

**STUDY ON INTERSECTOR PRACTICES IN
HEALTH IN CUBA
REPORT TO THE PAN AMERICAN
HEALTH ORGANIZATION**

**Document complementing the report to the
Pan American Health Organization**

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SUMMARY

The present document complements the Cuban report “Study on the practice of intersector action in health in Cuba” and its purpose is to respond to questions that arose during its analysis.

The answers were prepared by the team from the National Health School (ENSAP) conducting the study entitled “Sustainability of intersector action in Cuban social practice,” which used the above-mentioned report “Study on the practice of intersector action in health in Cuba,” the guide “Terms of Reference for developing case country studies on intersector action for health (IAH): Countries: Cuba, El Salvador, Malasia” and the bibliography compiled as part of Cuba’s own research as the basis.

The document contains two chapters:

- Chapter 1, which reproduces the 16 questions that arose from an analysis of the document “Study on the practice of intersector action in health in Cuba,” each of which is classified by section of the guide.
- Chapter 2, using the number of each question, gives the corresponding response.

STUDY ON INTERSECTOR PRACTICES IN HEALTH IN CUBA
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CHAPTER 1

This chapter lists the questions that arose from an analysis of the document “Study on the practice of intersector action in health in Cuba,” establishing the relationships between them and the guideline document “Terms of Reference for developing case country studies on intersector action for health (IAH): Countries: Cuba, El Salvador, Malasia.”

Questions

1. Can you describe the instruments or tools used in the interviews or in the field work? (A)
Context
2. Can you give more detail in the point on access about the policies you have described in the specific examples? Please use the classification that appears in the guide. (B) Approaches
3. How has social participation contributed to vertical and horizontal integration, or if not, why not? What other factors have contributed? (B) Approaches
4. Can you explain in detail the role of the health sector (by type of leadership, coordination, other) with respect to intersector action in health? Are there differences between the national and local levels? Can you describe in detail specific intersector actions related to smoking, obesity, environmental hygiene, chronic kidney diseases, and the HIV epidemic? (B) Approaches
5. Please also explain how the actions relate to other sectors on the national and local levels; describe the degree of integration as it is defined in the guide. Include changes in these relations when you explain the process of decentralization in the health system. (B) Approaches
6. Please, can you show the interrelations between the players in a diagram (one for national interrelations and one for the local level). Also include a diagram showing the evolution of the health system over time. (B) Approaches
7. How much did this program cost and how was it financed? (B) Approaches
8. Describe in detail the structural and functional changes in the Ministry of Health (national), provincial, and district (municipal) levels with regard to leadership of the process. (C) Repercussions
9. How are the health and education sectors coordinating with other sectors? (C) Repercussions
10. Give more details about the people’s health committees (powers, organization). (C) Repercussions

11. Can you include specific definitions of the different phases of intersector action that you have described? (C) Repercussions
12. Is policy integration different when the interrelationship is led by a sector that is not the health sector, for example the Turquino Manati Plan? (C) Repercussions
13. Can you explain the determining, triggering, and modifying factors in connection with intersector action in greater detail? (C) Repercussions
14. Can you explain various aspects included under instruments/tools for evaluating intersector action in greater detail? (C) Repercussions
15. Discuss the extension of intersector action to other policy environments. (C) Repercussions
16. Send more documentation on the municipal health movement. (C) Repercussions

CHAPTER 2

This chapter gives responses to the questions that arose from a critical analysis of the document “Study on the practice of intersector action in health in Cuba.” Methodologically, it is organized to respond numerically to each of the questions.

Answer 1

INSTRUMENTS USED

The instruments considered in the ongoing study that we propose to conduct are based on two basic components:

- A. Questionnaire on the current situation of intersector action in the municipality:
- To select the municipalities for evaluation, the existence of recognized projects was taken into consideration.
 - A national workshop was held for specific training in handling the tools, with representatives from each selected municipality.
 - The questionnaire was prepared to explore Cuban municipal conditions.
- B. Data processing system and results
- A digitized program was designed to process the information obtained in the questionnaires.
 - A database was constructed that permits the information to be retrieved under any criterion or combination of criteria.
 - Process the information that can potentially be obtained in the studies conducted.

The subjects that were dealt with in the instruments:

- Level of knowledge about intersector action among players in the health sector.
- Level of knowledge about intersector action in other sectors.
- Presence of intersector action in the strategic objectives of the municipality.
- Self-responsibility of the sectors regarding their role in health problems.
- Presence of intersector action in the administrative council.
- Presence of intersector action in the municipal health council.
- Presence of intersector action in the council of people’s councils [sic].
- Use of analysis of the health situation as the basis for projects and decision making.

(These organizations were described in the earlier report)

Answer 2

The policy on access to intersector action in Cuba makes the health sector the technical coordinator of the process, given its capacity to diagnose and intervene in health problems from the national to the local levels. The health sector, with its national structure represented by the Ministry of Public Health (lead agency with methodological, regulatory, coordination, and control functions) and its local structure (provincial and municipal health directorates) are administratively subordinate to their respective level of government, with which they form partnerships to coordinate, implement, and

control health actions in society. Therefore, access policies in Cuba have favoured the process of decentralization, social participation, and mobilization of resources.

Answer 3

The government's decision and social participation in Cuba have promoted vertical-horizontal integration of intersector action, sustained by the existence of a government structure (people's council) that represents the partnership between the community, the municipal and provincial governments, the sectors, and social organizations in the territory.

Answer 4

The health sector in Cuba provides leadership and coordinates intersector action from the central level (Ministry of Public Health), mainly promoting vertical strategies and programs, while the horizontal action plan is incorporated on the local (provincial and municipal) level. Both are integrated as a master strategy for addressing health problems, such as smoking, obesity, environmental hygiene, chronic kidney diseases, and the HIV epidemic, among others, which is favoured by the recognized technical and social leadership of its human resources. The following should be noted:

- Strengthening of the national response to the HIV/AIDS epidemic through multisector and civil society participation, using the health sector as convener and establishing partnerships with other sectors, social organizations, and institutions to promote the harmonious coexistence of the public with people living with HIV/AIDS and the prevention of risky sexual behaviour.
- A comprehensive program of active research is being carried out into chronic renal insufficiency which initially selected the Isla de la Juventud special municipality, given the genetic diversity of its population, and was extended to the rest of the country. It is an example of technical and promotional mobilized integration. It was coordinated by the National Nephrology Institute, backed by the municipal government and the Ministry of Public Health, and included students from different school levels, social organizations, and the different sectors located in the territory, and the community itself.
- Agreements were also established between the Ministry of Labour and Social Security, the Ministry of Higher Education, the Ministry of Public Health, the National Medical Science Information Centre, the Youth Studies Centre, and the Cuban Radio and Television Administration to provide methodological advisory services on interventions relating to smoking and obesity.

Answer 5

The health sector in Cuba offers broad universal coverage and is constantly changing as the process of social construction changes. Since the head of the sector is the vice-president of the government, it outranks and has better drawing power than the other sectors of the economy and services, which facilitates the coordination and control of intersector action plans in response to demands and needs identified in the analysis of health status that is performed with the active participation of social organizations and the community itself.

Answer 6. Government-health-development interrelations

Level	Government structure	Health Sector	Development attained
National	National assembly (parliament) State Council Cabinet	Ministry of Public Health	<ul style="list-style-type: none"> • Research institutes • Medical schools and faculties • Highly-specialized treatment centres
Provincial	Provincial assembly Provincial administration council (territorial administrative body)	Provincial Health Directorate	<ul style="list-style-type: none"> • Provincial hospitals • Specialized treatment facilities • Technology support institutions • Other
Municipal	Municipal assembly Municipal administration council	Municipal Health Directorate	<ul style="list-style-type: none"> • Municipal hospitals • Polyclinics • Community treatment centers
Health area	People's council	Health Area Directorate (the head is the director of the polyclinic)	<ul style="list-style-type: none"> • Family medicine clinics and other local institutions

Answer 7

Public health in Cuba is financed by the government and intersector action is one of its principles. Therefore the related actions are the responsibility of the government and the different sectors involved in this process include the costs of the action plan in their financial planning, not excluding external cooperation or cooperation with other nongovernmental organizations, for example the municipal development projects implemented by MINSAP in partnership with PAHO, as described in our report.

Answer 8

The health sector which is represented on the national, provincial, and municipal levels, has responded to the changes in the country, maintaining its leadership role over health actions. Its structure responds to the need for social development in health by anchoring itself in a broad platform of primary care, where family doctors and nurses and polyclinics are the lead institutions for preventive and curative social medicine, in close cooperation with the network of hospitals and other institutions, which guarantees harmonious operational linkage from the national to the local level.

Answer 9

Health and education are two social sectors given priority by the Cuban government and are both structured into management levels: national (ministerial), provincial, and municipal, which are subordinate from the administrative standpoint to the corresponding level of government. The sector director is the vice-president of the government and therefore the strategic union of the two sectors outranks and has better drawing power than the other sectors of the economy and services, to the benefit of public health. The actions that the health-education set has coordinated with other sectors include:

- Programs coordinated jointly by health and education to promote education and the development of values and responsible behaviour for individual, family, and collective health, stressing priority health problems, for example:
 - a. The National Accident Prevention Program (health, education, Ministry of Transport, governmental and nongovernmental organizations).
 - b. The National Program for the Prevention and Control of Alcoholism and other Drug Dependencies (health, education, Cuban Radio and Television Administration, Ministry of Transport, Ministry of Agriculture, Ministry of Domestic Trade, governmental and nongovernmental organizations).

Answer 10

The people's health commissions, as was explained in the original document, were established in the early years of the revolutionary process as an avenue for developing intersector actions. The work done was targeted jointly to the health sector and other sectors (particularly grass-roots and community organizations), addressing some very specific health problems that were present. Its work also supported health programs, such as the vaccination and environmental hygiene programs and tests for the prevention of cervical and uterine cancer, etc. These commissions were improved over time and have moved to a qualitatively higher stage in their organizational structures, and today are known as the health councils of the municipal and provincial people's councils.

There are other commissions today, such as the health and sports commissions of the provincial and municipal assemblies, which are composed of elected members or delegates from the different territories, who maintain their professional and labour ties during the legislative period for which they were elected. This lets them remain in personal contact with the reality of the place where they work and live and enables them to exercise permanent monitoring of the health sector and other related sectors. They also carry out actions to promote community and intersector participation in solving social health problems.

Answer 11

Intersector action includes the following factors:

- Determining factors, that arise from problems that demand coordinated action from one or more sectors.
- Conditioning factors, given the policies, attitudes, and capabilities that the action requires.
- Triggering factors, based on technologies, directives, and work styles and methods that turn the action into a reality.

But the difference lies in the time when they arise and operate. The **determining factors** of intersector action are directly linked to the multicausal problems of the phenomenon to be addressed. For example, a frequent cause of the spread of the *Aedes Aegypti* mosquito is the existence of water collection tanks that do not have covers. This is a health problem and requires an intersector action. What kind? The sector or sectors with responsibility for manufacturing the tank covers participate in the process of solving the problem. The reason there are mosquitoes is clean water [sic] but the intersector determinant lies in a problem that stems from the above, the absence of covers. We could give many other examples. The **conditioning factors** are that the policy for the entire country establishes these procedures, as reflected in this example, and many others, with regard to the

responsibility of the sectors in problems that have to do with health, well-being, and the quality of life, in addition to the consequent attitude of the corresponding sector. [sic] The **triggering** factors are the plans, projects, and programs of the sectors which should include the material and financial needs and forms of action that stem from the problems that must be addressed and that are revealed in the health situation analyses.

Answer 12

The integration of policies to improve health, well-being, and the quality of life of the Cuban population is brought about through joint actions performed by the different sectors, with one of them acting as leader in each case, but always maintaining the principle of integration framed in intersector action. The health situation analysis, with community and intersector participation, with a major role played by the local government (the health sector director is the vice-president of the [local] government), lays the groundwork for preparing action plans and each sector, depending on the problem to be addressed, will coordinate the corresponding actions because it is more closely linked to the problem in question. Some examples are:

- The Ministry of Sugar (MINAZ) coordinated the project for the control and prevention of vocational diseases, work accidents, and other health risks that affect workers in the sugar sector.
- The Ministry of Education (MINED) to implement programs for prevention, cure, and epidemiological control targeted to schools and their surroundings, teachers and sector workers. It also includes health education and promotion activities that are subsequently reproduced by students in the community and at home, playing the role of health promoters.
- The Ministry of Tourism (MINTUR) to coordinate tourism development with international health control and environmental hygiene.
- The Ministry of Agriculture (MINAGRI) to train workers, students, sector leaders, and the community in the handling of agricultural chemicals and veterinary control, in addition to promoting the production of phyto-pharmaceuticals, and supplying proteins and vegetables to communities at nutritional risk.
- The Ministry of Science and Technology (CITMA) through the environmental management committee to ensure the safety of medical research and chemical products.
- The Ministry of Labour and Social Security (MINTRAB) to coordinate actions that promote labour health and safety on the national, provincial, municipal, and community levels, integrated with the Cuban Workers Central and its respective unions.
- The same thing happens on the provincial and municipal levels.
- Keep in mind that intersector action demands shared leadership and this implies the need for tables of responsibilities in a management approach that is followed in the forms of action. [sic]

Answer 13

This was explained in answer 11, but we will add other considerations. The specific problems found through the health situation analysis **determine** the coordinated action of one or more sectors to address them. The municipal health movement (which is the venue for **coordination** to determine what approach to take) forms part of the mechanisms for facilitation, approval, and regulation of actions linked to health, well-being, and quality of life, and from there, the **triggering factors** are unleashed which are specific projects to put the plan of activities into practice, in terms of implementation, training, and evaluation, with the delimitation of specific roles which keep local needs and conditions very much in mind. There is no one formula that suits all cities or communities.

The movement includes strategies centered on essential aspects related to areas such as social communications, environment, nutrition and diet, physical exercise, attention to vulnerable groups, etc.

Answer 14

The response given to question 1 covers the aspects that made it possible to study intersector action on the basis of the three components that mark it, i.e. determining, conditioning, and triggering factors, each of which contains variables that are used to scale the intersector action, i.e. human, material, and financial resources for the activity, the problem to be addressed, the management system to be used, and the components for evaluating the sustainability of the intersector action.

Answer 15

The national, provincial, municipal, and people's health councils are a tool for organizing and mobilizing society. They are a functional structure that promotes policy integration by establishing an environment in which they can be integrated through vertical and horizontal actions, which is how the intersector response is put into practice.

Answer 16

The Municipalities for Health movement in Cuba was supported and promoted by the Sports Health and Environmental Committee of parliament and is on the provincial and municipal level, mainly implemented through local projects in different parts of the country. In each case a central implementation group is established under the leadership of the local government and for each theme a sector leader is designated to coordinate the action plan. This movement is directly linked to the health councils on each level, which has facilitated the development of interrelated social support networks.

Some examples are:

16.1 The Cienfuegos case in which measurement criteria were prioritized:

- Creating a work team coordinated by the local government.
- Work strategies were established based fundamentally on techniques for social communications, workplace education, and sports.
- The centre to promote the project was an amphitheatre that is well attended by the public.
- Delimitation of the economic aspect in relation to planning and control of internal resources and different investments made through intersector cooperation.
- A training program was carried out targeted to sector leaders and social organizations.
- Sports and recreational areas and a television viewing room were created as leisure spaces.

Evaluation of results

- With the "Adolescence and Future" project, youths were educated in topics such as the prevention of sexually transmitted diseases, risk factors, actions to combat alcoholism and smoking, violence, early pregnancy, and other health problems that require permanent intervention.
- The plan was carried out in stages:

- a. Stage one laid the groundwork for sensitizing each of the groups and motivation through the media.
 - b. Stage two stressed activities with the open [sic] population in recreation, offering them options for good use of their free time, always coordinated by the health sector, with participation by sectors such as education, sports, culture, the food industry and other sectors.
- Quantitative and qualitative techniques found there was an improvement in:
 - a. User satisfaction, particularly among adolescents, in relation to their environment.
 - b. Competence and performance of human resources from the sectors and agencies involved and by community members in relation to the training process.
 - c. Efficient use of the material resources planned and allocated to the project permitted it to provide the selected community with educational means for continuing the team work.

16.2 Cardenas case, in which measurement criteria were prioritized:

- The municipal assembly called on all agencies in its territory, including those that report to provincial or national bodies, to perform certain tasks.
- An intersector work team was established with representatives of those agencies, under the coordination of the health sector, which provided an interdisciplinary group in the field of hygiene and epidemiology, in addition to family doctors and nurses.
- The project “Primary Environmental Promotion” was prepared and implemented taking a public health approach.

Evaluation of the results

The ECO-HEALTH project provided environmental education in the municipality of Cardenas and spurred workers in the health and education sectors and others to take a public health approach. Meetings were held and videos were shown about the ECO-HEALTH project.

- A broad process of training for human resources in the sectors involved was carried out.
- A sports area was created in a zone that had been used for micro-dumps.
- A program for systematic evaluation of intersector actions aimed at finding a physical solution to the problem was established.