

Treatment and Support: Cuba's Contribution

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Historical Background

In 1960, when a serious earthquake affected the republic of Chile, the government of Cuba responded immediately, sending medical personnel to provide medical services. Three years later, in 1963, Cuba established a medical brigade in Algeria. From 1963 to 1998, the Cuban government sent several medical brigades to other African countries, such as Congo, Guinea-Conakry, Ghana, Nigeria, Angola, Tanzania, Uganda, Mozambique and Ethiopia.

In late October and early November 1998, Hurricane Mitch swept through Central America. At the meeting held in El Salvador on November 9, 1998, the heads of state of the Central American countries informed the rest of the world of the devastating effects of Hurricane Mitch and of its terrible consequences on the economic and social infrastructure of the region. It was estimated that more than 30,000 people died or disappeared. The presidents of these countries issued a statement containing seven measures in which they requested aid from the international community. Cuba responded immediately and expressed its readiness to send all the necessary medical personnel, doctors and assistants, for as long as needed, and called upon developed countries to provide technological equipment and drugs.

Taking into account the seriousness of the situation in these countries, the Cuban government developed and began to implement the Comprehensive Health Program (CHP) of Central America and the Caribbean, later extended to include some African and Asian countries.

The World Health Organization and Pan American Health Organization has stated that "The Comprehensive Health Program is a fundamental contribution to South-South cooperation and a coherent answer to the Alma Ata principles which established the challenge of using primary health care as a social strategy to improve the health conditions and quality of life of populations" (Dr. Patricio Yépez, PAHO/WHO Representative in Cuba, 2002).

The following presentation will highlight Cuba's Comprehensive Health Program as it relates to Africa.

Cooperation framework

The framework of cooperation takes place in three stages:

- First stage: Bilateral governmental agreement
- Second stage: Technical assessment to determine needs
- Third stage: Services are designed as part of the Comprehensive Health Program.

General principles

The general principles of the CHP are:

- To send healthcare professionals and technicians for as long as needed to work in primary health care
- The brigades are to work in rural areas
- Physicians will provide services to all the population, regardless of skin color, religious beliefs and ideology, without getting involved in domestic politics, and abiding by the law and customs of the countries they are assigned to.

Financing and aid agreements (NGOs, international organization agreements with developed nations such as Germany, Spain, France, and the United Kingdom) finance the travel and subsistence allowance of healthcare professionals. These agreements are not for profit, and Cuba does not charge anything for overhead.

Areas of cooperation of the CHP

Areas of cooperation include:

- Provision of health services
- training and upgrading of human resources
- Development of prevention programs
- Technical advisory services.

Cuba has sent 32,074 healthcare professionals to 34 African countries. They provide medical services for free. Some of the countries involved in the CHP are Nigeria, Botswana, Niger, Mali, Democratic Republic of Congo, and Gambia. A total of 2,018 healthcare professionals from 28 different countries are currently involved in the CHP.

Cuba has also developed teaching cooperation with several African universities, including Yemen, Ghana, Eritrea, Gambia, Botswana, Equatorial Guinea, Uganda, and South Africa.

Several African medical students are currently being trained in Cuba:

Country of origin	Number of medical students
Cape Verde	29
Guinea-Bissau	7
Equatorial Guinea	68
Nigeria	98

Some of the results achieved by the medical brigades working in Africa include:

Medical intervention	Number
Medical consultations	15,772,000
Medical consultations with infants	3,903,019
Field consultations	173,977
Births assisted	95,746
Vaccine doses administered	2,911,389
Health educational activities	1,477,051
Surgical procedures	151,101

The Cuban government has also signed triangular cooperation CHP agreements with Nigeria, Botswana, Algeria, Mali and Niger. This triangular cooperation is supported by Germany, Japan, France, South Africa, and the United Kingdom.

Under an agreement between the heads of state of Cuba and Botswana, a cooperation project to combat AIDS in that African nation through the CHP is currently being implemented. Based on a joint decision between the UK and Cuba, a project to combat AIDS in the Democratic Republic of Congo is also being implemented.

Challenges for medical cooperation

Some of the challenges are:

- Establishing agreements with recipient country governments
- Securing stable long-term financing
- Training of home country personnel that remain in the country
- Armed conflict and natural disasters
- Political will to address health needs
- Problems related to developing countries (education, infrastructure, others).

The Cuban head of state, Fidel Castro, has stated that “a comprehensive health program cannot be measured by the number of lives saved, but by the millions of persons that feel, in the first place, secure, which is fundamental in health; it offers security to millions.”

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