

Cuba



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Upper-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2013)	11 266
% Population under 15 (2013)	16.2
% Population over 60 (2013)	18.5
Life expectancy at birth (2013) Total, Male, Female	80 (Female) 78 (Both sexes) 77 (Male)
Neonatal mortality rate per 1000 live births (2013)	3 [3-3]
Under-five mortality rate per 1000 live births (2013)	6 [5-7]
Maternal mortality ratio per 100 000 live births (2013)	80 [50-130]
% DTP3 Immunization coverage among 1-year-olds (2013)	96
% Births attended by skilled health workers (2013)	99.9
Density of physicians per 1000 population (2010)	6.723
Density of nurses and midwives per 1000 population (2010)	9.053
Total expenditure on health as % of GDP (2013)	8.8
General government expenditure on health as % of total government expenditure (2013)	13.4
Private expenditure on health as % of total expenditure on health (2013)	7
Adult (15+) literacy rate total (2011)	99.8
Population using improved drinking-water sources (%) (2012)	96 (Urban) 94 (Total) 87 (Rural)
Population using improved sanitation facilities (%) (2012)	88 (Rural) 93 (Total) 94 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender-related Development Index rank out of 148 countries (2012)	63
Human Development Index rank out of 186 countries (2012)	59

Sources of data:

Global Health Observatory, April 2015
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The Republic of Cuba is a free, socialist and sovereign state. It is an archipelago constituted by the island of Cuba, the Island of Youth and 1600 smaller islands and keys. Cuba is divided into 15 provinces and 168 municipalities, one of them, the Island of Youth as a special municipality with national subordination. The population is approximately 11 271 000, with 50.09% females and 49.91% males.

The Cuban population, of which 75.2% live in urban areas, has had a very low growth rate in recent years. Since 1978, the global fertility rates for Cuba have been lower than needed to guarantee replacement of the population. In 2011, the total fecundity rate was 1.77. Infant mortality continues to decrease and has reached the rate of 4.6 in 2012.

The HIV/AIDS epidemic is considered of low transmission with an estimated prevalence in 2009 of 0.1% among the population between 14 and 49 years of age. The national program covers all the affected, including free ARV treatment (tri-therapy). The leading causes of mortality are, in descending order: malignant neoplasm (204.8 per 100 000), cardiovascular diseases (202.9 per 100 000), cerebrovascular diseases (80.7 per 100 000), influenza and pneumonia (54.6 per 100 000), and accidents (44.2 per 100 000 people). Deaths attributable to infectious diseases amount to barely 1.1% of all deaths. The population structure, characteristics and health status correspond to those of an ageing population (older adults aged 60 and above comprise 18.5% of the population, with the rate expected to grow to more than 25% by 2025).

HEALTH POLICIES AND SYSTEMS

The Cuban Social Policy defines the State as responsible and the citizen as beneficiary. It is oriented towards sustainable human development with the goal of wellbeing and the highest standard in quality of life, mainly in regards to health, education, culture, employment, security and social assistance. The national health system, as part of the social and economic structure of the country, is undergoing a process of transformation from reorganization to downsizing of institutions, services, resources and programs, adopting a new organization and operation, to streamlining the use of resources and technologies, including human resources. Among the many challenges of the health system, one is the reaping the benefits of the clinical and epidemiological method and a more rational, scientific and efficient management of technologies.

The health system is composed of 152 hospitals (38 642 beds) and 452 policlinics that include 821 basic health groups (composed of an internal medicine specialist, a paediatrician, a gynecologist, a dentist, a psychologist and a statistician-informatics). The basic health groups have 11 468 family doctors and nurse team health care units responsible for an average of 1095 inhabitants each. There are also 1215 dental care centres, 142 maternal homes, 126 elderly homes and 228 grandparent homes. The system has 76 506 doctors of which 36 478 are family doctors, 12 144 are dentists, and 103 014 are nurses. The health sector has 535 305 workers, representing 7.0% of the total work force; 69.5 % are women.

The country has reached high levels of equity in the distribution of health with full coverage, accessibility and high quality resources. The strength of its human capital and investments made for them, have made possible the attainment of good health indicators and health development. Health is the engine of development, research and the development of technical cooperation. The Scientific Pole, now under BioCubaFarma, seeks to respond to the needs of the health system, through new health innovations and technologies. Investments in education are a contributing factor of development in health.

COOPERATION FOR HEALTH

The United Nations country team (UNCT) in Cuba is composed of FAO, WFP, UNDP, UNESCO, UNFPA, UNICEF and PAHO/WHO, and has been working in concert with national authorities represented by the Ministry of Foreign Trade and Foreign Investment (MINCEX), and other non-residents agencies of the United Nations system in the country (ECLAC, ILO, IAEA, UNIDO, UNAIDS, UNIFEM, UNEP and UN-HABITAT), in the elaboration of the common assessment of country (CCA) and the United Nations Development Assistance Framework (UNDAF) 2014-2018. The UNDAF will support the national and local authorities in their plans and development strategies in the areas of quality, development, population dynamics and sustainability of social and cultural services; sustainable economic development; food security and nutrition; environmental sustainability and disaster risk management.

Currently more than 60 000 Cuban health workers provide services in 68 countries. In addition, "ELAM" (Latin American School of Medicine) a project for the training of physicians for the comprehensive health program, has more than 18 000 students of more than 93 nationalities enrolled.

PAHO/WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012–2015)	
Strategic Priorities	Country Cooperation Strategy Focus Areas
STRATEGIC PRIORITY 1: Contribute to the strengthening of the national health system	<ul style="list-style-type: none"> Contribute to the strengthening of the national health system with emphasis on quality, sustainability, and efficiency, being sustained in primary health care, which considers the clinical method, the use of appropriate technologies and the enhancement of natural and traditional medicine. Support the strengthening of the national health system from and through the transformations oriented by the higher authorities of the Government and Cuban State. Strengthen the regulatory capacity of the national health system. Develop scientifically and technically the health sector through the generation and transfer of knowledge in the priority areas, with emphasis on public health, research in health systems and services, health economics and evaluation of health technologies. Develop human resources that address the priorities of the national health system including the enhancement in the education of specialists, Master and Drs. in Sciences.
STRATEGIC PRIORITY 2: Contribute to the development of health promotion and quality of life policies.	<ul style="list-style-type: none"> Manage healthy public policies, health promotion and quality of life, with intersectoral participation. Contribute to the national strategies of nutrition and food security. Strengthen the interventions on environmental health, that contribute to the identification and control of the principal risk factors including components of water, sanitation, environmental pollution, solid and toxic waste, and the results of the climate change.
STRATEGIC PRIORITY 3: Development of research on determinants of the health status of Cuban population, in particular with the perspective of gender equality and of populations in situations of vulnerability.	<ul style="list-style-type: none"> Help to maintain trend toward the achievement of the reduction in maternal mortality goal in fulfillment of Millennium Development Goal No. 5. Support national strategies and plans for confronting population ageing and its impact in the national health system. Contribute to the development of studies and interventions to improve the health status of the Cuban population. Support the implementation of actions of prevention, diagnosis, and treatment of the most prevalent noncommunicable diseases with emphasis on cancer and cardiovascular diseases.
STRATEGIC PRIORITY 4: Strengthen the integrated public health surveillance system.	<ul style="list-style-type: none"> Support the different components of health surveillance. Support the implementation of IHR.
STRATEGIC PRIORITY 5: Support the national policy of international cooperation.	<ul style="list-style-type: none"> Facilitate international cooperation, both solidarity driven and compensated, South-South cooperation, and the triangulation of cooperation in health and mobilization of resources. Promote networks for the scientific exchange, dissemination, and utilization of the results from the Institutions of the Scientific Pole, Associated Centers of Excellence, and WHO Collaborating Centers.
STRATEGIC PRIORITY 6: Support the initiatives for the prevention and mitigation of disaster effects on the health of the population.	<ul style="list-style-type: none"> Contribute to the prevention and mitigation of effects of disasters with the health institution. Contribute to the evaluation of health institutions taking into account the concept of safe institutions.

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