

# EXPLORING FACILITATORS AND BARRIERS TO MULTISECTORAL COLLABORATION FOR POPULATION HEALTH IMPROVEMENT IN AN URBAN SETTING IN GHANA

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# Background

- Rapid-uncontrolled urbanization is a challenge for most Low Middle Income Countries(LMICs) including Ghana.
  - United Nations estimates by the year 2030; 60% of the world's population will be fully urbanized (*United Nations, Department of Economic and Social Affairs, 2018*).
  - The phenomenon results in deficient living conditions like slums, overcrowding and congestion, poor environmental health and sanitation among others and even death.
  - Dealing with the challenges does not lie with health authorities alone since population health is socially, economically and environmentally determined (*Determinants of health*).
  - Alma Ata and Astana Declarations, Ghana's Constitution, Local Government Act 2016 (Act 936), National Health Policy (2020) recognize multisectoral collaboration as key to population health challenges *on scale*.
  - Three main approaches(One Health Concept, Healthy Cities Concept, \*\*\*Health in All Policies).
- \*\*Health in All Policies(HiAP) Legitimacy,Accountability,Transparency,Participation,Collaboration and Sustainability.



# Research Objectives

**General Objective:** To explore multisectoral collaboration for health improvement in the Ashaiman Municipality in Ghana.

**Specifically:**

1. To explore *understanding of multisectoral collaboration* for health improvement among stakeholders in the Ashaiman Municipality.
2. To examine *influence of leadership capacity* on Ashaiman Municipal Assembly to facilitate multisectoral collaboration for health improvement.
3. To explore the *influence of governance* on multisectoral collaboration for health improvement in the Ashaiman municipality.
4. To explore *challenges* to multisectoral collaboration for health improvement in the Ashaiman Municipality.



# Methodology

**Study Design:** *Exploratory Descriptive case study*

**Study Setting:** *Ashaiman Municipality in Ghana*

**Study Population:** *Civil society Organizations/NGOs/Technocrats, Assembly Members, Community Members, Clergy, Traditional Authorities among others.*

**Data collection Period:** *July 2023 and May 2024.*

**Inclusion Criteria:** All eligible persons who consented including those in temporal (Acting) positions.

**Exclusion:** Anyone who declined participation in the study were excluded.

**Ethical Approvals:**

1. University of Leeds School of Medicine Research Ethics Committee (**MREC 22-093**)
2. Ghana Health Service Ethics Review Committee (**GHS-ERC 004/08/23**).

**Data collection methods:**

1. Documentary/Desktop review(50).
2. Key informants (20)participants.
3. Stakeholders' workshops (27) *stakeholders* (to obtain critical feedback, do reality check and to validate findings).

**Data Analysis** (Thematic Analysis) using NVivo version 14.

# Understanding of multisectoral collaboration (Document/Desk Review)

- **50** different documents were reviewed (strategic plans, medium term development plans, action plans, reports, policy documents, minutes among others).
- *36 documents did not reveal any evidence on practice* of multisectoral collaboration across various stakeholders.
- *14 showed evidence* on practice of multisectoral collaboration.
- *All 14 documents showed no evidence on understanding* of multisectoral collaboration.



# Understanding of multisectoral collaboration (Key Informant Interviews & Stakeholders workshop)

*“I have not heard  
of it before”  
(Key Informant)*

1. Healthy Cities Concept
2. One Health Concept
3. Health in All Policies

*“You know...,I'm not too much into health..., I'm basically a man of infrastructure, and so, if you have some terms or terminologies you use there, I may not know some of them” (District Stakeholder)*

Study participants had *inadequate understanding of multisectoral collaboration*. *“My understanding is that multisectoral collaboration is about departments who do different kinds of activities” (Key Informant).*

# Understanding of multisectoral collaboration-3

## (Key Informant Interviews & Stakeholders workshop)

### Population health improvement

#### Policy Development

*Policies were developed at national & regional levels for implementation.*

*"...if you take something like the policies, just as I said, with policy development, they are developed at our head office because the policies are so centralized, we do not have them tailor made to the district. So, implementation becomes difficult" [Workshop participant].*

#### Environmental Improvement

*Enactment of bye-laws, hazard mapping, special consideration given low-income and disadvantaged communities in refuse management.*

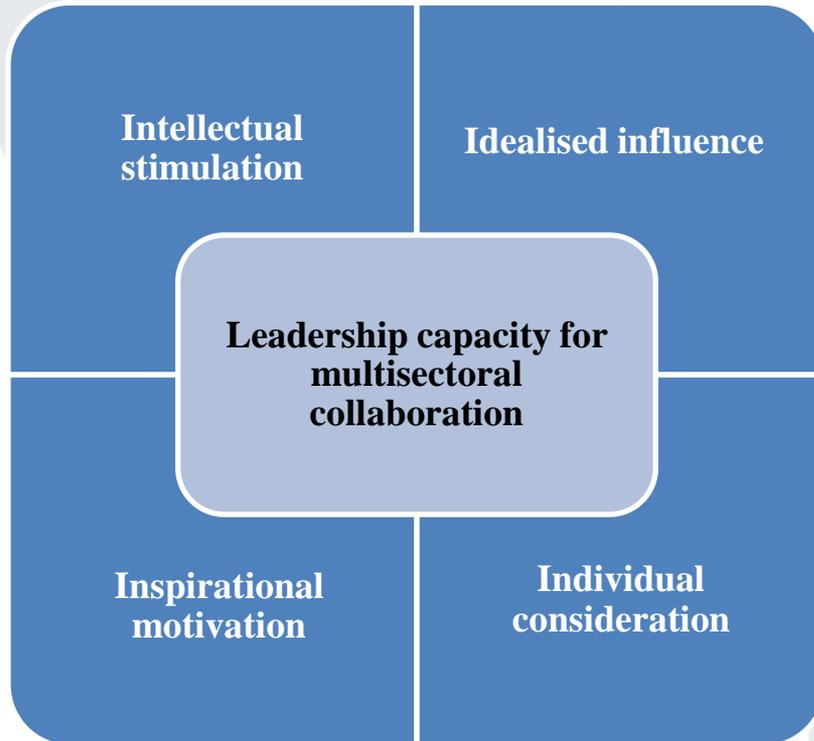
#### Clinical Care

*"when they are doing budget, they have everything on public health and clinical care, ...because they do assess... them, so, when they come, health is one of the key indicators they check, ..so, when they are planning you will see health....., but the thing is they won't give you the funds.....,should I say intentionally mess up, though they see it as important and plan for it but during the implementation, that's where the issue is" [Key Informant].*

# Leadership capacities relevant for multisectoral collaboration

*Transformational leadership* was found to be the *ideal leadership type* for multisectoral collaboration.

It endears recognition and followership to *transform a situation/change* a narrative to a desirable one.



1. Inspiring followers with a sense of purpose
2. Understanding followers' values, being respectful
3. Capacity building and development of followers (training and continuous education).
1. Effective communication and transparency with stakeholders.
2. Organizing community/stakeholder meetings/community engagements.
3. Organizing trainings and workshops, sharing ideas, delegation, report writing and by participating in field activities.
4. Delegation of authority and granting autonomy to followers or subordinates.
5. Leadership showing good conduct and rewarding followers.
6. Open, transparent, accountable to stakeholders, incentivize.

*“Delegation....., Delegation is one major thing. When you delegate, you are able to do so many things for yourself” [Key Informant].*

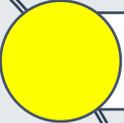
# Governance influence on multisectoral collaboration

Main Theme	Sub-Theme	Summary of key Results	Quotations
Governance capacity for multisectoral collaboration	<b>Legitimacy and voice</b>	<ul style="list-style-type: none"> <li>Study participants stated their <b>source of power</b> to be from provisions of the 1992 Constitution of Ghana, the Local Government Act 2016 (Act 936) and Legislative Instruments.</li> <li>Positions they occupy, knowledge possessed in various technical fields and their appointments into various leadership.</li> </ul>	<p>“Source of my power is from the Local Government Act and from the transport by laws. And then also, the fact that the local government act that makes the assembly a regulator of public transport and then the bye-laws that we have...,and the LI that establishes my department” <i>(Key informant)</i>.</p>
	<b>Direction</b>	<ul style="list-style-type: none"> <li>The study found participants <b><i>not being able to provide needed direction</i></b> to followers or subordinates on their own <b><i>except with express consent of someone in higher authority position</i></b> like a superior officer as in the case of the Municipal Chief Executive or a sector official.</li> </ul>	<p>“Talk about power or whatever I have..., as a leader, I don't take decisions on my own so the policy directing you will come from above then my stakeholders will be brought to that level of understanding so we will sell that idea to them when we meet at that forum” <i>(District stakeholder)</i>.</p>
	<b>Performance</b>	<ul style="list-style-type: none"> <li>Participants <b><i>lacked needed resources to run</i></b> their outfits in performance of their tasks.</li> </ul>	<p>“We have challenges where the personnel lack logistics to carry out their work” <i>(Workshop participant)</i>.</p>

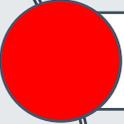
# Governance influence on multisectoral collaboration

Main Theme	Sub-Theme	Summary of key Results	Quotations
Governance capacity for multisectoral collaboration	<b>Accountability</b>	Study participants <i>were found to be very keen on accountability</i> which was carried out through report writing on projects/interventions/activities, holding stakeholders meetings, community durbars and workshops and institutional and governance measures like periodic auditing and monitoring of projects.	<i>“Yes, there are a lot of accountability measures that are in place. For instance, there is a timely performance report that we submit to our mother institution” (District stakeholder).</i>
	<b>Fairness and Equity</b>	Study participants self reported <i>not practicing favoritism and discrimination</i> when distributing resources among community members.	<i>“For fairness, as I said, we have seven operational zones. We don't do it in some of the zones and leave the others. All the zones have our reps and we ensure that all the zones that cut across our municipality organize these programs that will go a long way to improve the health status of the people” (Workshop participant).</i>

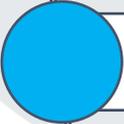
# Barriers to multisectoral collaboration I



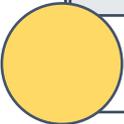
**Inadequate understanding of multisectoral collaboration**



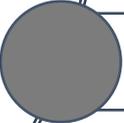
**Perceived Corruption**



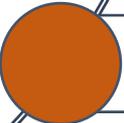
**Politicization and political party interference**



**Lack of essential technical capacity and basic resources for multisectoral collaboration**



**Lack of transparency among stakeholders**



**Centralization of policy, incongruence, disjointed, parallel and non-harmonized and programmes.**

# Barriers to multisectoral collaboration II

*“Corruption is a major challenge because each time somebody wants to collaborate with you, there is a difficulty where the person has a certain vested interest that is not legitimate. It is either the person has to be sure that you are willing to join in that corruption thing or the person thinks of a way to work with you without diverging and it makes it difficult”*  
(Multisect\_Ash\_Gh\_SP13)

*“People have taken partisan stand. Where I am, it is an NDC..., an opposition party dominated zone and even the Assembly Members, majority of them are NDC...,instead of people looking at things from perspective of the Municipality..., or the law that created the Assembly.., is not partisan...,the Assembly looks to be more partisan...,people look at things from a partisan spectacle...,it is not good for development”*  
(Multisect\_Ash\_Gh\_SP15)

## Politicisation, political party interference and limited devolution

*“As Ashaiman Municipal Assembly, we are supposed to be independent and do our things the way we think we want to do it. But there is a lot of interference from Central Government, from the Ministry that sometimes do not allow us to do what we plan doing, the Chief Executive’s hands are tied, the Coordinating Director’s hands are tied in terms of decisions that the Assembly takes. The external people like the Regional Minister and Government officials always want to have their way in the Municipal Assemblies and most of them have personal interest in certain things and so it doesn’t help” (Workshop participant).*

# Limitations of the Study

## ***Limited in scope:***

Confined to only Ashaiman Municipality which is only one of the 261 Metropolitan, Municipal and District Assemblies in Ghana.

## ***Fear of political victimization:***

Some study participants feared victimization, demotion, name-calling, losing one's position as well as loss of followership among constituents due to the seemingly political nature of the study title.

## ***Extreme challenge of getting study participants:***

Difficult getting study participants to participate in the data collection process due to their busy schedules coupled with competing activities within the local government service in the Municipality resulting in delayed data collection period.

## ***Provision of socially desirable responses:***

Due to the familiarity with the researcher and qualitative nature of the study some participants were tempted to provide socially desirable responses.

# Recommendations

## **Strengthen Stakeholder Capacity and Engagement:**

Build awareness and technical capacity of all departments within local governments on the principles and practices of HiAP.

## **Ensure Political Commitment and Integrity:**

Enforce measures to reduce political interference and perceived corruption in local government settings/ operations.

## **Enhance Policy Coordination:**

Align and integrate sectoral policies for health improvement within Metropolitan, Municipal, and District Assemblies (MMDAs) through Development Planning Committees.

## **Develop and Apply a HiAP Monitoring Tool:**

Create a local government-level accountability mechanism to regularly assess each sector's contribution specifically to population health outcomes.

**Further Research required:** Using a cross-sectional design with questionnaire to see how representative these issues are across a wider sample of MMDAs.

# Future Research



**Expand scope to all 261 metropolitan, municipal and districts in Ghana with a survey to ascertain and quantify the distribution of the issues raised across different types of local governments areas/regions/rural/urban.**



**Mixed methods to quantify the research findings alongside the whys, who and how's**



**Use the developed HiAP Monitoring Tool to track sector contributions/performance within MMDAs focusing on HiAP and population health improvement indicators.**

# Conclusion



Overall, this study identified weak multisectoral collaboration for health improvement in the study setting



Inadequate understanding of multisectoral collaboration in the study setting.

Governance influence of multisectoral collaboration is challenged by perceived corruption, political party interference, centralization of policy development, disharmony, incongruence and not-fit-for context policies.



The study revealed perceived strong leadership influence to facilitate multisectoral collaboration.



Perceived lack of monitoring structures and mechanisms focused on HiAP that ensure stakeholders mainstream HiAP into policies, actions and interventions.



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