JOURNAL OF POLITICS AND INTERNATIONAL RELATIONS (JPIR)

PUBLIC POLICY IMPLEMENTATION AND HEALTH SECTOR DEVELOPMENT IN OYO STATE, NIGERIA: EVIDENCE FROM SELECTED PUBLIC HEALTH INSTITUTIONS

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Abstract

This study examined public policy implementation and health sector development in Oyo State, Nigeria. The study was motivated by the persistent gap between health policy formulation and the achievement of intended outcomes, despite the introduction of various reforms aimed at improving healthcare delivery, financing, infrastructure, human resources and access to healthcare services. The study adopted a cross-sectional survey design and employed a mixed-method approach. The population comprised relevant personnel within selected public health institutions in Oyo State. A total of 215 copies of the questionnaire were administered, of which 202 were properly completed and returned, representing a response rate of 93.95%. In addition, six key informants comprising officials from the Oyo State Ministry of Health, National Health Insurance Authority (NHIA) and Oyo State Health Insurance Agency (OSHIA) were interviewed. Data collected through the questionnaire were analysed using descriptive statistics, Pearson Product Moment Correlation and linear regression, while interview data were analysed thematically. The findings revealed that public policy implementation in Oyo State was moderate, with respondents acknowledging existing implementation structures but identifying limitations in policy clarity, government commitment, funding, infrastructure, workforce capacity and monitoring. The study established a significant positive relationship between public policy implementation and health infrastructure development ($r = 0.757$, $p < 0.05$). It also found that public policy implementation significantly influenced human resource capacity in the health sector, explaining 35.4% of the variation in human resource capacity. The findings further indicated moderate improvements in healthcare financing, insurance coverage, accessibility and service delivery, although significant institutional and operational challenges persisted. The study concludes that strengthening institutional capacity, healthcare financing, workforce development, monitoring and evaluation, stakeholder collaboration and political commitment is essential for achieving sustainable health sector development in Oyo State.

Keywords: *Healthcare delivery, health financing, health policy, health sector development, Nigeria, Oyo State, Public policy implementation.*

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INTRODUCTION

Health is a fundamental component of human development, economic productivity and social wellbeing. The capacity of a health system to provide accessible, affordable and quality services depends not only on the formulation of appropriate policies but also on the effectiveness with which such policies are translated into practical programmes and services. In contemporary health governance, issues of institutional capacity, coordination, financing, accountability and stakeholder engagement have therefore become central to the achievement of sustainable health-sector development. The World Health Organization (2024, 2025) emphasises the importance of effective governance and coordinated action in achieving universal health coverage, while the World Bank (2023) highlights sustainable health financing and institutional effectiveness as important conditions for equitable access to healthcare.

Public policy implementation represents the stage at which government decisions and policy commitments are converted into programmes, institutional practices and services. The distinction between policy formulation and implementation is particularly important because well-designed policies may fail to achieve their intended objectives when the institutions responsible for implementation lack adequate resources, coordination mechanisms or administrative capacity. Pressman and Wildavsky (1973) and Sabatier and Mazmanian (1980) established important foundations for understanding the difficulties that may arise between policy intention and policy outcomes, while Birkland (2019) emphasises the complexity of policy processes and the possibility of implementation gaps arising from institutional and administrative constraints.

These concerns are particularly relevant in the health sector, where policy implementation has direct implications for infrastructure, human resources, healthcare financing, insurance coverage and service accessibility. Peters, Tran and Adam (2022) argue that effective health-policy implementation requires the translation of policy intentions into sustained action through appropriate institutional arrangements, stakeholder engagement and continuous evaluation. Similarly, Greer, Wismar and Figueras (2023, 2024) draw attention to the importance of governance and coordinated approaches to strengthening health systems. Petelos et al. (2024) further emphasise the importance of connecting evidence and policy implementation if research and policy interventions are to produce meaningful health outcomes.

In Nigeria, the challenge of translating health policies into measurable improvements remains significant. Although successive governments have introduced policies and reforms intended to strengthen healthcare delivery, implementation difficulties continue to affect their outcomes. Issues relating to institutional coordination, funding, accountability, human-resource capacity and monitoring have been identified as important constraints to effective policy implementation

(Okon & Ekanem, 2022; Ogunyemi & Lawal, 2023). The problem is particularly important within Nigeria's federal system because state governments and their institutions play a critical role in translating national health policies into operational programmes and services.

Oyo State provides an important context for examining these implementation issues. The state has introduced and participated in a number of health-sector initiatives relating to healthcare infrastructure, primary healthcare, health insurance, financing and service delivery. Nevertheless, evidence reviewed in the thesis indicates that significant challenges remain. Studies have identified continuing concerns relating to maternal health outcomes, accessibility and utilisation of healthcare services, environmental health conditions and the capacity of institutions to respond effectively to emerging health needs (Maxwell et al., 2019; Oladeji, 2023; Israel et al., 2023). Experiences of healthcare mobilisation during the COVID-19 period have also demonstrated the importance of institutional capacity and coordination in determining the effectiveness of health-sector responses (Olajire et al., 2025).

Health financing and insurance provide another important dimension of the implementation question. The introduction and development of health insurance arrangements, including the National Health Insurance Scheme and the Oyo State Health Insurance Agency, represent attempts to improve financial protection and access to healthcare. However, questions concerning coverage, sustainability and equitable access remain relevant. The thesis also identifies evidence that, although monitoring and evaluation mechanisms are being strengthened, gaps in evidence-based programme tracking continue to affect accountability and performance assessment (A.o et al., 2024; So et al., 2023).

The challenges of implementation are not limited to institutional and financial factors. Environmental and social conditions may also influence the capacity of health policies to achieve equitable outcomes. Olufadewa et al. (2025), for example, highlight the health vulnerabilities associated with expanding informal settlements and difficult living conditions in parts of southwestern Nigeria. Such contextual conditions demonstrate that the implementation of health policies takes place within complex social environments in which institutional interventions interact with broader socioeconomic and environmental realities.

Despite the range of policies and reforms introduced in Oyo State, an important empirical question remains: to what extent has public policy implementation translated into measurable health-sector development? The existence of policies does not necessarily mean that their intended benefits are being realised. The effectiveness of implementation depends on how policies are operationalised within institutions, how resources are allocated, how implementing agencies coordinate their activities, and how frontline

personnel respond to policy requirements. The thesis therefore identifies a gap in understanding the relationship between implementation processes and key health-sector development indicators within the state.

This study addresses that gap by examining public policy implementation and health-sector development in Oyo State, with particular attention to selected public health institutions. It focuses on the extent of policy implementation and its relationship with health infrastructure development, human-resource capacity, health financing and insurance coverage. It also considers the role of political will and leadership commitment, as well as the challenges and prospects associated with effective implementation. The study consequently seeks to provide empirical evidence that can contribute to a better understanding of how health policies are translated into institutional practice and how implementation effectiveness can be strengthened to support sustainable health-sector development in Oyo State.

CONCEPTUAL CLARIFICATIONS

Public Policy

Public policy may be understood as a deliberate course of action adopted by government to address identified problems and achieve specified societal objectives. It is not limited to formal laws or written government decisions; it also encompasses the actions, decisions and deliberate choices through which government responds to public concerns. Anderson (2022), Dye (2017), and Howlett and Ramesh (2020), as reviewed in the thesis, provide complementary perspectives on public policy as a purposive process involving governmental decisions and actions.

Within the Nigerian context, public policy operates through formal laws, regulations, programmes and administrative decisions, but its implementation may also be influenced by political considerations, administrative practices and institutional culture. This is particularly relevant in the health sector, where responsibilities are distributed among different levels of government and numerous institutions and professional actors. Consequently, the existence of a formal policy does not necessarily guarantee the achievement of its intended objectives.

For this study, public policy is understood as a purposeful framework of government decisions and actions, including deliberate inaction, directed towards addressing health-sector challenges and improving service delivery. This understanding provides a basis for examining not merely what government has decided to do, but how those decisions are translated into practice within public health institutions in Oyo State.

Policy Implementation

Policy implementation concerns the process through which policy decisions and objectives are converted into programmes, administrative actions and operational practices. It is the point at which policy

moves from formal intention to practical application. The importance of this stage lies in the fact that the effectiveness of a policy ultimately depends on what happens after the policy has been formulated and adopted.

Pressman and Wildavsky (1973) view implementation as a complex process involving interactions among different actors, decision points and institutions. From this perspective, implementation is not a simple mechanical exercise in which an agreed policy is automatically translated into an expected outcome. Rather, policies may be interpreted, negotiated and adapted as they move through different administrative structures. Sabatier and Mazmanian (1980) similarly describe implementation as the process of carrying out a basic policy decision through appropriate programmes, regulations and administrative arrangements.

The effectiveness of implementation is influenced by the availability of financial and material resources, the competence and commitment of personnel, clarity of institutional responsibilities, inter-agency coordination and monitoring mechanisms. Weaknesses in any of these areas can create a gap between policy objectives and actual outcomes. Adebayo and Yusuf (2023) further identify the implementation gap as an important obstacle to achieving development objectives in Nigeria, particularly where institutional capacity, resources and administrative effectiveness are limited.

In this study, policy implementation is therefore understood as a dynamic process through which health policies are translated into operational activities within public health institutions. The concept draws particular attention to the interaction between policy intentions, institutional capacity and the actions of those responsible for putting policies into practice.

Health Policy

Health policy refers to the decisions, plans and actions adopted by governments and relevant authorities to achieve defined health objectives within a society. It provides a framework for determining priorities, allocating resources and organising interventions intended to improve health and healthcare delivery. Within the context of this study, health policy encompasses Nigeria's formal health-sector frameworks and reforms designed to improve service delivery and population wellbeing.

The thesis identifies major policy frameworks relevant to the Nigerian health sector, including the National Health Policy (2016), National Strategic Health Development Plan (2018–2022), and the National Health Insurance Authority Act (2022). These policy instruments reflect government efforts to strengthen different dimensions of the health system, including service delivery, institutional development and healthcare financing.

Health policy should therefore not be considered only in terms of its formulation. Its significance also depends on the extent to which policy objectives are supported by

appropriate institutions, resources and administrative processes. In this regard, the effectiveness of health policy is closely connected to the quality of its implementation.

Public Policy Implementation in the Health Sector

Public policy implementation in the health sector involves the translation of government health policies, programmes and reforms into practical actions within health institutions and service-delivery systems. Unlike some policy areas where implementation may be concentrated within a limited number of agencies, health-policy implementation involves multiple institutions, levels of government, professionals and other stakeholders. This makes coordination and institutional capacity particularly important.

The implementation process may affect several dimensions of health-sector development, including healthcare infrastructure, human-resource capacity, healthcare financing, health insurance coverage, accessibility and quality of service delivery. The thesis consequently approaches implementation as an institutional and operational process rather than simply as compliance with formal policy directives.

The importance of effective implementation is particularly evident in Oyo State, where public health institutions operate within the wider Nigerian health-policy environment while responding to local institutional and operational realities. The implementation of health reforms therefore depends on how policies are interpreted and executed by government agencies, health institutions, administrators and frontline healthcare personnel. This perspective is consistent with the study's emphasis on understanding the relationship between policy implementation and measurable dimensions of health-sector development.

THEORETICAL FRAMEWORK

The study is anchored on four complementary perspectives: Top-Down Theory, Bottom-Up Theory, Institutional Theory, and Street-Level Bureaucracy Theory. The thesis adopts these perspectives on the basis that public policy implementation in the health sector is too complex to be adequately explained by a single theoretical position. Together, the theories provide a framework for examining the relationship between policy directives, institutional arrangements and the actions of frontline actors in the implementation of health policies in Oyo State.

Top-Down Theory

The Top-Down Theory views policy implementation largely from the perspective of decisions made by higher levels of authority and subsequently transmitted through administrative structures to implementing institutions. Its relevance to the present study lies in the hierarchical nature of health-policy administration in Nigeria. Many major health policies and reforms originate at the federal level and are subsequently communicated to state governments, agencies

and public health institutions for implementation.

From this perspective, the successful implementation of health policies depends on factors such as the clarity of policy objectives, availability of resources, political commitment and the capacity of administrative structures to ensure compliance. The theory therefore provides a useful basis for examining whether implementation difficulties in Oyo State are associated with unclear directives, inadequate resources, limited administrative capacity or weaknesses in enforcement.

However, a purely top-down explanation may not adequately capture what happens when policies reach the institutions and individuals responsible for their day-to-day execution. This limitation provides a justification for considering the Bottom-Up Theory alongside the Top-Down perspective.

Bottom-Up Theory

The Bottom-Up Theory shifts attention from central policy makers to the local actors who interpret and implement policies within specific institutional and social environments. This perspective is particularly relevant to the health sector because policy implementation ultimately takes place within hospitals, health agencies and other service-delivery settings where administrators and healthcare professionals must respond to local circumstances.

In the context of Oyo State, institutions such as the University College Hospital, Ibadan and LAUTECH Teaching Hospital, Ogbomoso operate within their own organisational environments. Local conditions, professional judgement and institutional norms may therefore influence how centrally formulated policies are interpreted and applied. The Bottom-Up Theory helps to explain possible differences in implementation practices and outcomes that cannot be understood solely by examining directives issued by higher authorities.

The theory is consequently useful for understanding the extent to which policies are adapted, negotiated or constrained at the institutional level. It complements the Top-Down perspective by recognising that implementation is also shaped by the experiences and decisions of actors who work closest to the point of service delivery.

Institutional Theory

Institutional Theory provides a structural perspective for understanding how formal rules, organisational arrangements and established institutional practices influence policy implementation. Its relevance to this study stems from the fact that health policies are implemented within institutions characterised by particular governance structures, administrative procedures, professional hierarchies and resource arrangements.

In Nigeria's health sector, responsibilities are distributed among different levels of government and agencies, creating a complex institutional environment. Fragmented authority, bureaucratic procedures and resource constraints may affect the consistency with which health policies are implemented. Within Oyo State, the organisational structures and funding arrangements of institutions such as the University College Hospital and LAUTECH Teaching Hospital may therefore influence how policies are translated into activities such as resource allocation, staff deployment, service delivery and performance monitoring.

Institutional Theory is particularly valuable because it helps explain why the introduction of a new policy does not automatically lead to corresponding changes in practice. Existing organisational routines and institutional cultures may persist even after reforms have been introduced. At the same time, the theory has limitations because an exclusive focus on institutional structures may understate the role of individual actors who interpret, negotiate or resist policy directives.

Street-Level Bureaucracy Theory

Street-Level Bureaucracy Theory, developed by Michael Lipsky (1980), focuses on the role of frontline public servants in translating policies into actual services. In the health sector, these actors include doctors, nurses, pharmacists, laboratory scientists, hospital administrators and other professionals whose daily decisions can directly affect access to healthcare and the quality of service delivery.

A central proposition of the theory is that policies are rarely implemented exactly as they are written. Frontline workers operate within conditions that may include limited resources, high workloads, ambiguous directives and competing demands. Under such circumstances, they exercise discretion and develop practical ways of managing their responsibilities. These decisions can influence how policy is ultimately experienced by members of the public.

This perspective is particularly relevant to Oyo State's health sector because healthcare professionals may have to adapt policy requirements to local realities. Decisions concerning patient prioritisation, availability of services and referral practices may be influenced by immediate institutional constraints as well as professional judgement. The theory therefore adds the human and operational dimension that may be overlooked when implementation is examined only through formal structures and policy directives.

Nevertheless, the thesis recognises that excessive discretion may also produce inconsistency, inequity and accountability problems. Street-level explanations may also place too much emphasis on individual agency if the wider institutional and political conditions surrounding frontline workers are ignored.

Relevance of the Theoretical Framework to the Study

The four perspectives provide complementary explanations of public policy implementation in Oyo State. The Top-Down Theory draws attention to policy directives, administrative hierarchy and the role of higher-level authorities. The Bottom-Up Theory highlights local actors and the ways in which policies are interpreted and adapted within institutions. Institutional Theory focuses on the organisational structures, rules, resources and governance arrangements that shape implementation, while Street-Level Bureaucracy Theory explains how frontline professionals exercise discretion in translating policy into actual healthcare services.

Taken together, these perspectives provide a suitable framework for examining why a policy may produce its intended outcomes in one setting but encounter difficulties in another. They also provide a useful basis for interpreting the study's empirical findings concerning infrastructure development, human-resource capacity, financing, insurance coverage, institutional coordination and the experiences of policy implementers.

METHODOLOGY

Research Design

The study adopted a mixed-methods research design, combining quantitative and qualitative approaches with a descriptive survey design. The quantitative component enabled the researcher to obtain measurable information from healthcare professionals concerning public policy implementation and health-sector development, while the qualitative component provided a deeper understanding of the institutional and practical issues surrounding policy implementation. The descriptive approach was considered appropriate for documenting existing conditions, challenges and prospects within the health sector, while the qualitative component helped to explore the experiences and perspectives of policy implementers.

Study Population and Setting

The population comprised health policymakers and healthcare professionals involved in the implementation and delivery of public health policies in Oyo State. The study focused on selected public health institutions, namely the Oyo State Ministry of Health, LAUTECH Teaching Hospital, Ogbomoso, University College Hospital (UCH), Ibadan, the National Health Insurance Authority (NHIA), and the Oyo State Health Insurance Agency (OSHIA). These institutions were selected because their personnel are directly involved in health-policy administration, implementation, healthcare delivery and health insurance management.

Sampling and Data Collection

Primary data were collected through a structured questionnaire and Key Informant Interviews (KIIs). The questionnaire was administered to healthcare professionals at LAUTECH Teaching Hospital, Ogbomoso and UCH, Ibadan. A total of 215 questionnaires were administered, of which 202 were properly completed and returned,

giving a response rate of 93.95%. The remaining 13 questionnaires were either not returned or were improperly completed and were excluded from the analysis.

To complement the survey data, six KIIs were conducted. The interview participants comprised two officials from the Oyo State Ministry of Health, two officials from OSHIA and two officials from NHIA. The interviews focused on public policy implementation, the challenges affecting implementation and the prospects for improving healthcare service delivery in Oyo State.

Research Instruments and Reliability

The principal quantitative instrument was a structured questionnaire covering public policy implementation, health-sector development, human-resource capacity, health financing and insurance coverage, as well as challenges and prospects. The qualitative component employed a Key Informant Interview guide developed around the objectives of the study.

The questionnaire was pilot-tested at Bowen University Teaching Hospital, Ogbomoso, using 20 nurses who had characteristics similar to those of the study respondents but were excluded from the main study. Data from the pilot study were analysed using SPSS and Cronbach's Alpha was used to determine the internal consistency of the instrument. The overall reliability coefficient was 0.962, indicating a high level of internal consistency. The individual sections recorded coefficients ranging from 0.879 to 0.921.

The KII guide was subjected to expert validation, while consistency in the administration of the interviews was maintained through the use of a uniform interview guide. Interview responses were documented through note-taking and audio recordings, with participants' consent, to support the credibility and dependability of the qualitative data.

Data Analysis

Quantitative data obtained from the questionnaires were analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequencies, percentages, means and standard deviations, were used to summarise the data and answer the research questions. Pearson Product Moment Correlation and Linear Regression analyses were employed to test the hypotheses at the 0.05 level of significance.

The qualitative data generated from the KIIs were analysed thematically. The interview findings were used to provide contextual explanations for, and complement, the quantitative results concerning policy implementation, institutional challenges and prospects for improving health-sector development in Oyo State.

Ethical Considerations

Ethical approval was obtained from the Health Research Ethics Committee of LAUTECH Teaching Hospital, Ogbomoso, and permission was obtained from the management of the institutions involved in

the study. Participation was voluntary, and respondents and interview participants were informed about the purpose and significance of the study before informed consent was obtained. Participants were assured of their right to decline participation or withdraw without adverse consequences.

Anonymity and confidentiality were maintained throughout the research process. Information obtained from participants was treated confidentially and used solely for academic purposes. The study also sought to protect the rights, dignity, privacy and welfare of all participants and ensured that participation did not expose them to physical, psychological, social or professional harm.

RESULTS AND FINDINGS

The study obtained 202 valid questionnaire responses from 215 questionnaires administered, representing a response rate of 93.95%. Six Key Informant Interviews (KIIs) were also conducted with officials from the Oyo State Ministry of Health, the Oyo State Health Insurance Agency (OSHIA) and the National Health Insurance Authority (NHIA). The results are presented according to the major areas examined in the study, followed by the tests of hypotheses.

Extent of Public Health Policy Implementation

The findings showed that public health policies were implemented to a moderate extent. Respondents moderately agreed that monitoring and evaluation systems were functional (M = 2.6733), policy implementation was consistent across the state (M = 2.7772), and accountability existed in policy implementation (M = 2.7723). Figure 1 presents these results. The findings correspond with the thesis's Chapter Two discussion of implementation as a process influenced by institutional arrangements, monitoring and administrative capacity (Adebayo & Yusuf, 2023).

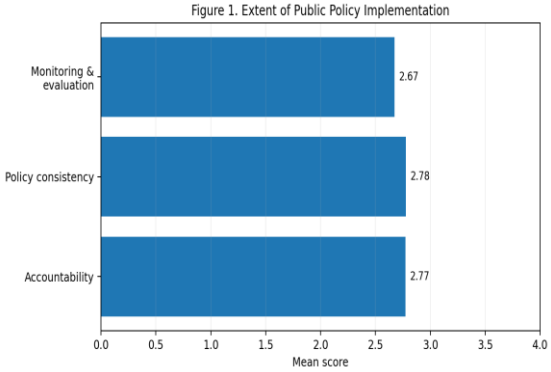

Figure 1. Extent of Public Policy Implementation
Source: SPSS Output, 2026.

Public Policy Implementation and Health Infrastructure

Respondents disagreed that there had been significant improvement in health facilities (M = 2.3465), but moderately agreed that facilities were adequately equipped (M = 3.0000), new facilities had been established (M = 2.5099), rural areas had access to functional facilities (M = 2.7178), maintenance was adequate (M = 2.8465), and policy implementation had improved infrastructure development (M = 2.8218). Figure 2 summarises the pattern. This finding links with the Chapter Two literature, which identifies infrastructure provision and

institutional capacity as important components of health-sector development (Adejoh, 2021; Adebayo & Ibrahim, 2022).

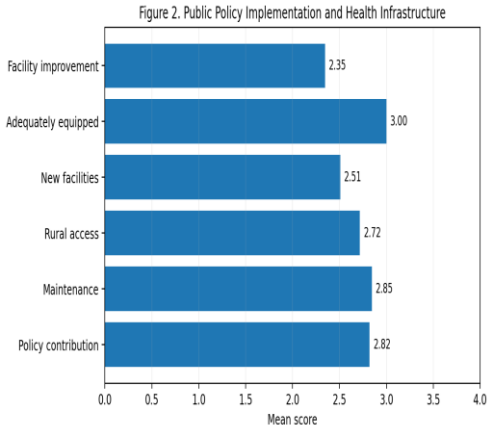

Figure 2. Public Policy Implementation and Health Infrastructure
Source: SPSS Output, 2026.

Public Policy Implementation and Human Resource Capacity

The results showed moderate ratings across the human-resource indicators. Respondents moderately agreed that there were sufficient qualified health workers (M = 3.2426), workers were fairly distributed (M = 3.0149), recruitment had improved (M = 2.5941), training and development were adequate (M = 2.8614), motivation and incentives were sufficient (M = 3.0842), and policy implementation had improved workforce capacity (M = 2.8663). Figure 3 illustrates the results. The finding is consistent with the Chapter Two literature identifying workforce capacity, recruitment, training and institutional support as important determinants of effective health-policy implementation (Adejoh, 2021; Adebayo & Ibrahim, 2022).

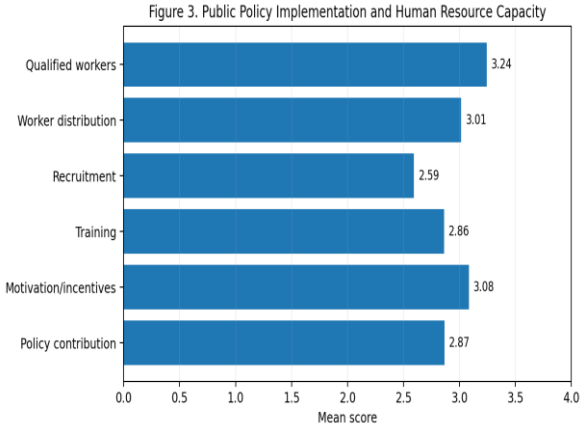

Figure 3. Public Policy Implementation and Human Resource Capacity
Source: SPSS Output, 2026.

Health Financing and Insurance Coverage

The findings on health financing and insurance coverage were mixed. Respondents moderately agreed that government funding was adequate (M = 3.0545), health financing had improved (M = 2.6089), out-of-pocket payments had reduced (M = 2.6584), and policy implementation had improved financing systems (M = 2.8069). However, respondents disagreed that NHIS had improved access (M = 2.1584), that OSHIA had improved affordability (M = 2.1287), and that health insurance coverage had increased (M = 2.2970). Figure 4 presents these results. The finding is linked to the Chapter Two evidence that social health insurance programmes in south-western Nigeria continue to face challenges concerning coverage, accessibility and sustainability (A.O. et al., 2024).

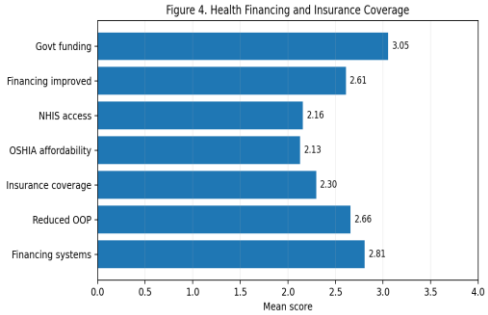

Figure 4. Health Financing and Insurance Coverage
Source: SPSS Output, 2026.

Accessibility and Utilisation of Healthcare Services

Respondents moderately agreed that healthcare services were easily accessible (M = 2.5495), distance was not a major barrier (M = 2.7426), waiting time was reasonable (M = 2.7574), services were affordable (M = 3.0743), utilisation had increased (M = 2.6040), and policy implementation had improved access to care (M = 2.7723). Figure 5 presents the distribution of the mean scores. This finding is consistent with the Chapter Two evidence that accessibility and utilisation remain important dimensions of healthcare delivery in Oyo State (Oladeji, 2023).

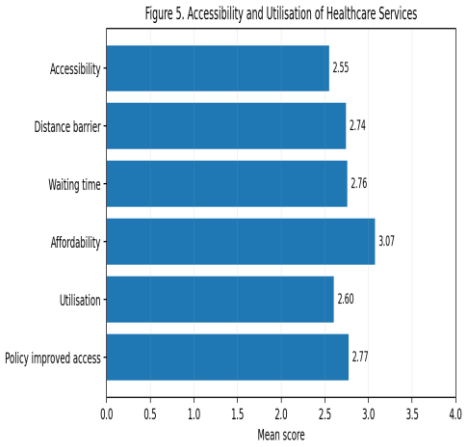

Figure 5. Accessibility and Utilisation of Healthcare Services
Source: SPSS Output, 2026.

Challenges Affecting Public Policy Implementation

Respondents did not rate the listed challenges highly within their immediate institutional contexts. Inadequate funding recorded a mean of 1.9109, poor governance 1.8614, corruption 1.7673, and weak monitoring systems 1.7376. All four indicators fell within the disagreement category. Figure 6 presents the results. This finding contrasts with the Chapter Two literature, which identifies inadequate funding, weak governance, corruption and monitoring deficiencies as broader structural barriers to effective policy implementation in Nigeria (Okon & Ekanem, 2022; Ogunyemi & Lawal, 2023). The difference is therefore retained as an empirical finding rather than being adjusted to conform to the literature.

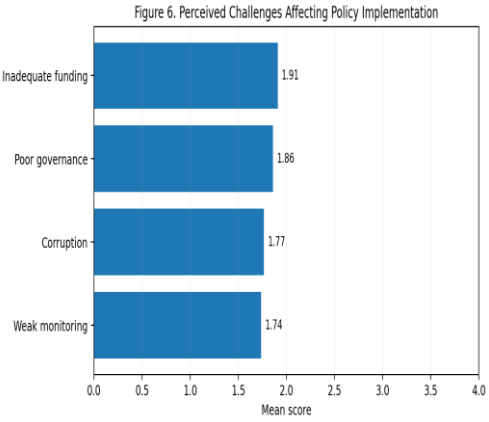

Figure 6. Perceived Challenges Affecting Policy Implementation
Source: SPSS Output, 2026.

Test of Hypotheses

Three hypotheses were tested using Pearson Product Moment Correlation and Linear Regression at the 0.05 level of significance.

Hypothesis One: There was a strong positive and statistically significant relationship between public policy implementation and health infrastructure development ($r = 0.757$, $p < 0.001$, $N = 202$). The null hypothesis was rejected. This result is consistent with the Chapter Two emphasis on the importance of effective policy implementation and institutional capacity in translating health-policy objectives into service-delivery outcomes (Adebayo & Yusuf, 2023).

Hypothesis Two: The regression model for public policy implementation and human-resource capacity produced $R = 0.595$, $R^2 = 0.354$ and adjusted $R^2 = 0.351$. Thus, public policy implementation accounted for 35.4% of the variation in human-resource capacity in the model. The finding accords with the Chapter Two literature which stresses the importance of workforce development and institutional support to effective policy implementation (Adejoh, 2021; Adebayo & Ibrahim, 2022).

Hypothesis Three: The thesis reported a significant impact of public policy implementation on health financing expansion and insurance coverage. The result is consistent with the Chapter Two literature on the role of policy and institutional arrangements in strengthening health financing, while the descriptive findings show that important gaps remain in insurance access, affordability and coverage (A.O. et al., 2024).

Summary of Major Findings

Overall, the results showed that public policy implementation had contributed to health-sector development in Oyo State, although improvements across most indicators remained moderate. The strongest statistical result was the significant positive relationship between policy implementation and health infrastructure development ($r = 0.757$). Human-resource capacity also showed a meaningful association with policy implementation, while the findings on health financing and insurance coverage revealed progress in financing systems alongside continuing weaknesses in perceived access, affordability and coverage. These findings provide the empirical basis for the Discussion section, where the results will be interpreted in relation to the theoretical framework and the Chapter Two literature.

CONCLUSION

The study examined public policy implementation and health-sector development in Oyo State, with particular attention to health infrastructure, human-resource capacity, health financing and insurance coverage, accessibility and utilisation of healthcare services. The findings demonstrate that public health policies are being implemented in the state and that implementation has contributed positively to several aspects of health-sector development. However, the level of improvement across most indicators remains moderate, suggesting that the existence of health policies does not, on its own, guarantee substantial improvements in healthcare delivery.

The statistical evidence provides particularly strong support for the relationship between policy implementation and health infrastructure development. The study established a strong positive and statistically significant relationship between public policy implementation and health infrastructure development ($r = 0.757$, $p < 0.001$). Public policy implementation also accounted for 35.4% of the observed variation in human-resource capacity. These findings demonstrate that the effectiveness with which health policies are translated into programmes and institutional practices has important implications for the development of the health sector.

The study further established that some progress has been made in health financing, workforce development, healthcare accessibility and utilisation. Nevertheless, the findings on health insurance were less encouraging. Respondents expressed limited confidence in the extent to which NHIS and OSHIA had improved access, affordability and insurance coverage. This suggests that improvements in financing structures need to be accompanied by measures that ensure that their benefits are more directly experienced by the population.

An important conclusion arising from the study is that health-sector development requires more than the formulation and adoption of sound policies. Effective implementation depends on institutional capacity, adequate resources, competent and motivated personnel, coordination among implementing agencies, monitoring and evaluation, and sustained political commitment. The qualitative evidence further demonstrated that these factors continue to shape the implementation of health policies in Oyo State.

Overall, the study concludes that public policy implementation is an important determinant of health-sector development in Oyo State. While the state has recorded progress, the moderate ratings across several dimensions indicate that considerable room remains for improvement. Strengthening the link between policy decisions and their practical implementation will therefore be essential for achieving more sustainable improvements in healthcare infrastructure, human resources, financing, insurance

coverage and access to quality healthcare services.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

1. **Strengthen institutional capacity for policy implementation**
   The Oyo State Government should strengthen the administrative and institutional structures responsible for implementing health policies. Clearer roles, responsibilities and coordination mechanisms should be established among the Ministry of Health, health institutions, NHIA, OSHIA and other relevant agencies to reduce implementation gaps and improve accountability.
2. **Increase and sustain investment in health infrastructure**
   Greater attention should be given to the provision, equipping and maintenance of healthcare facilities, particularly in underserved and rural communities. Since the study established a strong positive relationship between policy implementation and health infrastructure development, health policies should be accompanied by realistic infrastructure plans and adequate resources for their execution.
3. **Strengthen the health workforce**
   Government should intensify the recruitment of qualified healthcare professionals while improving staff training, professional development, motivation and welfare. Measures should also be taken to promote a more equitable distribution of healthcare personnel across the state. These actions would improve the capacity of frontline workers to translate health policies into effective services.
4. **Improve health insurance coverage and accessibility**
   The implementation of NHIA and OSHIA programmes should be strengthened, with particular attention to expanding coverage and improving public awareness. Greater efforts should be made to reach populations that remain outside formal insurance arrangements, including workers and households within the informal sector.
5. **Strengthen monitoring, evaluation and accountability**
   Regular monitoring and evaluation should form an integral part of health-policy implementation. Government and implementing institutions should establish mechanisms for tracking policy performance, identifying implementation gaps and taking corrective action. Reliable health information should also be used more consistently in assessing policy outcomes.
6. **Promote sustained political commitment and policy continuity**

Political leaders should maintain consistent support for health-sector policies beyond individual political or administrative cycles. Sustained commitment is necessary to ensure continuity of programmes, adequate resource allocation and the long-term implementation of health-sector reforms.

7. **Improve inter-agency and stakeholder collaboration**
   Greater collaboration should be encouraged among government ministries, health institutions, insurance agencies, healthcare professionals, development partners and other relevant stakeholders. Such collaboration can improve information sharing, resource mobilisation, coordination and ownership of health-sector programmes.
8. **Strengthen healthcare financing and reduce financial barriers to care**
   Government should continue to improve health financing mechanisms while taking steps to reduce the financial burden on individuals who depend heavily on out-of-pocket payments. Financing reforms should be assessed not only by the amount of resources allocated but also by their effect on access, affordability and quality of healthcare.
9. **Expand the use of digital technologies in health-sector management**
   Digital health information systems should be strengthened to support planning, monitoring, evaluation and evidence-based decision-making. Improved use of digital systems can also enhance transparency, coordination and the timely availability of information required for effective policy implementation.
10. **Adopt a more implementation-focused approach to health-policy reform**
    Future health policies should be accompanied by clear implementation plans, defined responsibilities, realistic timelines, adequate funding and measurable indicators of success. Greater attention should be paid to the practical conditions under which frontline healthcare professionals implement policies, since policy outcomes ultimately depend on what happens at the point of service delivery.

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