Cuba's health system: challenges ahead

Abstract
Cuba’s exclusively public health system has been quite unique in pairing limited resources with excellent results. It continued to perform well during the economic crisis of the 1990s, and now that the hardships are being overcome, new opportunities develop—as well as threats: (1) economic recovery should permit to reinforce the system’s effectiveness; (2) Cuba's increasing international solidarity in health also poses its corresponding challenges at home; (3) the ageing of the population requires adjustments to the health care system. At any rate, the original principles of the health care system are not put into question. Cuba can be considered a unique laboratory, and deserves more attention from the international public health community.

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For the past 50 years, Cuba has developed an exclusively public and integrated National Health System providing adequate and accessible health services. Preventive and curative quality care in an equitable societal context has led to remarkable health outcomes. Cuba's health indicators rival those of much better-off countries.

The economic crisis of the nineties, a consequence of the collapse of the Soviet Union and the blockade of Cuba by the United States, posed particular threats. In the health sector, it led to a shortage of drugs and other medical supplies, and the inability to replace broken or obsolete equipment. However, due to the system's resilience, the prioritization of health as a basic human right, and a well planned rationalizing and rationing of the available means, the overall health situation did not deteriorate.

Current opportunities and challenges

During the past few years, new developments have brought about important opportunities and challenges for the health system. First, the country’s economy starts recovering. Bilateral agreements with Venezuela have enabled Cuba to ensure sufficient oil supply for its power production, its transport sector, and its economy’s most urgent needs. At the same time, mutually beneficial trade relations with China and a growing number of other countries develop at a smooth pace, leading to an economic growth of 11.8% in 2005 and 12.5% in 2006. Second, Cuba’s international cooperation in health has expanded dramatically since 1998. The growing number of programs with a variety of countries seems to indicate that the quality of Cuba’s health personnel is being recognized, and that the terms of the collaboration are well accepted by governments of the southern hemisphere. A few countries, especially Venezuela, are also interested to learn from Cuba’s health care model. The number of Cuban doctors working abroad jumped from about 5,000 in 2003 to more than 25,000 in 2005. They serve in 64 countries, but some three quarters of them works in Venezuela. Currently, for the national health system the implications of these international health collaboration programs seem mainly to be limited to a relatively high turnover of doctors and other health care workers. In some places, one family doctor now has to take care of 1500 people, instead of 600-800 persons beforehand. Although these figures might still compare favourably with most other poor countries, they represent a strain on the comprehensive curative, preventive, and health promotion approach of Cuba’s health care concept.

Third, the drastic decrease of infectious diseases and improvements of the socio-economic conditions since the revolution resulted in a spectacular increase of the life expectancy of the population (78 years in 2005). The accompanying decrease of birth rates leads to a slow decrease of the total population, and an accelerated process of ageing. According to UNFPA estimates, 16.2 percent of the Cuban population is over 60 years of age. Cuba will soon become – with Barbados – the countries with the most elderly populations in Latin America and the Caribbean. This evolution, combined with changing lifestyles, leads to an epidemiological transition with a rising incidence of chronic and degenerative diseases.

Addressing the challenges

Economic recovery has augured well for the health sector. In a few years time, all 444 polyclinics of the country are being renovated and supplied with modern medical equipment including X-ray, endoscopy, ultrasound, etc. A program for the renovation of hospitals has started. Essential drug supply has improved significantly. Medical personnel enjoyed modest wage increases.
At the same time, centralised priority setting is combined with a renewed policy of decentralization, allowing for more flexibility in service delivery and resource utilization at the municipal level according to the local needs. This approach implies the reorganization of health service delivery into sectors of about 6000 inhabitants by a basic health team – involving family doctors, nurses, specialists and paramedical personnel –, combined with the further enhancement of community participation. To avoid potential shortages that might be caused by the massive involvement of health personnel in international missions, the training of new Cuban health personnel is accelerated by generalizing a system of decentralized teaching. In the polyclinics, on-site training – according to standardised training models – is directly linked to extensive contact with services and patients right from the start. A particular challenge, however, will be to maintain the academic quality of this education. Also, Cuba is offering medical training to thousands of students from developing countries on the island and in their home countries to replace or reinforce the Cuban ‘internationalists’ abroad. Finally, the 2006 “National Health Plan towards 2015” recognizes the ageing of the population as the key challenge for the coming decade, necessitating a shift (or extension) of services from cure to care, with the corresponding development of human resources. A first step is the increase of day care homes for the aged, integrated in the neighbourhoods. Besides, the need to assure adequate care for the growing number of people with chronic diseases is being addressed with a technical upgrade of diagnostic and treatment capacities at the level of the polyclinics, in close cooperation with the family doctors in the neighbourhoods and with the other care levels.

Conclusions
Although the challenges at hand are huge, the basic principles of Cuba's health care system are not put into question. Its public character, its financial accessibility – remaining free of charge at the point of care delivery – and its integrated quality care for the whole population in a vast network of health facilities, is in stark contrast with the trends in many other countries towards implicit privatization through health sector reform since the early 1990s.

All new policies are developed within this framework. Their implementation and results are critically monitored by the Cuban government. Health authorities have never been afraid of innovations and new approaches, nor are they shunning corrections of earlier decisions. Health systems research towards a more evidence based policy is encouraged.

From a public health perspective, Cuba remains an interesting social laboratory as its experience, that defies the prevailing discourse of neo-liberal health reform, could provide novel insights on the relation between reforms, socio-economic conditions, and catalysts for change. The international public health community cannot but give more attention to Cuba's health system and its recent developments.

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