Comment / Publication review

Cuba's strategy towards universal health

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At 40 years of the Alma Ata Declaration on primary health care ([i]), PAHO Review published a special edition – in Spanish – on the Cuban health system ([ii]). This informative overview of Cuban policies on health and well-being underscores the importance of this long standing experience, developed in adverse and complex circumstances. The Cuban case remains one of the leading examples of a comprehensive governmental approach towards population health and well-being.

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From the mid-1990s until 2014, I had the opportunity to collaborate with a Cuban research team in operational health services research in the Cuban Health System. Our collaboration focussed on different aspects of health services strengthening during the critical period of the 1990s. The breakdown of the Soviet Union in 1989 had induced an economic crisis that was deliberately worsened by the tightening of the US blockade through the Torricelli act (1993) and the Helms-Burton Low (1996).
That context of extreme economic and political hostility put the overall health and well-being of the population under serious strain. However, strong proactive leadership of the Cuban government ensured continued support of most of the population for a broad national resistance strategy during this so-called '*special period in times of peace*' ([iii]). Population health was a priority, and the role of first line services was fundamental ([iv]). This crisis period of the 1990s and its steady recovery has been analysed and discussed broadly in academic papers by Cuban and international authors ([v] [vi] [vii] [viii] [ix] [x]).

Much less information was available on the post 2010 phases of the Cuban health system recovery and further development. The April 2018 edition of the Pan-American Journal of Public Health - in Spanish - gives an important and interesting insight of these phases ([ii]). The (mainly Cuban) authors analyse 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 towards Primary Health Care
The editorial of Carissa F Etienne – director of the Pan-American Health Organization – emphasises the importance of analysing the Cuban experience, as one of the countries with strong developments towards universal health. She underlines the strong results of the Cuban health systems, and considers its most fundamental characteristic to be "*its clear focus on primary health care, centring its attention on persons and families with a territorial and intersectorial projection towards the community*" ([xi]).

The different articles give a broad overview of the most essential aspects of the recent Cuban health system developments. It first develops a profound analysis of the Comprehensive

programme of the family doctor and nurse, followed by a detailed discussion of the training strategy of their 'human capital' for health. A third article analyses the economic aspects of the Cuban public health. The last three articles analyse specific topics as the consequences of climate change and the Cuban strategy towards 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 towards 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. Inevitably, this had consequences for the accessibility and the quality of the comprehensive health care delivery at the first line, leading to an increase of the demand for hospital services. Growing dissatisfaction of the population was unavoidable, taking into account the objective limitations of services access and quality ([xii] [xiii] [xiv] [xv]).

Recuperation and modernization

In consequence, 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 the 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.

It was under the impulse of President Hugo Chavez of Venezuela, that regional social and economic exchange and collaboration programs were agreed, 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.

Strategies towards sustainability

Less information has been available on the internal policies of the Cuban government towards 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 – of course – maintained.

In their contribution, Morales-Ojeda *et al.* explain the stepwise planning of the transformations in the health system from 2011 onwards ([xvi]). 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 socio-political environment.

The authors emphasise 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 central 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. This is also necessary in terms of overall efficiency, linking the use of resources to long term sustainability of the system.
Another topic that needs a long term approach, is the aging of the population – an important issue in many industrialised societies, but also for Cuba and in an increasing number of LMICs. Here, the sustainability discussion is intertwined with health services adaptations to the changing needs of the population.
This transformation phase, from 2011 onwards, shows how centralised 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 three 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 ([xvii]).
Human resources for health were reorganized accordingly, with a decrease of administrative and management staff, while maintaining an adequate number of family doctor cabinets in the neighbourhoods and a reorganization of the personnel at policlinic level (in support of the family doctors) in function of the population to be covered.
A second phase (2013-2014) ensured the strengthening of the professional development, including topics related to ethical and social behaviour. The third phase (2015-2016) strengthened the Cuban family medicine and the support services of the policlinics. The team of doctor and nurse working in the neighbourhoods was given a maximum assigned population, pursuing to a better link and follow up of their patients.
The success of these reforms was obvious: an increase of services delivery at the first line with 19.3% and even 56.6% for dental care. And even more important: consultations in the emergency services at hospital level decreased with 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.

Non-Communicable Diseases ([xviii])
Also in Cuba the economic and social evolutions since the 1960s lead to an epidemiological and demographic transition with an important decrease of infectious diseases and perinatal health problems, while NCDs becoming the main health problem. The steady aging of the population lead to a new situation in terms of morbidity and mortality ([xix]).
Today, 68% of Cuban mortality figures are linked to four important health problems: cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes. The Cuban strategy towards influencing the risk factors and setting up prevention and control strategies of non-communicable diseases is presented in detail.

Remarkably, between 1970 and 2017, there has been a decrease in adjusted mortality rate per 100.000 inhabitants of 1.3% per year, and even of 6.12% per year between 1999 and 2002. This is related to the changes at population level during the 1990, where the decrease of food availability and caloric consumption was combined with (the need of) more physical activity (due to the lack of transport) during these crisis years. Moreover, the Cuban health system developed an integrated approach to NCDs, based on a multidisciplinary approach in which different institutions collaborated towards developing a standardized strategy. Also, a

national programme 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. And, finally, a better documentation of the successful processes and interventions in terms of prevention and control of NCDs, lead to multiplication of good practices and innovative approaches.

The Cuban International Medical Cooperation

A rather well-known aspect of the Cuban health model, is its longstanding and continuing international commitment towards health care delivery and health systems support ([xx]), on which this 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 programme has been restructured into three 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). In consequence, 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.

In conclusion

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

(i) Alma Ata Declaration, www.who.int/publications/almaata_declaration_en.pdf.

(ii) Revista Panamericana de Salud Pública 2018; 42.

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(xiii) De Vos P, Orduñez-García P, Santos-Pena M, Van der Stuyft P. Public hospital management in times of crisis: lessons learned from Cienfuegos, Cuba (1996-2008). Health Policy 2010; 96(1); 64-71.

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(xvi) Morales Ojeda R, Mas-Bermejo P, et al. Transformaciones en el sistema de salud en Cuba y estrategias actuales para su consolidación y sostenibilidad. Rev. Panam Salud Publica. 2018;42:e25. (http://doi.org/10.26633/RPSP.2018.25).

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