Health in All Policies The Key to Population Health Improvement in Urban Ghana

Patience Ami Mamattah

POLICY BRIEF

Population health in Ghana is strongly influenced by social, economic and environmental determinants beyond the health sector. Inadequate housing, poor sanitation and unplanned urbanisation, for example, all significantly affect health outcomes.

The WHO's Health in All Policies (HiAP) framework offers a proven, multisectoral approach to address these determinants. However in Ghana, key challenges—such as limited technical capacity, policy misalignment, political interference and perceived corruption—are impeding effective implementation of HiAP, especially at local government level.

This brief highlights findings from a recent study and proposes key actions to scale up multisectoral collaboration for better health outcomes.

Context

Despite widespread recognition that health outcomes are shaped by sectors beyond health—such as housing, education, environment and sanitation—Ghana continues to dace difficulties in implementing a coordinated multisectoral approach to health improvement.

Ghana's 1092 Constitution, the Local Governance Act (2016) and the National Health Policy (2020) support the integration of health into all development policies. However evidence from a recent study shows that HiAP practice within governments remains weak and fragmented.

HiAP is an approach to public policies across sectors that systematically considers the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.

Policy Recommendations

1 — Strengthen Stakeholder Engagement and Capacity

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

2 — Ensure Political Commitment and Integrity

Enforce measures to reduce political interference and corruption in local government operations

3 — Enhance Deliberate Policy Coordination for Health Improvement

Align sectoral policies within Metropolitan, Municipal and District Assemblies through Planning and Budget Committees

4 — Develop and Apply a HiAP Monitoring Tool

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

This exploratory qualitative study, conducted under the CHORUS consortium, in collaboration with the School of Public Health, University of Ghana, examined multisectoral collaboration for health in a metropolitan district. Data was collected through a) a review of 50 documents from sectors such as agriculture, education, sanitation and planning, b) 20 interviews with stakeholders across departments, and c) a validation workshop with 27 participants.

The project holds ethical approvals from the University of Leeds Medicine Research Ethics Committee (MREC 22-093) and the Ghana Health Service Ethics Review Committee (GHS-ERC 004/08/23) with permissions from the relevant stakeholders.

Key Findings

1. Weak Multisectoral Collaboration.

Most departments work in silos, and opportunities to work collaboratively to improve health and wellbeing in the area were not considered. Examples could include running an anti-rabies campaign as part of the Department of Agriculture and Environmental Health and Sanitation Unit screening of food vendors, with follow up and treatment for those screened through collaboration with the Department of Health.

2. **Poor Understanding of HiAP**

Many stakeholders lacked a clear understanding of multisectoral collaboration and related frameworks including the value of coordinated efforts for health improvement, HiAP—a key concept for improving population health on scale. This is illustrated by some key stakeholders stating they have not heard of the concept or strategy, or not seeing the cross over between their sector and health.

"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).

3. Policy Misalignment

Conflicting policies and uncoordinated planning for health created inefficiencies. Numerous policies across different sectors brought in parallel were not aligned nor tailored towards health needs of the local residents. Some policies were transfered from a centralised location outside the local government setting for implementation without adaption for the local contextual challenges, and not addressing context specific health needs. For example, building CHPS compounds in a highly urbanised setting like Ashaiman, Greater Accra, where clinical health facilities are commonplace and the higher disease burden of non-communicable diseases. The current policy does not solve the contextual problem making urbanised compounds ineffective and redundant.

"...Because the policies are so centralised, we do not have them tailor made to the district. So implementation be comes difficult." (Workshop Participant)

"Policy is specialised… if you do not identify it as a gap, you cannot achieve what you want to do" (Workshop Participant)

4. Perceived Corruption, Politicisation and Political Interference

These were cited as major barriers to joint planning and implementation.

"Corruption is a major challenge.. Because each time somebody wants to collaborate with you, there is a difficulty where the person has certain vested interests that are 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 collaboration difficult." (District Stakeholder)

"People have taken a partisan stand… it is an opposition party dominated zone… even the Assembly Members... Instead of people looking at things from the perspective of the Municipality… it is not good for development." (Workshop Participant)

5. Limited Technical Capacity

Inadequate knowledge on multisectoral collaboration is a challenge, to both understanding the importance but also have the relevant skills and knowledge to take policy actions that would benefit population health. Without adequate knowledge, pursuing a multisectoral policy goal may be impossible.

Very few stakeholders engaged in the project had training in policy development or multisectoral approaches. Gaps were identified in the skills to develop policies in line with the HiAP framework, for example health impact assessments and facilitating cross-sector collaboration.

Multisectoral collaboration is critical to improve population health in Ghana. However , implementation is currently undermined by systemic challenges.

Creating awareness, strengthening institutional capacity and accountability, and mainstreaming health and policy coherence at the local government level is essential to reverse the negative trends.

UNIVERSITY OF GHANA

CHORUS
RESEARCH ON URBAN HEALTH

This project was funded by UK Aid, however the views don't necessarily reflect those of the UK Government

UKaid
from the British people