

E3 | CUBA'S INTERNATIONAL COOPERATION IN HEALTH

'Cuban medics in Haiti put the world to shame' was the headline of an article in the *Independent* in December 2010.¹ Cuban health care workers have been working in Haiti since 1998. So when the earthquake struck in January 2010, the 350-strong team jumped into action and within 24 hours about 700 colleagues arrived from neighbouring Cuba to support them. However, the international press barely mentioned this Cuban presence. On 15 January 2010, the Spanish journal *El País* published an article on the 'financial and material assistance to Haiti', in which Cuba's name was absent in the list of 23 states that were collaborating in relief efforts. Fox News confirmed that Cuba was one of the rare neighbouring countries that did not send any help. But within two months, the teams from most countries were gone, again leaving the Cubans and Médecins Sans Frontières personnel as the principal health care providers for impoverished and devastated Haiti.

International solidarity has always been at the centre of the Cuban societal project. Cuba is also known for its effective and efficient health care system, which continues to be free and of good quality, even in the context of continuous economic strain since 1990.^{2, 3} The country's exclusively public health system – embedded in a socialist system that has transformed all aspects of society since the revolution of 1959 – has achieved health indicators that are among the best in the world. Cooperation with other countries has been a fundamental part of the efforts aimed at developing Cuba's national health system.

As early as 1962, Cuban doctors went to Algeria to work in the newly independent country, although enormous efforts were needed at home to build the country's own national health system. Step by step, a structural international collaboration programme was put in place.

Until 1990, Cuba's political participation in the non-aligned movement, and its military efforts in southern African front-line states in the war against the apartheid regime, were made in collaboration with efforts in the health field. During this period, Cuba was relatively isolated in the Latin American region, but with one important exception: the Sandinista revolution in Nicaragua (1979–90). The Sandinista government benefited from close cooperation with Cuba, not least in the health sector.

After the collapse of the Soviet Union, Cuba entered a 'special period' of economic hardship, worsened by the impact of an increasingly restrictive



51 Cuban doctors in Haiti after the earthquake, 2010 (© 2010 Medical Education Cooperation with Cuba [MEDICC])

economic blockade by the United States. From 1996 onwards, the country's economy started to recover gradually, but at a slow pace, and important limitations and problems persist even today. Nevertheless, from 1998 onwards, Cuba's international cooperation increased dramatically, not only in the region but also all over the world. This international cooperation is based on the family-doctor model that exists in the Cuban health system, whereby the doctor works and lives in the neighbourhood.

We give an overview of the main achievements of these initiatives and discuss their importance and impact.

Emergency assistance

Cuba's emergency experts have been leading teams of medical professionals to numerous countries for decades. In Latin America, this happened in the case of earthquakes (Chile 1960, Peru 1970, Chile 1971, Nicaragua 1972, Mexico 1985, El Salvador 1986, Ecuador 1987, Colombia 1999, El Salvador 2001); hurricanes (Honduras 1974, Nicaragua 1988, Dominican Republic 1998, Guatemala 1998, Honduras 1998, Nicaragua 1998, Haiti 2004); intense rain (Nicaragua 1991, Honduras 1999, Venezuela 1999); volcanic eruption (Nicaragua 1992); and dengue epidemics (El Salvador 2000, Honduras 2002).⁴ Cuba's solidarity with nearby Haiti is a clear example. The combination of structural health cooperation and massive emergency aid during various

moments of crisis (floods, earthquake, cholera epidemic, etc.) makes Cuban efforts essential for the survival of tens of thousands of Haitians.

After the tsunami struck Asia in December 2004, Cuba sent a medical brigade to Banda Aceh, the capital of the Aceh province in Indonesia, and to Sri Lanka.⁵

A special moment for Cuba's emergency programme was the country's response to Hurricane Katrina, which devastated New Orleans on 29 August 2005. Cuba reorganised its emergency assistance and created the Henry Reeves Contingent, ensuring the possibility of a quick and massive deployment of hundreds of medical doctors abroad to provide emergency health care. However, the US government turned down Cuba's offer to send 1,500 doctors to assist the affected population of New Orleans.

The first important mission undertaken by this new contingent was to Pakistan to assist the post-earthquake relief efforts in 2005.⁶ The first 85 Cuban doctors arrived in Islamabad within 48 hours of the disaster. In response to assessments revealing the enormous need for assistance, Cuba stepped up its collaboration. Eventually, more than 2,500 disaster response experts, surgeons, family doctors, and other health personnel were working in 30 field hospitals, provided by Cuba, along with equipment and drugs, in seven refugee camps, in dozens of communities in the mountains, and in Pakistani field hospitals and regular hospitals. The Cuban brigades stayed for more than six months, until the end of the winter. Then a long-term collaboration programme was initiated, including a clinic for orthopaedic rehabilitation and prostheses for disaster victims, and scholarships for young Pakistanis from rural areas for medical and specialist training in Cuba.^{7, 8}

We have already mentioned the Cuban presence in earthquake-hit and cholera-infected Haiti. The Cuban medical brigade of 1,200 is operating in 40 centres across the country. The Cubans constitute the largest foreign contingent, treating around 40 per cent of all cholera patients. The Cuban collaboration is becoming increasingly strategic. In November 2010, Cuban officials held talks with Brazil on developing Haiti's public health system, which Brazil and Venezuela have both agreed to help finance.

Structural cooperation

For half a century now, Cuba has been sending health workers to almost 100 countries to work in structural cooperation programmes. A third of Cuba's 75,000 doctors, along with 10,000 other health workers, are currently working in 77 poor countries.

Cuba's cooperation with the Sandinista government in Nicaragua is a good example. During the 1980s, hundreds of teachers and doctors worked in the literacy campaign and in the development of a national public health system. The Nicaraguan experience proved that an adequate public health policy and system with integrated curative, preventive, and promotion activities,

complemented by comprehensive economic development initiatives, could dramatically change the health status of a country in a relatively short time.⁹ But this example of revolutionary and innovative change was actively and aggressively undermined by the US-organised and supported Contra war.¹⁰

Cuba's structural collaboration in the field of health care was reorganised in 1998 into the Integrated Health Programme (IHP) for Latin America, the Caribbean, and Africa. IHP focuses on first-line health services. Depending on local needs, it can be complemented by technical assistance at the hospital level or with training programmes. Most doctors working in this programme are family doctors from all over Cuba, and they receive support from specialists and logisticians according to specific needs.¹¹ The main objective is to ensure the basic right to health care on a structural and durable basis. Cuban family doctors go to rural areas or peripheral urban areas where no or very few local doctors are working. The IHP currently covers more than 25 countries.

Venezuela: Mission Barrio Adentro¹²

Since his election in 1999, President Hugo Chávez of Venezuela has made considerable efforts to develop and implement social policies, including decent health services covering the entire population.¹³ The Mission Barrio Adentro ('In the neighbourhood'— MBA) relies on the participation of more than 20,000 Cuban health professionals, mainly family doctors. The approach to health is comprehensive and includes a series of preventive and educational health activities, with direct participation of the people. Health committees assist family doctors during home visits and organise activities for disease prevention and health promotion. Free dental care and ophthalmologic services are also offered.

The second phase of MBA began in 2005 with the installation in peripheral and marginalised neighbourhoods of diagnostic centres (one per 30,000 inhabitants), with emergency services and an intensive care unit. These centres are equipped with necessary diagnostic, therapeutic, and rehabilitation facilities to ensure an adequate first-line back-up for the family doctors working in the communities.

Encouraged by the massive Cuban collaboration, the Venezuelan government decided in a very short time to ensure health care as a basic right for all citizens.¹⁴ Many Venezuelan doctors joined the programme. In addition, a special programme was started under which tens of thousands of young Venezuelans from poor neighbourhoods entered university to study medicine. However, right from the start, Venezuelan medical organisations have opposed the presence of Cuban doctors. This opposition is based not on a health needs analysis, but on their political opposition to Hugo Chávez's Bolivarian revolution.

The Venezuelan health system is extremely fragmented, with different social security systems, separate national and local public health services, and private health facilities in the cities. The Cuban presence in Venezuela, through the

Mission Barrio Adentro, has had an enormous impact on increasing accessibility to health care for millions of people from the poorest strata of society. Nevertheless, the programme added to the further fragmentation of health care. Tensions with other parts of the public health care system and with the local social security systems remain unresolved.

Special international health programmes

In addition to the development of first-line health care based on the family-medicine concept, a series of specific health programmes exist in the fields of nutrition, specialised care, research, etc. We describe two of these programmes as examples.

Chernobyl's children

For the last 20 years, Cuba has been treating children who suffered from the radiation fallout from the Chernobyl nuclear disaster. Cuba receives and treats these radiation victims at a special treatment facility near Havana. More than 20,000 children have been treated since the programme started.¹⁵

Operación Milagro

Under 'Operation Miracle', thousands of visually impaired people are receiving eye surgery for free. In a first phase (2004), these patients were sent to Cuba. But from 2005 onwards, ophthalmological surgery facilities were set up in Venezuela, Bolivia, and other Latin American countries.¹⁶ By the end of 2010, Operation Miracle had restored the eyesight of 1.8 million people in 35 countries, including that of Mario Teran, the Bolivian sergeant who killed Che Guevara in 1967.

Medical training programmes

From 1963 to 2004, Cuba was involved in the creation of nine medical faculties in Yemen, Guyana, Ethiopia, Guinea-Bissau, Uganda, Ghana, Gambia, Equatorial Guinea, and Haiti. In addition, during the same period, the country had long-term cooperation programmes with 37 medical faculties abroad. Complementary to this academic collaboration abroad, Cuba always had an important programme of medical scholarships for foreign students at its medical faculties. As early as October 1961, the first 15 Guinean students arrived in Havana to study medicine. Many thousands followed their example in the following decades.

Medical scholarships in Cuba (ELAM)

As part of the IHP programme, the Latin American School for Medical Sciences (ELAM) was opened in 1998 in Havana, on the seaside campus of what was once a naval and merchant marine academy. In the first year, the school had 1,900 students. Black and indigenous peoples of Central and South



52 Health activists before the Latin American University in Havana (David Legge)

America are well represented among the students, half of whom are women. The Cuban state provides board and lodging and covers other educational expenses. The final four years of work and study are spent at other Cuban medical schools, alongside Cuban students. Just like the Cuban students, the foreign students will also spend a lot of time learning by engaging in actual practice in neighbourhood doctors' offices, clinics, and hospitals.^{17, 18}

A French-language medical school was set up in the eastern city of Santiago de Cuba, located near Haiti. In 2003, 381 Haitians studied medicine there.¹⁹

In July 2005, the first medical doctors graduated from ELAM. Some of them continued their training as family doctors while working in the Cuban health system. But most returned to their home countries, where many of them can reinforce the efforts of Cuban doctors working there, or even replace them.

In 2010, 8,281 students from more than 30 countries, mainly from Latin America and Africa, were enrolled at ELAM. There were also 171 American students, of whom 47 had already graduated.

Decentralised teaching

Another 49,000 students are enrolled in decentralised training programmes for foreign medical students that are integrated into the missions abroad. This system of decentralised teaching is becoming increasingly important. It organises medical education in basic health services under a central plan and implements it under strict supervision, thus bringing medical students nearer to patients and their environment. In Cuba and Venezuela, decentralised



53 Students at the Latin American University in Havana (David Legge)

medical training began in 2005. Thereafter this programme was extended to other countries.²⁰

Discussion and concluding remarks

Cuba is one of the very few important players in the international health arena that actively opposes the dominant neoliberal discourse that advocates the privatisation of health care and profit-driven health services. The quality and accessibility of Cuba's public health services make it possible to disprove the prevailing claims that public services are not effective and efficient.

Cuba's contributions to this international debate are inextricably linked to its economic and political policy choices.²¹ It acknowledges the need to fight the deplorable socio-economic conditions in which billions of people are living all over the world. Providing adequate and accessible health services is part of this struggle.

It is true that Cuban personnel sometimes develop a 'system within the system' in the partner countries. The well-organised Cuban interventions often target regions with very weak and disorganised local structures. This contradiction between the pressing need to ensure quality health services for people in need, on the one hand, and the existing weaknesses of local systems, on the other hand, is difficult to manage. Coordination at the national level does not always ensure sufficient integration at the local level. Moreover, Cuban international cooperation can be caught in political contradictions in the receiving country, as is the case in Venezuela.

By sending doctors all over the world, Cuba not only addresses immediate humanitarian needs but also demonstrates that alternative development strategies are available, and that these methods are often even quite successful. At the same time, this international collaboration contributes to Cuba's diplomatic strategy to counter the attempts of the United States to isolate it.

In the case of Cuba's collaboration with Venezuela, the important humanitarian dimension of the cooperation is intimately linked with political and economic objectives, and with the aim of developing an alternative form of Latin American political and economic integration, in opposition to US-imposed globalisation. Here, the solidarity is clearly reciprocal. The economic agreements with Venezuela help the Cuban revolution to improve its economic capabilities, notwithstanding the tight US blockade and the changes in the world oil market. Cuban–Venezuelan collaboration has become the cornerstone of coalition-building efforts in Latin America aimed against US domination of the region. Cuba and Venezuela, and since 2006 also Bolivia, have been advocating a 'Bolivarian' alternative for Latin America, as an alternative to the US-imposed Free Trade Agreement of the Americas. The above-mentioned plans of Brazil, Venezuela, and Cuba to help Haiti in the development of its public health system are a concrete example of this new South–South collaboration.

Notes

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