



Cuba advances primary health care

"The day we think we're doing everything right is the day we've abandoned our patients," says Dr Rebeca Mendoza, the director of a polyclinic in Havana, Cuba.

Community-based polyclinics are the centre piece of Cuba's primary health care system, by many standards one of the world's most effective, and responsible, in large part, for the country's impressive health indicators that are close or equal to those in some developed countries. Each polyclinic provides health services for a specific geographical area, serving about 25 000 to 30 000 people.

For example, in 2004, there were seven deaths for every 1000 children aged less than five years – a decrease from 46 such deaths 40 years earlier. Meanwhile, the average life expectancy of 78 years is one of the world's highest life expectancy among developing nations.

The polyclinic approach

The polyclinics were established across Cuba in the 1970s, anticipating by some years the World Health Organization's landmark 1978 Declaration of Alma-Ata with its call for 'health for all' through equitable and universal access to health services – in other words – a primary health care approach.

By the 1990s, the programme had family doctors and nurses throughout the country and was attending to the needs of more than 95% of the population.

"We fought for the Declaration of Alma-Ata before it was official," says Dr Cristina Luna, Cuba's national director of ambulatory care. Its message has guided and challenged us ever since."

In 2008, Cuba's primary health care is again being transformed to add services previously available only in hospitals, such as rehabilitation, X-ray, and ultrasound, endoscopy, family planning, emergency dentistry, diabetic and elderly care.

"Today we're not just challenged to provide universal care at all levels, but also better quality care, better organized and integrated services. People expect much more of us now," says Luna.

- Cuba has one of the world's highest life expectancies among developing nations
- Clinics provide wide range of care, not just basic services
- National health programme addresses needs of over 95% of the population
- Cuba tailors health services to specific community needs

Respond to specific needs

Further change has come with the abolition of a rather uniform type of polyclinic that was reproduced across the country. Today services respond to the specific health picture of the community served, another core primary health care principle.

"If there are many smokers, we should have counselling a few nights a week, not just one. If we have many allergies in the area, then the polyclinic should have allergy testing services, and so on," says Luna.

The roles of the polyclinic and the family doctor-and-nurse offices are also changing. Since 2007, the polyclinics are expected to play a leading role in capacity building and quality

control among all health-related institutions in their communities.

What is left to address? Mendoza says: "We have to pay more attention to patient satisfaction. Some of the staff don't like to hear criticism."

This is an abridged version of an article published in the Bulletin of the World Health Organization in May 2008¹.

Cuba in numbers²

Life expectancy (both sexes, 2006): 78 years

Gross National Product per capita (PPP in international \$, 2006): Not available

Per capita total expenditure on health (PPP in international \$, 2005): 333

Number of physicians (per 10 000 population, 2005): 59



Claudia Lopez, an intern, with outpatients at 5 de Septiembre Polyclinic, Havana

WHO/Gail Reed

¹ Cuba's primary health care revolution: 30 years on, WHO Bulletin, Vol 86: 5, <http://www.who.int/bulletin/volumes/86/5/08-030508/en/index.html> - Home page: <http://www.who.int/bulletin/en/>

² World Health Statistics 2008, Online version: <http://www.who.int/whosis/data/Search.jsp> (accessed on 24/09/2008)