

International collaboration: The Cuban answer to global health threats

Colaboración internacional: la respuesta cubana a las amenazas globales de la salud

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In public health, communicable, as well as non-communicable diseases are a continuous concern worldwide. Ethnic background, gender, age, lifestyle, and socioeconomic status make no one immune to health concerns. Interestingly, most diseases can be prevented and controlled by implementing cost-effective solutions encompassed in health programs focusing on primary care and health promotion.

Over the coming years, the anticipated global aging of population undoubtedly will be accompanied by an increment of chronic non-communicable diseases. Additional health services will be needed as a result, and to confront current and future epidemiological situations, as well as the need to expand health coverage in general. This, in turn, means that more financial support is vital for health systems. No country can face those challenges alone.



Collaboration between countries is based on sharing knowledge, skills, and resources to meet common goals. Public health programs can, and should, promote accurate evidence-based research, giving way to a better understanding of collaboration and to actionable work.⁽¹⁾

Collaboration in public health plays a key role in the innovation process. It allows health systems to gain access to a broader pool of resources and knowledge at lower cost and with shared risks. The collaboration not only focuses on training, technological transference, but also on well-established, effective and efficient working processes. In addition, collaboration can share results through the scientific community in published papers, scientific symposiums, etc.⁽²⁾ and can also be invaluable in ensuring compliance with regulations and best practices.

Globalization, climate change and social determinants will continue to fledge new pathogens, some of them highly contagious and dangerous. The One Health approach advocated by World Health Organization, the Food and Agriculture Organization, World Organization for Animal Health, the United States Centers for Disease Control and Prevention and others, is an effort to study and recognize the many global connections between and among people, animals and the environment and implement relevant inter-disciplinary policies. COVID-19, which originated in animals, is a clear example and provides another lesson in collaboration.⁽³⁾

Despite the various challenges involved in building better health systems, global experiences show that it is possible to obtain positive results using limited networks and funds. These experiences have fostered international collaboration as a means for countries to strengthen knowledge production and help to bridge gaps in terms of challenges and installed capacity.

Health in Cuba is ruled by fundamental basic principles such as the state and social character of medicine, access and universality as well as the implementation of the latest scientific and technological advances according to the conditions of a low-income country.⁽⁴⁾

Cuba is known for implementing a public health model based on universal health coverage, equity and efficient resource allocation. Probably this, along with the emergence or re-emergence of infectious diseases and natural disasters that respect no borders and the deficient health systems in many developing countries, speeds the Cuban solidarity through the international health collaboration.

May 23 1963, is considered the beginning of the Cuban International Medical collaboration, with the dispatch of the first brigade to Algeria. Since then, more than 600.000 health professionals have helped in 165 nations over 60 years. Our professionals have served in remote, hard to reach places where other professionals do not usually go. Many of them have had the privilege of being the first doctors in indigenous communities and communes, facing patients' fear before a stethoscope and sharing bed, food and medicine with them.



A transcendental event in the history of Cuban medical collaboration around the world is the creation of the International Contingent of Doctors Specialized in Disasters Situations and Serious Epidemics "Henry Reeve" on August 25, 2005 (<https://www.smcsalud.cu/en/blogsrvicios-medicos-cubanos-1/60-years-of-medical-solidarity-the-invaluable-legacy-of-cuban-international-health-collaboration-63>)

Cuban professionals not only have served in remote, hard to reach places, but also in prominent positions in different ministries of health and other international agencies all over the world. One example of the Cuban medical collaboration in health is the Bahamas-Cuba collaboration in epidemiology.

The Bahamian Ministry of Health seeks to protect the health of Bahamians residents by helping individuals acquire the skills to live responsible, healthy, and independent lives. It accomplishes this lofty goal by providing accessible services geared to help the community reach its full health potential. The Ministry operates from a social model of health, whereby improvements in health and well-being are achieved by directing efforts towards addressing the social and environmental determinants of health, among others. The delivery of healthcare in The Bahamas is integrated and coordinated around the needs of residents, rather than service types, professional boundaries, or organizational structure.

Currently, the primary cause of mortality in The Bahamas is related to diseases of the circulatory system (ischemic heart disease, stroke, and hypertensive heart disease) followed by diabetes and immunodeficiency syndromes. This indicates that there is a high prevalence of non-communicable diseases and that the population is sedentary (Institute for Health Metrics and Evaluation, 2022. <https://www.healthdata.org/bahamas>).

Aiming to increase the capabilities in medical epidemiology and data analytics, the Bahamian Ministry of Health and Wellness and the Cuban Ministry of Public Health are collaborating to strengthen the health system in the Bahamas.

Collaboration with Cuba was chosen as Cuba has excellent primary healthcare and has a strong focus on prevention^(3,4). This bold movement comes after the resounding success of Cuban nurses' presence in the Commonwealth of the Bahamas during the most difficult days of Covid-19 pandemic and the continuous engagement from both ministries that create opportunities for collaboration years in the future.

There are 10 Essential Public Health Services focused on protecting and promoting the health of the population^(5,6). Amid those services, at least three receive especial attention on this Bahamas-Cuba health collaboration:

- a. Assess and monitor population health status, factors that influence health, and community needs and assets;
- b. Build a diverse and skilled workforce; and
- c. Build and maintain a strong organizational infrastructure for public health. Other services should also be assessed.



After one year of collaboration the main results and proposals developed were:

- a. Creation of a Technical Task Force for Integrated Surveillance.
- b. Reorganization of the organogram of the Ministry of Health and Wellness to create an Epidemiology Unit under the umbrella of Public Health Department.
- c. Designing Information and Technology tools to speed data capture and its flow from all health care facilities to the Ministry of Health and Wellness and other Institutions and Bahamian agencies.
- d. Building Capacity through Training; and
- e. Drafting technical recommendations for preparedness, response and resilience against health threats.

To assess the presence and magnitude of intestinal parasites among schoolchildren, the author recommended to the leaders of the National Reference Lab in the Bahamas to run a baseline study. Similar studies need to be conducted to the Bahamian general population to know prevalence and real impact of intestinal parasites in the country.

Considering the importance of past health events and their learned lessons, it was also recommended reviewing the existing COVID-19 databases to identify useful information that later could be used as reference to face new health threats.

Finally, the production of a weekly newsletter summarizing important events and updates was suggested. The newsletter need not to only contain events related to public health in the Bahamas but to promote training activities, key readings, and updates about international health tendencies.

Developing an effective and sustainable collaboration program requires a commitment by all parties involved. The baseline needs to be modified in a desirable positive way considering the latest status of the scientific knowledge. If this collaboration is any indicator, it signals future benefits for the Bahamian and Cuban people.

The world faces immense environmental, economic, health and social challenges that are impossible for one nation. In this scenario, Cuban international health collaboration emerges as a suitable answer to global health threats. The Bahamas-Cuba case is a good example.

To increase equitable access to health care all over the world, stronger collaboration is needed, which would optimize resource utilization and increase efficiencies in implementation, alignment and integration of health programs. This issue is likely to be exacerbated during infectious diseases outbreaks, creating an urgent need for careful planning and international collaboration.

In view of the foregoing, any initiative to renew and revitalize public health and its functions is important, and to advocate for better collaboration, addressing the social determinants of health, especially to ensure access to health interventions that



prioritize prevention and partnerships, for broader health promotion efforts within the health system.

The Cuban international health collaboration program is an example of south-south, even south-north, collaboration and can lead the way to speed solidarity among human beings.

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