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Cuba's Response to COVID-19: What Underlies its Apparent Success?

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Abstract

Over the last few months extremely positive accounts have been circulating of Cuba's role and approach in the COVID-19 response, both nationally and internationally. A universal healthcare system with family doctors and nurses providing door-to-door services, as well as the swift introduction of measures to control movement have been some of the factors underlying this relative success. However, this success hides the disadvantageous social reality facing the majority of Cubans, including differential access to services, a health system that is struggling and limited choice and freedoms.

Over the last few months extremely positive accounts have been circulating of Cuba's role and approach in the COVID-19 response, both nationally and internationally. Firstly, from the early stages of the pandemic when countries such as Italy were amongst the worst hit and undergoing a range of crises, stories of Cuban doctors being flown to Italy to offer assistance were widely reported in international news and social media (e.g. *The Guardian*, 2020a). The international role Cuban doctors have played over several decades is relatively well-known (e.g. Kirk, 2015), including, for example, being among first responder medics during the Ebola pandemic in West Africa (Chaple and Mercer, 2017). This form of medical internationalism has been framed as '.. the embodiment of international solidarity and considered an extension of Cuba's national health policy within the socialist framework' (Wenham and Kittelsen, 2020: 3). What is novel in the instance of COVID-19 is that while Cuban medical support was previously focused on low- and middle-income countries (LMICs), now it extends to European countries. Cuban doctors provide COVID-19 related support both regionally (e.g. in Jamaica) and beyond (e.g. in Angola), and their actions are followed in the news media with images, for example, of their triumphant return home once the pandemic subsides (as in the case of Italy).

Secondly, the national response to COVID-19 has also been lauded as extremely effective, especially when compared to other countries in the region. According to *The Guardian*, 'Cubans are now 24 times less likely to catch the virus than Dominicans, 27 times less likely to catch it than Mexicans, and more than 70 times less likely to be infected than Brazilians'. And at the date of first drafting this text (7 June 2020), there were 2173 confirmed cases and 83 deaths from coronavirus in Cuba (*The Guardian*, 2020b). (Note that upon revising this article for publication, the number of deaths in Cuba had increased and some local/city level lockdowns were reimposed after the reopening of some areas (WHO, 2020). And most likely by the time the articles goes online (November/December 2020) deaths will have increased again. Nevertheless, the approach in Cuba continues to be a relative regional success story.) Explanatory factors for this effective response include, importantly, Cuba's universal health system which, through a tiered system of access and care, provides preventative and curative services to the entire population. Working at the lowest and arguably most critical level are family doctors and nurses who live in the communities they serve (often above the health centres where they work) and provide door-to-door services (Keck and Reed, 2012). According to the most recent census, the doctor:patient ratio is high, 1:118 in 2018 (MINSAP, 2019). Not only does Cuba have the highest doctor:patient ratio in the world, it reportedly also spends a higher proportion of GDP on healthcare than any other country in the region (*The Guardian*, 2020b). This community-level cadre of family doctors and nurses, supported by trainees, largely through door-to-door and outreach activities, have been critical in raising awareness about COVID-19, ensuring rapid testing, hospitalising those who test positive, effective contact tracing, and in quarantining suspected cases in state-run isolation centres for 14 days. Other measures to explain the relative success achieved in Cuba, which also derive from experience in controlling other diseases (e.g. HIV/AIDS, zika, malaria), include: the swift closing of borders; the control of movement across the country; and nationally manufactured pharmaceuticals which have proved effective in treating some of the most severe symptoms found in COVID-19 patients in Cuba and abroad (Yaffe, 2020).

Despite such positive accounts, Cuba's apparent success arguably hides the disadvantageous social realities that face the majority of citizens. Drawing on personal accounts/communications from individuals experiencing the COVID-19 pandemic in Cuba at first hand, and on primary qualitative data collection undertaken in Cuba in 2018/2019 by the author (and other researchers), which focused on sexual and reproductive health (SRH) (Samuels et al., 2020), a much more complex and less positive or optimistic picture of contemporary Cuba emerges than the one portrayed by news and social media.

There is a relatively widespread awareness that the US embargo on Cuba – which has been in place since the 1960s and which continues today under President Trump despite steps towards easing it under President Obama (between 2009 and 2017) (Leogrande, 2018) – has made life

for the average Cuban extremely challenging. With the government being unable to provide an effective safety net for the majority of citizens, people across all educational and employment strata have taken things into their own hands and developed a range of coping strategies. These include migration, buying and selling often through black market channels, and relying on remittances sent by family members overseas. The crisis of the COVID-19 pandemic has stretched these survival strategies to the limit. Accounts depict scenes of empty shops, starving citizens and of people breaking lockdown restrictions to search for food and other basic necessities and to queue; while queuing is ubiquitous in 'normal' times, queues have worsened during COVID-19 (Fernandez Estrada, 2020). Therefore, despite the relative success of Cuba's containment approach to COVID-19, evidenced in the low numbers of infected people and deaths, the broader context has resulted nonetheless in 'people starving' (personal communication).

Perhaps less known is the fact that while in principle the Cuban universal healthcare system effectively provides healthcare to large numbers of people, employing highly trained doctors and nurses, the system's success draws mostly on achievements in infant mortality rates (which have recently been questioned) at the expense of other health indicators and social determinants of health (see, e.g., Berdine, Geloso and Powell, 2018). In recent years both health provision and the health system have been fraught with systemic challenges. On the one hand, the supply and quality of supposedly free or heavily subsidised medicines (including basic medicines such as paracetamol and aspirin) and other health products (including those linked to SRH) has been challenging with stockouts, poor quality products and restricted availability. This has resulted in people going without, using sub-standard products, and/or purchasing them privately at higher costs. Health infrastructure and health equipment, especially in smaller towns is either in disrepair or lacking. This leads to referrals of patients to distant clinics and hospitals. This increases out-of-pocket expenses due to travel and other costs, which for some have been prohibitive, and which have also resulted in delays in seeking healthcare (Samuels et al., 2020).

In addition to the paucity of products, infrastructure and equipment, community-based health workers have few resources and cannot reach people in rural areas due to unavailability of transport. Even before COVID-19 people were being left out and unable to access healthcare. In eastern Cuba (El Oriente) such limitations in resources are particularly acute. Primary data collection amongst adolescent girls in rural areas found them facing difficulties in accessing family planning methods and having limited access to ante-natal and post-natal care (Samuels et al., 2020). It is likely, therefore, that such girls as well as their family members are also being left out of the COVID-19 response. Furthermore, rural areas and Eastern Cuba more generally are associated with higher poverty levels, lower education levels, decreased access to and provision of other services and high numbers of Cubans of African descent

(Afrodescendientes). Thus it appears, as with findings from elsewhere (UK and US: see, e.g., *The Guardian*, 2020c), and because of the intersection of various levels of deprivation, COVID-19 may well be hitting these communities in Cuba the hardest (Diario de Cuba, 2020). Similarly, this racial dimension of COVID-19 as well as the wider social determinants of health, which are inextricably linked and which include debates around health inequalities and inequalities more generally, are being neglected in the Cuban response to COVID-19. This feeds into wider debates both in Cuba and elsewhere on the continuing discrimination and racism felt by people of African descent in this region (e.g. Gamez Torres, 2017).

Other dimensions prevalent in Cubans' everyday realities and also in evidence in the COVID-19 response, relate to restrictions on choice, control and lack of recourse. While medical internationalism has been lauded widely, it has also been met with criticism. Concerns have been raised around, on the one hand, Cuban doctors taking jobs away from locals – less relevant for the COVID-19 experience – and, on the other hand, accounts of doctors' salaries largely funding the Cuban state enterprise and leaving doctors with little control over decisions around their working lives (e.g. Alves, 2018, 2019). Similarly, the extent to which Cuban doctors have any role in decisions on where they are posted to assist COVID-19 affected countries is arguably hidden by rhetoric and idealist views that this is their role and duty and they are giving back to the state who trained them. This same situation potentially faces the cadre of health workers in Cuba as well as the volunteers. To what extent have they been forced into these roles during the COVID-19 pandemic? Control and lack of recourse is also an everyday Cuban reality with arbitrary detention, limits on freedom of speech and accounts of heavy-handed police – not least during current lockdown – with access to judicial recourse limited at best of times (Human Rights Watch, 2019). As others have argued (Gómez-Dantés, 2018), which may certainly pertain under COVID-19, the success of Cuba's health responses is often at the expense of human rights, which coexist in a wider context of inequality and racism.

References

Alves, L. (2018) ' Cuban Doctors' Withdrawal from Brazil Could Impact Health'. *Lancet* **392**(10161): 2255.
Crossref | PubMed | Web of Science® | Google Scholar | Get it @ NYU

Alves, L. (2019) ' Cuba's Doctors Abroad Programme Comes under Fire'. *Lancet* **394**(10204): 1132.
Crossref | PubMed | Web of Science® | Google Scholar | Get it @ NYU

Berdine, G., Geloso, V. and Powell, B. (2018) ' Cuban Infant Mortality and Longevity: Health Care or Repression?'. *Health Policy and Planning* **33**(6): 755– 757.
Crossref | PubMed | Web of Science® | Google Scholar | Get it @ NYU

Chaple, E. B. and Mercer, M. A. (2017) ' The Cuban Response to the Ebola Epidemic in West Africa: Lessons in Solidarity'. *International Journal of Health Services* **47**(1): 134– 149.
Crossref | PubMed | Web of Science® | Google Scholar | Get it @ NYU

Diario de Cuba (2020) Pandemia y Raza en Cuba: ¿El Confinamiento Impacta a Todos por Igual? *Diario de Cuba*, 5 June. [WWW document]. URL https://diariodecuba.com/cuba/1591372731_22794.html [accessed 25 August 2020].
Google Scholar | Get it @ NYU

Fernandez Estrada, J. A. (2020) Estoy rotando. *El Toque*, 4 June. [WWW document]. URL https://eltoque.com/estoy-rotando-colas-en-cuba/ [accessed 25 August 2020].
Google Scholar | Get it @ NYU

Gómez-Dantés, O. (2018) ' Cuba's Health System: Hardly an Example to Follow'. *Health Policy and Planning* **33**(6): 760– 761.
Crossref | PubMed | Web of Science® | Google Scholar | Get it @ NYU

Human Rights Watch (2019) 'World Report: Events of 2019. Cuba Country Chapter'. Human Rights Watch. Associated Press.
Google Scholar | Get it @ NYU

Keck, C. W. and Reed, G. A. (2012) ' The Curious Case of Cuba'. *American Journal of Public Health* **102**(8): 13– 22.
Crossref | PubMed | Google Scholar | Get it @ NYU

Kirk, J. M. (2015) *Healthcare without Borders: Understanding Cuban Medical Internationalism*. University Press of Florida: Gainesville.
Google Scholar | Get it @ NYU

Leogrande, W. M. (2018) 'Reversing the Irreversible: President Donald J. Trump's Cuba Policy'. *IdeAs* 10 Automne 2017: Hiver, 2018.
Google Scholar | Get it @ NYU

MINSAP (2019) *Anuario Estadístico de Salud*. La Habana: Ministerio de Salud Pública.
Google Scholar | Get it @ NYU

Samuels, F., Torres Santana, A., Fernández, R., Solís, V., et al. (2020) *Family, Sexuality, and Sexual and Reproductive Health in Cuba: The Role of Social Norms*. ODI: London.
Google Scholar | Get it @ NYU

Wenham, C. and Kittelsen, S. K. (2020) ' Cuba y Seguridad Sanitaria Mundial: Cuba's Role in Global Health Security'. *BMJ Global Health* (**5**): 1– 7.

Crossref | Web of Science® | Google Scholar | Get it @ NYU

World Health Organization (2020) *Cuba: WHO Coronavirus Disease (COVID-19) Dashboard*. [WWW document]. URL https://covid19.who.int/region/amro/country/cu [accessed 25 August 2020].
Google Scholar | Get it @ NYU

Yaffe, H. (2020) 'Leading by Example: Cuba in the Covid-19 Pandemic'. *Counterpunch*, 4 June [WWW document]. URL
https://www.counterpunch.org/2020/06/04/leading-by-example-cuba-in-the-covid-19-pandemic/ [accessed 25 August 2020].
Google Scholar | Get it @ NYU

Newspapers

Gamez Torres, N., 2017. In Cuba, a Battle against Racism Persists, Activists say. Miami Herald, 15 April.
Google Scholar | Get it @ NYU

The Guardian, 2020a. 'Doctor Diplomacy': Cuba Seeks to Make its Mark in Europe amid Covid-19 Crisis. The Guardian, 6 May.
Google Scholar | Get it @ NYU

The Guardian, 2020b. Cuba Sets Example with Successful Programme to Contain Coronavirus. The Guardian, 7 June.
Google Scholar | Get it @ NYU

The Guardian, 2020c. Minorities More at Risk from Covid-19 because of Racism, Says Report. The Guardian, 13 June.
Google Scholar | Get it @ NYU