

Cuba's Strategy Toward Universal Health

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Abstract

After 40 years of the Alma Ata Declaration on primary health care, the *Pan American Journal of Public Health* published an actualized overview of Cuban policies on health and well-being. It describes the longstanding and successful experience of this socialist country, developed in adverse and complex circumstances. The Cuban case remains one of the leading examples of a comprehensive governmental approach toward population health and well-being. The analysis underscores the essential role of continued political will toward population health.

Keywords

health services organization, Cuba, health services reform, health policy

From the mid-1990s until 2014, I had the opportunity to collaborate with a Cuban team in researching operational health services in the Cuban health system. Our collaboration focused on different aspects of strengthening health services during the critical period of the 1990s and beyond. The breakdown of the Soviet Union in 1989 had provoked an economic crisis that was deliberately worsened by the tightening of the U.S. blockade through the Torricelli Act (1993) and the Helms-Burton Act (1996). That context of extreme economic and political hostility put the overall health and well-being of the population

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under serious strain.¹ However, strong proactive leadership of the Cuban government ensured continued support for a broad national resistance strategy during this so-called “special period in times of peace.”^{2,3} Population health was a priority, and the role of first-line services was fundamental.⁴ Cuban and international authors have analyzed and broadly discussed in academic papers this crisis period of the 1990s and its steady recovery.^{5–13}

Much less information was available on the post-2010 phases of the Cuban health system recovery and further development. After 40 years of the Alma Ata Declaration,¹⁴ the April 2018 edition of the *Pan American Journal of Public Health* – in Spanish – gives an important and interesting insight on these phases.¹⁵ The (mainly Cuban) authors analyze the well-planned strategy to further recuperate, renew, and strengthen the system in terms of universal access to health and the universal health coverage strategy. The result is an interesting and detailed analysis of the Cuban health policy and related services development in the second decade of the new millennium.

Comprehensive Approach Toward Primary Health Care

The different analyses give a broad overview of the most essential aspects of the recent Cuban health system developments. The first article presents a profound analysis of the comprehensive program of the family doctor and nurse, followed by a detailed discussion of the training strategy of their “human capital” for health. A third article analyzes the economic aspects of the Cuban public health. The last 3 articles analyze specific topics: the consequences of climate change and the Cuban strategy toward natural disasters, the Cuban strategy for technical innovation, and the application of eHealth in the Cuban context.

In this short review, we concentrate essentially on the policy aspects, related to the overall health services development strategy over the last decade, and on the comprehensive strategy toward chronic diseases and the challenges of an aging population.

It is well known that, during the crisis of the 1990s, the Cuban health services infrastructure deteriorated physically, with the lack of supplies aggravating the situation. A steadily increasing number of well-trained human resources and a comprehensive focus on primary care could not palliate this situation.¹⁶ Inevitably, this had consequences for the accessibility and the quality of the comprehensive health care delivery at the first line, leading to an increased demand for hospital services. The population’s growing dissatisfaction was unavoidable, taking into account the objective limitations of access to services.^{17–20}

Recuperation and Modernization

Consequently, during the first decade of the new century – once the worst crisis years were over – recuperation and modernization were the key strategies.

Emphasis was put on increasing efficiency while adapting the services provision to the rapid aging of the population.

In this same period, the population of important Latin American countries elected progressive governments, overcoming a decade of neoliberalism policies and popular unrest during the 1990s: Hugo Chavez in Venezuela, Evo Morales in Bolivia, Rafael Correa in Ecuador, and Lula in Brazil.

Under the impulse of President Hugo Chavez of Venezuela, regional social and economic exchange and collaboration programs were implemented, in which trade and solidarity were intertwined. Cuba participated fully in this exchange, sending thousands of doctors and nurses to Venezuela and other countries, while receiving oil and other support.²¹

Strategies Toward Sustainability

Less information has been available on the internal policies of the Cuban government toward the national health system. Financial sustainability was pursued through increased efficiency of the service delivery, while the objectives of coverage and access for all was maintained.

In their contribution, Morales-Ojeda and colleagues explain the stepwise planning of the transformations in the health system from 2011 onwards.²² By that time, the Cuban society had overcome the most difficult phase of its decade-long crisis and had been able to adapt to the new global sociopolitical environment.

The authors emphasize a central element of the international debate on health services organization: Does the state have to assume the health services organization, should it privatize them, or can mixed or intermediate formulas bring the best solution?

While criticizing the strategies promoted by the World Bank and the International Monetary Fund since the last decade of the 20th century, the authors underscore the importance of the state as centrally responsible for ensuring universal access to health and well-being for the whole population, from the individual health care level to the implementation of collective epidemiological interventions and strategies for social well-being. For this, technical and political arguments are put forward. To ensure quality care and satisfaction for the *whole* population, the government needs to be in charge. The authors emphasize the need of overall efficiency, linking the use of resources to long-term sustainability of the system.

This long-term approach is also needed toward the aging of the population – an important issue in many industrialized societies as well as in Cuba and in an increasing number of low- and middle-income countries. Here, the sustainability discussion is intertwined with health services adaptations to the changing needs of the population.

Transformation Through Action Research

This transformation phase, from 2011 onwards, shows how centralized planning can strengthen social development. A well-planned, long-term action research strategy was set up within the Cuban health system.

First, the existing services delivery was evaluated. In a second phase the proposed solutions were implemented and continuously evaluated. The systemic changes were based on 3 essential concepts: reorganization – improve the organization of the system to ensure a better response to the existing needs; “compactation” – a Cuban term for more compact and efficient services delivery; and regionalization – the optimal integration of the different health institutions per region to ensure population coverage and collaboration between the different care levels.²³

Human resources for health have always been a priority for Cuba.²⁴ In this phase they were reorganized, decreasing the administrative and management staff, while maintaining an adequate number of family doctors in the neighborhoods. Moreover, the personnel at the policlinic level was reorganized by function of the population to be covered, strengthening the support of the family doctors. The teams of doctor and nurse working in the neighborhoods were given a maximum assigned population, pursuing a better link with and follow-up to their patients.

A second phase (2013–2014) focused on the strengthening of the professional development, including topics related to ethical and social behavior. In the third phase (2015–2016) the Cuban family medicine and the support services of the policlinics were strengthened.

These reforms led to an increase of 19.3% in services delivery for first-line medical care and 56.6% for dental care. Consultations in the emergency services at the hospital level decreased by 16.1%, underscoring the increased first-line effectiveness.

The overall budget invested in health remained below 10.4% of the BIP over the period 2012–2015. The number of health workers decreased step-by-step with 150,000 over this period, mostly for jobs not directly related to the care delivery.

Noncommunicable Diseases

In addition, the economic and social evolutions in Cuba since the 1960s led to an epidemiological and demographic transition with an important decrease in infectious diseases and perinatal health problems, while noncommunicable diseases (NCDs) became the main health problem. The steady aging of the population led to a new situation in terms of morbidity and mortality.²⁵

Today, 68% of Cuban mortality figures are linked to 4 important health problems: cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes.²⁶ The Cuban strategy toward influencing the risk factors and setting up prevention and control strategies of noncommunicable diseases is presented in detail.

Remarkably, between 1970 and 2017, the adjusted mortality rate per 100,000 inhabitants has decreased 1.3% per year and decreased 6.1% per year between 1999 and 2002. This is related to the changes at the population level during the 1990s, when the decrease of food availability and caloric consumption was combined with the need for more physical activity (due to the lack of transport) during these crisis years. The Cuban health system developed an integrated approach to NCDs, based on a multidisciplinary approach in which different institutions collaborated toward developing a standardized strategy.

The further development of a national program for medical-pharmacological and biotechnological production supported this strategy. An integrated epidemiological surveillance system was organized, from the local to the national level. The health services strategy based on effective primary and secondary prevention was combined with an improvement of the clinical follow-up of the NCD patients. A better documentation of the successful processes and interventions in terms of prevention and control of NCDs led to multiplication of good practices and innovative approaches.²⁴

The Cuban International Medical Cooperation

As already mentioned, a rather well-known aspect of the Cuban health model is its longstanding and continuing international commitment to health care delivery and health systems support,²¹ on which this PAHO publication presents recent figures and ongoing evolutions.

Between 2011 and 2016, 140,758 Cuban professionals have been working in 67 countries all over the world. Over time, this program has been restructured into 3 modalities: a first modality in which Cuba is covering all expenses (20 countries today), a second modality where the costs are divided between Cuba and the receiving country (17 countries today), and a third modality where the receiving country is paying for the medical support (30 countries). Consequently, today this program is supporting the sustainability of the Cuban health system, ensuring finances for the acquisition of medical equipment and drugs, investments in health infrastructure, and the introduction of new medical technologies.

Conclusion

This overview of the Cuban health policy strategy and health system development – for now only available in Spanish – surely deserves to be widely read. The Cuban health services development and healthy aging program is a strong example of what a primary care approach – understood as a comprehensive health care and health in all policies strategy – can achieve in terms of accessible quality services and proactive population health and well-being, even in complex settings.

This actualized overview of Cuban policies on health and well-being over the last decade shows that the longstanding Cuban health policy continues to be successful, notwithstanding the adverse circumstances. The analysis underscores the essential role of continued political will. The Cuban case remains one of the leading examples of a comprehensive governmental approach toward population health and well-being.

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