Cuba's health system: hardly an example to follow

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Fidel Castro's death and the announced resignation of Raul Castro as President of Cuba offer the opportunity to revisit, among other things, the Cuban health system which has been praised by a significant proportion of the global public health community for decades. Recent publications in lay and scientific periodicals still show admiration for a system that is described as highly structured, prevention-oriented, information-rich, innovative and efficient (Campion and Morrissey 2013; Lamrani 2014; Fuente 2017; Hamlin, 2016). The authors of these pieces emphasize the health outcomes it has attained and the service it offers to developing countries through its international missions.

Building on the commentary on infant mortality and longevity in Cuba published in this issue of *Health Policy and Planning*, I would like to discuss three statements:

1. Enthusiasm around the Cuban health system often stems from an exclusive attention to one indicator, infant mortality rate (IMR), the value of which has been manipulated by a state seeking political legitimacy.

2. The overall performance of the Cuban health system, measured by progress in health conditions, has been overrated.

3. Some of the health achievements in Cuba have been attained at the expense of basic rights.

As stated by the authors of the commentary under discussion, the economist Roberto Gonzalez recently questioned the validity of IMR in Cuba, which stands at 4.1 per 1000 live births, lower than the average for high-income countries (5.0) (González 2015; The World Bank 2018). The problem with this figure is that late foetal deaths (LFDs) (deaths occurring after 28 completed weeks of gestation and over) appear to be abnormally high in Cuba compared with other countries, while early neonatal deaths (ENDs) (deaths occurring in the first week of life) appear to be abnormally low. According to Gonzalez, Cuban health authorities may be misclassifying ENDs as LFDs. If corrected, Cuba's IMR could be at least twice as high as the IMR presently reported by the Cuban Ministry of Health, still lower than that of most middle-income countries, but not lower than that of high-income countries and, very probably, higher than that of Chile (7.0) and Costa Rica (8.0). These amended figures may be considered more than acceptable but they could hardly provide the political legitimacy that an IMR comparable to that of any rich country has afforded the Cuban Revolution.

Even if we consider the corrected IMR figures of Cuba as a success, they do not reflect the overall performance of its health system. It takes more than a single indicator to reach an objective assessment. If we take into consideration a broader set of conventional health status indicators, we could conclude that the performance of this system has been overrated. According to a report on maternal mortality produced by WHO, UNICEF, the United Nations Population Fund, the World Bank and the United Nations Population Division, maternal mortality ratio in Cuba is 39 per 100 000 live births, compared with only 27 in Barbados, 28 in Belize, 22 in Chile, 25 in Costa Rica, 27 in Grenada and 15 in Uruguay (WHO, UNICEF, UNDP, World Bank, United Nationals Population Division 2015). This in spite of the fact that Cuba reports the highest physician density (7.5 per 1000 population) of all the Latin American and the Caribbean region (Central Intelligence Agency 2017). These poor results could be partly explained by the fact that half (around 40 000) of all Cuban physicians are currently working in international missions, many of which are gynaecologists (Agence France Press 2018). The Global Burden of Disease data also show a deceiving performance of the Cuban health system in other domains

related to adult health, especially lung cancer and depressive disorders (Institute for Health Metrics and Evaluation 2018).

Finally, there is the problem of improving health through the use of mechanisms that violate basic rights. In addition to the forceful internment of women with high-risk pregnancies in state clinics and the performance of abortions without the clear consent of the mother discussed by the authors of 'Cuba infant mortality and longevity: health care or repression', we could mention the compulsory seclusion in the late 1980s of individuals living with HIV in sanitariums guarded by military personnel to control the HIV/AIDS epidemic (McNeil 2018). The goal was accomplished: Cuba has one of the lowest HIV adult prevalence rate worldwide (UNAIDS 2018). However, it is also the single place in the world where HIV detection tests are obligatory and where, until recently, people living with HIV were confined.

To this we should add the violation of patient privacy for 'security' purposes. In a recent set of tweets, the Cuban journalist and activist Yoani Sánchez discusses a list of rights that have been constantly denied by the Castro regime. One of these rights is the

> *right to patient privacy and the prohibition to government officials to secretly record and publish conversations between physicians and patients around opposition leaders and activists that take place in Cuban hospitals and clinics* (Aguilar-Camín 2018).

There is now general consensus that a good health system should improve health conditions, be responsive and guarantee respect for human rights, provide financial protection, and be transparent and accountable (Daniels *et al.* 2000; Murray and Frenk 2000; Roberts *et al.* 2004). If we agree with this, we can conclude that the Cuban health system is not performing as well as many believe: major progress in health status is limited to a few conditions, it lacks transparency and accountability, and its health policies have been implemented with little concern for certain basic rights. In sum, it is hardly a model to follow.

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References

Agence France Press. Cuba nets billions each year by hiring out its doctors to Asia, Africa and Latin America. http://www.rawstory.com/rs/2013/06/19/cuba-nets-billions-each-year-by-hiring-out-its-doctors-to-asia-africa-and-latin-america, accessed 7 March 2018.

Aguilar-Camín H. El pliego de derechos humanos para Cuba de Yoani Sánchez. http://www.milenio.com/firmas/hector_aguilar_camin_dia-con-dia/derechos_humanos-cuba-yoani_sanchez-activismo-crisis_economica-habana_18_1084271576.html, accessed 7 March 2018.

Campion EW, Morrissey S. 2013. A different model – medical care in Cuba. *N Engl J Med* 368: 297–9.
Google Scholar Crossref PubMed

Central Intelligence Agency. The World FactBook. Physicians density. https://www.cia.gov/library/publications/the-world-factbook/fields/2226.html, accessed 25 May 2017.

Daniels N, Bryant J, Castaño RA. et al. 2000. Benchmarks of fairness for health care reform: a policy tool for developing countries. *Bull WHO* 78: 740–50.
Google Scholar PubMed

Fuente A. How does Cuba manage to achieve first-world health statistics? El País 10 February 2017. https://elpais.com/elpais/2017/02/10/inenglish/1486729823_171276.html, accessed 5 March 2018.

González R. 2015. Infant mortality in Cuba: myth and reality. *Cuban Stud* 43: 19–39.
Google Scholar Crossref

Hamlin J. How Cubans live as long as Americans at a tenth of the cost. The Atlantic 29 November 2016. https://www.theatlantic.com/health/archive/2016/11/cuba-health/508859, accessed 5 March 2018.

Institute for Health Metrics and Evaluation. Cuba. http://www.healthdata.org/cuba,

accessed 6 March 2018.

Lamrani S. Cuba's health care system: a model for the world. Huffpost 8 October 2014. https://www.huffingtonpost.com/salim-lamrani/cubas-health-care-system-_b_5649968.html, accessed 5 March 2018.

McNeil DG. Cubás fortresses against a viral foe. http://www.nytimes.com/2012/05/08/health/cubas-aids-sanitariums-fortresses-against-a-viral-foe.html?_r=0, accessed 7 March 2018.

Murray CJL, Frenk J. 2000. A framework for assessing the performance of health systems. *WHO Bull* 78: 717–31.
Google Scholar

Roberts MJ, Hsiao W, Berman P, Reich MR. 2004. Assessing health system performance. In: Roberts MJ, Hsiao W, Berman P, Reich MR (eds). *Getting Health Reform Right. A Guide to Improving Performance and Equity*. Oxford: Oxford University Press, 110–25.
Google Scholar

The World Bank. Mortality rate, infant (per 1, 000 live births). https://data.worldbank.org/indicator/SP.DYN.IMRT.INm accessed 3 March 2018.

UNAIDS. HIV and AIDS estimates. Cuba. Available at: http://www.unaids.org/en/regionscountries/countries/cuba, accessed 7 March 2018.

WHO, UNICEF, UNDP, World Bank, United Nationals Population Division. 2015. *Trends in Maternal Mortality: 1990 to 2015*. Geneva: WHO.
Google Scholar