THE IMPACT OF SIGNING A MEMORANDUM OF UNDERSTANDING WITH GOVERNMENT AUTHORITY

MEMORANDUM OF UNDERSTANDING (MOU)

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I) Introduction:
A Memorandum of Understanding in Reproductive Health (RH) can be defined as a document that defines terms of collaboration between two or more organisations for the implementation of activities to ameliorate the health of mother and child. It expresses a convergence of will between a professional society e.g. SOGOC and the Ministry of Public Health and indicates common line of actions for ameliorating maternal and child health.

The objective of an MoU is to ameliorate the services of Reproductive Health especially the health of the mother and the child. Statistics on maternal mortality in Cameroon have shown a rising maternal mortality ratio in the country: increase from 669 (2004) to 782 (2011) 100,000LB. The causes of maternal mortality are well known such as: Haemorrhage, hypertensive disease, infections, HIV/AIDS etc. Worthy of note is the fact that HIV infection plays a major contributory role to MM with the prevalence rate of 4.3% in the general population. Moreover, abortion related deaths range between 30-40% of maternal deaths. It is thus evident that the fight against maternal mortality is multifactorial, thus accelerating its reduction will be dependent on several sectors and the use of multiple strategies.

The government policy on RH in Cameroon is quite encouraging. Firstly, our constitution recognises and guarantees the right to health and there are several treaties and laws to which the country is a signatory to. RH is an essential component of the primary health axe and of Cameroon Health sectorial policy. This shows that there is some political engagement to the fight against this issue.

II) Role of the professional Societies
Health professional associations and societies have vital roles to play in ensuring that the health professionals are well trained for their important role in achieving health goals e.g MDGs (MDGs 4 and 5 in particular). These professional organizations provide leadership; they set the standard of education, practice, and professional competency assessment and can work together with
governments and other stakeholders in setting and implementing health policies to improve the health of women and new borns. They serve as the link between the periphery, the intermediate and tertiary levels. They have the manpower and competence in all areas of RH. They have the skills to capacitate or task shift to other Professional grades. They are equally fit to carry out monitoring, follow up and evaluation.

It is important to note, however, that the ability of professional associations to make such contributions depends on the individual, organizational and institutional capacities at the country level. This is essentially true in low resource countries where the vast majority of maternal and new born deaths and morbidity occur as evidenced by the large number of women who are still dying.

**Procedure**

A good MOU must clearly outline activities to be carried out in the areas of research, training, counselling, advocacy as well as monitoring of services and providers. The procedure for drafting a MoU may differ but the following steps may apply. Firstly, there is need for the professional society to draft a proposed document and forward it to the Ministry of Public Health. The proposed draft is sent to the service in charge of translation if the initial draft was prepared in English, and then the translated draft document is then forwarded to the legal department of the Ministry of Health for conformity to legal standards. The final draft is then sent back to the society for her approval and dates fixed for the eventual signing between the two parties. This may sound easy but may take up to 15 months to come up with the final document as was the case of Cameroon. Such delay may be as a result of bureaucratic red tapes as well as the lack of commitment by stakeholders, delay in clearance from the different administrative and legal departments as well as delay in translating the document from one language to another.

**IMPACT**

It is therefore evident that collaboration between the centre (MoPH) and the professional society will ease the transfer of competence from the centre to the periphery and enhance quality of care. It will also facilitate adequate training followed by constant monitoring and evaluation of the peripheral health facilities will improve on the quality of care. Finally, a MoU between a professional society and the Ministry of Health is one of the ways forward to accelerate the reduction of maternal and child mortality. MoU are also signed
between professional societies themselves ex. SOGOC & CAMNAFAW, SOGOC & OFSAD etc.

This category of MoU is particularly useful in relating societies of the central level to those working at the periphery for the involvement of the community.

Since, maternal mortality is multifactorial the acceleration of its reduction will depend on several sectors using multiple strategies. Advocacy in RH issues will be better understood and undertaken.

The MoH through the professional societies may influence change in the curriculum for training in the medical, midwifery and nursing schools of the country. The MoU also ensures adequate training of health personnel by members of the professional societies.

A major impact will be in the area of developing guidelines on RH for the country as well as its dissemination.

Professional societies though their activity in the monitoring of MDSR will identify areas in the deficiency, promote hands-on training task shifting, and orientate MoH or the RH priorities

**Conclusion:**

Signing a MoU with government authorities is firstly recognising the professional society as a partner in reproductive health and giving the society the opportunity to play a leadership role in matters of reproductive Health.

**Reference:**

Constitution of SOGOC(2012)

Draft of the MoH from FIGO

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1 **Keywords**

Convergence
HIV Infection
Right to Health
Health Sector
Leadership