PHC in Cuba

Roman Vega Romero

PHM Global Coordinator

General characteristics

- In 2016, Cuba had a population of 11,476,000 inhabitants, a GDP per capita of 18,520 international dollars (2011), a health expenditure per capita of 2,475 dollars (2014), a total public expenditure on 96% health and 4% out-of-pocket spending (2014)
- Public spending on health as a percentage of GDP has generally been maintained above 6% - being 11.1% in 2018 - and is the highest public spending item (28% in 2017) among the components of the national budget.
- Among the indicators of the health status of the population, a mortality rate of 5 in children under 5 years of age (2018), a mortality rate of 4.3 in children under 1 year of age (2016) and a maternal mortality rate of 38 stand out. (2018)

The Cuban health system

- Public health is considered a right of all people, with the State being responsible for guaranteeing “access, free and quality care, protection and recovery services”.
- To guarantee the right to public health, the State has created a universal access health care at all levels, with an emphasis on prevention and education services, and with the participation of society and families.
- This is a unique state system, based on the values of solidarity, equity and the right to health.
- The system is based on a strong public health surveillance component integrated into PHC and in close connection with a renowned hospital network.

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- The Family Physician and Nurse Work Program, which is a people-centered PHC model, the family and the community, with regional and intersectoral health projection, is the basis of the health system and the gateway to entry to care system.
- The model includes a Basic Health Team (EBS) made up of a doctor and a family nurse - who work in a neighborhood family clinic -, 15 to 20 EBS per catchment area (Basic Work Group - GBT) between 20 to 30 thousand people, articulated with a community polyclinic and a reference hospital.

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- The basic activities of the EBS are dispensarization -a planned and programmed evaluation and intervention of individuals and families based on the analysis of their health situation, its registration, classification and follow-up-, the analysis of the health situation of the community , home admission (home care) and care for terminally ill people.
- Each EBS is in charge of a population of 1,500 inhabitants, organizes its work through the health action planning model, and the family doctor prioritizes consultation activities and makes two field visits per week.
- The GBT, supported by basic specialists and technical professionals, share the responsibility of serving the entire population of their area, of studying their common problems and solving them.

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- The capacity of the EBS improved through a process of transforming the training of human resources, training in general medicine oriented towards PHC and a new specialty -integral general medicine, which is the specialty of all family doctors - with skills and performance focused on individual, family, community and environmental care

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- Similarly, capacity has improved by linking several specialties - pediatrics, gynecology, obstetrics, internal medicine, psychology, optometry, among others - to the primary care polyclinic and bringing various health services closer to it -ultrasound, endoscopy, biliary drainage, optometry , dentistry, comprehensive rehabilitation, natural and traditional medicine, among others-;
- better integration of the EBS and the Polyclinics led to complementarity;
- Modernizing the coordination of actions within the network, and between the network and the population, through the use of electronic digital records.
- Continuity of care is guaranteed through the integrated network of family clinics, polyclinics and the reference hospitals.

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- Public health surveillance is an integral part of the structure and local processes of PHC in EBS and community polyclinics.
- Through them, actions of active and passive detection of cases, their diagnosis, and early treatment are carried out; contact tracing and follow-up is done; education and communication are practiced to achieve protective behaviors; and community and intersectoral participation is promoted in promotion, prevention and control activities.

PHC in Cuba

- En el año 2011, cuba entró en un proceso de actualización del modelo económico y social y, con éste, de modernización tecnológica, reorganización, compactación y regionalización de los servicios de salud, la reducción de sus costos y el fortalecimiento de su sostenibilidad, pero sin desmejorar la calidad de la atención.
- In 2011, Cuba underwent a process of upgrading the economic and social model and technological modernization, reorganization, regionalization of health services, the reduction of their costs and the strengthening of their sustainability, but without compromising the quality of care

PHC in Cuba

- The transformations of PHC between 1985 and 2016 can be seen in the following indicators: it went from 1.7% of the population attended by a family doctor to 100%; the number of family doctors increased from 237 to 46,302; hospital admissions fell from 16% to 11.4%; vaccination coverage is over 98%; early detection of more than 95% of pregnant women before weeks; infant mortality fell from 16.5 to 4.3 per thousand; mortality in children under 5 years old fell from 19.6 to 5.5 per thousand; low birth weight went from 8.2% to 5.2%.