



## Cuba



This map is an approximation of actual country borders.

The Republic of Cuba is a free socialist, sovereign, and collective State. Cuba is an archipelago located in the western-most part of the Caribbean Sea, comprising the island of Cuba, the Isla de la Juventud (the Island of Youth), and some 1,600 smaller islands and keys, for a total land area of 110,860 km.<sup>2</sup> Cuba is made up of 14 provinces, divided into 169 municipalities, a Special Municipality, the Isla de la Juventud. The Cuban population numbers 11,257,105, with approximately 75.8% living in urban areas. In recent years, population growth has slowed significantly. Cuba's population replacement rate has not been guaranteed since 1978. In 1975, the number of children born per woman was only 1.5. Approximately 79% of deaths occur among the population aged 60 and older. In Cuba, infant mortality and mortality among child under 5 have markedly decreased. The increase in life expectancy at birth is a faithful reflection of the country's significant reduction in mortality. At the beginning of the 20th century, life expectancy was 40 years. In 2005, life expectancy was more than 77 years. Cuba is characterized by uniformity in the geographical distribution of its population and the variables that comprise it. The central provinces and the capital have older populations.

**DISEASES ELIMINATED**

POLIOMYELITIS 1962	MALARIA 1967	NEONATAL TETANUS 1972
WHOOPING COUGH 1997		DIPHTHERIA 1979
RUBELLA 1995		MUMPS 1989
MEASLES 1993	CONGENITAL RUBELLA SYNDROME 1989	

## HEALTH & DEVELOPMENT

Cuban social policy holds the State accountable for health and its citizens the beneficiaries. The country's health policies promote sustainable human development with the objectives of greater well-being and a higher quality of life, primarily in the areas of health, education, culture, employment, safety, and social welfare.

Despite the economic blockade, the Cuban economy achieved sustained economic growth for three decades, with an annual average GDP growth of 3.1%. Since 1989, owing to the disappearance of the Soviet Union and the rest of the European socialist countries, economic growth has come to a halt. In 1993, Cuba's GDP was 65% lower than it was in 1990. In the period 2000-2005, the country began to recover. Over 60% of current budgetary expenditures have been allocated specifically for health, education, safety, and social welfare.

Today, infectious diseases account for only 1.1% of deaths. In the past four decades these diseases have gradually been overtaken by noncommunicable diseases, which today account for more than 90% of deaths.

The three leading causes of mortality are heart disease, malignant neoplasms, and cerebrovascular and cardiovascular disease, accounting for 58.9% of deaths.

The changes in the country's mortality profile have most benefited Cuba's children. Mortality in children under 5 has declined markedly and steadily, and at a rate of 8.0 per 1,000 live births, represents 1.1% of deaths for all ages. The structure by component and cause is reflected in this indicator. Infant mortality, its primary component, is 5.3 per 1,000 live births.

In Cuba, HIV/AIDS transmission is considered low, with an estimated prevalence in 2004 of 0.05%. The benefits of the HIV/AIDS program, which includes triple antiviral therapy, are provided free-of-charge to all people living with the disease.

Protection of the population against 13 vaccine-preventable diseases has resulted in the eradication of polio, diphtheria, measles, whooping cough, rubella, and neonatal tetanus.

Some 95.2% of the population has some type of access to drinking water of acceptable quality (76% through water supply systems). Some 75.4% receives water via household connection; 14.7% have easy access; and the remaining 5.2% through public water system networks. Approximately 94% of the population has some type of wastewater collection and disposal service that are acceptable from a sanitation standpoint; 38% through a sewerage system; and the remaining 55% by means of latrines and septic systems. Approximately 36% of the country's wastewater is treated.

**Battle of Ideas: a New Revolution of Cuban Society**

Improving Education, Dissemination of Medical Training, Social Worker Program, Promoting a Culture of Health, Promoting Information Technology for Society, Sports, Programs of the Health Care Revolution

**IMPROVING CUBAN SOCIETY**

**2002: "A Profound Revolution in Health Care Services"**

Programs of the Health Care Revolution

- Program for the Strengthening of Human Capital
- Health Establishment Repair Program
- Program in Genetics and the Disabled
- Optimalism Program
- Program for Expanding & Modernizing Health Transport
- Information Service Program
- Municipal Intensive Therapy Program
- Nephrology & Hemodialysis Program
- Hospital Program
- Polyclinic Program
- Cardiology Program
- Orthopedics & Technical Orthopedics Program

**INTERNATIONAL MEDICAL COLLABORATION**

**104,502**

1963 - 2004	2005
79,487 Collaborators 97 Countries	25,222 Collaborators 70 Countries

Collaboration on the creation of 11 Schools of Medicine in 15 countries and assistance provided in 37 countries

240 instructors working in 15 countries and in 23 Schools of Medicine

From 1966 to 2004, a total of 3,914 health professionals and 4,536 technicians from more than 100 countries have graduated.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>Cuba acknowledges a political, social, and economic dimension in health and makes it a real priority, backed up by almost half a century of continuous development based on state policies that are both coherent and sustainable.</li> <li>The country maintains high levels of equity in the allocation of health resources, providing high-quality health services with universal coverage and access. As a result, there is a high level of health and satisfaction.</li> <li>The strength of Cuba's human capital and its investment in it have permitted the production of health and its achievements in this field.</li> <li>Low population growth.</li> <li>Health as an engine for development, research, and technical cooperation.</li> <li>Cuban investment in education is a contributing factor in its achievements in health.</li> <li>Synergies of social interventions in health.</li> </ul>	<ul style="list-style-type: none"> <li>The country's economic policy, based on accelerated recovery and diversification, together with its contribution to the development of its cumulative human capital and scientific output, will be geared primarily to important social programs for enhancing well-being, the quality of life, and universal coverage within a framework of equity and social justice. Health care and the national system for guaranteeing it are high policy priorities.</li> <li>The rapid and profound aging of the population, low fertility levels, and predominance of chronic noncommunicable diseases, together with the burden of disabilities and the demand for complex services that these conditions generate represent important challenges for socioeconomic organization and especially for the health system.</li> <li>Environmental risks and risks attributable to human behavior, together with serious global threats and fluid international mobility are priority areas for the country and its health system.</li> </ul>

## PARTNERS

Cuba is one of the 51 founding States of the United Nations. Over the past four decades it has played a significant role in all United Nations forums. Cuba is an active partner of the United Nations operational system for development and welcomed the first international office of that agency when the United Nations Educational, Scientific and Cultural Organization (UNESCO) opened its office in Havana in 1950.

Eleven of the 15 United Nations agencies have offices in Cuba. In all, the United Nations agencies have carried out more than 1,300 projects over the past 30 years, for a total of US\$350 million. The collaboration of UN agencies, funds, and programs (UNAIDS, UNICEF, UNFPA, UNDP, UNESCO, PAHO/WHO, FAO, WFP), as well as NGOs (i.e., Doctors without Borders of the Netherlands and Spain, Physicians of the World of France, MediSwiss, a group of Italian volunteers, Hivos of the Netherlands, and Unitarian University, among others) have worked on the development of the National Action against HIV/AIDS Framework through the project "Strengthening of the National Multisectoral Response for the Treatment and Prevention of the HIV/AIDS Epidemic in the Republic of Cuba." This project was financed by the Global Fund, which approved this 5-year project for Cuba in the amount of US\$26.15 million (January 2003).

Due to the economic situation of the 1990s, in 1992 a system was organized within the National Health System to receive donations from a variety of different sources. Its results have proven significant in terms of increasing the mobilization of internal and external resources for the health sector, disbursed primarily through projects and their rational use for specific objectives, via planned and controlled processes.

Cuba has promoted the Technical Cooperation among Countries as a tool for horizontal cooperation, understanding, and solidarity. Within the policy framework implemented by PAHO/WHO, Cuba has launched 67 projects within a period of 12 years, working together with countries of Latin America and the Caribbean.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>▪ The health concepts and approaches applied and developed by Cuban society as part of its social model are in keeping with those put forward by the World Health Organization and serve as models for other countries.</li> <li>▪ The experiences gained through PAHO/WHO technical cooperation with the Republic of Cuba have produced positive exchanges and yielded mutual benefits. Accordingly, this strategy represents a fertile platform for replication and development and has incorporated agencies of the United Nations system, NGOs, and other institutions that work with Cuba on a number of technical cooperation and development projects.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The broad international health and cooperation programs implemented by the Cuban government in countries of the Americas, Asia, and Africa represent opportunities for joint collaboration with PAHO/WHO.</li> <li>▪ Twelve WHO Collaborating Centers, in addition to health institutes, research centers, and general institutions, promote, develop, participate, build on, and evaluate research, its results, and cutting-edge experiences in the Cuban health system and other countries.</li> </ul>

## PAHO/WHO STRATEGIC AGENDA

Drawing on Cuban health research, development proposals and challenges, the types and content of development assistance and associations, PAHO/WHO technical cooperation and its special features in the country, and WHO policies at the global and regional levels, a set of joint cooperation priorities were identified that have defined Cuba's health strategies. These strategies will be supported by PAHO/WHO and their main efforts and resources will concentrate on the following **Cooperation Modalities**:

- Support for the development and dissemination of scientific research and technological innovations
- Identification, systematization, and documentation of best practices and experiences for decision-making
- Support for information and knowledge management
- Evaluation of public health policies, programs, and interventions
- Support for the formation and participation of partnerships and national and international networks
- Decentralized cooperation for local capacity building
- Mobilization of resources to strengthen strategic actions for national health development.

**National Policies**, briefly, will emphasize on:

- Improving health system response capacity, quality, and efficiency through development of the primary health care approach and polyclinic system
- Providing universal education, training, and upgrading of human resources via new teaching scenarios and cutting-edge programs
- Controlling the risks and harm from infectious and noncommunicable diseases, addictions, and violence
- Harnessing scientific and technological innovation for health
- Promoting international solidarity

The technical areas of the Ministry of Public Health have worked to make these policies health system priorities and to incorporate them into work strategies. Other sectors working on public health problems have designed and based their strategic work partnerships with the health system on these policies and priorities. The agencies of the United Nations system have defined and selected their priorities on the basis of country cooperation, especially with the National Health System and the priorities it has established.

**Cooperation Priorities** for the next 3-year period (2008-1010) are as follows:

- Contribute to the development of policies to promote health and the quality of life
- Help strengthen the National Health System by improving primary health care, with special emphasis on the development of Municipal Health Bureau (Dirección Municipal de Salud) and the Polyclinic
- Support national efforts to improve the quality of health services, emphasizing accreditation, technological adaptation, regulation, and strengthening of the regulatory authority
- Support the national priority of improving the integrated public health surveillance system, with special emphasis on early warning and forecasting capability, in accordance with the provisions of the International Health Regulations.
- Contribute to the strengthening of the health sector and intersectoral action to respond to the aging of the population
- Support the strengthening of the new model of human resources education in primary care and the Polyclinic system, with emphasis on the use of new technologies in education, information, and communication
- Support the development of Primary Environmental Care, within the framework of the updating of sector analyses of water, sanitation, and solid waste, with emphasis on the identification and management of environmental health hazards
- Promote scientific exchanges and the dissemination and use, as appropriate, of the results of the institutions of the Scientific Pole and WHO Centers of Excellence and Collaborating Centers
- Support the enhancement of programs that contribute to the fulfillment of national nutrition and food security strategies
- Support the enhancement of national procedures for evaluating the National Maternal and Child Program, with emphasis on actions to reduce maternal mortality
- Contribute to the development of national procedures for evaluating programs on the most prevalent noncommunicable diseases and support the national social communication strategy
- Support compliance with and national procedures for evaluating the Program of HIV/AIDS Prevention and Control and enhancing capacity to meet the challenges of emerging and reemerging diseases
- Support National Health System initiatives for preventing and mitigating the health impact of disasters on the population
- Support international health cooperation by promoting successful Cuban experiences in other countries and facilitate the country's access and participation to innovative projects in the development of international health policy and international and regional agreements in health.

## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/cub/en>

Country office web site <http://www.cub.ops-oms.org>

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WHO/DGR/CCO/09.03/Cuba

Updated: April 2009