

# Elective Report – Health Care in Cuba

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## Objectives:

- 1) Describe the pattern of requirement for care in Cuba and discuss this in the context of global health
- 2) Describe the pattern of health provision in Cuba and contrast this with the UK
- 3) Describe Cuba's provision of healthcare despite its limited resources
- 4) Improve my level of Spanish and reflect on my ability to communicate, contrasting my ability on arrival in Cuba to my departure

## **1. Describe the pattern of requirement for care in Cuba and discuss this in the context of global health**

During my stay in Santiago I noticed many similarities between the UK and Cuba in terms of health care requirement. The types of presentation appeared to be largely the same in Cuba to that I would expect in the UK. For example during my time on surgery the most common acute presentation was that of acute appendicitis. I saw no patient presenting with illness that one may otherwise associate with a very poor country such as tropical infectious disease (e.g. malaria) or malnutrition.

These personal observations are supported by world health organisation (WHO) statistics. Table 1 shows the mortality rates in Cuba (per 100000 population) for communicable disease compared to non-communicable disease and injuries. The rates for the UK and USA are also included for comparison and are similar to the rates for Cuba.

The WHO also provides average figures for countries based on average income. Although the average income in Cuba is low, it can be seen that the cause of mortality is more comparable to countries with a high income (such as the UK and USA).

Cuba's HIV prevalence exceptionally low. Cuba has 0.1% HIV prevalence in people 15-49 years old compared to 0.2% in the UK [WHO, 2010].

**Error! Reference source not found.** shows the result of this provision of health care. Life expectancy in Cuba is comparable to that in the UK and USA as is neonatal mortality (which is actually significantly lower in Cuba than in the USA).

	Life expectancy Male	Life expectancy Female	Life expectancy Both Sexes	Neonatal mortality (per 1000 live births)
Cuba	76	79	77	3
UK	78	82	80	3
USA	76	81	78	4

Table 2: Life expectancy and neonatal mortality 2008. [WHO, 2010]

In addition to its provision for its own citizens Cuba also promotes health tourism and charges competitive rates to foreigners coming to Cuba for specific elective procedures. This care is provided in separate hospitals to those used by Cuban citizens.

### 3. Describe Cuba's provision of healthcare despite its limited resources

Cuba has suffered from very limited resources largely caused by 50 years of a near total embargo in the country by the USA. I was very interested to find out how Cuba has managed to provide such good health care for its citizens despite this. While not exhaustive, I have identified some of the ways that this is being achieved.

The first thing I noticed was that there are significantly more doctors available per patient in Cuba (and WHO data confirms this: Physician density in Cuba is 64 per 10000 patients compared to 21 and 27 for the UK and USA respectively [WHO, 2010]). In practice this allows doctors to spend a lot longer with each patient and make clinical assessments which are often necessary as the equipment to perform scans etc may not be available. While ultrasound and MRI are apparently available I did not see the results from a single scan during my stay which is quite different from what I would expect in the UK. The doctors themselves however are paid very little (20 CUC/month which is approximately 15 GBP per month).

As equipment is in extremely short supply there is heavy reuse. There are no disposable surgical scrubs or gowns. Gloves used for surgery are not reused, however gloves used for other sterile procedures are sterilised chemically, then autoclaved and repackaged. Liquid soap is unavailable for scrubbing up and so a bar of soap is shared to scrub up followed by a final wash with alcohol in theatre.