

ASSESSMENT OF PUBLIC POLICY IMPLEMENTATION IN GOMBE STATE: A
STUDY OF THE GOMBE STATE CONTRIBUTORY HEALTH SCHEME (GO-
HEALTH)

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ABSTRACT

Public policy plays a vital role in addressing societal challenges and advancing development outcomes. In Nigeria, achieving Universal Health Coverage (UHC) remains a major policy priority, yet health insurance implementation continues to face operational and institutional challenges. This study assesses the implementation of the Gombe State Contributory Health Scheme (Go-Health), focusing on its effectiveness, challenges, and impact on healthcare access in Gombe State. The study adopted a descriptive survey design using both quantitative and qualitative methods. Primary data were collected through structured questionnaires and semi-structured interviews involving Go-Health beneficiaries, healthcare providers, Go-Health officials, and non-enrolled residents. A sample of 100 respondents was selected through stratified random sampling. Data were analyzed using descriptive statistics and thematic analysis. Findings reveal that Go-Health has improved healthcare access, increased service utilization, and reduced out-of-pocket expenditure among beneficiaries. However, the scheme is constrained by low awareness, low enrollment, inadequate funding, shortage of medical personnel, and infrastructural deficits. The study concludes that while Go-Health has shown strong potential in improving healthcare financing in Gombe State, greater institutional strengthening and improved implementation mechanisms are required for sustainability and effectiveness.

Keywords: Public Policy, Policy Implementation, Health Insurance, Universal Health Coverage, Go-Health, Gombe State

Introduction

Public policy is a key instrument through which governments address societal needs, promote welfare, and drive development. In the health sector, effective policy interventions are essential for improving access to healthcare, reducing inequality, and enhancing population well-being. In Nigeria, however, access to quality healthcare remains uneven due to high out-of-pocket expenditure, weak health infrastructure, inadequate funding, and limited coverage of formal health

insurance systems. In response to these challenges, both federal and state governments have introduced health insurance reforms aimed at achieving Universal Health Coverage (UHC). One of such initiatives at the sub-national level is the Gombe State Contributory Health Scheme (Go-Health), established to provide affordable, equitable, and accessible healthcare services to residents while reducing the financial burden of healthcare utilization.

Despite its policy objectives, the implementation of Go-Health faces several constraints, including low public awareness, limited enrollment, inadequate funding, and infrastructural deficiencies within health facilities. These challenges continue to limit the overall effectiveness and outreach of the scheme, particularly among rural and low-income populations. Although previous studies have examined health insurance implementation in Nigeria, there remains limited empirical evidence specifically focused on the performance and challenges of Go-Health in Gombe State. This study therefore addresses this gap by assessing the implementation of the scheme, examining key constraints, and evaluating its impact on healthcare access and service delivery in the state.

2. Literature Review

2.1 Health Insurance and Healthcare Financing in Nigeria

Health insurance provides financial protection against healthcare costs through risk-sharing arrangements. In Nigeria, health insurance has become a major policy strategy for improving access to healthcare and reducing catastrophic health expenditure.

Existing studies show that health insurance improves healthcare utilization and affordability. However, implementation challenges persist, including low public awareness, affordability barriers, poor institutional coordination, and weak service delivery mechanisms (Onwujekwe et al., 2019; Ahmed & Joseph, 2021).

2.2 Go-Health and Policy Implementation in Gombe State

Go-Health was established to improve healthcare financing and expand access to affordable medical services for residents of Gombe State. The scheme targets both formal and informal sector workers and seeks to reduce dependence on out-of-pocket healthcare spending.

While Go-Health aligns with broader national efforts toward Universal Health Coverage, evidence on its implementation remains limited. This study therefore contributes localized empirical evidence on health policy implementation at the sub-national level.

3. Theoretical Framework

This study is anchored on the Policy Implementation Framework by Mazmanian and Sabatier (1983). The framework argues that policy outcomes depend on implementation conditions such as clarity of objectives, institutional capacity, administrative commitment, resource availability, and stakeholder cooperation.

The framework is appropriate because Go-Health is a public policy intervention whose success depends largely on implementation structures. Variables such as funding, awareness, staffing, healthcare infrastructure, and institutional coordination directly shape programme effectiveness.

4. Methodology

The study adopted a descriptive survey research design using mixed methods.

4.1 Population and Sample

The population of the study comprised key stakeholders involved in or affected by the Gombe State Contributory Health Scheme (Go-Health). These include registered beneficiaries of the scheme, healthcare providers in accredited facilities, officials of the Go-Health agency, and non-enrolled residents within Gombe State. These groups were selected because they provide direct and indirect perspectives on the implementation, effectiveness, and challenges of the scheme.

A total sample size of 100 respondents was used. This was considered adequate for descriptive survey research and consistent with similar studies on health policy implementation at the state level. The sample was distributed proportionately across stakeholder categories using a stratified random sampling technique to ensure balanced representation of all groups.

Table 1: Population Strata and Sample Distribution

Stratum	Estimated Population	Sample Size	Percentage (%)
Go-Health Beneficiaries	45	45	45
Healthcare Providers	15	15	15
Go-Health Officials	15	15	15
Non-enrolled Residents	25	25	25
Total	100	100	100

Source: Field Survey (2025).

The sample size was drawn using a stratified random sampling technique to ensure that each category of respondents was adequately represented. This approach improves the reliability and validity of findings by capturing diverse perspectives on the implementation of the Go-Health scheme across different stakeholder groups.

4.2 Sources of Data

Primary data were collected through:

- a. Structured questionnaires
- b. Semi-structured interviews

4.3 Validity and Reliability

The instrument was reviewed by experts in public administration and health policy to ensure content validity. A pilot test was conducted before field administration to improve reliability and clarity.

4.4 Ethical Consideration

Ethical standards were observed throughout the study. Participation was voluntary, and informed consent was obtained from all respondents before data collection. Participants were informed of the purpose of the study, while confidentiality and anonymity of responses were strictly maintained. All information collected was used solely for academic purposes

5. Results and Data Analysis

Table 2: Distribution and Return Rate of Questionnaires

Category	Number	Percentage (%)
Questionnaires Administered	100	100

Questionnaires Returned	96	96
Questionnaires Not Returned	4	4
Valid for Analysis	96	96

Source: Field Survey (2025).

Table 2 presents the distribution and return rate of questionnaires for the study. The data show that out of 100 questionnaires administered, 96 were properly completed and returned, representing 96%, while 4 questionnaires were not returned, accounting for 4%. The high response rate of 96% indicates a strong level of participation among respondents and suggests that the data collected is adequate and reliable for analysis. The low non-response rate further reflects effective field administration and respondent cooperation.

Table 3: Awareness and Knowledge of Go-Health

Statement	SA	A	D	SD	Mean	Decision
Go-Health covers medical expenses including surgeries	56	28	7	5	4.6	Agree
Registration is widely known among residents	41	36	12	7	4.1	Agree
Beneficiaries receive medications under the scheme	46	24	18	8	4.1	Agree
Go-Health operates in urban and rural areas	41	36	10	9	4.0	Agree

Source: Field Survey (2025).

Table 3 presents respondents' views on awareness and knowledge of the Go-Health Scheme in Gombe State. The results indicate a generally positive level of awareness regarding the programme. Respondents agreed that Go-Health covers medical expenses including surgeries (mean = 4.6), registration is widely known among residents (mean = 4.1), beneficiaries receive medications under the scheme (mean = 4.1), and the scheme operates in both urban and rural areas (mean = 4.0). Overall, the findings suggest that respondents are generally aware of the existence and benefits of Go-Health, although awareness may still vary across communities, particularly in rural areas.

Table 4: Accessibility and Affordability of Go-Health Services

Statement	SA	A	D	SD	Mean	Decision
Facilities are accessible to beneficiaries	56	28	7	5	4.6	Agree
Enrollment is affordable	29	24	26	17	3.3	Moderate
Private hospitals participate in service delivery	46	24	17	9	4.1	Agree
Rural residents have equal access	25	22	28	21	3.0	Disagree

Source: Field Survey (2025).

Table 4 shows respondents' perceptions regarding the accessibility and affordability of Go-Health services in Gombe State. The findings reveal that respondents agreed that Go-Health facilities are generally accessible to beneficiaries (mean = 4.6) and that private hospitals participate in service delivery under the scheme (mean = 4.1). However, respondents expressed moderate views on the affordability of enrollment (mean = 3.3), suggesting that cost may still be a challenge for some residents. Respondents also disagreed that rural residents have equal access to Go-Health services (mean = 3.0). Overall, the results indicate that while the scheme is accessible in many areas, affordability and rural access remain important implementation concerns.

Table 5: Quality of Healthcare Services under Go-Health

Statement	SA	A	D	SD	Mean	Decision
Beneficiaries receive timely treatment	56	28	7	5	4.6	Agree
Facilities have adequate personnel	22	26	28	20	3.0	Disagree
Go-Health has improved healthcare quality	46	24	17	9	4.1	Agree
Essential drugs are available	39	30	18	9	4.0	Agree

Source: Field Survey (2025).

Table 5 presents respondents' perceptions regarding the quality of healthcare services under the Go-Health Scheme. The findings show that respondents agreed that beneficiaries receive timely treatment at healthcare facilities (mean = 4.6), Go-Health has improved the quality of healthcare services (mean = 4.1), and essential drugs are generally available in participating facilities (mean = 4.0). However, respondents disagreed that facilities have adequate healthcare personnel (mean = 3.0), indicating concerns about staffing shortages. Overall, the findings suggest that while Go-Health has contributed positively to healthcare service delivery in Gombe State, shortages of medical personnel remain a major challenge affecting the quality of service delivery.

6. Discussion of Findings

The findings of this study indicate that the Go-Health Scheme has made a positive contribution to improving access to healthcare services and reducing out-of-pocket expenditure among enrolled beneficiaries in Gombe State. Respondents generally reported improved access to medical services, better availability of essential drugs, and reduced financial burden when seeking healthcare. This suggests that the scheme is gradually achieving one of its core policy objectives of enhancing financial protection in healthcare delivery.

However, despite these gains, several implementation challenges continue to limit the overall effectiveness of the programme. Public awareness of Go-Health remains relatively low, particularly in rural communities where information dissemination is weak. This contributes to low enrollment rates and limits the scheme's reach among vulnerable populations. In addition, affordability concerns persist, as some low-income households still find enrollment costs burdensome. Furthermore, shortages of healthcare personnel and inadequate infrastructural facilities in some health centres negatively affect service quality and efficiency.

These findings are consistent with existing empirical literature on health insurance implementation in Nigeria and other developing contexts, which consistently highlight funding constraints, low awareness, weak institutional capacity, and infrastructural deficiencies as major barriers to effective health policy implementation.

From a theoretical standpoint, the results can be interpreted using Mazmanian and Sabatier's policy implementation framework, which emphasizes the importance of clear policy objectives, adequate resources, and strong institutional coordination for successful implementation. In the case of Go-Health, the observed challenges reflect a gap between policy intent and actual operational performance. While the policy is well-designed in principle, weaknesses in resource allocation, implementation structures, and stakeholder engagement have created bottlenecks that reduce overall effectiveness.

Overall, the findings suggest that improving implementation capacity, strengthening awareness campaigns, and addressing institutional and infrastructural gaps are essential for translating policy objectives into sustainable health outcomes.

7. Conclusion

This study examined the implementation of the Gombe State Contributory Health Scheme (Go-Health) as a public policy initiative designed to improve access to affordable healthcare and enhance health outcomes in Gombe State. The analysis focused on key dimensions of implementation, including awareness, accessibility, affordability, and quality of healthcare services.

The findings indicate that the Go-Health scheme has contributed positively to improving access to healthcare services and reducing the financial burden of healthcare expenditure among enrolled beneficiaries. The scheme has also enhanced utilization of health facilities and improved access to

essential drugs and timely medical services for many residents. However, despite these positive outcomes, the effectiveness of the scheme remains limited by several implementation challenges. These include low public awareness, particularly in rural areas, low enrollment levels, inadequate funding, shortages of healthcare personnel, and weak health infrastructure. These constraints continue to affect the overall efficiency, equity, and sustainability of the programme. The study therefore concludes that while Go-Health represents a significant step toward achieving universal health coverage in Gombe State, its long-term success depends on strengthening implementation capacity, improving stakeholder engagement, expanding coverage to underserved populations, and addressing systemic health sector constraints.

8. Recommendations

The study recommends the following:

- i. Government should intensify public awareness campaigns, especially in rural communities.
- ii. Enrollment procedures should be simplified, with subsidies provided for vulnerable and low-income households.
- iii. Government should increase funding to Go-Health to improve programme sustainability.
- iv. Healthcare facilities should be strengthened through improved staffing, equipment, and essential drug supply.
- v. Monitoring and evaluation systems should be strengthened to improve accountability and implementation effectiveness.

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