

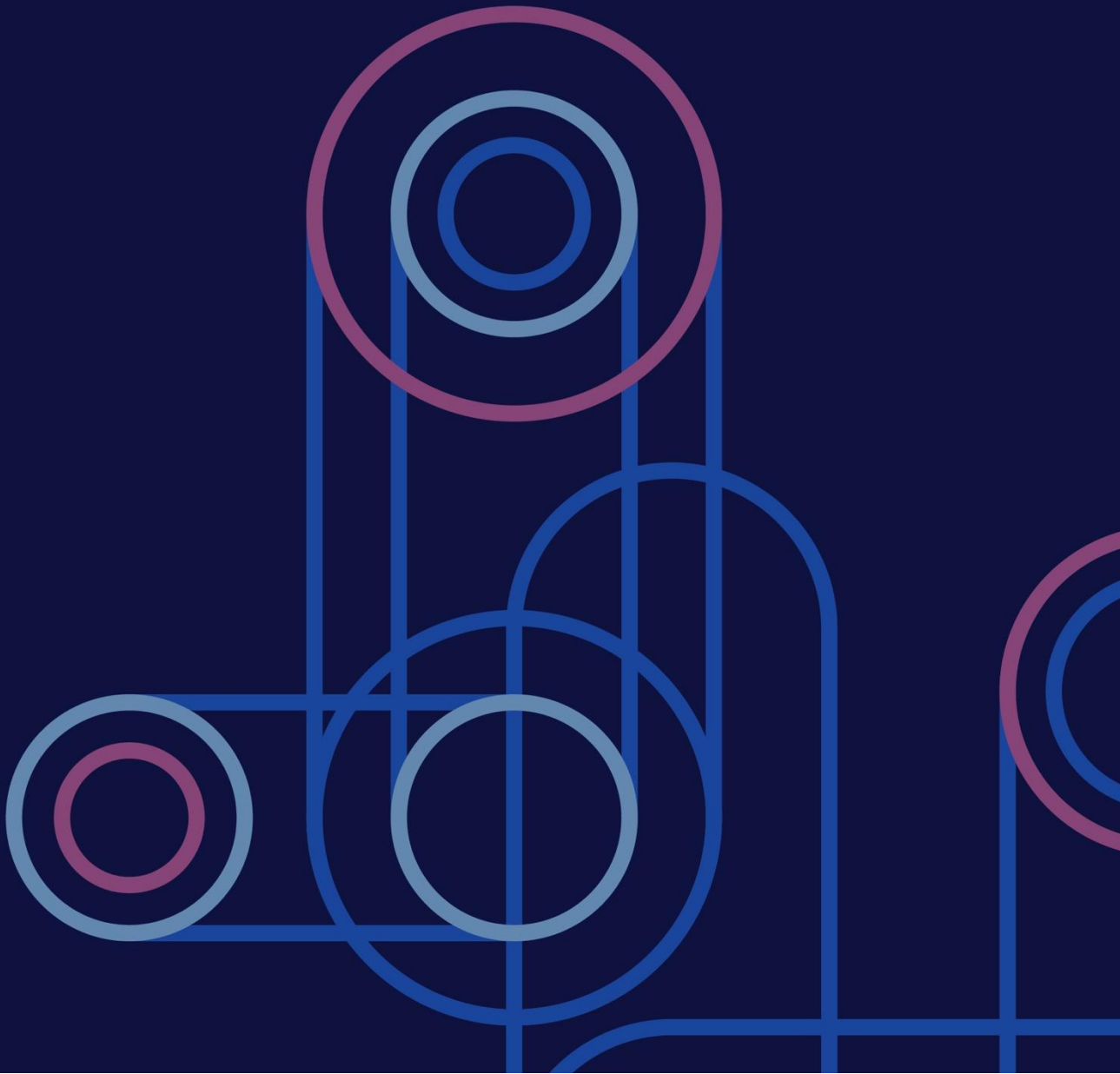


World Health
Organization

CASE STUDY

*Exploring multisectoral collaboration for health
improvement in Ashaiman Municipality, Ghana*

2025



Basic information

WHO Region	AFRO
City or Country	Ashaiman, Ghana
Timeline	2023-2024
Type of intervention	Governance; policy
Primary level of implementation	City
Primary sectors involved	Health; urban planning; housing; transport; water; sanitation; agriculture/food; veterinary; solid waste; social welfare and community development; disaster management; civil society organizations; traditional authorities
Primary health outcomes or challenges	Noncommunicable diseases; infectious diseases; injuries; mental health; health behaviours; health equity

Case description

Ashaiman is a rapidly growing municipality in the Greater Accra Region of Ghana. It is one of 29 Metropolitan, Municipal, and District Assemblies (MMDAs) and is the second poorest, with significant multidimensional poverty, high migration, and a population density exceeding 10 000 persons per square kilometre. The municipality faces substantial urban health challenges, including unplanned housing, extensive slums, indiscriminate refuse disposal, poor sanitation, and limited access to social amenities. Periodic outbreaks of measles and avian influenza occur alongside endemic malaria, risks of zoonotic diseases such as rabies, and a rising burden of noncommunicable diseases such as hypertension. These conditions reflect the significant impacts of economic, social, and environmental determinants on the health of urban residents.

Ghana's national policy environment provides a clear mandate for multisectoral collaboration to address complex health issues like these. The National Health Policy emphasises Health in All Policies (HiAP) as a mechanism for addressing the determinants of health across sectors, and the Local Government Act 2016 (Act 936) establishes decentralised planning structures with responsibility for intersectoral coordination. Within this framework, Municipal Planning Coordinating Units (MPCUs) serve as the technical bodies that guide collaboration across departments within their respective



Stakeholders' workshop on multisectoral collaboration in Ashaiman, Ghana. © Patience Mamattah.

MMDAs. Although the MPCU existed historically, its function in Ashaiman had been limited in scope, with weak engagement and low stakeholder participation.

Recognising the need to operationalise HiAP in Ashaiman, the Municipal Health Directorate, supported by the CHORUS Ghana research team, initiated a set of actions to build awareness of multisectoral collaboration and strengthen intersectoral mechanisms. Preliminary work included review of policy documents and interviews with sectoral stakeholders from departments responsible for works and engineering, agriculture, veterinary services, social welfare and community development, transport, and urban roads, as well as civil society, community representatives, traditional authorities, and political and religious leaders. These assessments identified limited understanding of HiAP, low technical capacity across sectors, fragmented policies, and weak coordination as barriers to progress; they also identified opportunities to leverage national frameworks and existing governance structures.

In response, the Directorate organised sensitisation, awareness creation and capacity-building workshops for key stakeholders including MPCU and individual departments. Awareness-raising sessions highlighted the rationale for multisectoral action and clarified the responsibilities of different sectors in contributing to and improving health outcomes. These activities emphasised the impacts of urban determinants on population health and the shared benefits of coordinated action. As a result, stakeholder engagement increased substantially, with improved attendance, participation, and contributions observed in subsequent MPCU meetings.

A significant outcome of this work was the reconstitution of the MPCU. Membership expanded from 13 to 20 to include a broader set of stakeholders, such as Ghana Water Company Ltd, the Ghana Immigration Service, civil society organisations and non-traditional departments. This shift strengthened the MPCU's role as the coordinating mechanism for multisectoral action in Ashaiman and enhanced its focus on service delivery. The expansion provided a stronger foundation for incorporating health considerations into urban planning and development processes.

The initiative also helped clarify governance roles and expectations for intersectoral collaboration. Although national policies support multisectoral action, enforcement of HiAP across ministries, departments, and agencies remains limited. Stakeholder consultations in Ashaiman underscored the importance of strengthening accountability mechanisms and developing clear directives to support HiAP practice. The case demonstrates that local governments can take practical steps to operationalise national mandates even where enforcement at higher levels is still developing.

The work in Ashaiman has begun to generate wider influence. For example, the Sekondi-Takoradi Municipal Assembly visited Ashaiman to learn from its experiences, including lessons from a recent sewage infrastructure project, indicating interest in adopting similar approaches. Building on progress achieved, the next phase of action will involve developing a monitoring framework linked to health indicators to track sectoral contributions to improved population health. Continued capacity building and strengthened coordination are expected to enhance the municipality's ability to address complex urban challenges through a multisectoral lens.

Through early but deliberate efforts to align with national policy and strengthen local coordination mechanisms, Ashaiman has taken meaningful steps toward implementing a strategic, multisectoral approach to urban health. The municipality's experience illustrates how local action can begin to translate national HiAP ambitions into concrete improvements in governance and collaboration.

Strategic Highlight

Ghana's experience shows how a national mandate for HiAP can serve as a practical entry point for strategic urban health action at the local level. Policies such as the National Health Policy and the Local Government Act 2016 call for multisectoral collaboration and define the roles of decentralised authorities in coordinating development across sectors. These directives create clear expectations that health considerations should inform planning and governance at all administrative levels.

In Ashaiman, this national direction provided both the rationale and legitimacy for strengthening multisectoral action. It supported efforts to sensitise stakeholders, clarify sectoral responsibilities, and reconfigure governance arrangements to better address the determinants of health. The Municipal Health Directorate and its partners were able to use the HiAP mandate to promote a shared understanding of how different departments contribute to health outcomes, even amid the municipality's complex challenges related to poverty, unplanned growth, and environmental conditions.

The national framework also enabled Ashaiman to revitalise existing coordination structures. Although the Municipal Planning Coordinating Unit (MPCU) had been established under earlier legislation, its potential had not been fully realised. The HiAP mandate provided a clear justification for expanding its membership, improving its functioning, and positioning it as the primary mechanism for integrating health into municipal decision-making. These steps strengthened planning coherence, improved participation, and elevated the visibility of health within the Assembly's work.

More broadly, the Ashaiman case illustrates how national policy commitments can empower local governments to take strategic action without requiring new legislation or major resource investments. National mandates help establish enabling conditions, reinforce governance and accountability, and align priorities across levels of government. They also offer a foundation on which local authorities can build capacity, strengthen coordination structures, and engage partners across sectors and communities.

This experience offers transferable lessons. Where national frameworks emphasise multisectoral collaboration, local governments can leverage them to initiate practical steps – such as improving local coordination mechanisms, broadening participation, and building awareness of shared responsibilities – that lay the groundwork for more integrated and sustainable urban health action. In this way, national mandates become operational tools that help cities navigate complexity and advance strategic improvements in population health.

Further Information

- [Policy Brief: Health in All Policies: The Key to Population Health Improvement in Urban Ghana](#)
- [Exploring Facilitators and Barriers to Multisectoral Collaboration for Population Health Improvement in an Urban Setting in Ghana](#)
- [CHORUS Innovation Fund: 9 Innovative Projects](#)