**The Politics of Primary Healthcare Governance in Nigeria: Social Provisioning or Social Assistance**

**Background:**

The provision of adequate and sustainable health is a linchpin for economic and social development of a country. The government expenditure on healthcare delivery in terms of accessible, quality and sustainable pro-poor health services to the people has continued to generate series of concerns among health policy practitioners. In Africa, nay Nigeria, the debate between governing and non-governing elites on the provision of healthcare facilities in terms of quality, affordability and accessibility rages on. The debate centers on healthcare provision being a social provision or a social assistance by the government in an era of shrinking state participation in social welfare. The essence of primary healthcare (PHC) is to make the management of PHC services more effective and closer to the people at the grassroots. How well, has this been done in view of the level of provision of healthcare facilities especially for those living in rural and underserved communities? The study examines the extent to which primary healthcare has been provided to the dwellers of Enugu North Senatorial Zone, Enugu State, Nigeria in an era of neo-liberalism.

**Aims and Objectives:**

The study aims to establish the nexus between primary healthcare governance and development at the grassroots, as a better understanding of this nexus will help to foster a broad consensus on increased health investments and the effective delivery of health services, especially for all.

**The Methods:**

The study predicated its investigations on the method of analysis derived from Marxian political economy (dialectical materialism); while the methodology was approached through empirical descriptive research and survey methods.

**Key findings:**

We found that government has focused on supply-side issues such as reaching the poor and rural villagers with health facilities rather than on issues of most concern to users, such as the quality and responsiveness of health services to all. We also found that social institution responsible for efficient primary healthcare delivery was inefficient and ineffective.

**The Conclusion:**

The study, therefore, concluded that the reduction in government expenditures on healthcare provisions manifested in inequitable health system performance; and therefore, undermines primary healthcare delivery. We also concluded that the government’s avowal to unwholesome development thesis that thrives on neo-liberalism is laden with politics of state versus market contestations in global political economy.

**Keywords:** Politics of social provision, Primary healthcare, Governance, Government expenditure, Neo-liberalism