and Family* Medicine, 10 (1): 164 – 178.

Ige, O.K. & Nwanchukwu, C.C. (2010). Areas of dissatisfaction with PHC services in government owned health facilities in a semi-urban community in Nigeria. *Journal of Rural Tropical Public Health*, 9:19-23.

Muanya, C. (2023, May 17). Multiple challenges cripple primary health care nationwide. *The Guardian*, 18-23.

Muhammed, K.A., Umeh, K.N, Nasir, S.M & Suleiman, I.H. (2013). Understanding the barriers to the utilization of PHC in a low-income setting implications for health policy and planning. *Journal of Public Health. Africa, 7*(4): 13-20.

National Primary Health Care Development Agency (2015). *Primary health care under one roof implementation scorecard*. Abuja. NPHCDA.

National Primary Health Care Development Agency (NPHCDA) (2012). *National guidelines for development of PHC system in Nigeria*. Abuja NPHCDA.

Nwankwo, I.U; Udeoban, Osakwe, C.S. & Okarfor, G. (2017). Perception and assessment of primary health care services in Mbaukwu community of Awka South L.G.A, Anambra State, Southeast Nigeria. *Inter Journal of Perfections on Public Health*, 1: 121-126.

Nwokoro, U.U., Ugwa, O.M., Obi, I.F., Ekenna, A.C., Onionliri, C.D., & Agunwa, C (2022). Determinants of primary health care services utilization in an under-resourced rural community in Enugu State, Nigeria: a cross sectional study. *Pan African Medical Journal, 42* (209): 116-124.

Okonronkwo, I.L., Onwujekwe, O.E. & Ani, F.O. (2014). The long walk to universal health coverage: patterns of inequities in the use of primary health care services in Enugu, Southeast Nigeria. *BMC, Health Service Research*, 14: 132-141.

Otovwe, A. & Elizabeth, S. (2017). Utilization of primary health care services in Jeba Local Government Area of Kaduna State. *Nigeria. Ethiopian Journal of Health Science, 27* (4): 339 – 350.

Oyekale, A.S. (2017). Assessment of primary health care facilities service readiness in Nigeria. *BMC Health Service Research, 17* (1): 172-181.

Puras, D. (2016). Universal health coverage: a return to Alma-Ata and Ottawa. *Health and Human Rights, 18* (2): 7-10.

Sam, G.M. (2022, March, 24). Primary health care in Nigeria: time for paradigm shift. *Daily Trust*: 11-16.

Tijani, M.A & Sabageh, A.D. (2015). Contribution of primary health care to the health system in Nigeria: a critical Review. *Research Journal of Public Health,* 1 (1): 1-13.

Topp, S.M & Abimbola, S. (2018). Reflections on primary healthcare in a new era. *BMJ Global Health,* 3(2): 189-200.

World Bank (2010). *Improving primary health care delivery in Nigeria, evidence from four states*.

World Bank (2016). *Health expenditure per capita,* Abuja. World Bank.

World Health Organization (2022). *Universal health coverage.* Geneva: WHO

World Health Organization (WHO) (1978). *Declaration of Alma-Ata International Conference on primary health care*. Geneva: WHO.

World Health Organization (WHO) (2013). World health report 2013: research for universal health coverage. Geneva: WHO

World Health Organization (WHO) (2018). *Astana declared on primary health care: from Alma-Ata towards universal health coverage and sustainable development goals.* Geneva: WHO

World Health Organization (WHO) and United Nation's Children Fund (UNICEF) (2018). *A vision for PHC in the 21st century towards universal health coverage and the sustainable development goals*. Geneva: UNICEF and WHO.

World Health Organization (WHO) (2012). *World health report, 2012, health systems improving performance*. Geneva: WHO