Institutional Leadership and the Effectiveness of School Health Policy Implementation in Ghanaian Basic Schools: A Narrative Literature Review

[1]Oheneba Kofi Nti, [2]Jeanette Owusu, [2]Peter Agyekum Boateng, [3]Racheal Amoah

[1]Department of Nursing and Health Sciences, Valley View University, Ghana

[2]Department of Management Studies, Valley View University, Ghana

[3]Centre for Academic Research and Engaged Scholarship, Valley View University, Ghana

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ABSTRACT

School health and physical activity policies are increasingly recognised as important tools for improving pupil wellbeing, health behaviour, and school environments. Yet policy presence alone does not guarantee meaningful outcomes, because effectiveness depends on how policies are interpreted, organised, and implemented in practice. This narrative literature review examined how institutional leadership influences school health policy implementation in Ghanaian basic schools and identified common implementation gaps in school health and physical activity policy. Relevant peer reviewed studies published mainly between 2021 and 2026 were identified through database searching and thematic synthesis. The review found that policy effectiveness depends strongly on leadership capacity, organisational readiness, staff engagement, intersectoral coordination, and routine monitoring. The literature also shows that implementation is often weakened by fragmented leadership, inadequate resources, uneven staff commitment, weak accountability, and poor alignment between policy expectations and school realities. In the Ghanaian context, policy implementation challenges appear to be shaped not only by funding and infrastructure gaps, but also by governance, communication, and coordination problems across schools and support structures. The review contributes to scholarship by bringing together literature on school leadership, school health policy, and physical activity policy implementation within one framework. It argues that institutional leadership is central to translating written policy into sustainable practice in Ghanaian basic schools.

Keywords: institutional leadership, school health policy, physical activity policy, implementation, Ghanaian basic schools, narrative literature review

INTRODUCTION

Schools are widely recognised as important sites for health promotion because they reach children repeatedly, structure daily routines, and can shape behaviour through policy, teaching, supervision, and school culture. In this setting, school health policy and physical activity policy are meant to guide practice in areas such as hygiene, sanitation, health education, physical education, and active school environments. Yet the literature increasingly shows that written policy does not automatically lead to meaningful change. Rather, the impact of policy depends on how it is interpreted, supported, monitored, and enacted within schools. Woods et al. (2021) found that school based physical activity policy can have positive effects, but the evidence varies across policy types and settings. Stylianou et al. (2022) similarly concluded that associations between formal written school physical activity policies and actual school practices or pupil behaviour remain mixed and often inconclusive.

This implementation problem is central to school health policy more broadly. Recent work on school health policy measurement shows that governments and education systems increasingly mandate school policies intended to improve student wellbeing, but rigorous understanding of implementation determinants and

implementation outcomes remains uneven (McLoughlin et al., 2021). In other words, many school health policies exist at the formal level, but their practical success depends on what happens inside schools after policy adoption. Research on physical activity policy implementation also shows that implementation is not a technical step at the end of policy design. It is a complex organisational process involving school resources, staff readiness, leadership, local context, and accountability (Hall et al., 2023; Wendt et al., 2023).

Leadership therefore becomes central to the question of school health policy effectiveness. A recent systematic review by Adams et al. (2023) found that school leadership supports health promotion through accountability, capacity building, staff support, shared leadership, and engagement with parents and communities. Leksy et al. (2024) similarly argue that school leaders play a critical role in initiating and sustaining health promotion, yet leadership preparation for this task remains insufficiently developed. Sasaki et al. (2024) add that principals' coordination skills and their ability to build school level capacity are important for successful school health implementation. These findings suggest that policy effectiveness depends not only on policy content, but also on institutional leadership that can translate policy into routines, responsibilities, and sustained practice.

The Ghanaian context makes this issue particularly important. Recent Ghana focused research shows that school based health programmes face barriers linked to resource constraints, weak parental and community participation, insufficient collaboration among stakeholders, and management and governance problems (Adomako Gyasi et al., 2024). Research on WASH practices in Ghanaian public basic schools also points to uneven implementation, even where facilities or policy expectations exist (Duah, 2024). More broadly, studies of education policy work in Ghana show that implementation depends on district and community-based education structures, communication processes, and leadership at multiple levels (Ampah-Mensah et al., 2024). Ghanaian research on headteacher leadership further suggests that school leadership in the basic education sector is shaped by formal expectations, policy discourse, and institutional hierarchy rather than by leadership discretion alone (Dare et al., 2024). Together, these studies indicate that policy effectiveness in Ghanaian basic schools depends heavily on institutional leadership and implementation conditions rather than on policy formulation alone.

Against this background, this narrative literature review examines how institutional leadership shapes the implementation of school health and physical activity policies in Ghanaian basic schools. It has two objectives: first, to examine how institutional leadership influences school health policy implementation in Ghanaian basic schools; and second, to identify common implementation gaps in school health and physical activity policy. The review responds to a fragmented body of scholarship in which school leadership, school health policy, physical activity policy, and Ghanaian implementation realities are often discussed separately. By bringing these strands together, the article aims to clarify what the literature collectively shows about policy effectiveness, leadership, and implementation gaps in Ghanaian basic schools.

The article is organised in a standard narrative review format. It first clarifies the key concepts used in the review, then discusses the theoretical perspectives that help explain policy implementation and leadership. It next outlines the review method, presents a thematic synthesis of the literature, and then draws together the findings, research gaps, implications, and conclusion. This structure follows recent guidance on narrative literature reviews, which emphasises clear purpose, transparent searching, thematic synthesis, and a strong contribution to theory and practice.

Conceptual Background

Institutional leadership

In this review, institutional leadership refers to the school and system level leadership processes through which formal policy is interpreted, communicated, coordinated, supervised, and sustained within educational institutions. The concept is broader than the actions of an individual headteacher alone. It includes school leaders, district and community-based education structures, and the leadership arrangements through which policy is enacted in practice. Recent research in Ghana shows that policy implementation is influenced by district and community structures as well as school-level leadership, which makes an institutional rather than purely individual view of leadership especially relevant (Ampah-Mensah et al., 2024). Likewise, Adams et al. (2023)

and Leksy et al. (2024) both show that health promoting leadership includes support, accountability, collaboration, and institutional anchoring rather than routine administrative compliance alone.

School health policy implementation

School health policy implementation in this article refers to the process through which formal school health policies are put into effect through school routines, staff practice, supervision, resource use, and accountability. This definition is important because policies may exist formally without being implemented consistently or effectively. McLoughlin et al. (2021) show that school health policy implementation involves both determinants and outcomes, including readiness, fidelity, acceptability, adoption, and sustainability. Adomako Gyasi et al. (2024) similarly show that the practical implementation of school-based health programmes can be undermined by contextual and institutional barriers even when policy intentions are clear. Thus, school health policy implementation is treated here as a practical and organisational process rather than a document-based event.

Physical activity policy in schools

Physical activity policy refers to formal written policy expectations that guide schools in promoting movement, physical education, active routines, and related health behaviours among pupils. Stylianou et al. (2022) define the literature in terms of formal written policies at school, district, state, provincial, or national level and examine their association with school practices and pupil behaviour. Woods et al. (2021) further show that school physical activity policy can cover several domains, including sport and extracurricular activity, physical education, whole-school activity, classroom activity, and recess or break-related movement. In this review, physical activity policy is therefore understood as part of the broader school health policy environment rather than a separate field disconnected from general school health implementation.

Implementation gaps

The term implementation gaps refers to the difference between policy intention and policy practice. These gaps may appear when policies are adopted but only partially enacted, inconsistently delivered, weakly monitored, or poorly sustained. Research on Ghana's adolescent health policy implementation shows that implementation gaps can be shaped by structural, cultural, situational, and environmental contexts rather than by policy weakness alone (Agblevor et al., 2023). In school settings, implementation gaps may include insufficient staff engagement, weak monitoring, resource shortages, lack of stakeholder coordination, or limited leadership support (Wendt et al., 2023; Hall et al., 2023). This concept is central to the review because the effectiveness of school health policy depends not only on whether policy exists, but on the extent to which implementation gaps are reduced through leadership and institutional action.

Ghanaian basic school context and scope of the review

This review focuses on Ghanaian basic schools, especially in relation to how leadership shapes the implementation of school health and physical activity policy. It does not attempt to review every policy domain affecting health in schools, nor does it cover health policy in tertiary institutions or clinical settings. The review remains centred on institutional leadership, school health policy implementation, physical activity policy, and the common implementation gaps that affect policy effectiveness. Ghana is an appropriate focus because recent scholarship points to leadership, communication, stakeholder collaboration, and governance as important policy implementation challenges within the basic education system (Ampah-Mensah et al., 2024; Dare et al., 2024; Salifu & Kala, 2024).

Theoretical Foundations

Health-promoting schools and policy enactment

A useful starting point for this review is the health-promoting schools perspective, because it treats school health as a whole-school process rather than as an isolated programme. Adams et al. (2023) show that leadership is essential for sustained and effective school-wide health promotion, while Leksy et al. (2024) argue that school leaders are central to initiating and anchoring health promotion in practice. This perspective is important because

it frames policy implementation as an organisational process that involves school culture, routines, relationships, and structures. It is therefore particularly relevant for analysing why some school health policies remain symbolic while others become embedded in school life.

Institutional and implementation leadership

A second foundation comes from implementation leadership. Moore et al. (2024) show that school leaders perceive professional development, collaboration, communication, organisational support, and progress monitoring as central to successful implementation. Sasaki et al. (2024) similarly show that school health implementation depends on principal coordination and capacity development. This perspective helps explain why institutional leadership matters for policy effectiveness: leaders do not merely endorse policy, they shape the conditions under which policy becomes workable, accepted, and sustained. In the present review, implementation leadership is therefore used to interpret how institutional actors influence policy delivery, staff behaviour, and organisational follow-through.

Implementation science and CFIR

A third useful lens is implementation science, especially the use of determinant frameworks such as the Consolidated Framework for Implementation Research. Wendt et al. (2023) applied CFIR to the adoption of physical activity policies in elementary schools and found that staff willingness, available resources, access to knowledge and information, and stakeholder engagement were positively associated with policy adoption. McLoughlin et al. (2021) also show that school health policy implementation can be examined through implementation determinants and implementation outcomes such as adoption, fidelity, acceptability, and sustainability. This perspective is useful because it explains policy implementation not as a simple yes-or-no outcome, but as a process shaped by inner setting, people, resources, and organisational processes.

Relevance of combining these perspectives

Taken together, these perspectives offer a coherent framework for the review. The health-promoting schools lens explains why school health policy must be viewed as part of a wider school environment. Implementation leadership explains how institutional actors shape whether policy is enacted or ignored. Implementation science clarifies the determinants and outcomes that influence policy adoption, delivery, and sustainability. Combined, these perspectives suggest that school health policy effectiveness in Ghanaian basic schools is best understood as a whole-school, leadership-mediated, and implementation-dependent process.

Review Method

This article adopts a narrative literature review design because the topic is broad, conceptually layered, and draws together literature on leadership, school health policy, physical activity policy, and Ghanaian basic education. Recent review guidance argues that narrative reviews are appropriate where the aim is interpretive synthesis rather than narrow effect estimation, provided the review remains transparent about its search process, selection decisions, and thematic organisation (McLoughlin et al., 2021; Chigbu et al., 2023). Following this logic, the review focused on identifying peer-reviewed scholarship that could clarify what is known about institutional leadership and policy implementation in school health.

The literature search drew mainly on Scopus, Web of Science, PubMed, ERIC, and Google Scholar, reflecting the interdisciplinary nature of the topic across education, public health, leadership, and implementation studies. Search terms were developed around the core concepts of the review, including “institutional leadership,” “school leadership,” “school health policy,” “physical activity policy,” “implementation,” “Ghana basic schools,” “school health promotion,” and related combinations. Consistent with the review objectives, the search prioritised studies published from 2021 to 2026, while also allowing closely relevant 2020 or 2021 implementation literature when needed for conceptual continuity. This approach is consistent with narrative review guidance that emphasises explicit scope, database coverage, keyword logic, and thematic grouping.

Inclusion criteria were defined to keep the review focused. Only peer-reviewed journal articles written in English and carrying DOI addresses were included. Studies had to address at least one of the following: school health

policy implementation, physical activity policy implementation, school leadership for health promotion, Ghanaian education policy implementation, or implementation gaps relevant to school health practice. Preference was given to studies involving school settings, policy implementation processes, and leadership or governance issues. Studies were excluded if they were not peer-reviewed, focused exclusively on non-school clinical settings, or lacked direct relevance to leadership and policy implementation.

Screening proceeded through title and abstract review, followed by fuller reading of conceptually relevant papers. Additional papers were identified through backward searching of reference lists and linked citation trails. The final set of studies was not intended to be statistically exhaustive in the manner of a systematic review. Rather, it was selected to provide a conceptually rich and analytically useful body of evidence capable of supporting thematic interpretation. After selection, studies were read in full and grouped into recurring themes relating to policy effectiveness, leadership roles, implementation gaps, and Ghanaian contextual dynamics. This thematic orientation follows established narrative review guidance, which recommends moving beyond article-by-article description toward cross-cutting interpretation and synthesis.

As with all narrative reviews, the method has limitations. It does not claim exhaustive reproducibility or formal risk-of-bias scoring for every study. However, recent work on school health policy measurement and policy implementation underscores that broad, heterogeneous fields often require interpretive synthesis to clarify meaning, patterns, and gaps (McLoughlin et al., 2021; Kelley & D'Souza, 2025). In that sense, the present review is interpretive by design but transparent in execution.

THEMATIC REVIEW OF THE LITERATURE

Why school health policy implementation matters

The literature consistently shows that policy matters in schools, but its effectiveness depends heavily on implementation. Woods et al. (2021) found that evidence for school-based physical activity policy was generally supportive, but it varied across policy areas and was stronger for some domains than others. Stylianou et al. (2022) similarly found that associations between formal written physical activity policies and school practices or pupil physical activity behaviour were often mixed or inconclusive. These findings suggest that the mere existence of policy cannot be treated as proof of policy effectiveness. Policy becomes meaningful only when it shapes school practice consistently enough to influence actual conditions and behaviour.

This point is reinforced by implementation-focused studies. Hall et al. (2022) showed that when schools received implementation support for a mandatory physical activity policy, policy delivery improved enough to produce measurable student outcomes in a cluster-randomised trial. Hall et al. (2023) further showed that scaling up such implementation support is possible, though it requires systematic attention to delivery, reach, and sustainability. Together, these studies suggest that school policy can support health and physical activity outcomes, but only when schools receive sufficient support to translate formal policy requirements into routine practice.

Institutional leadership as a driver of policy implementation

A major pattern across the literature is that institutional leadership strongly influences whether policy becomes active practice. Adams et al. (2023) identify leadership behaviours such as accountability, support, shared leadership, and capacity building as central to school health promotion. Leksy et al. (2024) similarly argue that health promotion requires school leaders who can anchor it systematically within institutional practice. Sasaki et al. (2024) strengthen this claim by showing that school health implementation depends on principal coordination skills and the ability to develop capacity among school actors. These studies suggest that leadership is not just an enabling condition around policy. It is a core implementation mechanism.

The implementation science literature reaches a related conclusion. Wendt et al. (2023) found that the adoption of physical activity policies from the perspective of principals was associated with staff willingness, access to knowledge, stakeholder engagement, and available resources. Moore et al. (2024) likewise found that school leaders identify collaboration, communication, professional development, and ongoing support as critical to

implementation. These studies point to a consistent theme: institutional leadership matters because it organises the inner conditions that determine whether policy is adopted, interpreted coherently, and sustained over time.

Common implementation gaps in school health and physical activity policy

The review identifies several recurring implementation gaps. One is the gap between policy adoption and policy enactment. Formal written policies may exist at national, district, or school level, yet actual school practices remain inconsistent or weak. Stylianou et al. (2022) found that written physical activity policies often show inconclusive associations with school practices and pupil behaviour, while McLoughlin et al. (2021) note that implementation outcomes such as fidelity, acceptability, and sustainability are not always well measured. This indicates that schools may comply on paper without developing strong delivery mechanisms in practice.

A second implementation gap lies in organisational readiness and capacity. Wendt et al. (2023) found that staff willingness, knowledge, resources, and stakeholder engagement are closely tied to policy adoption. Hall et al. (2023) likewise show that implementation support is necessary when scaling up a mandatory physical activity policy. These findings suggest that implementation gaps often persist because schools are expected to deliver policy without the staffing, time, training, and ongoing support required for effective enactment.

A third gap concerns monitoring and accountability. Policy effectiveness weakens when there is little follow-up on what is actually being done in schools. McLoughlin et al. (2021) show that school health policy implementation research has increasingly examined determinants and outcomes, but the broader literature still lacks consistent measurement and monitoring tools. In the Ghanaian policy context, Agblevor et al. (2023) found that only a small fraction of planned adolescent health policy strategies were fully implemented, and that contextual challenges affected how and why gaps emerged. This suggests that implementation gaps are sustained when policy systems lack routine accountability mechanisms, realistic implementation planning, and adaptive responses to context.

Ghanaian evidence on policy implementation and leadership

The Ghanaian literature provides important evidence that policy implementation challenges are not merely technical. Adomako Gyasi et al. (2024) found that school-based health programmes in Ghana face resource constraints, weak parental and community participation, inadequate collaboration among stakeholders, management and leadership problems, and governance and political issues. Duah (2024) similarly reports uneven implementation of WASH practices in Ghanaian public basic schools. These findings strongly suggest that implementation gaps in school health are rooted not only in funding or infrastructure, but also in institutional leadership, coordination, and accountability.

Research on Ghanaian education policy implementation supports this interpretation. Ampah-Mensah et al. (2024) show that district and community-based education structures play a role in preparing, implementing, and communicating education policy initiatives in Ghana. Dare et al. (2024) further show that Ghana's basic education headteacher leadership is shaped by a policy document that frames formal leadership expectations. These studies are important because they indicate that policy implementation in Ghanaian schools is not determined at school level alone. It is shaped by the interaction between school leaders, district structures, policy discourse, and institutional communication.

Additional Ghanaian evidence suggests that leadership challenges are more acute in under-resourced settings. Salifu and Kala (2024) report that principals in rural Ghanaian basic schools face latent conditions that frustrate their efforts to improve school outcomes, revealing a leadership environment constrained by structural difficulties rather than leadership willingness alone. Similarly, Abonyi and Salifu (2023) found implementation problems in Ghanaian basic school discipline policy and recommended stronger monitoring and sanctioning systems to address non-compliance. Although this latter study is not a school health study, it illustrates a broader implementation pattern within Ghanaian basic schools: policy effectiveness is often weakened by inconsistent enactment, inadequate monitoring, and leadership constraints.

Leadership practices linked to better implementation

The literature suggests several leadership practices that appear to strengthen school health policy implementation. One is clear policy communication and alignment. Policies are more likely to be enacted when institutional leaders translate broad policy intentions into specific routines, expectations, and school priorities. Ampah-Mensah et al. (2024) show that policy communication is a critical function within Ghana's education structures, while Dare et al. (2024) show that headteacher leadership is shaped through formal policy discourse. These studies suggest that leaders influence implementation by clarifying meaning and reducing ambiguity.

A second practice is capacity building and staff engagement. Adams et al. (2023) and Moore et al. (2024) both indicate that implementation is stronger where leaders support staff, provide professional development, and sustain collaboration. Wendt et al. (2023) similarly found staff willingness and access to knowledge to be important for policy adoption. These findings imply that institutional leadership affects policy effectiveness partly by shaping the motivation and readiness of the people expected to enact policy daily.

A third practice is coordination across stakeholders and levels. Sasaki et al. (2024) show that school health leadership involves cooperation with multiple sectors, while Adomako Gyasi et al. (2024) identify inadequate stakeholder collaboration as a barrier in Ghana. This indicates that policy implementation depends on leadership that can work across the school, families, communities, and supervisory structures. In policy domains such as school health and physical activity, isolated leadership is rarely enough.

Toward an integrated leadership-policy implementation framework

When the reviewed literature is considered together, it points toward an integrated framework in which institutional leadership shapes policy effectiveness through five linked functions. The first is policy translation, where leaders convert policy text into school-level meaning, priorities, and routines. The second is capacity mobilisation, where leaders organise staff, time, training, and resources for implementation. The third is stakeholder coordination, where schools engage district structures, communities, and other actors. The fourth is monitoring and accountability, where leaders track implementation and respond to gaps. The fifth is sustainability work, where policy is embedded in routine practice rather than treated as a temporary initiative. This framework is not drawn from a single study, but synthesises recurring patterns across leadership, school health, implementation science, and Ghanaian education research.

Synthesis of Literature Findings

Taken together, the reviewed literature shows that the effectiveness of school health policy in Ghanaian basic schools depends less on the existence of policy documents and more on the quality of implementation shaped by institutional leadership. A consistent pattern across the studies is that policy can support health and physical activity outcomes, but these outcomes are neither automatic nor uniform. Woods et al. (2021) found that school-based physical activity policy can have positive effects, yet the evidence varies across policy domains and settings. Stylianou et al. (2022) similarly showed that written physical activity policies are not always strongly associated with actual school practices or pupil behaviour. This suggests that policy is best understood as a starting point rather than a finished solution. Policy becomes effective only when schools possess the organisational capacity to interpret expectations, coordinate action, support staff, and monitor implementation over time. In this regard, school health policy effectiveness emerges not as a property of policy language alone, but as a leadership-mediated implementation outcome that depends on how institutions convert written expectations into daily practice.

A second major pattern is that implementation quality is repeatedly influenced by leadership support, organisational readiness, and ongoing implementation assistance. Hall et al. (2022) showed that a targeted implementation intervention increased schools' delivery of a mandatory physical activity policy and improved student outcomes, while Hall et al. (2023) demonstrated that scaling up this kind of implementation support is possible when systems deliberately support delivery. These findings are reinforced by leadership-focused

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studies. Adams et al. (2023) found that health-promoting leadership is associated with accountability, capacity building, support, shared leadership, and engagement with school communities. Leksy et al. (2024) similarly argued that school leaders are central to embedding health promotion into school life, while Sasaki et al. (2024) showed that school health implementation depends heavily on principal coordination and the development of school-level capacity. Read together, these studies indicate that policy effectiveness improves when institutional leaders do more than announce policy. They must actively organise conditions for implementation. This includes clarifying roles, supporting staff, mobilising resources, maintaining communication, and ensuring that policy priorities are treated as part of the school's normal work rather than as additional or temporary tasks.

The literature also reveals broad agreement that implementation gaps are shaped more by organisational and contextual factors than by policy wording alone. Common gaps include weak policy translation into school routines, limited staff readiness, insufficient coordination among actors, fragile monitoring mechanisms, and uneven resource support. Ghanaian evidence strongly reinforces this interpretation. Adomako Gyasi et al. (2024) identified barriers to school-based health programme implementation that included resource constraints, weak community participation, inadequate collaboration among stakeholders, and leadership and governance problems. Duah (2024) likewise showed that WASH practices in Ghanaian public basic schools are unevenly implemented, while Ampah-Mensah et al. (2024) highlighted the importance of district and community-based education structures in education policy implementation. These studies collectively suggest that written school health policy often enters complex institutional environments where communication is uneven, supervisory structures are stretched, and leadership authority is shaped by wider governance conditions. For this reason, implementation gaps should not be seen simply as school-level failure. They are also products of how policy systems are designed, communicated, resourced, and supported across levels of the education structure.

Another important synthesis point is that leadership in the Ghanaian setting must be understood institutionally rather than only individually. The reviewed studies suggest that headteachers matter, but they operate within policy handbooks, district systems, community expectations, accountability structures, and resource constraints that shape what they can realistically achieve. Dare et al. (2024) show that headteacher leadership in Ghana is framed through official policy discourse, while Salifu and Kala (2024) demonstrate that leadership challenges in rural basic schools are often rooted in structural difficulties rather than weak leadership intention. This means that policy implementation cannot be explained only through the personal competence or commitment of individual school leaders. It must also be interpreted through the broader institutional environment that structures school action. This is why the concept of institutional leadership is so important in the present review. It captures the interaction of school leaders, district actors, policy structures, and community conditions in shaping whether policy becomes operational.

At the same time, the literature is less definitive on which specific leadership arrangements are most effective across all settings. There is broad agreement that leadership matters, that implementation support is necessary, and that monitoring and coordination improve delivery. However, there is less agreement on how these leadership functions should be organised in different school contexts, especially in low-resource systems. Some schools may benefit most from stronger principal-led coordination, whereas others may depend more on shared leadership, district support, or community collaboration. The evidence therefore points to a strong directional conclusion without fully resolving the question of optimal leadership form. This is especially relevant in Ghanaian basic schools, where policy implementation is shaped by both institutional hierarchy and everyday practical constraints.

Overall, the synthesis leads to one clear conclusion. School health and physical activity policy effectiveness in Ghanaian basic schools is best understood as the result of a leadership-driven implementation process. Policies matter, but they matter through the institutions that interpret, organise, and sustain them. Institutional leadership is therefore the bridge between written policy and effective school-level practice. Figure 1 captures this broader synthesis by illustrating how policy translation, capacity mobilisation, stakeholder coordination, and monitoring and accountability link institutional leadership to improved implementation outcomes in the Ghanaian basic school context.

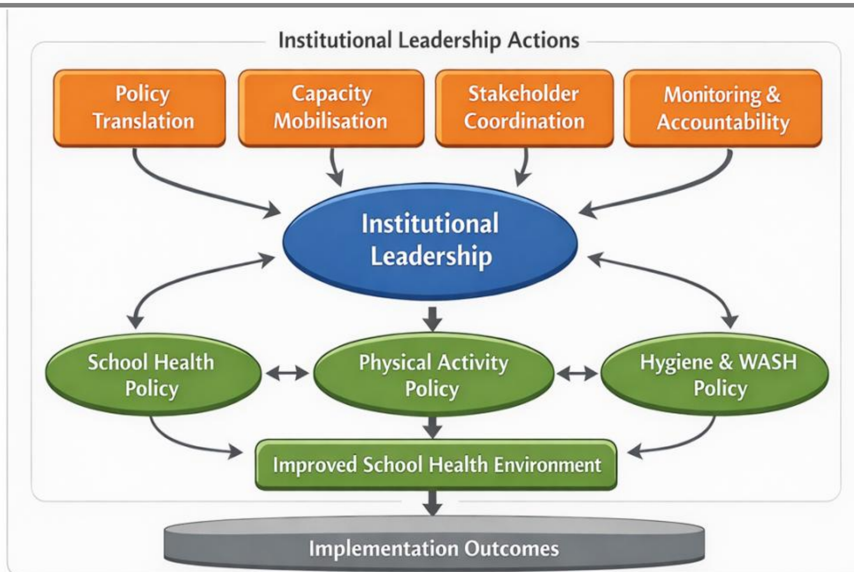

Figure 1. Conceptual framework linking institutional leadership to school health policy implementation in Ghanaian basic schools.

Figure 1 presents a conceptual framework derived from the synthesis of the reviewed literature. The framework shows institutional leadership as the central force linking policy intention to implementation outcomes in Ghanaian basic schools. It highlights four key leadership functions: policy translation, capacity mobilisation, stakeholder coordination, and monitoring and accountability. These leadership processes shape how school health policy, physical activity policy, and hygiene and WASH policy are enacted in practice. The framework further shows that when these policy domains are implemented in a coordinated manner, they contribute to an improved school health environment and stronger implementation outcomes. The model is situated within the Ghanaian context, where leadership is influenced by school conditions, district structures, and wider institutional realities.

Research Gaps and Future Research Directions

Important gaps remain in the literature. Conceptually, school health policy and physical activity policy are often discussed separately even though their implementation challenges are closely related. The literature still lacks strong integrative models that explain how institutional leadership simultaneously shapes multiple school health policy domains in low-resource school systems. Much of the existing work identifies barriers or leadership importance, but fewer studies articulate a fully integrated leadership-policy implementation model for Ghanaian basic schools.

Theoretical gaps are also evident. Recent implementation research in schools has benefited from frameworks such as CFIR and implementation leadership, but these are not yet widely applied to school health policy implementation in Ghanaian educational research. Future studies should more deliberately combine health-promoting schools perspectives, implementation science, and institutional leadership frameworks in order to explain how policy moves from formal adoption to daily practice in schools.

Methodologically, the field relies heavily on qualitative case studies, cross-sectional designs, and descriptive policy analyses. These approaches are valuable, but they provide limited evidence on long-term policy enactment, implementation fidelity, or comparative variation across schools and districts. More longitudinal, mixed-methods, and comparative studies are needed to show how school health policy implementation develops over time and under different leadership conditions. Research also needs stronger measures of implementation determinants and outcomes, building on the work of McLoughlin et al. (2021).

Contextually, there is a clear need for more Ghana-focused research on school health and physical activity policy implementation specifically at the basic school level. Existing Ghanaian evidence is strong on barriers, governance, leadership discourse, and structural difficulty, but still limited on the day-to-day leadership practices through which policy is implemented successfully in real school settings. Future research should therefore move

toward leadership-focused studies of policy enactment in Ghanaian basic schools, including rural-urban comparison, district-level differences, and the role of institutional support structures.

Theoretical and Practical Implications

Theoretical Implications

This review contributes to theory by shifting attention from policy existence to policy enactment. Much of the broader school health discussion has tended to assume that once policy is formulated, its influence will follow through administrative adoption. The literature reviewed in this article challenges that assumption. It shows that policy effectiveness is not simply the direct product of written standards, but the outcome of leadership, organisational processes, and contextual conditions that shape how policy is understood and acted upon. In theoretical terms, this moves the discussion away from a document-centred view of policy and toward an implementation-centred view of institutional practice. That is an important contribution because it helps explain why schools with similar policy texts may show very different implementation outcomes.

A second theoretical implication is that the review strengthens the argument for understanding school health policy through a whole-school lens. The evidence suggests that school health and physical activity policy are not isolated administrative instructions. They are part of a larger organisational system involving routines, relationships, communication structures, supervision, staff engagement, and local accountability. This means that school health policy should be conceptualised as embedded within school culture and school organisation rather than treated as a separate technical domain. The review therefore contributes by connecting school health policy implementation to broader theories of organisational behaviour and institutional functioning in education.

A third implication is that the review makes institutional leadership more visible as an explanatory concept in school health scholarship. Leadership is often acknowledged in the literature, but it is frequently mentioned as a supportive factor rather than treated as a central mechanism of implementation. The present review shows that leadership is more than background support. It is the means through which policy is translated into practical expectations, resources are mobilised, actors are coordinated, and implementation is monitored over time. This deepens the theoretical understanding of school health policy by positioning institutional leadership as a mediating and enabling force between policy intention and policy outcomes.

The review also contributes by bringing together bodies of literature that are too often studied separately. School health policy, physical activity policy, implementation science, and Ghanaian education policy studies have usually been discussed in distinct streams. By integrating them, this article offers a more unified theoretical account of how policy becomes practice in schools. This integration is useful because it allows school health scholarship to move beyond a fragmented understanding of policy and toward a more connected interpretation of leadership, context, and implementation. It also strengthens the relevance of implementation science within education by showing that concepts such as adoption, readiness, fidelity, coordination, and sustainability are directly useful for interpreting school health policy in practice.

A further theoretical implication is that the Ghanaian context pushes the analysis beyond individual leadership models. In many educational discussions, leadership is approached mainly through the actions of headteachers or principals. The reviewed evidence suggests that this is too narrow for understanding Ghanaian basic schools. Policy implementation is shaped not only by school heads, but also by district education structures, community actors, policy documents, governance processes, and resource systems. The review therefore supports a broader institutional theory of leadership in which implementation is produced through interactions across levels rather than through the isolated efforts of one school actor. This is especially important for low-resource contexts, where the space for school-level leadership action is often strongly shaped by system-level conditions.

Finally, the review offers a context-sensitive theoretical contribution by showing that school health policy effectiveness must be interpreted within the realities of institutional capacity. In this sense, policy success is not simply a function of policy quality. It is also a function of whether institutions have the leadership, coordination, and implementation conditions required to carry policy into practice. This brings a more realistic and operational dimension into school health theory and helps explain why the gap between policy ambition and school-level delivery remains so persistent.

Practical Implications

The practical implications of the review are substantial for schools, education authorities, and policy actors in Ghana. The first implication is that school health and physical activity policy should not be treated as self-executing. Written policies, circulars, and formal expectations are necessary, but they do not implement themselves. Schools need deliberate leadership processes that translate policy language into daily routines, clear responsibilities, and visible practice. This means that headteachers and other school leaders should actively interpret policy for their staff, clarify how it applies to classroom life and school routines, and ensure that policy priorities become part of the school's operational agenda.

A second practical implication is that policy implementation should be treated as an organisational responsibility rather than an additional activity left to one individual. The review shows that implementation is stronger where staff roles are clear, collaboration is encouraged, and routines are reinforced over time. In practical terms, this means that school leaders should not leave school health matters only to a health coordinator, a PE teacher, or a single enthusiastic staff member. Instead, they should build shared responsibility across staff. Teachers, school management teams, and support staff should understand how their day-to-day work contributes to policy implementation. When policy is distributed across the school in this way, it is more likely to be sustained.

The review also has important implications for staff development. Many implementation gaps are linked to limited knowledge, low readiness, and inconsistent understanding of what policy requires. This means that school leaders and district authorities should support regular orientation, short professional development sessions, and practical guidance that help staff understand how school health and physical activity policies should be enacted. Staff support does not always require large-scale training programmes. In many cases, clear internal communication, routine discussion in staff meetings, and practical implementation guidance may significantly improve consistency.

Another major implication concerns monitoring and accountability. The literature suggests that policy implementation often weakens when there is little follow-up on whether policy is actually being enacted. Schools therefore need simple but regular monitoring processes. These may include reviewing timetables, observing whether physical activity opportunities are taking place, checking the condition and use of WASH facilities, discussing implementation challenges in leadership meetings, and documenting practical gaps. The purpose of such monitoring should not be punitive. Rather, it should help schools identify weaknesses early and respond before policies become symbolic or inactive.

The review also suggests that stronger school health policy implementation requires better coordination between schools and external actors. Ghanaian evidence shows that policy implementation is influenced by district education structures, community-based stakeholders, and broader governance arrangements. This means that headteachers should not attempt to carry implementation alone. Schools need stronger working relationships with district and circuit-level actors, school management committees, parents, and where relevant, local health partners. In practical terms, policy effectiveness improves when schools can access support, advice, and follow-up beyond their own internal capacity.

For education authorities, the implications are equally clear. If institutional leadership is central to school health policy implementation, then leadership preparation should reflect that reality. Leadership development programmes for headteachers and other school leaders should include practical work on policy interpretation, implementation planning, staff mobilisation, monitoring, and stakeholder engagement. It is not enough to train leaders only in general administration. If school health and physical activity policy are important national priorities, then leadership preparation must equip school leaders to implement them effectively in real school environments.

The review also points to the importance of implementation tools. Policies are more likely to be enacted when schools receive clear guidance on how to operationalise them. Education authorities should therefore support school leaders with practical implementation aids such as checklists, routine monitoring templates, implementation guides, and simple reporting tools. These tools should be realistic for low-resource settings and should reflect school conditions rather than assume ideal infrastructure. In this sense, better policy results may depend less on producing new policy documents and more on equipping schools to act on existing ones.

Resource realities must also be acknowledged. The review shows that implementation gaps often reflect material constraints as well as organisational ones. This means that leadership should not be romanticised as if strong leadership alone can overcome every deficit. Effective policy implementation in Ghanaian basic schools requires both institutional leadership and adequate structural support. Therefore, policymakers should align health and physical activity expectations with realistic resource planning. Where full implementation is difficult, schools need phased approaches, prioritisation strategies, and support systems that recognise contextual constraints.

Another practical implication is that policy implementation should be more explicitly linked to school improvement. When school health and physical activity policy are treated as peripheral to academic work, implementation is likely to remain weak. However, when leaders connect health policy to attendance, concentration, safety, and the wider conditions for learning, health implementation becomes easier to justify and sustain. In practical terms, school leaders should frame school health not as a competing agenda, but as part of the conditions that support educational effectiveness.

Overall, the practical lesson is that stronger policy outcomes in Ghanaian basic schools will depend on stronger institutional implementation capacity. This capacity is built through leadership, communication, staff support, coordination, monitoring, and realistic system support. The review therefore suggests that the future of school health policy in Ghana depends not only on what policies say, but on how institutions are led to make those policies work in everyday school life.

CONCLUSION

This narrative literature review examined how institutional leadership influences the implementation of school health and physical activity policies in Ghanaian basic schools and identified common implementation gaps in these policy domains. The review showed that policy effectiveness depends strongly on how policies are interpreted, coordinated, resourced, and monitored within educational institutions. Across the literature, a clear pattern emerged: school health policy does not fail mainly because policy is absent, but because implementation is often fragmented, uneven, and weakly supported. Institutional leadership therefore stands out as a central determinant of whether policy becomes meaningful school practice.

The article's main contribution lies in bringing together evidence from school health, physical activity policy, leadership, and Ghanaian education research to show that institutional leadership is the bridge between policy intention and policy effectiveness. Although the evidence supports the importance of leadership, implementation support, and accountability, important conceptual and methodological gaps remain. Future research should therefore move beyond isolated and descriptive studies and pay greater attention to integrated, leadership-focused, and context-sensitive analyses of school health policy enactment in Ghanaian basic schools.

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