



Primary Healthcare in Nigeria Amidst Disease Outbreaks: The Need for Improvements

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Dear editor,

The World Health Organization (WHO), through its Alma-Ata Declaration of 1978, emphasized primary healthcare as a basic health necessity and fundamental human right, which should be acceptable, executable, and accessible for all countries (1). The basic health services provided by PHCs include but are not limited to immunization campaigns, maternal and child health services, infectious diseases surveillance and control, and resolution of uncomplicated health conditions. Certain countries worldwide have successfully established PHCs by implementing the principles of WHO's Alma-Ata Declaration. A notable example is Iran, which has been praised by WHO as a role model for the Eastern Mediterranean Region due to its achievements in eradicating various contagious diseases, promoting maternal and child health, and increasing the average life expectancy (2). Other countries like the United Kingdom, Brazil, China, Mexico, and Thailand, have also been internationally recognized (3).

Role of PHCs in Disease Outbreaks: In addition to providing basic healthcare services, PHCs play a major role in response to disease outbreaks. Primary healthcare centers are the closest form of healthcare to the citizens; thus, they are actively involved in disease outbreak responses that require pervasion to the grassroots. Most rural communities rely heavily on PHCs for basic healthcare services; thus, during disease outbreaks like COVID-19, a major part of the healthcare system getting overwhelmed with healthcare demands are the PHCs (4). The most problematic areas to cover during epidemiologic surveillance are the rural communities due to logistical access problems

like bad road networks. This makes it more difficult to effectively respond to and control disease outbreaks in these communities. However, the presence of PHCs can serve as a focal point for monitoring and responding to suspected cases, screening patients for likely symptoms, and tracing contacts of confirmed cases (4). The primary healthcare workers in these local communities are usually very conversant with the local dialect; thus, they greatly improve public health literacy and disease awareness by relating information concerning the infectious disease preventive measures to the local indigenes in an easily comprehensible manner. Also, primary healthcare centers play a vital role in immunization campaigns to prevent the re-emergence of previous disease outbreaks.

The State of PHCs in Nigeria: Nigeria operates a decentralized system of primary healthcare, whereby each local government area in each region of the country is host to one or more primary healthcare centers. These PHCs are supervised by the local government administration. Collectively, there are about 30,000 PHC facilities in Nigeria, all saddled with the responsibility of handling the basic health needs in each of the local government areas (5). Recognising the role PHCs play in the country's overall health system, the National Primary Health Care Development Agency (NPHCDA) was established in 1992 to oversee the activities of all these PHCs and also ensure their regular equipment and sustenance (5). However, the NPHCDA has not been very effective due to inconsistencies in its management and administration, resulting in the current poor state of PHCs in Nigeria. Of the 30,000 PHCs across Nigeria, only about 20% are working (5). Aregbeshola, and Khan

pointed out that most PHCs in Nigeria lack the capacity to provide basic healthcare services due to problems such as inadequate equipment, poor staffing, poor condition of infrastructure, and lack of essential medication supplies (5). Certain studies have highlighted the poor state of Nigerian PHCs, such as that carried out by Sambo et al. (6), which confirmed the low availability of essential drugs in the majority of the PHCs in Northern Nigeria, and another study by Oyekale (7) proving that most PHCs lacked the necessary cold chain equipment for adequately storing vaccines, which will definitely affect the quality and frequency of child immunization campaigns. A study by Kress et al. (8) assessed the performance of Nigeria's PHCs using the Primary Health Care Performance Indicator (PHCPI) conceptual framework and showed that despite the high density of PHCs in Nigeria, the country's primary healthcare performance ranks the lowest among peer African countries like Kenya, Senegal, Tanzania, and Uganda. These problems are because of the inability of the Nigerian Ministry of Health to equip and sustain these PHCs, and is further highlighted by the inability of the country to implement the Abuja Declaration of the African Union, where African leaders pledged to allocate at least 15% of their national budget to the development of their health sectors (9). The Alma-Ata Declaration regards healthcare as a fundamental human right, but it is quite evident that Nigerian policymakers do not hold the healthcare of the citizens in such regard.

Recommendations for Strengthening PHCs in Nigeria: To improve the state of PHCs in Nigeria, the very first step is for the Nigerian government to implement the Abuja Declaration by increasing the national budgetary allocation to healthcare, as this will, in turn, increase the funding and maintenance of PHCs in Nigeria. There is also a great need to adjust from the nation's focus on curative medicine and lay more emphasis on preventive medicine, which is one of the roles PHCs play. When more efforts are made through PHCs to cover the basic health needs of the citizens, the overall health and wellbeing of the nation's citizens will be preserved, and the risk of the emergence of complex medical conditions will be lowered. This is very evident in the fact that immunization campaigns greatly prevent the re-emergence of infectious diseases, and as PHCs play a vital role in the implementation and sustenance of immunization activities, their place in the goal of disease prevention is quite clear. The regular nationwide evaluation of the state of PHCs is also very important to establish their deficiencies as statistical facts that will enable the government to effectively formulate policies for re-equipping them and also strategize on the allocation of funding and resources for their maintenance, along with the provision of other basic healthcare infrastructure.

When the PHCs in local communities are well equipped and functional, this will encourage the migration of healthcare professionals from urban areas to rural areas, thus, increasing the workforce and expertise of health workers in the PHCs, and ensuring an even distribution of the nation's healthcare providers across the primary, secondary, and tertiary levels of healthcare.

Conclusion: The role of primary healthcare in strengthening national health systems is indispensable and must be made a priority. During disease outbreaks like COVID-19, PHCs play a vital role in ensuring the continuity of essential health services. They are also important in preventing the re-emergence of infectious diseases through the sustenance of immunization campaigns, as most outbreak response efforts are currently channeled towards the COVID-19 pandemic. The state of PHCs in Nigeria is appalling and ill-prepared for providing the basic healthcare needs of citizens during national emergencies like infectious disease outbreaks. There is a need for the Nigerian government and policymakers to initiate suitable policy reforms and allocate the necessary funds for equipping and sustaining PHCs, not just for the sake of health emergencies, but to ensure steady progress towards health systems strengthening and universal health coverage.

Footnotes

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