



# BEYOND BORDERS: INTERNATIONAL MAP OF CUBAN MEDICAL COOPERATION

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*Cover image:* A delegation of Cuban doctors seen at Martinique-Aime-Cesaire airport in Le Lamentin, on the French Caribbean island of Martinique on June 26, 2020  
[Lionel Chamoiseau/AFP via Getty Images]

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*"We are the same humanity  
All face the same riddle  
But what am I doing here?  
Loving this country as myself  
No, there is no heroism  
I came to kiss the world and nothing else"*

***Fragment of the theme Valientes (Brave)  
Cuban duo Buena Fe***

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DR. MARIO ANTONIO PADILLA TORRES

## THE CUBAN DOCTORS IN CUBA AND THE WORLD

*“The sun has spots. The ungrateful speak only of the spots. The grateful speak of light”*

*José Martí*

Before the triumph of the Cuban Revolution, on 1 January 1959, there were 6,250 doctors on the island; about half of them left the country after that date. In addition, more than 63.2% of those were located in Havana, where public hospitals, clinics and private health centres were accessible only to those who had the resources to access them and could pay for these services. Medical assistance hardly arrived in the countryside and more isolated parts. Public health from the first years of the Revolution became a priority for the Cuban State, who - from the beginning - understood it as a right of the people. The government works to create the infrastructure necessary to offer everyone the services free of charge.

They began to fight diseases, allocating a budget of 22,670,965 pesos to finance the health of the population. These figures have been increasing over time. In 2019, 10,662,200,000 pesos were allocated, and in 2020, 12,740,000,000 (\$530 million). This represents 28% of the total budget and, together with that destined to education, makes up more than 50% of it. Both spheres complement each other in the Cuban health system (Portal, 2019). This year's budget will allow the provision of more than 200 million medical consultations. It will also serve to guarantee the medical

services provided in hospitals and institutes, as well as primary health care. This financial coverage will provide 1.4 million hospital admissions and the necessary medications (Portal, 2019). It is also important to take into account the expenses associated with the Covid-19 pandemic, a health emergency that has shaken the world and from which Cuba has been exempt, and has become a champion in its combat and in many other countries.

During 2019, 8,098 new professionals graduated from the different medical science careers. For this reason, Cuba has more than 100,000 active doctors, the highest number in history. With a proportion of 9.0 doctors per 1,000 inhabitants, Cuba has about 20,000 stomatologists, more than 80,000 graduates in nursing, 150 hospitals, 450 polyclinics, almost 11,000 medical offices, 13 medical universities, about 90,000 students and 30,000 training specialists. More than 35,000 foreign students from 141 countries have graduated from Cuban universities (Portal, 2019).

In 2019 alone, more than 89 million consultations and 1,199,000 surgeries were carried out at the primary health level. In 2019, over 98% of the child population received vaccinations, protecting them against 13 diseases. Another 14 infectious diseases remain eliminated. Nine others do not constitute health problems because they present rates lower than 0.1 x 100,000 inhabitants. Premature mortality due to heart, cerebrovascular and diabetes mellitus diseases were reduced in the population under 60 years of age. There are 37 sciences, technology and innovation units in the country, 1,500 research projects, 153 clinical trials and 8 vaccines have been produced locally (Portal, 2019).

Health personnel carry a high scientific-technical training formed throughout the Cuban Revolution, where the development of health, the training of professionals, scientific research, the development of vaccines have been prioritised together with the eradication of endemic diseases before 1959. This made it possible for Cuba to offer its services to other people around the world.

## **Historical background of the Cuban medical cooperation**

The Cuban medical cooperation has gone through several stages and various modalities. This began on 23 May 1963, when the first group of Cuban doctors left for Algeria. This began the first official Cuban solidarity

medical mission in the history of the Revolution. However, before that date, Cuban doctors helped the Chilean population in 1960 after one of the largest earthquakes recorded at that time.

Between the 1960s and 1980s, this aid was understood as an “internationalist mission” based on the principle of solidarity and covered other scientific and professional areas. It was not strictly an export of services, since neither the country nor the doctors received income from it. This type of aid, in countries of the so-called Third World, was considered a Cuban contribution to the liberation and development of those countries. The 1990s were marked by external events that greatly affected the Cuban economy, within them, the disintegration of the Soviet Union (USSR), the disappearance of the Socialist Field and the beginning of the so-called Special Period.

This situation fostered the emergence of a new form of cooperation: Compensated Technical Assistance or Direct Contract. Through this type of cooperation an agreement was established by which the contracted doctor received remuneration for the services provided and, on the other hand, entered to the National Health System a contribution that allowed it to maintain the rest of the medical collaboration, that due to the existing economic situation, the country could not take on.

At the end of the 90s, natural events occurred in the Central America and the Caribbean area (Hurricanes George and Mitch) that modified everything that was carried out up to now. The Internationalist Mission modality decreased, the Compensated Technical Assistance was gradually reduced and the Comprehensive Health Program (PIS) began on 3 November 1998, initially in Central America and the Caribbean and later extended to Africa and the Pacific. In this period, the Latin American School of Medicine (ELAM) was created as a basic element of continuity and sustainability of this programme. In relation to foreigners studying in Cuba, the government has created the necessary living conditions so that their training process were as complete as possible. All the scholarship recipients have insured housing, food, health services, materials, educational facilities and all the necessary teaching and administrative equipment (Morales, 2017).

The essence of the PIS was to send Medical Brigades to remote, difficult-to-access places, where there was no presence of national doctors. Under the programme, doctors were only provided with a quantity of money

to cover basic needs.<sup>1</sup> Thus, other programmes and modalities have also been developed according to the emergencies that have emerged (Morales, 2017).



*Photo 1. Cuban doctors on an internationalist mission*

Cuba's cooperation has been developed, keeping as a basis the principle of sharing what you have. Likewise, these practices are distinguished by the voluntary nature of the cooperators, who in no case travel under obligation. Once the decision has been made and he or she arrives at the destination, one of the main attentions of the Cuban government has been the generation of professional, technical and dignified living conditions for each member of the team. They would then remain in the country for two years, taking annual vacations. The programme includes the preservation of his or her job in Cuba, additional financial aid to his or her family and the full preservation of his or her salary in Cuba, as well as recognition of his or her work at a social level. In monetary terms, the Cuban aid worker in

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*1 See: Néstor Marimón y Evelyn Martínez. Evolución de la colaboración médica cubana en 100 años del Ministerio de Salud Pública.*

the country where he/she works receives an economic stipend that serves to cover his/her needs. In some cases, the recipient country's government jointly assumes part of its maintenance (Morales, 2017).

One of the most important examples of medical collaboration in Cuba was the creation of the International Contingent of Doctors Specialized in Disaster Situations and Serious Epidemics Henry Reeve. This Contingent was created by Fidel Castro in 2005, with the intention of assisting the victims of Hurricane Katrina in the United States. Cuban medical aid never reached the proposed destination, as President George W. Bush did not give them entry permits. The tragedy left more than 1,800 dead. A year later Bush declared: "My government did not live up to its responsibility."<sup>2</sup> Since then, the Henry Reeve<sup>3</sup> Contingent has attended in cases of earthquakes (Pakistan, 2005; Indonesia, 2006; Peru, 2007, China, 2008; Haiti, 2010; Chile, 2010; Nepal, 2015; Ecuador, 2016), heavy rains (Guatemala, 2005; Bolivia, 2006; Mexico, 2007; El Salvador, 2009; Chile, 2015; Venezuela, 2015), medical emergencies (cholera in Haiti, 2010; Ebola in Sierra Leone, Guinea, Liberia, 2014) and hurricanes (Dominican, 2015; Fiji Islands, 2016; Haiti, 2016).<sup>4</sup>

In recent years, Cuba has been forced to diversify its sources of financing to guarantee its collaboration and the survival of the Cuban health system itself, one of the great social gains of the Revolution. In this area, it has achieved important collaboration agreements with various countries with which it has been assumed to share economic responsibility, especially with regard to medical support. This has been the specific case of Venezuela and Brazil (during the government under the Worker's Party). On specific issues it has signed co-financing agreements to promote plans or accompaniments, such as the Ebola emergency in Africa, or attention to emergencies in Haiti, among others. In this regard, Antonio Romero states:

*"Regarding the financing scheme for Cuban cooperation, different options are observed: in some cases all costs have been assumed by the Cuban side (especially the one directed to very poor or vulnerable*

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2 *Idem.*

3 *Henry Reeve was a Cuban patriot of American nationality who fought alongside the Cubans for independence against Spain in the 19th century.*

4 *See: Intervention by Marcía Cobas, Vice Minister of Public Health, in the Round Table programme, March 2020.*

*countries); in other cases, programs and projects have had financing from funds from third parties (other countries as part of triangular cooperation schemes, and / or from international organizations); there are also actions for which the budget was assumed and shared by Cuba and the beneficiary country. ” (Morales, 2017)*

The level of collaboration that Cuba has managed to maintain has been free or shared. The efforts of the island to keep more than 50,000 professionals abroad, to grant thousands of scholarships to students from all over the world, to guarantee all the surgical operations that are carried out, as well as the materials and equipment, are highlighted. All this represents an extraordinary expense for the Cuban government.

## **Challenges and obstacles of medical cooperation**

In the Western media, the US policy against Cuba is usually defined and presented as an “embargo”, but, the set of extraterritorial measures of economic, commercial and financial persecution against Cuba, exceed the bilateral level, so it actually constitutes a blockade, since it applies sanctions against third countries in its relations with Havana.<sup>5</sup> In this context, medical collaboration has become, in recent years, one of the main sources of income for Cuba. Despite the hostility of the United States government and its campaign to discredit Cuba’s medical collaboration, in February 2020 there were more than 28,700 Cuban collaborators in 59 countries. This sphere has become one of the main spearheads of this policy against Cuba. In this regard, Cuban Foreign Minister Bruno Rodríguez Parrilla denounced on 8 May USAID’s plans to dedicate an additional \$2 million to attack Cuban medical brigades.

Despite this, Cuba, on several occasions, has intended to cooperate with the United States in health and it has been shown that with political will,

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<sup>5</sup> *Only in the public health sector, this policy of the United States has caused, between April 2018 and March 2019, losses valued at \$104,148,178, that is: \$6,123,400 more than in the previous year. See: Report by Cuba on Resolution 73/8 of the United Nations General Assembly. “Necessity of ending the Economic, Commercial and Financial Blockade imposed by the United States of America against Cuba”. July 2019. Minrex, p. 11.*

much can be done in this area despite the difficulties. During the second Obama administration, there was a good environment for cooperation in key sectors such as science and health. The beginning of the process towards the “normalisation of relations” between both countries during the last years of the Obama administration led to a series of advances in this regard. The United States recognised what Cuba could offer in the field of health care. Two of the 22 memorandums of understanding that were signed at that time were on health issues.

Examples that may be cited include a biomedical scholarship programme, trips that Cuban nurses made to share their pediatric knowledge at universities in Georgia or Maryland, the group Medical Education Cooperation With Cuba (MEDICC), a California-based organisation that promotes collaboration in health between the United States and Cuba, where it used to sponsor Cuban scientists interested in sharing their knowledge in the United States. Another example of this was the experience of a group of Cuban ophthalmologists who went to Chicago or that of four nurses from the William Soler Pediatric Hospital in Havana who travelled to American universities to teach and learn about the care of children with congenital heart problems (MEDICC, 2020).

These and other initiatives were halted and reversed after the arrival of the Donald Trump administration. Since then, the deterioration of relationships has become evident. One of the first indicators was the accusation against Cuba of alleged sonic attacks against officials of the Washington embassy in Havana. The press became complicit with the Trump administration, referring to these diplomats as victims, and all followed this line that Trump spread to intensify the contradictions and manipulate public opinion. Despite the efforts of the Cuban side to have scientists from the island participate in these investigations, this anti-Cuban strategy did not work.

False news about the Zika virus was published in the media so that tourists would not travel to Cuba. The New York Time published an article with the headline “Zika was soaring across Cuba. Few outside the country knew.”<sup>6</sup> The purpose was to discourage people from travelling to Cuba. This became another example of when scientists did not respect Cuban science. Another target of the attacks was PAHO, which faced a lawsuit by the US government for its participation in the “More Doctors” cooperation

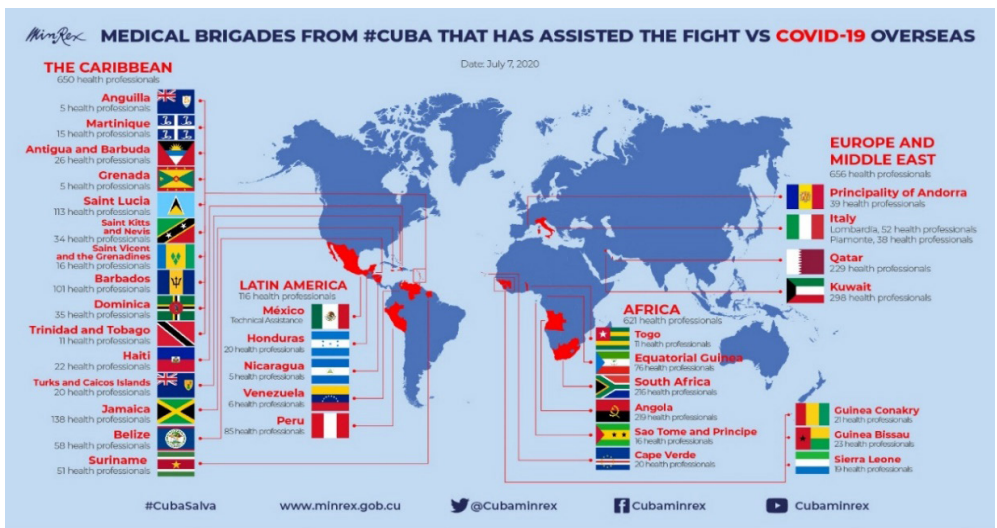
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6 <http://nytimes.com/2019/08/22/science/cuba-zika-epidemic.html>



in Brazil, in which 45 million people were treated exclusively by Cubans, especially in the Amazon region. Thus began a series of intrigues about the supposed truth of Cuban doctors abroad. The island has been accused, by Washington, of “exploiting” medical personnel by sending them on missions. A report suggested that working conditions, low wages and coercion amounted to “modern slavery” or “human trafficking”.

The US campaign against Cuban doctors has intensified in the context of recent political changes in Latin America, which have led to the expulsion of missions from several countries, including Bolivia and Brazil, where left-wing governments have been replaced by right-wing regimes closely aligned with Trump and Washington. It has been precisely in these countries where the current coronavirus pandemic has had the greatest impact.



Map 1. Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Serious Epidemics

## Cuban medical cooperation in the context of Covid-19

In the difficult context of the pandemic unleashed by Covid-19 and the hostility of the United States government, on 18 March 2020, the



first of 22 medical brigades that would provide their services against this disease left Cuba. Gradually, more than 1,466 Cuban health professionals, integrated into 23 “Henry Reeve” medical brigades, departed to 22 nations in Europe, Latin America and the Caribbean, Africa and the Middle East, to strengthen health systems in the fight against the pandemic, a number that continued to grow. After the departure of the last group of Cuban doctors (26 June) to an African country and to two Caribbean territories, Cuba had a total of 38 brigades in 31 countries, made up of a total of 3,440 health specialists to deal with the pandemic.<sup>7</sup> It is noteworthy that more than 45 countries in the world have requested help from Cuban doctors. The largest number of such medical brigades is in Latin America and the Caribbean, followed by Africa, and for the first time, two brigades arrived in Europe.

The economic retribution of the Cuban medical collaboration has been one of the most controversial and thorny issues in recent years. It has been highly politicised, in order to delegitimise the Cuban political system. However, financial compensation is not what distinguishes medical collaboration. Currently, there are three forms of cooperation that are also used in the face of the Covid-19 pandemic:

- 1) Cuba assumes the expenses when it comes to very poor nations;
- 2) Expenses are shared with the country receiving the collaboration;
- 3) The Island receives an income.<sup>8</sup>

In this regard, a recent example of this is argued by Dr. Carlos Pérez Díaz, head of the Cuban brigade in Lombardy, who informed the local press:

*“We have not discussed any type of payment. We are here to collaborate, the Italian government has guaranteed us room and board. Our action in this region is purely in solidarity.” (Pérez, 2020)*

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<sup>7</sup> *Médicos cubanos: contundente respuesta de humanismo frente al imperio. La Habana, Agencia Cubana de Noticias (ACN). 30 June 2020. Available at: <http://www.acn.cu/salud/66899-medicos-cubanos-contundente-respuesta-de-humanismo-frente-al-imperio>*

<sup>8</sup> *See: Intervention by Marcía Cobas, Vice Minister of Public Health, in the Round Table programme, March 2020.*

In the context of the current pandemic, new threats fall on Cuba and the world in relation to developed medical cooperation. On 17 June 2020, a group of Republican senators in the United States presented a bill to punish countries that contract medical missions to Cuba, considering them complicit in “human trafficking”. At the forefront of the accusations is the Secretary of State of the United States, Mike Pompeo, who described the deployment of Cuban doctors to countries from Venezuela to Brazil and Ecuador as “a sinister interference in their affairs” and congratulated countries, such as Bolivia, who have expelled them. Pompeo was backed by other top US officials and agencies, including Assistant Secretary of State, Michael Kozak, who has also held fast to recent claims about doctors’ working conditions.

In this difficult situation, Cuba maintains its conviction and commitment to solidarity with the world, including the United States. This country prevented the entry of an aid shipment from China through the Alibaba company and torpedoed the negotiation with other companies to acquire the necessary material to face the crisis and therefore makes this type of negotiations exhausting for the Cuban contingent. Despite this, as on other occasions, Havana provided its support to Washington in the midst of the current health crisis, as well as helping many other countries, among which cruise ship passengers stand out. This was the case of British MS Braemer, which could dock on Cuban coasts despite having at least 5 confirmed cases of coronavirus on board and 52 other passengers with symptoms. The ship, with more than 600 mainly British passengers, had requested help from both Cuba and the United States. After being anchored in the Caribbean for five days looking for a place to dock, it reached Cuba. This fact was another of the many that has been manipulated to delegitimise the image of Cuba around the world.

The truth prevails before the avalanche of fake news about the true daily history of Cuban doctors in the world. Those who have known the behaviour of each Cuban doctor, nurse, specialist or the sacrifice of our scientists in search of vaccines or preventive medications, know that they truly deserve the Nobel Peace Prize, which more than 40 social, political and union organisations in Europe have claimed for the Henry Reeve Cuban Medical Brigades facing Covid-19.

For 57 years, Cuban health professionals have provided their services to the peoples of Africa, the Middle East, Latin America, Asia and Europe. We must ask the patients cared for by Cuban medical personnel what their

reality has been. Therein lies the truth of the Cuban doctors. People may be deceived, confused, but when they feel the decorum and humanism of those who treat them as human beings, they never forget. This is the main objective of this material: to inquire into the background and characteristics of Cuba's multi-faceted cooperation around the world, and especially against Covid-19.

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YOSLAN SILVERIO GONZÁLEZ MSC.

## CUBA'S MEDICAL EXPERIENCE IN SUB-SAHARAN AFRICA: ITS CONTRIBUTION AGAINST COVID-19

*"We come here with the feeling of the great debt that we have contracted with the people of Cuba. What other country has a history of greater altruism than the one that Cuba revealed in its relations with Africa? [...]"*

*Nelson Mandela*

South-South cooperation has been a fundamental pillar of the Cuban government's foreign policy, based on the principles of solidarity and internationalism. In the 1960s, Cuba began supporting not only the progressive forces of Latin America but also the national liberation movements of the African continent that consolidated its path towards decolonisation, as well as other progressive governments and political forces in Sub-Saharan Africa: Ghana, Guinea-Bissau, Guinea, Mali, Ethiopia, Tanzania, Angola, Zimbabwe, Mozambique, Namibia and South Africa. This support covered a wide range of areas ranging from political-diplomatic support in international forums to concrete support in vocational training, the transfer of resources, and even military support to anti-colonial and anti-imperialist movements that were struggling to achieve or maintain the independence of their countries.

Among the main milestones of Cuban collaboration with Africa could be mentioned the arrival in Algeria of the first medical brigade in 1963 and the support for the nationalist guerrilla in Guinea-Bissau that was fighting against Portuguese colonialism. A third example could be the backing for the Ethiopian government against Somali intervention on its territory and the legendary military collaboration in Angola against the intervention of the South African's apartheid regime forces and its contribution to the independence of Namibia.<sup>1</sup> Thus began a long history of political ties and uninterrupted cooperation to the present day.

Although the principles of Cuban collaboration have remained unchanged over time, there have been changes regarding Cuba's military cooperation with African countries due to the new international context. After the collapse of the Socialist Camp, Cuba experienced, a strong economic crisis that extended throughout the 1990s, while the economic and financial blockade of the United States against the Island intensified. Even so, Cuba did not decrease its levels of collaboration. Instead, it expanded its activism, mainly with Latin America, Africa and the Middle East,<sup>2</sup> through the expansion of its multi-sectoral collaboration in the area of health, education and professional training for students of all these nationalities, reinforcing once again, its commitment to south-south cooperation.

Since 1963, some 131,933 health professionals, from the most diverse specialties, have collaborated in other countries. Taking into account only the data for 2016, Cuba had a medical presence in 61 nations of the world with a total of 42 242 collaborators. The figures for medical collaboration vary from one year to other year, depending on the country and region, due to the circular nature of the collaboration: after returning to Cuba, health personnel may join a brigade in another nation.

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*1 Paco Azanza Telletxiki. Internacionalismo cubano en África. 30 September 2015. Available at: <http://www.rebelion.org/noticia.php?id=203870>*

*2 Dozens of Palestinian and Sahrawi students continued to receive scholarships to train professionally in Cuba, in various specialties, especially in medicine.*

*Table 1. Number of countries by region with medical collaboration from Cuba (2016)*

Region	Number of countries
Sub-Saharan Africa	27
Latin America and the Caribbean	24
East Asia and the Pacific	8
North Africa and the Middle East	2
Total	61

Total 42,242	Women	26,746	63.3%
	Men	15,496	36.7%

Source: Own elaboration with data from the Central Medical Cooperation Unit. (UCCM). Anuario, 2016. MINSAP, Volume 6, No 1, p. 130.

## Cuban medical cooperation: The African experience

As previously indicated, medical cooperation abroad has been changing over time, and currently has different modalities and programmes:

- Comprehensive Health Programme (*Programa Integral de Salud, PIS*);
- Comprehensive Health Programme with Compensation of Expenses (*Programa Integral de Salud con Compensación de Gastos, PISCG*);
- Compensated Technical Assistance (*Asistencia Técnica Compensada, ATC*),
- Cuban Medical Services (*Servicios Médicos Cubanos, SMC*);
- Operation Miracle (*Operación Milagro, OM*);
- Operation Miracle with Expenses Compensation (*Operación Milagro con Compensación de Gastos, OMCG*).

In some countries, several of these programs operate at the same time depending on the modality which the beneficiary country requires. The following table shows those African nations that had at least one of the modalities. In one way or another, whether through these programmes

or scholarships to study in Cuba, almost all the countries in these regions have benefited.

*Table 2. Type of Cuban Medical Cooperation in African countries*

Type of Cooperation	Globally	In Africa	Countries
Comprehensive Health Programme (PIS)	8	5	Guinea, Lesotho, Niger, Sahrawi Arab Democratic Republic (RASD) and Swaziland.
PIS and Operation Miracle (OM)	21	10	Burkina Faso, Chad, Congo, Eritrea, Ethiopia, the Gambia, Guinea-Bissau, São Tomé and Príncipe, Tanzania and Zimbabwe.
Cuban Medical Services (SMC)	16	4	Algeria, Botswana, Equatorial Guinea and Namibia.
Compensated Technical Assistance (ATC)	16	9	Angola, Cape Verde, Djibouti, Gabon, Ghana, Mozambique and Seychelles, South Africa and Uganda.

*Source: Authors' elaboration with information data from the Central Medical Cooperation Unit (UCCM). Yearbook 2016. MINSAP, Volume 6, No 1, p. 131.*

Due to its structural problems and the lack of medical services, Cuban cooperation has been very well received by the African peoples and governments. There have been several actions as part of the provision of medical services, which has not only been sending doctors and nursing staff but also the transfer of technology to deal with preventable diseases, teaching in medical schools in several countries of the region and also their formation in Cuba.

One of the dimensions of Cuban cooperation in health has been the confrontation of communicable diseases such as malaria, which is the leading cause of death in Africa. For this reason efforts to reduce its impact have been strengthened. With regard to the fight against malaria, the Economic Community of West African States (ECOWAS) agreed to apply



Cuban technology, products and specialists as a sign of the effectiveness in the application of the anti-vector programme in Ghana<sup>3</sup> and Angola.

Among the methods are the application of products such as the Bactivec biopesticide and Cypermethrin, which controls, through fumigation, the spread of the *aedes aegypti* mosquito. The Cuban vector control programme has also been applied in Zambia, Equatorial Guinea, Benin, Kenya and Tanzania.<sup>4</sup> The Biotechnology and Pharmaceutical Industries Group (BioCubaFarma), founded in December 2012 and which integrates the country's scientific hub, has played a fundamental role in these areas.



Photo 2. Biotechnology and Pharmaceutical Industries Group (BioCubaFarma)

This business group is responsible for manufacturing around 525 different types of drugs and continues its scientific work to develop new drugs and medical equipment. Among the company's main achievements are the implementation of a medicine against diabetes and for the treatment of cancer. In the case of diabetes there is the so-called human recombinant erythropoietin or Heberprot-P.<sup>5</sup> There are also projects for the creation of joint ventures in countries such as South Africa and Algeria. Another of its most important missions is the fight against diseases such as Zika, Chikungunya, dengue and yellow fever;

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3 In the Ghanaian capital, Accra, the implementation of this program reduced malaria mortality by 71%.

4 *Impacta en África programa cubano de lucha contra la malaria*. 11 October 2009. Available at: <http://www.cubadebate.cu/noticias/2009/10/11/impacta-en-africa-programa-cubano-de-lucha-contra-la-malaria/#.WLYD5iODNLM>

5 *Katheryn Felipe and Nuria Barbosa León. Cuba offers the world healthcare alternatives*. 17 November 2015. Available at: <http://en.granma.cu/cuba/2015-11-17/cuba-offers-the-world-healthcare-alternatives>

all caused by the *aedes aegypti* mosquito.<sup>6</sup> All these experiences have been relayed to the health authorities of different African countries.

As in countries such as Nigeria, Equatorial Guinea and Gabon, Cuba collaborates with Angola in the programme to combat the vectors that cause malaria and dengue, among other diseases. In the fight against malaria in Angola, 140 Cuban specialists were collaborating in 98 of the 164 municipalities. The fight against malaria in Africa includes the construction of biolarvicide factories and the carrying out of personnel training actions, training of community agents and educational talks on the environmental. This programme has been in operation for more than 8 years. The Angolan Ministry of Health recognised that some 20,000 people died each year from malaria in Angola, by 2013 this was reduced to less than 5,000.<sup>7</sup>

The Comprehensive Health Programme is not only made up of medical personnel but also a team of technicians and engineers belonging to various Cuban scientific entities that work together. For example, within BioCubaFarma, the Pharmaceutical Laboratory Business Group (Labiofam) has been responsible for the transfer of technologies to African nations. This company works on projects to eradicate malaria and promote agriculture.

Another health programme that has spread to Africa has been Operation Miracle. This ophthalmological initiative has assisted more than 600,000 patients with vision problems in 30 countries in Latin America, the Caribbean and Africa. Proof of this was the inauguration of an ophthalmological centre in Mali, a region in which Cuba was also active in the fight against HIV-AIDS.<sup>8</sup> In the case of Mali, the security problems that have affected that country since 2012, due to the advance of terrorist groups, led to the withdrawal of Cuban medical cooperation. Eritrea is another of the countries where Cuban collaborators have been working

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6 *BioCubaFarma: a globally renowned industry.* Available at: <https://cubainsidetheworld.wordpress.com/2016/03/28/biocubafarma-a-globally-renowned-industry/>

7 *Cuba en el empeño por erradicar la malaria en África.* 31 August 2013. Available at: <http://www.cubadebate.cu/noticias/2013/08/31/cuba-en-el-empeno-por-erradicar-la-malaria-en-africa/#>

8 *Salud y esperanza, el regalo de Cuba a África.* 15 September 2014. Available at: <http://www.telesurtv.net/telesuragenda/Cuba-Africa-20140915-0030.html>

for more than 8 years, receiving recognition from the Ministry of Health and Agriculture of that African country.

Due to the weakness of health systems in most African countries, outbreaks of epidemics constantly occur, posing a challenge to human security and having serious socio-economic repercussions. The most immediate of which was the Ebola outbreak in West Africa (March 2014-2016). The impact on the economy was also severe due to the movement restrictions for people, the closure of borders, reduction of services and agricultural activities.

This health epidemic marked another milestone in Cuba's medical collaboration with Africa. In this period, Cuba had 32 medical brigades on the continent, with a total of 4 048 collaborators, of them 2 269 were doctors. In particular, in Sierra Leone there were 23 aid workers and in Guinea 16. After a call by the World Health Organization, Cuba decided to strengthen its medical



*Photo 3. Cuban doctors in the fight against Ebola in West Africa.*

presence in these countries, with members of the Henry Reeve Brigade. At this time, 256 specialists were sent including doctors and nursing personnel: 165 specialists arrived in Sierra Leone, 53 in Liberia and 38 in Guinea.<sup>9</sup> They worked in these countries for a period of five months. The Cuban medical presence in these Ebola-affected nations did not begin with the outbreak of the epidemic: there were Cuban doctors already there.

The actions of the international community, including the participation of Cuban doctors, allowed the elimination of the epidemic:

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<sup>9</sup> Fidel Castro. *Colaboración cubana en la lucha contra el Ébola*. Available at: <http://www.fidelcastro.cu/es/internacionalismo/colaboracion-cubana-en-la-lucha-contra-el-ebola>

*"In early 2015, Liberia registered less than a dozen cases per week, but it was four months before it could be declared on 9 September an Ebola free country."<sup>10</sup>*

This was also made possible by joint action with other nations. Even the Barack Obama administration had to recognise the role Cuba played in this situation.

## Professional training in medical science specialties

Another fundamental pillar of the collaboration that Cuba has offered to different parts of the world has been the training of medical personnel in Cuba through an extensive scholarship programme for students from developing countries. The students made a moral commitment to work after graduation in rural communities in their countries. By 1988, more than 18,000 students had been trained in Cuba.

Since the creation in 1999 of the Latin American School of Medicine (ELAM), thousands of students from Africa, Latin America and the Middle East have been trained in Havana. In this period, students came to Cuba through scholarships that were fully paid by the Cuban government. This programme was maintained despite the economic crisis of the 1990s.



*Photo 4. Exchange of the President of the AU Commission, N. Dlamini-Zuma, with African medical students in Cuba (October 2015) Photo: Roberto Suárez*

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<sup>10</sup> Luis Raúl Vázquez Muñoz. "El ébola no perdona, y el juego tenía que ser perfecto", in: *Juventud Rebelde, Suplemento Científico Técnico*, 31 May 2015, p. 3.

In the case of South Africa, the first group of 92 students arrived in Cuba in 1996. A year later, the South African–Cuban Medical Collaboration programme (SACMC)<sup>11</sup> was signed. This increased the number of low-income South African students selected to train in Cuba, on the condition that they return to the country and working in the public sector for the same period they had been trained on the island.<sup>12</sup> Under the 2012 Agreement on Cooperation in the Fields of Public Health and Medical Sciences, almost 3,000 South African students were trained in Cuba.

Regiones	Año 2005	Año 2006	Año 2007	Año 2008	Año 2009	Año 2010	Año 2011	Año 2012	Año 2013	Año 2014	Año 2015	Año 2016	Periodo 1999-2016
África		89	186	73	34	20	129	30	25	317	197	233	1,333
Sur América	494	582	689	741	760	834	791	4,864	2,853	141	725	330	13,804
Centro América	779	575	502	379	285	222	308	1,210	718	1,456	436	155	7,025
Caribe	222	159	101	246	129	135	201	145	180	397	175	111	2,201
Norteamérica													
EEUU/Méx	1	38	69	100	98	84	75	78	458	142	126	55	1,324
Oceanía									16	33	50	28	127
Eurasia					6	26	65	412	318	332	606	51	1,816
Total anual graduados	1,496	1,443	1,547	1,539	1,312	1,321	1,569	6,739	4,568	2,818	2,315	963	27,630

Table 3. Medical students graduated from the Latin American School of Medicine (ELAM) between 2005-2016<sup>13</sup>

As can be seen in the table, only in ELAM (since its foundation in 1999 and 2016) 27,630 foreign students graduated as doctors, 1,333 of them were from Africa. This data represents only one of the medical universities from Cuba. Between 1999 and 2015, a total of 73,848 foreign students graduated from all branches and educational levels. Of these, 27,685 (37.5%) were from 47 countries in Sub-Saharan Africa and 3,334

11 Reed G, Torres J. Training and retaining more rural doctors for South Africa. *MEDICC Rev.* 2008, pp. 49-51. Available at: [http://www.medicc.org/mediccreview/articles/mr\\_51.pdf](http://www.medicc.org/mediccreview/articles/mr_51.pdf)

12 South African–Cuban Medical Collaboration: students' perceptions of training and perceived competence in clinical skills at a South African institution. 29 September 2015, pp. 74-79. Available at: <http://www.tandfonline.com/doi/full/10.1080/20786190.2015.1120936>

13 Henry Morales. *Ayuda Oficial al Desarrollo de Cuba en el Mundo. Guatemala, 2017, p. 66*

(4.5%) were from 18 nations from North Africa and the Middle East.<sup>14</sup> In the following table, we select the 10 countries with the highest number of graduates, from both subregions, during the same period.

Sub-Saharan Africa (10 out of 47 countries)		North Africa and the Middle East (10 out of 18 countries)	
Country	Total	Country	Total
Angola	7,890	Sahrawi Arab Democratic Republic	2,032
Mozambique	3,197	Yemen	433
Ethiopia	2,949	Syria	244
Zimbabwe	1,892	Palestine	238
Republic of the Congo	1,615	Jordan	174
Guinea-Bissau	1,562	Lebanon	97
Namibia	1,097	Morocco	25
Ghana	1,063	Oman	17
Guinea	828	Algeria	15
South Africa	739	Mauritania	13
<b>Total</b>	<b>27,685</b>	<b>Total</b>	<b>3,334</b>

Table 4. Countries with the highest number of graduates in Cuba (1999-2015)<sup>15</sup>

According to data from the Cuban Ministry of Foreign Trade (MINCEX), in the 2017/2018 academic year some 8,246 African students studied different degrees at university and under different modalities, including scholarship recipients financed by their own governments or those who were self-financed. The total number of students of different nationalities studying medical sciences in Cuba during the 2018-2019 academic year

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<sup>14</sup> *Ibid*, p. 128.

<sup>15</sup> *Ibid*, pp. 130-131.

was 8,478<sup>16</sup> and in the 2019-2020 academic year it was 7,726<sup>17</sup>. The vast majority of these students were from African and Latin American countries. If the rest of the university degrees and education centres are added together, the number of Africans rises to more than 9,000 (2018).

Cuba has also helped with the creation of medical schools to train professionals in their own localities. If the year 1963 marked the beginning of medical cooperation, 1975 marked the first medical school abroad with Cuban professors. It was established in the city of Aden (Yemen). Since then, several countries have joined this modality. On 12 November 1986, the “Miguel Díaz Argüelles” School of Medicine, in Guinea-Bissau, was inaugurated with 30 students, which was the beginning of the teaching collaboration with that country. The first graduation of Guinean doctors, in their own country, was on 24 July 1992.<sup>18</sup> After 2004, a new training programme was implemented jointly with the Cuban medical brigades, where the students began to get involved in the health problems of their countries together with the Cubans. With this, the number of faculties abroad was extended to 11 countries, of which six were African: Angola, Eritrea, the Gambia, Guinea-Bissau, Equatorial Guinea and Tanzania.<sup>19</sup>

In the case of Guinea-Bissau, the civil war that broke out in that country in 1988 affected medical collaboration. It was not until 2006 that the medical school in Bissau was reopened. As a result of the Cuban teaching collaboration, between 2005 and 2017, 445 doctors graduated: 318 in Guinea-Bissau and 127 in Cuba. In the 2017-18 academic year, the “Raúl Días Argüelles” Faculty of Medicine had a total of 34 Cuban teachers and 390 students, from the first to the sixth year of the degree.<sup>20</sup> In Equatorial

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16 MINSAP. *Anuario Estadístico de Salud 2018*, p. 188. Available at: <http://files.sld.cu/bvscuba/files/2019/04/Anuario-Electr%C3%B3nico-Espa%C3%B1ol-2018-ed-2019-compressed.pdf>

17 MINSAP. *Anuario Estadístico de Salud 2019*, p. 188. Available at: <http://files.sld.cu/bvscuba/files/2020/05/Anuario-Electr%C3%B3nico-Espa%C3%B1ol-2019-ed-2020.pdf>

18 See: Néstor Marimón Torres y Evelyn Martínez Cruz. *La cooperación docente cubana en Guinea Bissau, una estrategia para alcanzar la cobertura universal de salud*. Sociedad Cubana de Salud Pública, 26 November 2019. Available at: <http://www.revsaludpublica.sld.cu/index.php/spu/article/view/1727/1316>

19 *Idem*, p. 5.

20 *Idem*, pp. 5-7.



Guinea, local authorities received 19 new professors from Cuba who joined those who were already teaching at the National University of Equatorial Guinea (UNGE), as part of the cooperation agreement between the two governments. The fact that the peoples of both nations speak Spanish facilitated the presence of Cuban professionals.

This has been a fundamental pillar of Cuba's south-south collaboration on vocational training, which has continued to consolidate. In total, more than 30,000 African students have graduated in various specialties, not only in the medical sector, but also in social sciences and engineering. Of these, 28,299 belong to the sub-Saharan Africa region. Many of these graduates have come to occupy prominent positions both in government and in academic institutions in their respective countries. This is an important contribution of Cuba to the training of medical personnel in all these nations.

### **Medical collaboration: Deepening diplomatic ties**

The contributions made by the Cuban medical collaborations has earned them the recognition of the African authorities and senior officials of the African Union (AU). These elements have contributed to strengthening political-diplomatic ties with almost all African nations. Cuba maintains diplomatic relations with 47 of the 48 states of Sub-Saharan Africa through 27 diplomatic missions, from which 19 other countries in the area are concurrently served.

Cuba also has an accredited embassy at the AU headquarters in Addis Ababa, Ethiopia. In this sense, it should be noted that Cuba holds the status of Permanent Observer to the AU. This continental organisation has unanimously supported the Resolution that is presented each year to the UN General Assembly that seeks to end the United States' blockade against Cuba. Meanwhile, in Havana, there are 18 embassies from sub-Saharan African countries and another 19 countries maintain ties through their headquarters, mainly in the United States and Canada. In all high-level visits, both by Cuban leaders to African countries and by African leaders to Cuba, gratitude is expressed to Cuba for the multi-sectorial collaborations that it offers to the continent.

In 2016, there were more than 5,000 employees collaborating in sectors such as health, education, construction, sports and agriculture.



The figure represented 10% of Cuban aid workers worldwide and reaffirmed the Cuban government's commitment to the socio-economic and cultural development of Africa, a continent with which we have strong historical and cultural ties. The following table shows the countries that had the highest number of Cuban health personnel in 2016.

Country		Total	Country		Total
1	Angola	1,733	15	Guinea	15
2	Algeria	911	16	Equatorial Guinea	230
3	Botswana	94	17	Lesotho	2
4	Burkina Faso	23	18	Mozambique	298
5	Cape Verde	55	19	Namibia	80
6	Chad	33	20	Niger	7
7	Congo	95	21	RASD	5
8	Djibouti	85	22	São Tomé and Príncipe	9
9	Eritrea	2	23	Seychelles	50
10	Ethiopia	15	24	South Africa	421
11	Gabon	39	25	Swaziland	21
12	Gambia	103	26	Tanzania	20
13	Ghana	23	27	Uganda	4
14	Guinea-Bissau	28	28	Zimbabwe	42
Total for Africa			4,443		10.5 %

*Table 5. Health Cooperators in African Countries (2016).*

*Source: Authors' elaboration with data from the Central Medical Cooperation Unit (UCCM). Anuario 2016. MINSAP, Volume 6, No 1, p. 132. Algeria (North Africa region) is included in this table, for this reason, the total would be 28 African countries.*

When Vice President of the African Union Commission, Thomas Kweisi Quartey, visited in Cuba in April 2018, he held a meeting with the Vice President of the Council of State, Salvador Valdés Mesa, where they highlighted the island's collaboration with the African continent in health, education and professional training. On this occasion, Valdés Mesa stated: *"In the midst of all the difficulties, we will not stop being in solidarity, especially with Africa."* In 2018, a total of 4,457 collaborators worked in 28

African nations. Most of them - 4,108 - were in health (Mincex, December 2018).

During 2018, one of the most notable examples of medical collaboration was sending 100 Cuban doctors to Kenya to work in the poorest and most remote rural areas of the country. According to Dr. Peter Tum, the nation's chief secretary for health, the Kenyan government would send 50 local doctors to Cuba to study how the country had made great strides in medical care. He also stated that the training curriculum of the students of the Kenya Medical Training Colleges (KMTC) would be expanded to include programmes and studies used in Cuba. In June, the first 100 Cuban doctors arrived in Kenya, in a brigade that included neurosurgery specialists, endocrinologists, cardiologists, urologists, plastic surgeons, orthopedic surgeons, nephrologists, 9 critical care physicians and 53 general practitioners.

In 2019, there were 29 countries in Sub-Saharan Africa - when Kenya joined - and 5 in North Africa and the Middle East (Algeria, Qatar, Saudi Arabia, Bahrain and Kuwait) where Cuba provided medical collaboration. In 15 Sub-Saharan Africa states, the Comprehensive Health Programme was maintained (Burkina Faso, Chad, Congo, Eritrea, Ethiopia, the Gambia, Guinea-Bissau, Guinea, Lesotho, Niger, RASD, São Tomé and Príncipe, Swaziland, Tanzania and Zimbabwe).<sup>21</sup>

Another example of political ties was the official visit of Vice President of the Councils of State and Ministers, Inés María Chapman. She went to South Africa, Lesotho and Kenya (24 March – 3 April 2019). During her visit to Lesotho, she held a cordial exchange with the members of the Cuban Medical Brigade and with a representation of Basothian professionals who graduated in Cuba in the specialties of Medicine, Veterinary Medicine, Sports Medicine, Computer Science and engineering.<sup>22</sup> In September, Cuba's First Deputy Minister of Foreign Affairs, Marcelino Medina González, made an official tour of four countries: South Africa, Zimbabwe, Tanzania and Rwanda. For his part, the Deputy Minister of Foreign Affairs, Rogelio Sierra Díaz, also visited Cameroon, Benin, Senegal and Liberia. Both tours consolidated the historic bilateral relations between Africa and Cuba. The sustained exchanges reaffirmed the will to continue cooperation with the region.

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<sup>21</sup> MINSAP. *Anuario Estadístico de Salud 2019*. p. 127.

<sup>22</sup> Source: Cuba's Minister of Foreign Affairs.

In December 2019, the Minister of Public Health of Cuba, Dr. José Ángel Portal Miranda, signed a Cooperation Agreement with the Minister of Health of Djibouti, Mr. Mohamed Warsama Dirieh, which will allow strengthening ties between both nations. Cuba has maintained medical collaboration with this country since 2001, when the first 13 collaborators arrived in Djibouti. Currently, 84 collaborators provide healthcare services, including 79 doctors. Health professionals have also received training as a result: 67 doctors and a stomatologist.<sup>23</sup>

During 2020, the world was impacted by the coronavirus pandemic, which has garnered a necessary increase in international cooperation. In Africa, the first case was registered in Egypt, on 14 February, when a Chinese tourist was found to have been infected, the second was in Nigeria, on 24 February, when an Italian from Milan was discovered to have the disease. According to official figures from the UA Center for Disease Control (CDC), dated 26 March, the virus had spread to 46 countries. South Africa, Egypt, Algeria and Morocco were the worst affected.

In the last week of April, infections increased by 43%. The CDC reported a total of 85,000 cases and 2,765 deaths by 18 May. The next day the figure was 91,400 infections and 2,919 deaths. By the end of 22 May, the continent had reported 100,491 cases, 3,104 deaths and 39,509 people who had recovered. On 20 June, the figures exceeded 300,000 infections and 7,700 deaths. On 13 July, this numbers increased to more than 600,000 and 13,249 deaths. The pressure was mounting on the continent's weak health care systems. As a result, several African countries requested an increase in the Cuban medical presence to combat the pandemic.

## **Covid-19: Cuba reinforces its medical presence in nine African countries**

The spread of the coronavirus worldwide strengthened criticism of neoliberal policies adopted over the last 25 years which had weakened public health services. The pandemic put governments on alert and once again proved the need for international collaboration among states

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<sup>23</sup> *Ministros de Salud de Cuba y Djibouti firman Acuerdo de Cooperación. Minsap, 9 December 2019. Available at: <https://salud.msp.gob.cu/ministros-de-salud-de-cuba-y-djibouti-firman-acuerdo-de-cooperacion/>*

to face this common threat that did not understand borders, social classes, political orientation or religious creed. While the United States government assumed a reprehensible attitude towards managing the pandemic, by torpedoing the work of the WHO, freezing its contributions to the organisation, threatening to withdraw from it and blaming China, other countries dedicated their efforts to strengthening cooperation.

The emergence of the virus in Africa has continued to be a concern for the health authorities of this continent. As soon as the first cases were identified, African governments began to take all the necessary measures and made efforts to enable medical laboratories. At the same time, they demanded international collaboration, which did not take long to arrive from China and Cuba. In this sense, China has become the main international donor of medical supplies to combat Covid-19, as its president made clear at the 73rd Annual WHO Conference.<sup>24</sup> This collaboration would take shape in countries with weaker health systems.

Similarly, Cuba not only mobilised its public health system, but also strengthened medical cooperation with other countries. In the midst of the Covid-19 pandemic, the Cuban government activated the International Contingent of Doctors Specialized in Disaster Situations and Serious Epidemics Henry Reeve. Four African countries saw a strengthening in the presence of Cuban doctors who joined those who were already working in these countries prior to the pandemic; Togo was added for the first time. Cuban medical personnel already working in Africa joined the fight against Covid-19 as well.

In April alone, four groups of doctors left for Africa, reaching: Angola (10 April), Togo (13 April), Cape Verde (22 April) and South Africa (27 April). The number of doctors on the continent was expected to increase as the pandemic continued to spread. A fifth brigade left for Guinea (4 June) and a sixth was sent to Guinea-Bissau (27 June). In addition, a new Medical Collaboration Agreement was signed with Namibia. In early July, three new brigades left for Sierra Leone, Equatorial Guinea and São Tomé and Príncipe.

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<sup>24</sup> See: Yoslan Silverio González. *China y África Subsahariana: cooperación frente a la Covid-19*. Observatorio de la Política China, 25 May 2020. Available at: <https://politica-china.org/areas/politica-exterior/china-y-africa-subsahariana-cooperacion-frente-a-la-covid-19>

The political and collaborative relations between Cuba and the Republic of Angola have been uninterrupted since 1975. This has been one of the African countries where Cuban collaboration has been strongest. After the withdrawal of Cuban troops from Angola, after guaranteeing the independence of Namibia, Cuba maintained its relations with the party which remained in power; the Popular Movement for the Liberation of Angola (MPLA). Examples include the implementation of the «Yes I can» (*Yo sí puedo*) literacy programme in the province of Kuanza Norte, with the presence of 42 Cuban advisers. Thanks to this programme, Angola planned to declare increase its literacy rate to 86.5% by 2017. Currently, more than 800 Cuban health collaborators are working here, along with some 1,000 teachers from different specialties. At the same time, in Cuba, more than 2,000 Angolans study in various universities, in addition to the more than 7,000 who have graduated in our country.

After the WHO declared the coronavirus a pandemic on 11 March 2020, and the adoption of the state of emergency, Silvia Lutucuta, minister of health of Angola, announced her government's request to increase medical collaboration with Cuba to fight the new virus SARS-CoV-2.<sup>25</sup> Cuba's response was immediate and the first brigade of the Henry Reeve contingent left for Angola on 10 April. The team consisted of 214 collaborators: 188 doctors, 24 nursing graduates and 2 technicians. In total, there were 136 women and 78 men from all Cuban provinces. The teams were located across Angola, in Cabinda, Cacongo, Buco-Zau, Belize, Huambo and Benguela, where they were received by the highest local authorities.<sup>26</sup>

The Republic of Togo, with a population of 7,889,000 had, by 13 June, 530 confirmed cases, of which 291 had recovered and 13 people had died. This meant a rate of 6.65 cases per 100,000 inhabitants. It was in this context that, at the request of the Togolese government, another Henry Reeve medical brigade arrived in the country. This was the first time that

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25 Cuban medical brigade will fight COVID-19 in Angola. *Cubanews/ACN*. 27 March 2020. Available at: <http://www.cubanews.acn.cu/science/10515-cuban-medical-brigade-will-fight-covid-19-in-angola>

26 Angola's Cabinda supported by more Cuban doctors to fight Covid-19. *Prensa Latina, Luanda, Angola*, 11 May 2020. Available at: <https://www.plenglish.com/index.php?o=rn&id=55589&SEO=angolas-cabinda-supported-by-more-cuban-doctors-to-fight-covid-19>

members of this contingent travelled to this West African state. It was made up of 11 professionals from five specialties, including 6 doctors and 3 nurses.



*Photo 5. Cuban doctors from the Henry Reeve Brigade before leaving for Cape Verde*

Cuban doctors were also joined by Togolese doctors who had graduated in Cuba and representatives of the WHO and UNICEF. Upon arrival in the capital, Lomé, they were officially received by Prime Minister, Komi Sélom Klassou, and other officials who thanked Cuba for its medical cooperation. After passing the established quarantine stage and organising the work together with the local health authorities, Cuban medical personnel began their work in the remote communes of Dapaong (in the north), Kara and Sokodé (in the centre), which were among the areas experiencing the highest number of infections.

The third country to receive medical assistance during coronavirus pandemic was the Republic of Cape Verde. The brigade that left for that archipelago was made up of 20 specialists: 5 doctors, 10 graduates in nursing and 5 specialists in hygiene and epidemiology. This group joined the 79 who were already working on the islands. It was received at the Nelson Mandela International Airport in the capital Praia by the Cuban

Ambassador, Rosa Olivia Rill, and by other national authorities such as Dr. Serafina Alves, from the Cape Verdean Ministry of Health.<sup>27</sup>

For their part, South Africa and Cuba celebrated 25 years of diplomatic relations. During the visit to South Africa of the Deputy Prime Minister of Foreign Affairs of Cuba, Marcelino Medina González, in September 2019, the important achievements of the Agreement on Cooperation in the fields of Public Health and Medical Sciences were highlighted. It was also pointed out that some 732 South Africans, many of them from disadvantaged communities, had graduated as doctors since the start of the Nelson Mandela-Fidel Castro training programme in 1997.<sup>28</sup>

An important result of this visit was the entry into force of a new Intergovernmental Collaboration Agreement in the field of health. This agreement was renewed for five years, starting on 17 April 2020. It includes the hiring of Cuban doctors and university professors, providing medical training for South African students in Cuba and scientific exchange. As part of the agreement, scholarships would be granted to 15 students from the North West province to study medicine in Cuba, during the 2019-2020 school year. As of September 2019, 221 Cuban doctors worked in South Africa, deployed in 8 of the 9 of the country's provinces, especially in rural areas.

As of May, more than 1,000 cases of the coronavirus were reported in South Africa, rising, on 14 June, by 4,300 in one day and bringing the total to 73,533 confirmed cases. By then, only 39,867 had recovered and 1,568 had died. It was undoubtedly the most affected nation in Africa. As a result, a call was made to increase Cuban medical services in the country.

It was then that Cuba began to be affected by infections, and in compliance with bilateral partnership agreements, aid came from South Africa. Pretoria sent a shipment of humanitarian aid made up of protection

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27 *Cuba sends medical team to Cape Verde to fight Covid-19. Prensa Latina, Havana, 22 April 2020. Available at: <https://www.plenglish.com/index.php?o=rn&id=54871&SEO=cuba-sends-medical-team-to-cape-verde-to-fight-covid-19>*

28 *Enrique Moreno Gimeranez. Presidente de Sudáfrica reconoce solidaridad de Cuba frente a la COVID-19. 27 April 2020. Available at: <http://www.granma.cu/mundo/2020-04-27/presidente-de-sudafrica-reconoce-solidaridad-de-cuba-frente-a-la-covid-19-27-04-2020-21-04-02>*



equipment, masks, gloves, infrared thermometers and covers for hospital beds necessary to combat SARS-CoV-2. On the same aircraft that had carried the medical supplies, a new group of health collaborators from the Henry Reeve contingent would leave for South Africa. This brigade was made up of 200 other professionals who would strengthen medical collaboration in the country where 221 other doctors were already working.<sup>29</sup> As usual, the doctors were distributed in various provinces. This time, the brigade was made up of doctors, epidemiologists, biostatisticians, biotechnologists and those with other specialties.<sup>30</sup> Political leaders and different organisations, as well as the South African President, Cyril Ramaphosa, thanked Cuba for its solidarity.

Another country with a strong link to Cuba is Namibia. In the pre-independence stage, hundreds of Namibians came to Cuba to train. After the victory of SAWPO and the establishment of the Republic in 1991, medical cooperation was established. Until 2015, 1,345 aid workers passed through Namibia. In that year, 88 medical science specialists worked in the country. By 2020, the figure was increased to 4,300. Currently 93 doctors, electromedical and nursing graduates work in the country, as well as 21 architects and 6 aquaculture specialists. Following the outbreak of the coronavirus, the Namibian government signed a new health cooperation agreement with Cuba (May 2020)<sup>31</sup> to continue these ties. To date, the presence of Cuban doctors in Namibia has not increased.

A fifth brigade of health professionals was dispatched to the Republic of Guinea on 4 June. It should be remembered that Cuban doctors had been in this country when the Ebola outbreak. On this occasion, the new group that was arriving in this West African nation was made up of 11 doctors and 10 nurses (21 in total, of whom 12 are women) who came to support

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29 *Sudáfrica dona a Cuba insumos para el combate de la COVID-19. Radio Habana Cuba, 23 April 2020. Available at: <http://www.escambray.cu/2020/sudafrica-dona-a-cuba-insumos-para-el-combate-de-la-covid-19/>*

30 *Cuban doctors arrive to help South Africa fight coronavirus. Associated Press. 27 April 2020. Available at: <https://www.voanews.com/covid-19-pandemic/cuban-doctors-arrive-help-south-africa-fight-coronavirus>*

31 *Cuba y Namibia firman acuerdo de cooperación en salud. Prensa Latina, 23 May 2020. Available at: <https://www.prensa-latina.cu/index.php?o=rn&id=368424&SEO=cuba-y-namibia-firman-acuerdo-de-cooperacion-en-salud>*



the doctors who were already working here prior to the pandemic.<sup>32</sup> In the country 3,933 Covid-19 patients were reported, of whom 2,332 had recovered and 23 had lost their lives.

On 21 October 1976, the first scientific-technical collaboration agreement between Cuba and Guinea-Bissau was signed in Havana, initiating health cooperation actions between the two countries. As already indicated, it has also focused on the training of doctors in the country. In 2017, the medical brigade had 34 collaborators. In the annual report of the brigade's work during 2019, it was stated that the assistance and teaching activity had been over-fulfilled by 130%: more than 120,000 cases, 600 deliveries had been attended and nearly 900 lives were saved. At the Raúl Díaz Argüelles School of Medicine, 53 new doctors had graduated as part of a total of 441 graduates.<sup>33</sup>

Guinea-Bissau confirmed its first case of coronavirus on 25 March. Since then, 1,614 people have tested positive for the disease, of which 317 recovered and 22 lost their lives (26 June). In this context, a new Henry Reeve brigade, made up of 23 members, joined the 43 that were already working in the country. They were received (27 June) by the High Commissioner for the Fight against Covid-19, Magda Rabalo, and by the Cuban Ambassador in Bissau, Raúl de la Peña Silva.

At the beginning of July, three new medical brigades were preparing to leave for Sierra Leone, Equatorial Guinea and São Tomé and Príncipe with the aim of joining efforts against the new coronavirus. By 5 July, 9 African nations had benefited from the Cuban medical presence.<sup>34</sup> The contingent working in São Tomé and Príncipe is made up of 19 specialists and led by Dr. Adolfo Miguel Zorrilla Quiñones. Meanwhile, Dr. Bernardo Quintero

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32 *Cuban medical brigade arrives in Guinea to confront Covid-19. Radio Habana Cuba, 5 June 2020. Available at: <http://www.radiohc.cu/en/noticias/nacionales/224868-cuban-medical-brigade-arrives-in-guinea-to-confront-covid-19>*

33 *Participa Embajador de Cuba en el Balance de la brigada Médica en Guinea Bissau. Minrex, 14 February 2020. Available at <http://misiones.minrex.gob.cu/es/articulo/participa-embajador-de-cuba-en-balance-de-la-brigada-medica-en-guinea-bissau>*

34 *Cuba envía brigada médica a países de África por la COVID-19. Prensa Latina, 5 July 2020. Available at: <https://www.prensa-latina.cu/index.php?o=rn&id=379347&SEO=solidaridad-de-brigadas-medicas-de-cuba-continua-combate-a-covid-19>*

Suárez directs the medical brigade in Sierra Leone, which is made up of 16 professionals, of whom 11 are doctors and 5 have nursing degrees.<sup>35</sup>

The brigade that arrived in Equatorial Guinea is led by Dr. Tania Balard and is made up of 76 members, most of whom - 95% - have carried out other internationalist missions. Equatorial Guinea at that time reported more than 3,071 positive cases, of which 842 recovered and 51 died. Cuban doctors would strengthen emergency care and intensive care for coronavirus patients in the main hospitals, such as the one in Sampaca and the other in Mondong, in the city of Bata.<sup>36</sup> This cooperation complied with the agreements signed between Cuba and the Republic of Equatorial Guinea in the health sector. They also received a small shipment of medicines available in Cuba that had been used to treat the sick.<sup>37</sup>

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35 *Médicos cubanos contra la COVID-19 en África. Agencia Cubana de Noticias, ACN, 6 July 2020. Available at: <https://www.cubainformacion.tv/solidaridad/20200706/86929/86929-salen-tres-nuevas-brigadas-medicas-cubanas-sierra-leona-guinea-ecuatorial-y-santo-tome>*

36 *Bata is the economic capital and largest city in the country. It is the seat of the Parliament of Equatorial Guinea. It is also the capital of the continental region called Río Muni and of the Litoral Province. It has an approximate population of 230,282 inhabitants.*

37 *Llegan a Guinea Ecuatorial 76 médicos cubanos para apoyar al país en la lucha contra el coronavirus. 6 July 2020. Available at: <https://ahoraeg.com/salud/2020/07/06/llegan-a-guinea-ecuatorial-76-medicos-cubanos-para-apoyar-al-pais-en-la-lucha-contra-el-coronavirus/>*

Country	Doctors	Nurse	Other specialties *	Total	Gender composition	
					M	F
Angola	188	24	2	214	78	136
Togo	6	3	2	11	8	3
Cape Verde	5	10	5	20	11	9
South Africa	133	14	69	216	131	85
Guinea	11	10	-	21	9	12
Guinea-Bissau	8	10	5	23	9	14
<b>Total</b>	<b>351</b>	<b>71</b>	<b>83</b>	<b>505</b>	<b>246</b>	<b>259</b>

*Table 6. Cuban doctors from the Henry Reeve Brigade in Africa to fight Covid-19 (April - June 2020) Source: Authors' elaboration with information from various sources.*

*\* Some of the main specialties are: hygiene and epidemiology, biostatistics, electromedical and laboratory technicians.*

In this way, Cuba's medical presence in Africa continued to expand, with women leading the charge. Some 111 new specialists were added to the 505 health professionals of the Henry Reeve Brigades to combat Covid-19 in Africa. The information published does not specify the specialties of the members, although the previous brigades have been composed mainly of doctors and nurses, both general and specialists in intensive care and other medical areas. Thus, there are 616 Cuban specialists. A total of 38 Henry Reeve contingent brigades were serving in 32 nations around the world.<sup>38</sup>

This is how the historic collaboration that Cuba has offered to African countries has operated. Thanks to the creation of a completely free public health system, the training of thousands of doctors and nurses, as well as the construction of a wide network of health infrastructure, Cuba has been able to export high-quality medical services to other underdeveloped nations and to contribute to the training of specialists from various countries. South-South Cooperation has always been at the centre of the Cuban government's foreign policy, which has remained unchanged.

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*38 By this date the brigade that was in Lombardy and Andorra had come to the end of their period of stay and were back in Cuba.*

Despite the hostility of the current US administration against Cuba's medical services,<sup>39</sup> the Cuban government has maintained its will to continue sending doctors and professionals to African countries that request support, as well as continuing with the transfer of technology, the implementation of literacy programmes and the fight against malaria. The Cuban authorities have expressed, in different international forums, that cooperation with Africa is not for profit. This is one of the main characteristics of the Cuban cooperation that set it apart from other countries.

The prospects for Cuban-African collaboration remain positive and Cuba will maintain its commitment to continue contributing to the social development of African countries. The President of the Commission of the African Union, H.E. Mr. Moussa Faki Mahamat, recognised the historic and active role played by Cuba in Africa and highlighted the presence of Cuban medical personnel, first in the countries affected by Ebola and now, in which coronavirus is being tackled.

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*39 One of the last attempts to try to harm Cuba's medical collaboration came from the anti-Cuban Senators Rick Scott, Marco Rubio and Ted Cruz, who presented, on 17 June 2020, a bill called "Stop Profits of the Cuban Regime", with which they urge the State Department to identify the nations receiving medical missions. The promoters indicated that the host countries of Cuban doctors would be exempt from the sanctions as long as they directly pay the professionals their salaries directly, make the contracts public and do not make additional payments to Cuba for their work. Scott said, "any country that requests medical assistance from Cuba is supporting human trafficking." See: Presidente de Cuba recomienda a senadores de EE.UU. ocuparse de la Covid-19. Prensa Latina, 19 June 2020. Available at: <http://www.escambray.cu/2020/presidente-de-cuba-recomienda-a-senadores-de-ee-uu-ocuparse-de-la-covid-19>*



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## NORTH AFRICA AND THE MIDDLE EAST ON THE CUBAN COLLABORATIVE MAP

The current global health crisis has revealed, as never before, the true quality or levels of efficiency of the existing political-social systems. If in previous centuries the consequences of similar catastrophes could have been nuanced, under the well-known justification of incipient maturity of the emerging capitalist system, today, there would be no lack of reasons to question the high cost suffered. Today as never before there has been better health infrastructure, as well as productive capacity to guarantee what is necessary. The question arises: Is it the lack of resources or the way they are managed?

Cuba, within the entire global maelstrom, has exposed the expected attitude of an economic power. With a total of 2,309 cases of coronavirus, it has suffered the unfortunate loss of 85 people (20 June 2020), for a case fatality that already quantifies below 4%, a feat for an underdeveloped country. Such a level of control responds to high standards of knowledge in health, which has allowed it not only to establish domestic care, but also to bring the experience to foreign regions. Among the foreign destinations is the Middle East and North Africa, with which there have been strong historical ties. Relations with Algeria have stood out in the Maghreb sub-region since the fight for its independence and later in the military support against the Moroccan invasion in 1963, and support for the Saharawi people's independence. Cuba has contributed to the professional training of the Saharawi people from the refugee camps in the Tindouf area.

With regards Egypt, the strong friendship with Gamal Abdel Nasser and with the just Palestinian cause stand out. Syria has also been one of the countries with a strong link with Cuba, even in the current context of war that that Arab nation is experiencing. While brotherly relations continue with Iran. While Algeria and the Saharawi population endorse long-standing ties with Cuba, for the Gulf the scoop is on the strength: bilateral cooperation ties with Kuwait, Qatar and Saudi Arabia are acquiring. These Gulf countries, rich in hydrocarbons, have been among the main recipients of Cuban medical services.

Therefore, both regions have not been exempted from political-diplomatic ties and collaboration with Cuba, an aspect that has expanded in recent years. Therefore, it is understandable that with the current coronavirus pandemic, Cuban doctors working in several of these countries have joined the efforts to combat Covid-19 as well as strengthening the Cuban medical presence.

### **Algeria and the Saharawi people: Together with Cuba before the pandemic**

Algeria is of paramount importance to Cuba when it comes to medical cooperation. It was precisely this country that was the destination of the first medical brigade that left from Cuba, with the purpose of lessening the burden placed on the devastated Algerian health system. Once its independence was achieved, the North African country had to face a massive flight of its doctors to France. It was in this scenario that, on 23 May 1963, a delegation of 56 specialists arrived in Algiers, including 29 doctors, 4 stomatologists, several ophthalmologists, 14 nurses, and several health technicians. This marked the beginning of the internationalist medical collaboration that Cuba has maintained as a pillar throughout the years. 23 May 2020 marked 57 years since the first delegation of specialists completed a medical aid mission in Algeria.

Currently, the Maghreb country maintains more than 850 Cuban collaborators, who work alongside Algerians in 15 provinces and more



than 50 municipalities.<sup>1</sup> Cuban doctors pay attention especially in the south of the country, in the middle of the Sahara desert, and in the great high plateau, where the deficiencies and health needs are greatest. They work in hospitals, and also in tents set up in desert areas, facing a different language and harsh climatic conditions typical of the desert, but with the conviction that their work has paid off in a country that is grateful to them for so many years of dedication.

The crisis caused by the coronavirus pandemic has also reached the African nation, where it is spreading rapidly. The first case that tested positive for Covid-19 was reported on 24 February. Since then, Algeria has recorded 11,268 infections and 799 deaths (18 June 2020).<sup>2</sup> The country is listed as one where the virus could spread quickly as a result of the demographics conditions. Along with Egypt, Algeria is the worst hit North African nations.

The 850 Cuban doctors who work in Algeria have joined the country's health authorities in the fight against the pandemic. They have maintained discipline and abided by all the sanitary measures applied by the Algerian government, which has adopted control measures to eliminate and minimise the effects of the novel coronavirus. Cuban doctors have remained at their jobs and also provided training to Algerian health personnel.

In the midst of the difficult epidemiological situation, the head of the Medical Mission in the country, Dr. Reinaldo Menéndez, pointed out that all the collaborators "are well and working".<sup>3</sup> In the fight against Covid-19 in the North African country, the role of Cuban women has once again been revealed. More than half of the specialists found in the country are women, who in addition to their care work, have also contributed to the preparation of means of protection.

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1 Juan Carlos Díaz Guerrero. *Cuba y Argelia, rica historia de solidaridad que empezó por la salud*. *Prensa Latina*, 23 May 2020. Available at: <https://www.prensa-latina.cu/index.php?o=rn&id=368280>

2 See: <https://weather.com/es-US>

3 Juan Carlos Díaz Guerrero. *Médicos cubanos en Argelia, firmes en trinchera de amor y esperanza*. *Prensa Latina*, 4 April 2020. Available at: <https://www.prensa-latina.cu/index.php?o=rn&id=355389>

Cuban doctors also fulfill an internationalist mission in the Maghreb, where they are also present in the Sahrawi refugee camps. There, they help face the pandemic. The Cuban medical brigade has spent 43 years in the Sahrawi refugee camps, since the Cuban government recognised the former Spanish colony as an independent state. Among the medical personnel who fight against the virus in the Sahrawi camps, located in the Algerian desert, are six specialists. Cubans together with Sahrawi doctors face the task of preventing the spread of the virus in these fields where living conditions and health care are minimal. They contribute above all with the training of the Saharawi personnel and in the area of logistics.

### **Cuba and the Gulf: The case of Kuwait**

Although diplomatic relations were established between the two countries in 1974, making Kuwait the first country in the Gulf to recognise the Cuban Revolution, ties between Cuba and Kuwait acquired real strength after the opening of the Arab embassy in Havana in 2010.<sup>4</sup> Among the prioritised lines of this relationship are: culture, economy, health and the environment. One of the leading institutions in the balance of cooperation is the Kuwaiti Fund for Arab Development,<sup>5</sup> from which the Caribbean island has been able to access soft loans with a payment range of up to 20 years and at 2 percent of interest.

In this way, considerable resources have been invested for the repair or expansion of Cuban aqueduct systems, such as those of Santiago de Cuba and Holguín, allowing the improvement of hydraulic services that benefit almost 600,000 people. It would also be necessary to add the funds destined for the rehabilitation of the aqueduct and sewerage system in Havana, under a loan of \$75 million.<sup>6</sup> However, the field of diplomatic action also expands towards a multilateral vision of international relations, since the two States maintain relations in forums of great importance in favour of an alternative political position in the world, such as: the Movement of Non-Aligned Countries and the Group of 77 plus China.

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4 *Admirable colaboración entre Kuwait y Cuba*. 6 March 2019. Available at: <http://www.opciones.cu/internacionales/2019-03-06/admirable-colaboracion-entre-kuwait-y-cuba/>

5 *Idem*.

6 *Idem*.

After the opening of the Kuwaiti embassy, an agreement was signed that allowed Cuban doctors to the Gulf State. This also provided the possibility of more comprehensive exchanges like scientific-medical collaboration and visits of personnel from the Center of Genetic Engineering and Biotechnology of Cuba. Cuban medicines have also been introduced into the Kuwaiti market, including Heberprot-P, used to combat diabetic foot ulcers.

Before the coronavirus pandemic, 96 Cuban doctors, 198 nurses and 4 specialists from other branches of medicine worked in Kuwait.<sup>7</sup> In the framework of the current coronavirus pandemic, a new agreement aimed at the health sector was signed.<sup>8</sup> By early June 2020, nearly 300 additional health sector workers arrived in the Arab State, in a team made up of doctors and nurses from various specialties.

Recognition and thanks came from the senior political figures including the Ministers of Health and Foreign Affairs of Kuwait, who, together with the Cuban Ambassador, were present to welcome the new arrivals. Both said that a Memorandum of Understanding will allow Cubans to remain for around half a year mainly working in intensive care, treating the patients suffering the worst medical conditions. Upon the arrival of this brigade, the Arab country already identified more than 30,650 infected people and suffered more than 450 deaths; the majority of cases come from undocumented workers, specifically from Egypt, Bangladesh and India.

## Cuba and Qatar: Closeness despite distance

The State of Qatar is currently one of the Arab countries with the greatest ties to Cuba. Political-diplomatic relations between the two peninsular states were established in December 1989. An poignant moment in the relationship was the official visit that the Commander in

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7 *Enfrentan en Kuwait Covid 19 con apoyo de brigada médica cubana. Available at: <http://www.cubaminrex.cu/es/enfrentan-en-kuwait-covid-19-con-apoyo-de-brigada-médica-cubana>*

8 *Cuban medical contingent Henry Reeve Brigade arrives to Kuwait. Available at: <http://misiones.minrex.gob.cu/en/articulo/cuban-medical-contingent-henry-reeve-brigade-arrives-kuwait>.*

Chief, Fidel Castro, made to Doha in May 2001, which was reciprocated with high-ranking visits by Qatari officials to Cuba. In all these years, both countries have defended contact in various branches: trade, finance, culture, sport, health, air and sea transport.



Photo 6. The Cuban Hospital in Dukhan, Qatar

However, the health links have been the most significant and wide. This is demonstrated by the construction and opening in 2012 of the Cuban Hospital in Dukhan.<sup>9</sup> Some 500 Cuban collaborators work in this centre, with high standards of service (more than 25 specialties) that are intended not only for residents, but also for immigrants, expatriates, diplomats, etc. It is a facility that has about 75 beds and 7 operating rooms and most of its patients come from the western region of the country. However, the extension of departments and new specialisms continue like the opening of night clinics, laser eye surgery, services for dental prostheses, orthopedics and rehabilitation. In 2016, the hospital began performing

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<sup>9</sup> *Ministerio de Relaciones Exteriores de Cuba. Available at: <http://misiones.minrex.gob.cu/es/articulo/cuba-y-qatar-amistad-mas-alla-del-tiempo-y-las-distancias>*

bariatric surgery (for weight loss), by 2017 it had already executed some of 176 such operations.<sup>10</sup>

In 2008 and 2018, various agreements were signed between the Hamad Medical Corporation and the Cuban Medical Services to carry out joint research in scientific matters. At the same time, Qataris would be beneficiaries of Cuban products such as Heberprot-P. According to statistical data on the levels of care at the Cuban Hospital in Dukhan,<sup>11</sup> there has been a substantial increase in medical consultations and in the number of patients seeking specialised medical treatment at the centre. For example, in 2017 there were more than 74,300 outpatients, while admissions reached more than 4,500. Meanwhile, surgical care grew from more than 250 in 2012 to around 3,100 in 2017.<sup>12</sup>

In relation to Covid-19, the Cuban Hospital was designated as one of the centres of critical treatment for the most complicated cases of the pandemic, along with other important medical centre such as the Communicable Disease Center, the Mesaieed Hospital, as well as the Ras Laffan Hospital. It is also the medical building dedicated to the intensive care of pregnant women and newborns who have been earmarked for emergency operations.<sup>13</sup> A programme that prioritises Spanish and Arabic language translation services in line with a greater understanding between patients (mainly Arabs) and Cuban doctors, has also been established.<sup>14</sup> Approximately 2,000 patients have benefited from this initiative, which is essential for mutual doctor-patient understanding. As Cuba's Ambassador in Qatar, Eumelio Caballero Rodríguez, highlighted in 2019:

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10 *Ídem.*

11 *Cuban Hospital sees sharp rise in patient visits. 20 February 2018. Available at: <https://www.thepeninsulaqatar.com/article/20/02/2018/Cuban-Hospital-sees-sharp-rise-in-patient-visits>*

12 *Ídem.*

13 *Cuban Hospital designated for maternity cases with COVID 19. 7 June 2020. Available at: <https://thepeninsulaqatar.com/article/07/06/2020/Cuban-Hospital-designated-for-maternity-cases-with-COVID-19>*

14 *Over 2,000 patients benefit from language services every month at Cuban Hospital. 25 August 2019. Available at: <https://www.thepeninsulaqatar.com/article/25/08/2019/Over-2,000-patients-benefit-from-language-services-every-month-at-Cuban-Hospital>*

*"This hospital, which is the jewel of collaboration between both countries, has become a reference medical center throughout the Gulf region, receiving several recognitions from important international institutions for the excellence of its care."<sup>15</sup>*

## **Havana - Riyadh: Bilateral agreements**

The political-diplomatic relations between both countries were officially patented in April 2011<sup>16</sup> with the opening of the embassy in Havana. As a result, there has been a deepening of bilateral cooperation in various sectors. This has been possible thanks to the aid endorsed by the Saudi Development Fund, which has offered financial support to the island.

The hydraulic sector has benefitted most from Saudi investment in Cuba, whose aqueduct and sewerage system, specifically in Havana and Cárdenas (Matanzas), were repaired with an investment of about \$32 million.<sup>17</sup> Likewise, another \$40 million were destined for the same sphere in the province of Camagüey.<sup>18</sup> Important credits have also been offered for restoration projects in Old Havana Historic Center.<sup>19</sup> In the cultural field, bilateral ties have been manifested in events such as the Havana International Book Fair, where important works from Saudi have been exhibited. Likewise, a donation was made to Cuba of Arabic language laboratories (with Cuban graduates), as well as financing for the construction of a mosque in Havana.

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15 *Idem.*

16 *Son especiales las relaciones entre Cuba y Arabia Saudita.* 14 March 2017. Available at: <http://www.opciones.cu/internacionales/2017-03-14/son-especiales-las-relaciones-entre-cuba-y-arabia-saudita/>

17 *Ibid.*

18 *Ibid.*

19 *Saudi Arabia and Cuba continue pledge to increase trade cooperation and strengthen political ties.* 22 January 2019. Available at: <https://foreignpolicynews.org/2019/01/22/saudi-arabia-and-cuba-continue-pledge-to-increase-trade-cooperation-and-strengthen-political-ties/>

In the health sector, collaboration is mutual, since Saudi scientists and doctors have also Cuba in order to establish a greater connection with Cuban scientific research. Likewise, in the field of biotechnology, the use of the Cuban drug Heberprot-P has been commercialised in order to safeguard the lives of diabetic patients. Before the Covid-19 pandemic, bilateral health agreements were already in operation, as was the case of the Executive Cooperation Program signed by the Health Ministers of both countries.<sup>20</sup> Some 220 (2019) Cuban collaborators are located in Saudi Arabia , including doctors, nurses and other specialists.<sup>21</sup>

Cuba's political-diplomatic ties with the Middle East and North Africa have been strengthened in recent years. Bilateral cooperation in the health sector is one of its most significant aspects, together with the continuity of medical training in Cuba of students, mostly from the Sahrawi Arab Democratic Republic and Palestine.

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<sup>20</sup> *Idem.*

<sup>21</sup> *Idem.*

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## CUBAN DOCTORS IN LATIN AMERICA AND THE CARIBBEAN IN THE CONTEXT OF COVID-19

*"I am a son of America and I owe it to her."*

*Jose Martí*

The Latin American and Caribbean region continues to be the most unequal region in the world in terms of income distribution among its population, with an average Gini index of 0.465 in 2018. The SARS-CoV-2 virus does not take social conditions into account before infecting a person. However, belonging to some social class does make you more vulnerable to infection. Access and quality of health care, working conditions, access to safe water, educational levels and overcrowding in poor neighbourhoods increase the level of exposure to contagion and limit protection.

According to OXFAM:

*"Basic measures such as washing hands or avoiding physical contact are difficult for 21% of the Latin American urban population living in slums, informal settlements or inadequate housing. 81% of the region's population is urban. In the slums, basic services are a luxury, many houses do not even have access to water within them. In 2018,*

*13.5% of Latin American households did not have access to water sources in the home, and in rural areas this percentage increases to 25%. In these settlements, overcrowding is inevitable with more than 3 people per bedroom.”<sup>1</sup>*

The numbers speak for themselves. In Latin America and the Caribbean, 83% of wealth is held by 20% of the population. The number of billionaires in the region has grown from 27 in 2000 to 104 today. In contrast, extreme poverty is on the rise. In 2019, 66 million people -10.7% of the population - lived in extreme poverty. More than half of the region’s workers (53.1%) are employed in the informal sector and, poverty and inequality are suffered worse by woman, according to data from the Economic Commission for Latin America and the Caribbean (ECLAC).

“The region is also marked by racial, ethnic and territorial inequalities and those related to different stages of the life cycle, which means that various groups of the population continue to lag behind,” said Alicia Bárcena.<sup>2</sup> The senior United Nations official warned that Latin America and the Caribbean are currently the global focus of the Covid-19 pandemic, with dramatic repercussions not only in terms of health, but also because it represents a major setback in terms of the eradication of poverty.

According to the estimates indicated by ECLAC, the effects of the pandemic will generate the largest recession that the region has suffered since 1914 and 1930, with projected growth of -5.3%, a significant deterioration in labour indicators in 2020 that would generate almost 12 million more unemployed in the region and an increase of almost 30 million poor people. Furthermore, it is foreseeable that extreme poverty will increase by 2.6 percentage points (15.9 million people), which will

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<sup>1</sup> *El coronavirus no discrimina, las desigualdades sí. Oxfam International, March 31, 2020. Available at: <https://medium.com/@Oxfam/el-coronavirus-no-discrimina-las-desigualdades-s%C3%AD-8e54241388e0>*

<sup>2</sup> *Alicia Bárcena llama a poner en el centro del debate la erradicación de la pobreza y a reconstruir mejor con igualdad y sostenibilidad. Comisión Económica para América y el Caribe (CEPAL), June 20, 2020. Available at: <https://www.cepal.org/es/comunicados/alicia-barcena-llama-poner-centro-debate-la-erradicacion-la-pobreza-reconstruir-mejor>*

affect a total of 83.4 million people who are also at risk of falling into a food crisis.<sup>3</sup>

When the first case of the pandemic was reported in Brazil on 26 February 2020, a tsunami of deaths began in the region. Since then, Covid-19 has spread to all 54 countries and territories in the Americas. The epicenter of the pandemic has moved to the Americas, where, as of 9 July 2020, 6 266 703 confirmed cases were reported, 52% of global cases, with 276 520 deaths and a mortality rate of 4.41%<sup>4</sup>. In general, there is an increasing trend in cases and deaths in the region. Five countries (Brazil, the United States of America, Chile, Mexico and Peru) are among the 10 with the highest number of confirmed cases and / or deaths worldwide.<sup>5</sup>

The health crisis highlighted the weaknesses of the region's public health systems. Unfortunately, in Latin America and the Caribbean, the quality of the universal and public health systems is poor. The average public investment in health is 2.2% of GDP, almost half of what the WHO recommends. Governments invest an average of \$600 per capita each year to ensure the health of the Latin American population, which represent 21% of what OECD countries invest. There are an average of 23 hospital beds and 18 doctors for every 10,000 inhabitants, approximately half of the average in OECD countries. This is why public hospitals are collapsing, and the levels of contagion is spreading further.

Cuba in the Latin American and Caribbean region has set a precedent in terms of social development. In the rest of the continent, the forced application of neoliberalism in the final decades caused the deepening of the political crises. This also caused the illegitimacy and ungovernability of the constitutional authorities and a broad questioning of the postulates of democratic representativeness. In some countries, such as Venezuela, Ecuador and Bolivia, during the 1990s and the beginning of the 21st century, a reconfiguration of sociopolitical structures occurred allowing the inclusion and visibility of historically marginalised social classes.

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3 *Idem.*

4 *MINSAP. Closing part of the day July 9 at 12 midnight. 10 July 2020. Available at: <https://salud.msp.gob.cu/parte-de-cierre-del-dia-9-de-julio-a-las-12-de-la-noche/>*

5 *Respuesta de la Organización Panamericana de la Salud a la COVID-19 en las Américas. OPS, 19 June 2020. Available at: <https://www.paho.org/es/documentos/respuesta-organizacion-panamericana-salud-covid-19-americas>*

Over the last 3 years this reality has radically changed, and an ultra-neoliberal wave has invaded most of the region, with governments eager to consolidate an economic model that destroys everything achieved in the decade won by Latin American progressivism.

## **Cuba's cooperation with Latin America in the public health sector**

International organisations such as the WHO, the United Nations Children's Fund (UNICEF) or the UN itself recognise Cuba as the only Latin American country with one of the best health systems in the world. Since the beginning of the Cuban Revolution in 1959, the Cuban public health model has also become paradigmatic due to its outstanding component of international cooperation. The first Cuban medical aid trip was carried out in 1960. In that year, Chile had suffered an earthquake and Cuban doctors arrived to tend to the victims. The decision was announced by the Commander in Chief, Fidel Castro, at the opening ceremony of the "Victoria de Girón" Faculty of Basic and Preclinical Sciences.

This medical aid and in other spheres continued in a sustained way; despite the fact that on 3 February 1962 the Trade with the Enemy Act was put into practice, which proclaimed the embargo on trade between the United States and Cuba. Since then, law enforcement has intensified this scenario and the footprint of the economic and commercial fence has been present in all spheres of Cuban life, especially in medical collaboration. For the Latin American case it is very significant because it limits the commercial and financial activity in the closest region to the Island.

Hurricanes Mitch and George in 1998 in Central America and the Caribbean caused unprecedented human and material losses, and at the request of several governments, Cuba offered its support and collaboration in the reconstruction of these countries. More than 2,000 professionals moved to Central America to collaborate for free.

In December 1998, the first Medical Brigade was transferred to Haiti. From then, the idea was conceived by President Fidel Castro to create the Latin American School of Medicine (ELAM). On 27 February 1999, the first 1,933 students arrived with free scholarships from 18 countries. The conception of this school was to train professionals who were willing to return to their communities of origin to provide primary health care. The

Comprehensive Health Plan began to be executed to respond to the needs of the Central American region, which later spread to the entire world. As part of this strategy, ELAM would train professionals from these countries.

By 1999, Cuba had 363,000 health professionals trained and working in the national health system. Between 1963 and 2001, more than 156,280 of them had collaborated in more than 140 countries that represent about 75% of all UN states; of them, 24 were in Latin America. In 2000, important steps were taken to strengthen and diversify the effectiveness of Cuban medical collaboration, mainly in Latin America and the Caribbean. It is worth highlighting among them the drive and development of the Bolivarian Revolution in Venezuela, which led to the appearance of the Special Programs modality, such as *Barrio Adentro* in 2003.

The creation of ALBA-TCP (Bolivarian Alliance for the Peoples of our America-Peoples' Trade Treaty) in 2004 had a significant importance in the history of Cuban medical cooperation. This integration mechanism was founded in 2004, but its origin goes back to 2001 when, at the Third Summit of Heads of State and / or Government of the Association of Caribbean States, then President Hugo Chávez proposed the creation of an integration and cooperation project. It would show to other governments of the region the real possibility of creating an alternative mechanism different to those imposed by the relations of domination that historically subordinated Latin America to the United States.

From the very beginning of the first period, ALBA-TCP promoted the rules of Post-Liberal Regionalism and its three returns: the Returns of the State, the Return of the Social Agenda and the Return of the Development Agenda. In the words of the Spanish academic José Antonio Sanahuja, these three returns have an historical explanation, since "the crisis of regional integration and in the Open Regionalism model coincides with a new wave of proposals that point to a redefinition of regionalism and integration".<sup>6</sup>

With the third summit, the participation of Bolivia as a member of the organisation began. At that meeting, the signing of the Peoples'

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6 Carlos Akira de la Puente Abreu. *Neorrealismo político vs multilateralismo democrático: un estudio comparado entre las organizaciones alternativas ALBA-TCP y la Organización de Cooperación de Shanghai*. CLACSO, Buenos Aires, 2014. Available at: <http://biblioteca.clacso.edu.ar/clacso/becas/20141009041908/informe.pdf>

Trade Treaty (TCP) was also established, and the foundations for joint medical cooperation between Cuba and Venezuela with the new member were defined. With the 2007 summits, the organisation's expansion stage began with the entry of Nicaragua under the recently elected Sandinista government. This led to the expansion of Petro Caribe's association capabilities with Central American economies. In fact, Nicaragua's Accession Document as a new member was useful to reaffirm the conception of the principles of South-South cooperation that would identify the organisation in its strategic approaches. As a result, it was argued that overcoming the neoliberal model and its effects in the region implied a strategic alliance between the States and peoples of Latin America and the Caribbean, based on the principles of solidarity, cooperation, complementation and mutual aid, and based on the rescue and appreciation of our identity, participatory democracy and economic development with equity.<sup>7</sup>

During 2008 and 2009 new members joined the organisation, such as the cases of Dominica and Honduras in 2008, Ecuador, Saint Vincent and the Grenadines, and Antigua and Barbuda in 2009. It not only expanded to the Caribe, which meant a direct achievement of the cooperation policies linked to Petro Caribe, ALBA Food (ALBA Alimentos), and Health Missions, but also incorporated South American States that had previously maintained indirect support for this initiative.

The ALBA-TCP allowed the development of both the policies applied by the governments for the improvement of the quality of life of their societies, as well as the implementation of multilateral strategies, especially related to the ALBA-TCP, that allowed governmental capacities to be articulated with the purpose of stimulating international cooperation.

The concept of complementarity became relevant in this mechanism insofar as it allowed integration on the basis of interdependence, but not on power relations. This is evidenced above all in four fundamental axes: educational programmes, health programmes, economic and commercial exchanges and energy agreements.

With regard to ALBA-Health related programmes, it is important to highlight that this is one of the main achievements of ALBA-TCP as a multilateral mechanism. One of the added values has been the Cuban

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7 *Idem.*

experience that shows a highly professional health system with substantial development in primary care and disease prevention mechanisms, as well as community medicine. As a result, the organisation increased the social missions of the health function, such as the Barrio Adentro I and II Mission<sup>8</sup> in the case of Venezuela, and the Milagro Mission<sup>9</sup> carried out in the ALBA-TCP countries, but also in other areas. Another of the processes incorporated was the training of new professionals with the implementation of the Latin American School of Medicine, with its initial headquarters in Cuba, but later extended in its infrastructure to Venezuela.

According to Pan American Health Organization (PAHO) a reduction is observed in the indicators of deaths related to treatable causes in the periods between 2000-2004 and 2005-2009. In this sense, the ALBA-TCP countries showed favourable balances, however, their progress corresponded with the trend of other nations in the region that are not members of the organisation. This may be due to factors of higher social spending related to health and a more welfare-based approach by the State. Nicaragua presented a slightly negative balance, while Venezuela, Bolivia, Ecuador and Cuba showed favourable projections. Something similar happened with island states like Antigua and Barbuda, where there was a positive evolution of health programmes.<sup>10</sup>

With regard to coverage and immunisation indicators, it was noticeable that the results were mixed in some cases, such as in Venezuela, where human resources had been increased. However, this had not yet translated effectively into immunisation mechanisms among minors. At the same time, Nicaragua had fewer human resources, but social and health prevention mechanisms such as immunisation of diseases for children were effective. As for the Caribbean population, both Saint Lucia and Saint

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8 *Misión Barrio Adentro is a social programme carried out in Venezuela within the framework of the ALBA programmes. It included Cuban doctors and its mission was to bring health services to the poorest and most remote communities and neighbourhoods in the country.*

9 *It is a social programme carried out in Venezuela within the framework of the ALBA programmes with the participation of Cuban doctors with the purpose of helping those people with limited resources so that they can be operated on for different visual ailments.*

10 *Carlos Akira de la Puente Abreu. Ob. cit.*

Vincent and the Grenadines showed favourable balances in these areas. Something similar happened with Antigua and Barbuda.<sup>11</sup>

Even with the existing structural flaws, the organisation shows a logic of internal cooperation that favours an increase in health indicators. In this sense, the social and medical missions have led to a collective increase in life expectancy, placing the average of the ALBA-TCP countries at 73 years. Statistical data provided by the organisation's official site shows an overall decrease in infant mortality. In Bolivia, this reduced by almost 15% from 66% at the start of 2000, although the rate remains considerably high. Nicaragua also achieved a reduction of 15%, numbers in Ecuador and Saint Vincent and the Grenadines also dropped by 10%, Cuba 5%, Venezuela 8% and Antigua and Barbuda 6%. Other health strategies, such as the Operation Miracle, led to a notable increase in the number of people with visual impairment who were treated.<sup>12</sup>

<b>Country</b>	<b>Number of patients</b>
Venezuela	1,178,808
Bolivia	538,000
Ecuador	102,000
Nicaragua	65,522
Dominica	3,010
Saint Vincent and the Grenadines	1,286
Antigua and Barbuda	1,182

*Table 7. Patients who benefitted from the Milagro Mission<sup>13</sup>*

The work of ALBA-TCP, as a mechanism for regional integration, has been decisive in boosting Cuban medical cooperation on the American continent. Its principles of cooperation between peoples, as an alternative that strengthens them and makes them sovereign, capable of growing from complementarity, have not been viewed well by the United States, who

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<sup>11</sup> *Idem.*

<sup>12</sup> *Idem.*

<sup>13</sup> *Idem.*



has led a neoliberal offensive with new methods of forcing the progressive governments of the region to fall one by one and thus weaken ALBA. The constant economic sanctions against Venezuela have undoubtedly weakened the organisation's strongest economic pillar, seriously affecting the financing of health missions and programmes. At the same time, the right-wing of progressive governments has become an adverse scenario for the development of Cuban medical collaboration, even being forcibly interrupted in some regional states.

## **Evolution of the Cuban medical collaboration in Ecuador**

The history of the Cuban medical collaboration in Ecuador dates back 37 years (1992-2019). Cuba has provided assistance in emergency and disaster situations in Ecuador, for example in 1986 during the heavy rains; in 2001 due to the dengue epidemic; in April 2016 to help care for earthquake victims.

In June 2006, the cooperation agreement for the start of "Operation Miracle" had been signed, with the participation of 153 collaborators, distributed among 3 hospitals. Through this programme 168,543 surgical operations were performed, of them 4,609 for cataracts and 118,575 for pterygium. All these operations were performed free of charge and, where more delicate operations were required, patients were moved to Cuba free of charge.

In January 2009, on the occasion of the official visit of the then President Rafael Correa Delgado, the Framework Agreement for Health Cooperation between the two governments was signed. On 11 June of the same year, the Inter-Institutional Cooperation Agreement was signed between the then Ecuadorian Vice President Lenín Moreno Garcés and the Cuban Ministry of Public Health, to carry out the psycho-social, pedagogical and genetic clinical study of people with disabilities, known as "Manuela Espejo" Solidarity Mission. During this programme, 825 576 people were treated, including 35 257 in specialised neurophysiology and otorhinolaryngology consultations. 21 662 patients underwent clinical genetics studies, care that was carried out for the first time in the country.

In 2013, the contract was signed with the Ecuadorian Social Security Institute (IESS), through which 293 Cuban doctors of different specialties provided medical assistance in 52 units of this Institute.

From the beginning of the medical collaboration in this country until November 2019, a total of 3 565 Cuban health professionals provided their services in Ecuador. 6,749,666 medical consultations and 212,360 surgical interventions were carried out, 3,548 deliveries were attended, and 100,084 vaccinations were administered. Cuban professionals were located in the poorest areas of the country, including among indigenous communities in the Ecuadorian Amazon. 2 093 young Ecuadorians graduated as health professionals in Cuba.

Despite the results of the work of the Cuban Medical Brigade in 2018 in the country, the government of President Lenin Moreno terminated the Collaboration Agreement in November 2019. That same month, Cuba and Ecuador signed the Act that terminated 6 specific agreements for scientific cooperation and technical assistance, which has been put in place by the Ministries of Health of both countries since 2009. As recorded in the signed pacts, the Ecuadorian authorities claimed economic reasons to end and not renew these agreements. In accordance with the signed act, both parties recognised the results achieved by the cooperation in the fields of epidemiology, transplantology, psychiatry and rehabilitation, imaging and radiology, ophthalmology and angiology.

Cuba called to Ecuadorian Health authorities to guarantee the required follow-up to the patients attended by the Cuban Medical Mission. The 382 Cuban collaborators, who had provided their services in 23 of the 24 provinces, left the country with outstanding results in 2018:<sup>14</sup>

- 1,189,840 patients seen by Cuban specialists.
- 52,351 received rehabilitation.
- 17,992 surgeries, 10,466 ophthalmic and of them 5,030 cataracts, which gave back or improved the vision to people with preventable blindness.
- 60 transplants performed for a cumulative of 211, with 94% survival rate five years after transplant (173 adults and 38 pediatric).
- More than 231,000 psychiatry consultations, 47,438 imaging, 11,074 angiology and 49,446 ophthalmology performed as part

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*14 Por nuevas metas colaboración médica cubana en Ecuador. Agencia Prensa Latina, 17 March 2019. Available at: <http://www.escambray.cu/2019/por-nuevas-metas-colaboracion-medica-cubana-en-ecuador/>*

of the agreement with the Ministry of Public Health and the 49,446 cases seen under the agreement with the Ecuadorian Institute of Social Security.

- 13,117 consultations and 4,236 hemodialysis reported in compliance with the Nipse agreement
- 81,673 consultations and 70,063 field tasks under the teaching agreement with the Catholic University of Santiago de Guayaquil.

However, the Declaration of the Cuban Foreign Ministry of 5 December 2019 reaffirmed Cuba's willingness to collaborate: "The Ministry of Public Health of the Republic of Cuba ratifies the will to continue providing collaboration to this brotherly people, which ceases at the moment as a consequence of a decision of the Ecuadorian government. The peoples of Our America and the rest of the world know that they can always count on the humanistic and vocational solidarity of Cuban professionals."<sup>15</sup>

The persecution of the United States against Cuban medical cooperation began in Latin America and forced the cessation of cooperation programmes in Brazil, Ecuador and Bolivia. This policy has been implemented in the context of the Donald Trump administration and breaks with the conversations started between Cuba and the administration of his predecessor Barack Obama. The governments of Obama and Raúl Castro in December 2014 promoted the start of the normalisation process between Cuba and the United States.

In addition to the persecution initiated by the republican administration, the action is combined with the threat of sanctions against Cuban leaders and pressure against the receiving States to dispense with it. This campaign is led by the White House National Security Council, Florida Republican congressmen and the State Department. This scenario has led to accusing the island of practicing "modern slavery" and "human trafficking" through the use of health care personnel who work in other countries. The OAS participates in this persecution of health collaborators, accusing Cuba of "alleged crimes against humanity". President Trump and the State Department, in their 2019 Report on Trafficking in Persons, denigrated Cuba's international medical cooperation and, a month later,

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*15 Información del Ministerio de Salud Pública de Cuba. MINSAP, 15 November 2019. Available at: <https://salud.msp.gob.cu/informacion-del-ministerio-de-salud-publica-de-cuba/>*

imposed visa-restriction sanctions on Cuban officials linked to medical missions.

The Agency for International Development (USAID) and the Department of State have dedicated efforts in all the governments of the region and, in May 2019, the Embassy of the United States in Ecuador requested from senior government officials detailed information on the agreements and the services of the Cuban teams. Five months later, the Ecuadorian government terminated them, with immediate effect despite the imminent expiry of their contracts, alleging financial reasons.

In October 2019, the Ministry of Foreign Affairs of Ecuador inquired about the purpose of a trip being carried out by Cuban citizens carrying diplomatic and official passports. Later, the Government Minister declared that several Cubans, associated with the cooperation agreements, participated in the protests that the Ecuadorian people were leading against the application of neoliberal measures. In the Declaration of the Cuban Foreign Ministry it is confirmed that: as it has been verified, no Cuban was a participant or organiser of these massive popular demonstrations and not a single official or diplomatic passport was improperly used. The manipulators have been unable to present a single piece of evidence.

## **Ecuador and Covid-19**

The health crisis caused by the Covid-19 pandemic reached Ecuador in the midst of an unfavourable economic and social situation for the vast majority, as a consequence of the measures implemented by the government of Lenin Moreno, who is leading one of the most political crises in the country.

The Government of Ecuador reported on July 10, 2020, 783 new cases of Covid-19. According to the report issued by the national Emergency Operations Committee (COE) in Ecuador, 65 801 people were infected with the virus and 65 018 patients were reported to still have the disease. In addition, 8 272 deaths in the context of the pandemic were reported. 4

983 deaths were confirmed as being as a result of Covid-19 and another 3 289 were suspected cases; 51 more deaths than on 9 July.<sup>16</sup>

Unfortunately, Ecuador has the highest mortality rate in the world caused by this pandemic, according to analysis by the British newspaper the Financial Times.<sup>17</sup> The FT calculated how many excess deaths (above the historical average) have been recorded in different countries so far in 2020, and compared those figures with their populations. Ecuador appears first in the ranking. According to this analysis, Ecuador registered 21,500 excess deaths until 17 June. This means a rate higher than 1,000 excess deaths per million inhabitants.

In an analysis carried out by the newspaper EL UNIVERSO on the deaths registered in the Civil Registry, including those not linked to Covid-19, found that between 1 March and 15 June of this year, 20,373 more deaths were recorded above the average of the two previous years. The newspaper clarifies that this number may increase, since many deaths are registered weeks late.<sup>18</sup>

The pandemic, managed erratically by the government, has seriously compromised its ability to safeguard the lives of its citizens, giving the impression that it leaves them defenseless in the face of the health crisis. At the same time, an acute political crisis took place in the country, linked to measures taken by the Executive and the Legislature with catastrophic consequences for the labour rights of workers and for the people, such as the Humanitarian Emergency Law, widely questioned by the social sectors and the opposition.

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16 *Gobierno del Ecuador registra 783 nuevos casos de covid-19 este 10 de julio del 2020; los fallecidos llegan a 8 272 en el contexto de la pandemia. Diario EL COMERCIO, Comité de Operaciones de Emergencia (COE), July 10, 2020. Available at: <https://www.elcomercio.com/actualidad/gobierno-ecuador-nuevos-contagios-covid19.html>*

17 *Coronavirus tracked: the latest figures as countries start to reopen. Financial Times, July 13, 2020. Available at: <https://www.ft.com/content/a26fbf7e-48f8-11ea-aeb3-955839e06441>*

18 *Paúl Mena Mena. Coronavirus en Ecuador: 20 400 muertes sobre el promedio histórico durante la pandemia. June 21, 2020. Available at: <https://www.eluniverso.com/noticias/2020/06/21/nota/7879953/coronavirus-ecuador-20-400-muertes-sobre-promedio-historico-durante>*

In the almost three months since the presidential state of emergency was declared, which streamlines public procurement by relaxing previous controls, hundreds of irregularities have been uncovered in the purchase of medical materials such as face masks, Covid-19 tests or bags to transport corpses; which offers indications of structural corruption that can be traced to former president Abdalá Bucaram, to assembly members of the ruling party.

According to Reuters, a survey carried out in 10 Latin American countries found President Lenín Moreno's management of the health crisis has only 14.7% support.<sup>19</sup> 64.1% of Ecuadorians said their view of the Moreno government has worsened since the pandemic began. Moreno received the worst rating as a president among 10 heads of state in Latin America. Seven out of 10 Ecuadorians (71.1%) rate it poorly or very poorly, one in ten does not know (9.8%) and only two out of 10 (19.1%) evaluate it positively, according to the Latin American survey carried out by TrespuntoZero Investigación Latam.<sup>20</sup> It also found that people do not trust the public health system. Eight out of ten Ecuadorians consider the country to be worse or equally ill-prepared than other nations in the region to control and prevent the coronavirus. Eight out of ten express little or no confidence in the health system's ability to cope with the pandemic.

For the President of the Medical Federation of Ecuador, Santiago Carrasco, this mistrust is the result of allegations of corruption that have been made public. "Corruption is involved in the purchase of medicines, in the acquisition of equipment. Unfortunately, the people who have to manage health policies are not prepared, they are people without expertise, people without knowledge."<sup>21</sup> According to TrespuntoZero, 90.7% of those surveyed consider the government to be corrupt; only

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19 Uruguay, Paraguay y Argentina, los países que mejor combaten la pandemia en América Latina; Brasil, el peor: sondeo. Reuters, Buenos Aires, 3 July 2020. Available at: <https://lta.reuters.com/articulo/salud-coronavirus-latam-encuesta-idLTAKBN2441RD-OUSLT>

20 Ecuador, el peor evaluado en la región sobre el manejo de la pandemia. República del Banano, 10 July 2020. Available at: <https://republicadelbanano.com/2020/07/10/ecuador-el-peor-evaluado-en-la-region-sobre-el-manejo-de-la-pandemia/>

21 *Idem.*

9.3% disagree. As of 10 July, the course of the epidemic shows signs that worse times are ahead.

## **Brazil breaks with Cuban medical cooperation**

Jair Bolsonaro's arrival to the Brazilian presidency was accompanied by accusations against former President Dilma Rousseff and the imprisonment of former President Luiz Ignacio Lula Da Silva. This led to tens of thousands of protesters taking to the streets to protest against cuts in education, reforms to the pension systems, discriminatory policies and gender violence.

It was in this context that the Brazilian president ended the Agreement between the government of Cuba and the Pan American Health Organization (PAHO), through which the participation of Cuban doctors in the More Doctors programme was guaranteed. President-elect Jair Bolsonaro made statements against Cuban cooperation; referring to the Cuban professionals (who made up some 60% of staff) as "slaves of the Cuban government".



*Photo 7. Cuban doctors in Brazil*

The Agreement consisted of tripartite cooperation - between Brazil, PAHO and Cuba - in which PAHO guaranteed doctors to Brazil under the terms and conditions previously negotiated with Cuba, with the aim of improving primary care to the Brazilian population.

During Dilma Rousseff's government, the programme offered medical care to 63 million Brazilians, many of whom had never had access to health professionals. In this regard, former President Dilma Rousseff expressed: "An investigation carried out by the University of Minas Gerais, at the request of my government, showed that 95% of the population approved the work of the doctors who make up the program, without distinction of nationality and 90% of users gave a rating of 8 to 10 to More Doctors."

It should be remembered that in 2013 Brazil only had 1.8 doctors for every 1,000 inhabitants. Much less than Mexico, Uruguay and Argentina. According to the pace of university education that year, the goal of reaching 2.7 doctors for every 1,000 inhabitants would only be reached in 2035. That was the reason why the More Doctors programme, in addition to distributing professionals in the peripheries of big cities, in the indigenous departments, in the interior of the country and in the small municipalities, saw the creation of new medical schools. Unfortunately, this initiative was suspended by the coup government of Temer.

The More Doctors for Brazil programme was a clear example of "South-South" collaboration that allowed more than 60 million people to access health services, of whom 45 million were attended by more than 19 000 Cubans health employees. They reached municipalities with high socioeconomic vulnerability and difficult to access areas, and more than 30 indigenous districts of the Amazon, where doctors had never previously operated. In five years of work, almost 20,000 collaborators attended 113,359,000 patients from more than 3,600 municipalities, who in some cases had the assistance of a doctor for the first time. In 1,575 municipalities, only Cuban doctors tended to the population.

On 14 November 2019, the date on which Cuba made the decision not to continue participating in the More Doctors programme, 8,471 collaborators were in Brazil; 7,635 professionals completed their mission, representing more than 90% of the total. Cuba made that decision because President Jair Bolsonaro, with direct, derogatory and threatening references to the presence of doctors, declared and reiterated that he would modify the terms and conditions of the More Doctors programme.



The experience of the More Doctors for Brazil programme, and the Cuban participation in it, demonstrate the value of structuring a South-South cooperation programme under the auspices of the Pan American Health Organization, to promote its goals in our region. The United Nations Development Program and the World Health Organization qualify it as the main example of good practices in triangular cooperation and the implementation of the 2030 Agenda with its Sustainable Development Goals.

As of 9 July 2020, Brazil is approaching almost 70,000 deaths from Covid-19, after its Ministry of Health reported at least 1,220 new deaths in 24 hours. The death toll across the country now stands at approximately 69,184. The ministry also reported at least 42,619 new cases of Covid-19, bringing the total to 1,755,779. Brazil maintains the second highest number of coronavirus cases and deaths worldwide behind the United States. The president's strategy to face the health crisis has been the denial of reality. Denialism rejects scientific knowledge and is a form of fanaticism, which tries to group people who believe in divine truth, embodies a great intolerance of rationality and is a direct threat to democracy, as it validates essentially anti-democratic discourses.

## **Bolivia: Evolution of Cuban medical cooperation**

Medical cooperation in Bolivia began in 1985, with the donation of three intensive care rooms to children's hospitals in the departments of Santa Cruz, Cochabamba and La Paz. In 2005, an electroencephalograph and ventilation equipment were also delivered to the Children's Hospital in Santa Cruz and La Paz. On 15 September of the same year, Operation Milagros began with the arrival in Cuba of 100 Bolivian students and 48 patients. Another key moment in the history of this collaboration is the arrival of the members of the Henry Reeve contingent, in 2006, to help the population affected by the intense rains and floods in various departments.

Later, the arrival of more Cuban doctors takes place as well as the inauguration of community care centres, within the framework of the Comprehensive Health Program for Bolivia. The Cuban doctors were present in all the departments of the country, including the most remote places of the rural area, where they took their services totally free of cost. In this space, educational, health promotion and prevention work were also carried out. The medical teams participated in the creation and

implementation of programmes such as Mi Salud, aimed at strengthening free and comprehensive medical care in the communities.

Cuba maintained for 6 years the free operation of 40 hospitals and 15 ophthalmological centres in the country with the support of supplies. It was from 2013, as a result of an agreement signed between both nations, that the compensation of expenses for the stay of the Brigade in Bolivia and basic expenses was passed. At that time Cuba, donated to Bolivia all the facilities mentioned above.



*Photo 8. President Evo Morales with Cuban and Bolivian doctors in the framework of the "Operation Miracle"<sup>22</sup>*

There was also collaboration in the formation of human capital, which includes the training of professionals, both in Bolivia and in Cuba at the

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<sup>22</sup> Photo available at: <https://www.telesurtv.net/news/cirugias-bolivias-operacion-milagro-evo-morales-fidel-cuba-20180813-0029.html>

Latin American School of Medicine. Until 2019, 5,200 Bolivian doctors had graduated from ELAM. In this regard, Fernando Leanes, WHO Bolivia representative in 2016, said: “It is admirable that there are Bolivian professionals graduated from the Latin American School of Medicine in Cuba, trained in the ethical and humanistic principles of their colleagues in the Antillean country.”<sup>23</sup>

Another of the far reaching and social impact programmes in Bolivia was Operation Miracle, around 584,000 Bolivians benefited until 2019. This programme also benefited 61,000 Brazilians, 46,000 Argentines, 25,000 Peruvians and 314 Paraguayans, tended to in Bolivia.<sup>24</sup> The number of surgeries performed exceeded 727,130 in the ophthalmology area.

In 2010, Bolivian and Venezuelan specialists along with 213 Cuban doctors were part of the Moto Méndez Mission, aimed at people with disabilities. More than a census, it was a genetic study to determine the causes and undertake public policies in favour of this vulnerable group of the population. Geneticists, neuro pediatricians, neuro physiotherapists, otolaryngologists, defectologists, and psychologists were involved in this noble task. They toured the 9 departments, the 112 provinces, the 120 municipalities and reached 101 communities that were not registered in the geographical map of the country. In a first stage they identified 82,087 Bolivians with disabilities. They offered more than 10,000 clinical genetics consultations.

In August 2010, Fidel Castro told the Cuban team: “The people you care for, bearers of a range of sufferings, repay you with the happiness of doing good, something that cannot be bought with all the gold in the world.” One of the distinctive elements of Cuban doctors in Bolivia has been their humility and willingness to reach communities where they even saw a doctor for the first time. This attitude, accompanied by respect for different cultures and customs, has increased the prestige of these professionals who are very dear to the Bolivian people.

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<sup>23</sup> OMS: *Cubanos deben estar orgullosos de sus médicos en Bolivia*. 21 August 2020. Available at: <http://www.granma.cu/mundo/2016-08-21/oms-cubanos-deben-estar-orgullosos-de-sus-medicos-en-bolivia-21-08-2016-22-08-28>

<sup>24</sup> *Lisandra Fariñas Acosta*. *Bolivia: Dos meses sin Evo y sin médicos cubanos*. 30 January 2020. Available at: <http://www.cubadebate.cu/noticias/2020/01/30/bolivia-dos-meses-sin-evo-y-sin-medicos-cubanos/>

## **The Cuban medical brigade after the coup d'état in Bolivia: Consequences**

The process of change led by Evo Morales was abruptly interrupted in November 2019 by a civic-military-police coup. The self-proclamation of Senator Jeanine Añez, after violating everything provided for in the Constitution, started a period of uncertainty, instability and political persecution against the leaders and supporters of the previous government.

Given this situation, the Cuban government determined the immediate return of its health personnel due to the harassment and mistreatment they were subjected. In a special statement, the Cuban Foreign Ministry announced on 13 November that 4 members of the Cuban Medical Brigade in El Alto had been detained by the Bolivian police. The Ministry of Foreign Affairs demanded the guarantee of integrity of each of the collaborators. According to statements by the former Cuban Ambassador to Bolivia, Carlos Rafael Zamora: "In those days of November, in Bolivia they entered the homes of our doctors without a warrant, without permits, they humiliated, intimidated, took away their things, pointed guns at them, some were beaten, several of the women were stripped naked, threatening their physical integrity."

As part of the repression and the campaign to discredit the Cuban medical mission, many graduates in Cuba were persecuted, expelled from their workplaces and threatened with having their degrees invalidated. The campaign, orchestrated by radical elements of the Bolivian right and the United States Embassy, was echoed in some media outlets which were allied with the coup forces. Our professionals were slandered with accusations that they were linked to acts of terrorism and espionage.

The Cuban mission was made up of 749 members, including: 10 neonatologists, 13 ophthalmologists, 15 anesthesiologists, 15 orthopedists, 17 surgeons, 18 gynecologists, 21 intensivists and 9 stomatologists. They worked in 34 hospitals, 119 comprehensive community centres and five eye centres. All were located in areas far from the capitals, they were second-level hospitals where specialists such as surgeons, anesthesiologists, traumatologists, neonatologists were Cuban. Now the attention in those centres was reduced to the most basic levels. In the period of one year, the average number of consultations of the Cuban brigade reached 2.4 million in: pediatrics, gynecology, internal

medicine, ophthalmology, traumatology. On the other hand, Bolivians who could not afford the high costs of private health care were also left without neurosurgeons, neuropaediatricians, angiologists, endoscopists, nephrologists, rheumatologists, specialties from third-level hospitals that Bolivia does not have.

## **Bolivia in times of Covid-19**

While efforts to save lives and control this pandemic multiply in the world, in Bolivia the transitional government takes advantage of this context to line its pockets and retain political power by delaying elections. Managing this health situation may well be described as inefficient, irresponsible and sometimes disrespectful. The measures taken have been delayed. In this context, Luis Arce Catacora, candidate for the Movement for Socialism, asked Añez, the transitional president, to put aside political differences and think about the health of Bolivians and request Cuba send doctors and medicines produced on the Island to combat Covid-19. However, the proposal was rejected, and Arce was accused of electoral fraud.

In March, a strict quarantine was put in place, supposedly to prevent the increase in infections and equip hospitals with the necessary measures to deal with the disease. However, the quarantine became a big scam for the Bolivian people. Personal protective equipment was not purchased, nor were the rapid tests promised; Bolivia carries out the lowest number of tests on a daily basis on the continent.

When three months of social isolation had passed, a scandal known as the *Respiradores* case broke out. On 14 May, 170 *respirators* arrived from Spain. The Ministry of Health reported that it paid \$27,683 for each item, a total cost of \$4,773,600, a payment which was cancelled thanks to financing from the Inter-American Development Bank (IDB). This entity, in addition to verifying the acquisition of the equipment, published on its official page the cost of each piece of equipment. The discrepancy between the government's figures and those of the IDB sparked the scandal. The price of each unit according to the manufacturers is €6,000 totaling approximately \$7,265. This meant the government paid around \$20,000 more for each respirator. The purchase was made through the intermediary IME Consulting Global Services from the manufacturers GPA Innova, both Spanish companies.

To add insult to injury, the respirators did not meet WHO technical specifications. They were designed to be used in ambulances and for intermediate therapy and they could not be used since the accessories and software necessary for their operation had not arrived in the country.

The people were asked to comply with quarantine measures under the promise that the government would take the time to finish equipping hospitals, buy respirators, install Intensive Care Rooms, send tests to detect the coronavirus provide laboratories to the 9 departments in the country and provide biosecurity equipment for doctors and nurses. None of this was done by this false and corrupt government, which during five months of administering the health crisis has defrauded the Bolivian people.



Map 2. 15 Cuban medical brigades against coronavirus in Central America and the Caribbean<sup>25</sup>

<sup>25</sup> This map is available at: <https://www.dw.com/es/misiones-m%C3%A9dicas-cubanas-cu%C3%A1ntas-d%C3%B3nde-y-por-qu%C3%A9/a-53054180>

The consequences can already be seen throughout the country as the virus spreads and doctors are helpless to stop it. Santa Cruz suffers an exponential wave of community infections and in Beni, a departmental disaster has already been declared. The more than 42,900 patients detected has having contracted the disease caused the collapse or closure of some 20 of the 34 third-level hospitals in the country, half of the medical personnel have been infected and a large number have died. On 8 July, Bolivia broke its contagion record with 1,439 infections in one day. Up to that date, 1,578 deaths had been confirmed. At least three members of the presidential cabinet, including Jeanine Añez tested positive for the coronavirus. Three ministers have headed the health portfolio in less than 8 months, while the country has been plunged into a health, social, political and economic crisis. Days of mourning are lived in the Plurinational State of Bolivia, Bolivians have been victims of the coronavirus and the greed and corruption of the current coup government.

While Brazil, Bolivia and Ecuador expelled Cuban doctors, leaving millions of low-income people without access to health services, Cuba strengthened its relations with CARICOM member nations. Since the start of the Covid-19 pandemic, several Caribbean countries have requested an increase in the Cuban medical presence. As a result, several brigades left for Suriname, Jamaica, Dominica, Belize, Saint Vincent and the Grenadines, Saint Kitts and Nevis, Honduras, Anguilla, and Martinique. There are more than 650 health professionals in 15 nations in the Caribbean and Central America, the region that has the highest number of Cuban doctors at this time of pandemic.

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SUNAMIS FABELO CONCEPCIÓN PHD

RUVISLEY GONZÁLEZ SÁEZ PHD

## CUBA AND ASIA: THE SANITARY ROUTES OF COLLABORATION IN COVID-19 TIMES

*“We must strengthen international cooperation. Humanity is a community with a shared future. Solidarity and cooperation are the most powerful weapons. It is an important experience of the international community drawn from its fight against serious diseases.”*

*Xi Jinping, 18 May 2020.*

The advance of Covid-19 has reinforced the need to promote health cooperation. China, the country where the pandemic broke out, has stood out for its international medical collaborations, especially as a centre from which multiple initiatives have been articulated, ranging from scientific development in search of a vaccine or other types of medicines that allow for immunising and fighting the virus, even sending medical aid and material to various countries, but it has not been along in this race.

One of the areas of cooperation that has been distinguished the most in this context has been the exchange of experiences in tackling the crisis. In the midst of the pandemic, there were a few countries that had an effective response, based on the political will of the national health infrastructure due to the scientific-technological capacity, development of the biotech and

pharmaceutical industry, financial resources, highly qualified or trained personnel. In this sense, the Republic of Korea, China, Japan, Taiwan, New Zealand and Vietnam have excelled.<sup>1</sup>

On the other hand, no less important has been the high level of scientific exchange and concrete experiences with Cuba, a country that, in addition to its long tradition of international medical collaboration, has a highly developed pharmaceutical industry. In the current battle against Covid-19, the use of the Cuban Recombinant Human Interferon Alpha-2b has been fundamental. This interferon has been part of the international protocols for the treatment of the virus and one of the essential starting points in the search for definitive solutions.

## **Background and continuity of the Cuban medical collaboration in Asia and Oceania**

The experience of Cuban medical cooperation in Asia and Oceania is diverse and long-standing. Cuba has cooperated with more than 25 countries in the Asian and Oceania regions over the last 60 years: China, Cambodia, Laos, Indonesia, Pakistan, Sri Lanka, Vietnam, East Timor, Kiribati, among others. Asian health professionals have also received training in Cuba (see Map 2).

In November 1970, Cuba sent a medical brigade to the then Democratic Republic of Vietnam (North Vietnam) in support of the nation that was at war for the liberation of the South. The first Cuban nurses were sent there, and they contributed to developing the first Pathological Anatomy material for the preparation of Vietnamese medical students. In September 1973, the leader of the Cuban Revolution Fidel Castro visited Vietnam. The desolate panorama that he saw in various provinces of that country marked the birth of a promise that did not take long to materialise:

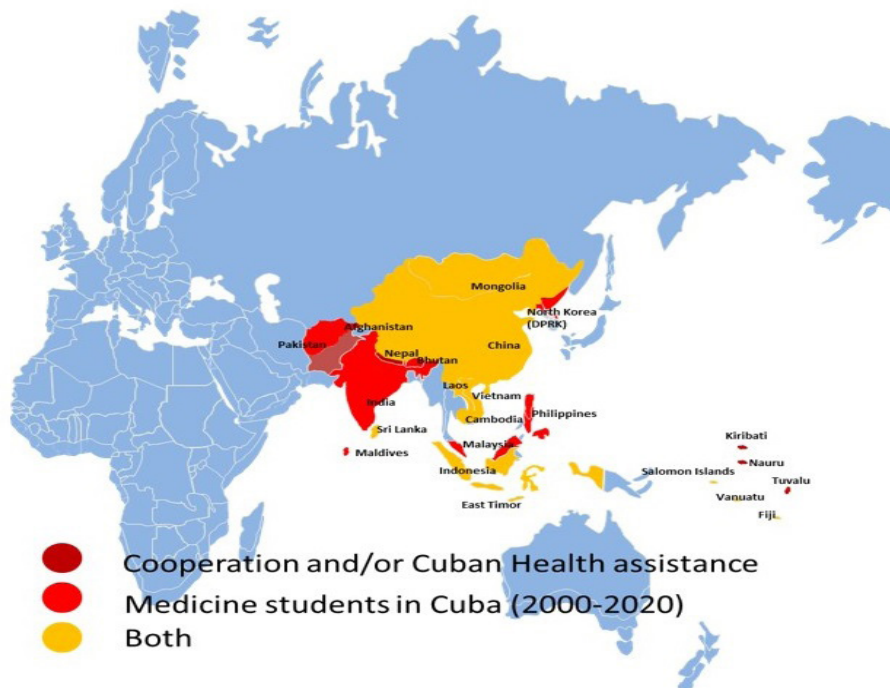
“(...) the people of Cuba will contribute to the construction of the Dong Hoi hospital. We want to start doing that work as quickly as possible. (...) We will completely build and equip the new Dong Hoi hospital, and we will

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*1 Ruvislei González Sáenz. El Covid-19 y su impacto económico en Asia pacífico en el 2020: Casos China y Vietnam. 14 April 2020. Available at: <https://saeeeg.org/index.php/2020/04/14/el-covid-19-su-possible-impacto-economico-en-asia-pacifico-en-el-2020-caso-china/>*

study what new forms of cooperation we can carry out with this province and with this city. (...) Cubans will also come to work on the construction of this hospital. And I am sure that they will do their best in recognition of your merits, in recognition of your patriotism and heroism.”<sup>2</sup>

### Cuban Health Cooperation 1963-2019



Map 3. Cuban health cooperation in Asia (1963-2019).

Source: Authors' elaboration with information from various sources.

The construction of the hospital began on 19 May 1974, coinciding with the 84th anniversary of Ho Chi Minh's birthday. Cubans also participated in the construction work with more than 100 engineers, builders and other specialists. The Vietnam War ended in 1975. The idea of founding this hospital was born out of the need to meet the needs of the aftermath

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2 *Ibid.*

of the war, in an area that was devastated by American air raids because it marked the border between the north and the south of the country. Since then, patients injured during the war come to the hospital in Dong Hoi City, and those who have suffered years later as a result of ordinance which has exploded recently.



*Photo 9. Dong Hoi City Hospital (Vietnam)*

The hospital was inaugurated on 9 September 1981 and was presented as one of the most advanced in the country at that time. Since then, a considerable number of Cuban health professionals have passed through its doors; some even donated their blood to patients who urgently needed it. The Cuban collaboration was brought back to life in April 2019, when three specialists in orthopedics, neurosurgery, cardiology and oncological surgery arrived at the hospital.

In this context, the director of the institution, Duong Thanh Binh, told the Prensa Latina Agency that the residents of Quang Binh are very lucky to be treated by specialists who come from a country with such prestige in the field of Medicine. "Their presence here greatly helps the training of

our young doctors and the development of high-tech specialties that the centre wants to promote,” said Binh. This hospital, he stressed, was and continues to be one of the most precious gifts that Fidel Castro made to Vietnam.<sup>3</sup> Currently, there are 16 Cuban specialists and technicians in the Indochinese nation, including 12 hired in 2018 by a hospital in Hanoi. It is hoped the number will rise in the future.

Cooperation between Cuba and Vietnam goes far beyond a framework of mutual trust. In the framework of the Covid-19 pandemic, Hanoi transferred to Havana the technology for the production of coronavirus diagnostic kits developed by the University of Military Medicine, while the island provided Hanoi with the technology to produce the antiviral drug interferon alpha-2b. In turn, a group of Cuban experts supported the Vietnamese in the fight against the pandemic.

In Laos and Cambodia, the presence of the Cuban medical brigades stood out in the 1960s and 70s. In the moments of reconstruction after the war, Cuba accompanied these two nations with their medical personnel who also contributed to the improvement of health care. By 2000, a total of 10 health professionals were working in Cambodia, including 8 doctors.

In 1998, the Comprehensive Health Program (PIS) started following a request for cooperation from Central American presidents to Cuba. After its foundation, Cuba developed this programme in seven Asian countries: Laos, Solomon Islands, Vanuatu, Tuvalu, Kiribati, Nauru and East Timor. This allowed for medical personnel to be sent to these countries for periods of up to two years free of charge, after which new personnel would be sent to relieve them. They would specialise in providing treatment in rural and hard-to-reach areas.

In the case of East Timor, the presence of the Cuban collaboration was also associated with a bleak scenario after 25 years under the domination of Indonesia. Approximately 23% of the population perished during those years and the majority of the rest were orphaned children. The country suffered high maternal and infant mortality rates, malnutrition, tuberculosis, malaria, mass deaths in concentration camps, armed

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<sup>3</sup> Alberto Salazar. *Un hospital de guerra, de paz y amistad en Vietnam*. 17 September 2018. Available at: <http://www.cubadebate.cu/especiales/2018/09/17/vietnam-un-hospital-de-guerra-de-paz-y-amistad-en-dong-hoi-fotos/#>. XubFTYLBzqA

confrontations and forced migration. The country was among the 20 poorest in the world. 80% of its health workers emigrated from the occupation. They hardly had any equipment or medicine. At that time, it had 27 doctors for every 1,200,000 inhabitants. Its rate of doctors per capita was 1 per 70,000 inhabitants, the worst in Southeast Asia.<sup>4</sup>

During the XIII Summit of Non-Aligned Countries held in Malaysia, Fidel met with Xanana Gusmão, President of Timor (2002-2007). There, the leader of the Cuban Revolution proposed a medical brigade from the Island be sent to help with the recovery of the small nation. He also promised to train 1,000 doctors who would go on to work in East Timor. Thus, in 2004 the Cuban medical brigade arrived in the country.<sup>5</sup>

Infant mortality, which was 68 per 1,000 live births, dropped to 44; the rate of children under the age of 5 dying, which was 98 per 1,000, is now 50; maternal mortality, which stood at 789 per 1,000, was reduced to 300. The incidence of tuberculosis decreased from 789 to 40 per 1,000 inhabitants, while malaria was no longer a health problem in East Timor. Life expectancy rose from 55 to 68 years. Some 90% of the population can now access medical care, and almost 100% have received their immunisations today, more than 1,000 doctors have been trained by the Caribbean Island, which has meant there is 1 doctor for every 1,200 inhabitants, that is one of the highest rates in Southeast Asia, higher than the Philippines, Indonesia, Malaysia, Vietnam, Laos and China.

With the help of the Cubans, programmes to support maternity and children's needs, the fight against cancer, nutrition, the control of communicable and non-communicable diseases and courses to train new medical staff were designed.<sup>6</sup> Of the 32 specialties that Timorese hospitals have, 29 Cuban doctors are present and "of those 29, 21 are given only by our doctors, such as pathological maternity, angeology, nephrology, psychiatry, gastroenterology, legal medicine, oncology, otorhinola, microbiology, among others."<sup>7</sup>

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<sup>4</sup> *Timor-Leste, antes y después de la brigada médica cubana. Redacción MINSAP. 20 October 2019. Available at: <https://salud.msp.gob.cu/?p=2584>*

<sup>5</sup> *Ibid.*

<sup>6</sup> *Ibid.*

<sup>7</sup> *Ibid*

Speaking of the importance of the Cuban team's roll, the Ambassador of the Republic of East Timor in Cuba, Mr. Loro Horta, said:

*"It was not only the sending of the Cuban medical brigade but the training of a thousand doctors in the Cuban Medical Universities. I cannot think of another country that has the capacity and the will to go to Timor. For many years it was Cuba that ran all the expenses, it was from 2008, more or less 5 years after the brigade being there, that our economy recovered from the war, it was then that we began to share the expenses. Cuba was the one that provided the money for the brigade and the training of our doctors."*<sup>8</sup>

There is a Timorese community leader named María Díaz who, responding to her Catholic people, always says: "After God, the Cuban doctors." For his part, José Ramos Horta, President of East Timor (2007-2012) and Nobel Peace Prize winner (1996), suggested that the Cuban medical brigade that served in his country also deserved the Nobel Peace Prize. In addition, in 2014 the World Health Organization (WHO) put the Cuban medical brigade in East Timor forward for the Mahidol Prize in Thailand, an award given annually by the Thai royal family.<sup>9</sup>

In China, the medical collaboration began to make its mark in 2006 at the initiative of Fidel Castro, and by agreement of both governments as an expression of brotherhood and mutual trust. These beginnings were marked with the opening of three ophthalmological centres in the mixed hospitals of the provinces of Qinghai, Shanxi and Henan. It continues to this day with good results and plans for its expansion both in providing medical services and in the academic and scientific area.<sup>10</sup> There is an important link of cooperation in biotechnology and it resulted in the Lukang-Heber joint ventures for biotech agricultural products.<sup>11</sup>

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<sup>8</sup> *Timor-Leste, antes y después de la brigada médica cubana. Ob. cit.*

<sup>9</sup> *Ibidem.*

<sup>10</sup> *Yolaidy Martínez. Médicos de Cuba en China, profesionalidad y solidaridad. Available at: <https://www.prensa-latina.cu/index.php?o=rn&id=360088&SEO=medicos-de-cuba-en-china-profesionalidad-y-solidaridad-fotos>*

<sup>11</sup> *Ibidem.*

Each event, catastrophe, deficiency is different and unexpected and requires a firm and fast step forward. This issue cannot be closed without taking into account the Eurasian environment due to the regional, historical and geographical ties that make up that great continental mass that expands into Eastern Europe and embraces Asia.

The sad events that took place in the early hours of 26 April 1986 when the fourth reactor of the Chernobyl nuclear power plant exploded, two kilometers from the scientific city of Pripjat. The tragedy shook Ukraine, Belarus and Russia, fundamentally.

This was one of the saddest chapters in Eurasian history. The consequences of the radioactive cloud have extended for years. In 1990, Cuba received the first group of boys and girls from the Soviet Union (USSR). This created the Cuban medical programme for the care of children in Chernobyl, which remained free for 21 years and allowed more than 26,000 children from Russia, Belarus, Moldova, Armenia and Ukraine to receive care. It is also worth mentioning the terrible earthquake that hit Armenia in 1988. Cuba immediately sent 108 doctors and 50 tonnes of materials to assist the country.

Other catastrophes occurred in Asia that also mobilised Cuba's solidarity. In October 2005, after the earthquake that shook Pakistan and led to around 70,000 deaths, Cuba offered the services of 200 doctors in 24 hours. The Cuban support was carried out in seven months. Finally, an emergency cooperation programme was concluded, in which more than 2,000 health professionals participated, managing to tend to 1.7 million cases in a short period of time. In turn, work was carried out on setting up a specialised workshop in a Cuban field medical facility in Abbottabad. Victims of the earthquake were also sent to Cuba, on Cubana de Aviación's own planes, to receive prostheses and complete the rehabilitation treatment.<sup>12</sup>

In 2005, after the earthquakes that hit Asia, tsunamis devastated Indonesia and Sri Lanka. Cuba sent medical brigades made up of 24 and 25 doctors respectively and 12 tonnes of materials to each country. Subsequently, a second Cuban brigade was sent between May and

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12 Juvenal Balán. *Parten hacia Cuba víctimas del terremoto en Pakistán*. 13 February 2006. Available at: <http://www.granma.cu/granmad/temas10/salud/paquistan/trabajos/a11.html>



September 2006 to Indonesia. In 2008, after an earthquake in the Sichuan province in China, Cuba sent 35 collaborators, 18 of them doctors. Cuban doctors tended to 1,206 cases in Chengdu Hospital, the largest in the province, performed 22 surgeries and attended 2 deliveries. Cuba sent 3.5 tonnes of medicines and medical equipment.

Nepal was also supported by Cuba after the devastating earthquake in April 2015 that led to more than 8,400 deaths and 17,400 injuries. Cuba sent a medical brigade to the South Asian nation made up of 48 health professionals from the Henry Reeve Brigade. In two months, almost 20,000 people were treated, 639 surgeries were performed, 40,908 nursing procedures and 4,250 patients were rehabilitated.<sup>13</sup> In 2016, after the scourges of Hurricane Winston in the Pacific Islands, Cuba sent a mission of two specialists to support the country.

Mongolia has also benefit from Cuban medical cooperation. In April 2018, three Cuban medical specialists arrived in Ulaanbaatar and began working at the Intermed Hospital. Four more have since joined. Mongolian medical students have also been trained in Cuba.

Thousands of medical students from a variety of countries have graduated from Cuban schools. The Latin American School of Medicine (ELAM) provided training for Asian students. Between 1999-2019, students from Afghanistan, Mongolia, India, Bhutan,<sup>14</sup> China, Vietnam, Pakistan, East Timor, Laos, Sri Lanka, Cambodia, Solomon Islands, Democratic People's Republic all trained and continue to learn at ELAM.<sup>15</sup>

The presence of the Cuban medical teams in Asia prior to the onset of the coronavirus pandemic meant they joined the fight against the disease from the start and worked towards its treatment, The Cuban drug

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13 *Cubadebate. En Cuba brigada médica que asistió a los damnificados por el terremoto en Nepal. 19 July 2015. Available at: <http://www.cubadebate.cu/noticias/2015/07/19/en-cuba-brigada-medica-que-asistio-a-los-damnificados-por-el-terremoto-en-nepal/>*

14 *Cubadebate. Jóvenes de India, Bután y Sri Lanka también estudiarán medicina en Cuba. 26 August 2012. Available at: <http://www.cubadebate.cu/noticias/2012/08/26/jovenes-de-india-butan-y-sri-lanka-también-estudiaran-medicina-en-cuba/>*

15 *Morales, Henry (2017). Ayuda Oficial al Desarrollo de Cuba en el mundo. Guatemala. ISBN 978-9929-764-08-8.*

interferon alfa-2b was one of about 30 chosen by the Chinese National Health Commission for its potential against Covid-19. They have exchanged experiences in order to draw lessons that allow better management of the health crisis. In the midst of the fight against Covid-19, in May 2020, the Sri Lankan government requested Cuba's support with medical brigades to meet the needs of its citizens in Haiti that were working in the Caracol Industrial Park.

On 12 July, a Cuban medical brigade left to combat Covid-19. On this occasion, it involved 115 specialists from the Henry Reeve contingent who arrived in Azerbaijan, a nation with which Cuba has had uninterrupted relations over the last 28 years. The group consists of 67 men and 49 women, of whom 57 are doctors and 55 graduates, including 50 in nurses.<sup>16</sup> This would be the first time that Cuban doctors arrived in this Central Asian nation, in which more than 23,500 positive cases of the virus have been registered and 298 people have died. In this regard, Hikmat Hajiyev, Head of the Department of Foreign Policy of the Presidential Administration of Azerbaijan, declared that:

*"Cuban doctors will come to Baku in the coming days. Cuba has extensive experience in the field of medicine, especially in the fight against the Ebola virus. Cuba is a country with rich medical experience throughout the world."*<sup>17</sup>

The ongoing cooperation are proof of the potential of South-South cooperation in the health sector, or of the so-called cooperation between the Global South.

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<sup>16</sup> *Coronavirus: personal médico cubano llega a Azerbaiyán. 13 July 2020. Available at: <https://oncubanews.com/cuba/coronavirus-personal-medico-cubano-llega-a-azerbaiyan/>*

<sup>17</sup> *Parten hacia Azerbaiyán más de un centenar de colaboradores cubanos de la salud para apoyar en el enfrentamiento a la COVID-19. Cubadebate. 12 July 2020. Available at: <http://www.cubadebate.cu/noticias/2020/07/12/parten-hacia-azerbaiyan-mas-de-un-centenar-de-colaboradores-cubanos-de-la-salud-para-apoyar-en-el-enfrentamiento-a-la-covid-19/>*

## Controversies around cooperation

Coupled with social alarm and uncertainty, an atmosphere of speculation and mistrust was generated in many countries, accompanied by hate speech, with the aim of fueling the stigmatisation of certain communities or specific political agendas. Among the debates that have been most controversial in the media, is that about the origins of the virus. The most widespread is the conspiracy theory which feeds the geostrategic confrontation between China and the United States.

However, little is disclosed about the medical cooperation that Beijing has been developing for many years and even less is said about its collaboration with the World Health Organization (WHO) and the launch of a variant of the Belt and Road Initiative (BRI) exclusively to serve the health sector in member countries, that is, the Sanitary Silk Road. The focus on this in various academic and press analyses, generally focuses on delegitimising this initiative and presenting it as opportunism on the part of China to extend its project through the so-called “mask diplomacy”, thus undervaluing the space of cooperation that it is offering. The same has happened with Cuban medical cooperation, which has been demonised by many, though it represents an economic lifeguard.

Another of the widespread controversies is about the experiences shared by governments in the face of the crisis. In a context of health emergency, it is natural for debate to emerge about who is best equipped to deal with the pandemic. However, these debates are usually deliberately simplified between the strategies followed by the so-called liberal democracies or the so-called authoritarian regimes. The argument is often repeated that Asian states can impose much stricter measures on their populations because their “nature of permanent vigilance, centralism and control” allow it.

According to the South Korean philosopher Byung-Chul Han, author of “The Fatigue Society”, in Asia, especially China, people are less reluctant and more obedient than in Europe, and they also trust the state more. Likewise, in Korea or Japan, daily life is organised in a stricter manner than in Europe. Above all, to confront the virus, Asians are strongly committed to digital surveillance. They believe data can hold huge potential to

defend against the pandemic. It could be said that epidemics in Asia are not only fought by virologists and epidemiologists, but also by computer scientists and big data specialists, a paradigm shift from which the West still has much to learn. Thus, the apologists of digital surveillance would proclaim that big data saves lives, according to this author, because critical awareness of digital surveillance is practically non-existent in Asia and there is little talk of data protection, even in liberal states such as Japan and Korea. No one is angered by the authorities' frenzy to collect data.<sup>18</sup>

As can be seen, the models to be followed are polarised: capitalism or (renewed<sup>19</sup>) communism, which, respectively are combined with freedom-democracy or control-authoritarianism. This also tends to confuse a state of exception with permanent exceptionality. In general, what has been tried is to simplify and synthesise much more complex analyses of the future of social or political models and their place in the possible conformation of a new world order.

In this sense, the effectiveness of the Asian experience depends on having an aptitude towards cooperation, a sign of its open regionalism and the coordination of its multilateral organisations, despite the wide framework of differences they share. The Confucian heritage that distinguishes Asians - which puts the well-being of the community

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*18 There are 200 million surveillance cameras in China, many of them equipped with a highly efficient facial recognition software. The entire infrastructure for digital surveillance has become extremely effective in containing the epidemic. It can measure body temperature and if this turns out to be a concern, the person receives a notification on their mobile phone. Drones are also used to control quarantine measures. Chinese mobile phone and internet providers share sensitive customer data with security services and with Ministries of Health. Thousands of digital investigation teams have been formed in Wuhan to search for potentially infected individuals based on technical data alone. Based only on macro data analysis, they identified who is potentially infected, who has to be watched and eventually quarantined. More information can be found at: Byung-Chul Han. La emergencia viral y el mundo de mañana. Sopa de Wuhan. Digital book. Available at: Editorial: ASPO (Aislamiento Social Preventivo y Obligatorio), March 2020.*

*19 Slavoj Žižek. Coronavirus es un golpe al capitalismo al estilo de 'Kill Bill' y podría conducir a la reinención del comunismo Sopa de Wuhan. Libro digital. Available at: Editorial: ASPO (Aislamiento Social Preventivo y Obligatorio). March 2020.*

before the individual - provides elements of strength in the face of the new situation, evidencing the cultural contrast, instead of the misnamed authoritarian policies.<sup>20</sup>

## Post-Covid-19 cooperation scenarios

The current circumstance forces us to rethink new actions towards the future. The cooperative image of China, but also of Cuba and others that have stepped forward to cooperate in the health sector has been demonised and attacked. However, the request from countries willing to accept the collaboration of these countries is growing. Covid-19 has demonstrated the need to reinforce joint actions that will make it possible to obtain double benefits on the basis of unity of cooperation and not separate actions.

Currently BRI members in Asia, Europe and Africa are receiving Chinese and Cuban medical cooperation independently. However, the experience in Venezuela against Covid-19, showed that the joint work of experts allows professionals from the three countries to take experiences from the methodology used by each of the parties.

Both China and Cuba show possibilities for convergence and joint action, there is already a mixed production capacity for drugs for the treatment of Covid-19, as is the case for interferon alpha-2b. But the two sides can deepen research on different topics from brain mapping, to diseases that most affect members of the Belt and Route Initiative (BRI) such as dengue, tuberculosis, etc. It is also the case with Vietnam and Cuba, where there is a tradition of cooperation in the health and biotechnology sectors. This can be deepened not only for the advancement of treatment in the Indochinese nation, but also in the attention to other neighbouring countries within the framework of the Association of Southeast Asian Nations (ASEAN).

In turn, the Sanitary Silk Road could be deployed by the more than 125 BRI member states. Not all nations require equal treatment based on their

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*20 Miguel Ángel Barrios y Héctor Daniel González. Análisis estratégico sobre el panorama mundial en tiempos de la pandemia, desde la Argentina. 26 October 2020. Available at: [https://www.clarin.com/opinion/geopolitica-digital-campo-nuevas-tensiones\\_0\\_NESawN-E.html](https://www.clarin.com/opinion/geopolitica-digital-campo-nuevas-tensiones_0_NESawN-E.html)*

own particularities, but there are several diseases that afflict an important nucleus of countries, especially those closest to tropical and subtropical areas.

Like China, and despite being a small country, Cuba has a long tradition of medical cooperation that dates back to Algeria in 1963. In addition to collaborative medical missions, since the early 2000s, it has deployed specific brigades against exceptional situations grouped in the Henry Reeve International Contingent that has attended in cases of earthquakes (Pakistan 2005, Indonesia 2006, Peru 2007, China 2008, Haiti 2010, Chile 2010, Nepal 2015, Ecuador 2016), heavy rains (Guatemala 2005, Bolivia 2006, Mexico 2007, El Salvador 2009, Chile 2015, Venezuela 2015), medical emergencies (cholera in Haiti 2010, Ebola in Sierra Leone , Guinea, Liberia 2014) and hurricanes (Dominican 2015, Fiji Islands and Haiti 2016) and now with Covid-19 where it has deployed more than 1,370 health professionals to more than 22 countries.<sup>21</sup>



Photo 10. Cuban antiviral drug interferon alfa-2b

21 Jessica Domínguez Delgado. *Brigadas médicas cubanas contra la Covid-19 en el mundo*, 23 May 2020. Available at: <https://www.periodismodebarrio.org/2020/04/brigadas-medicas-cubanas-contra-la-covid-19-en-el-mundo/>

In some cases of Chinese, Cuban partnership, spaces are open for triangular cooperation with countries that are part of the BRI initiative. Therefore, the Sanitary Silk Road could be expanded more strongly and even create subregional hubs in the health sector in which the healthcare process is integrated. Cuba not only has medical competence to support the initiative, but also a strong biotech industry, while China bring with it its own capabilities.

Despite the strong US media campaign against it, the Cuban medical collaboration has a positive reputation especially in Africa, while the Chinese participation in disease control programmes in Asia and Africa has become a model for other countries. Trilateral cooperation is not new to Beijing. The experience between China (provision of technical support) and Australia (one of the main donors) in Papua New Guinea dedicated to improving the training of local technicians in the fight against malaria, is one to consider. To the same extent that the number of diseases in the BRI member countries is reduced, a healthy and less risky route could be generated. Another experience by China in Africa is in Tanzania, where there is a pilot programme with the United Kingdom for the control of malaria. Therefore, there are real experiences that can be expanded. Covid-19 opens a new door, that of cooperation among BRI member countries to correct not only asymmetries, but to create a route without risks.

As previously mentioned, on 17 June 2020, three US Republican senators presented a bill to punish countries that hire Cuban medical missions by considering them “complicit in human trafficking”. China for its part also faces US threats. In that sense, such actions by Washington bring Cuba and China closer together and promote cooperation more. Undoubtedly, sanctions and measures taken by the “great American nation” can slow, delay and even limit Cuban medical cooperation, but they will not extinguish them, especially since various Asian nations will not support these pressures.

Analysing Cuban cooperation with Asian nations demonstrates the historical aptitude of the Island towards solidarity. Their collaborative spirit is based on one of sharing experiences. Though collaboration with Asia is not as deep rooted as that with Africa, Latin America and the Caribbean, it should be noted that it has increased in recent years. The ties between Cuba and Asia are based on pragmatism and not on ideological divisions. There is a strong link in the health sector with China, but even

the Republic of Korea, an ally of the United States and which does not have diplomatic ties with Cuba, has great interest in developing cooperation in this sector with the Caribbean island.

Cuba has stood out for its support in disaster situations in the region, such as those in Pakistan, China, Sri Lanka, Indonesia, Nepal, etc. Some media and governments criticise Cuban doctors for not “being prepared” or being subject to conditions of alleged exploitation. However, Cuban doctors have shown their readiness and experience in combating various conditions that even doctors from highly developed countries do not possess. The will of solidarity does not stop, and Cuba offers its students training so that in the future they can support their nations, on the basis of solidarity, brotherhood and above all humanity.





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## THE TRACE OF CUBAN SOLIDARITY IN A EUROPE IN CRISIS

*“Europe will not be done at once or in a joint effort: it will be done thanks to concrete achievements, which first create de facto solidarity.”<sup>1</sup>*

*Robert Schumann*

This year, 2020, in the midst of the coronavirus crisis, the 70th anniversary of the European Union (EU) is celebrated. Numerous axes arose from within the EU regarding the handling of the health crisis, and the manipulation of events, fostering more fragmentation and hatred.

Facing the Covid-19 cannot be understood if not through solidarity and renewed cooperation between people, the opposite of war and fragmentation. However, the politicisation of the pandemic, together with the debates about possible culprits and the questioning of the aid provided, seem to matter more than the search for solutions.

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<sup>1</sup> *Words spoken during the announcement of the creation of the European Coal and Steel Community.*

## Strengthening the discourse of the European extreme right during the health crisis

As the coronavirus spread, the EU's limitations with regards to coordinating measures whose responsibility falls, above all, on the Member States (health policy or border control), have become evident. Likewise, current trends such as "my country first" were reproduced, translated into the limitation of exports of medical equipment between Member States or the closure of national borders. Added to this was a lack of coordination at the European level of the measures taken by the States.<sup>2</sup>

The coronavirus crisis has served the European extreme right to once again launch its discourse against the Schengen area's free movement. The spread of the pandemic has been used to blame migrants and deepen the stigma against "others". The health emergency has triggered what some specialists consider "social hysteria". This scenario represents an opportunity for these political forces to erode the discourse of traditional governments, promote mistrust in institutions and relaunch their political agendas.

Quarantine, an anxious and fearful population, and an economy that is going into recession: it is the scenario that appears a priori for any extreme right-wing politician. This constitutes a favourable breeding ground for citizens to be attracted to the most authoritarian, xenophobic and racist messages in favour of the defence of National States and against regional integration mechanisms, in this case the EU.

Many member countries are still tied down by debt, and austerity policies are the true political engine of the rise of the extreme right, coupled with the growth of xenophobia. Austerity not only generates cuts to the public budget, some believe it is a project has been built as a machine to destroy social rights for the popular classes.

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2 Morillas, Pol. *Lecciones de una crisis global: coronavirus, orden internacional y el futuro de la UE. CIDOB, No. 231. April 2020. Available at: [https://www.cidob.org/publicaciones/serie\\_de\\_publicacion/notes\\_internacionales/n1\\_231/lecciones\\_de\\_una\\_crisis\\_global\\_coronavirus\\_orden\\_internacional\\_y\\_el\\_futuro\\_de\\_la\\_ue](https://www.cidob.org/publicaciones/serie_de_publicacion/notes_internacionales/n1_231/lecciones_de_una_crisis_global_coronavirus_orden_internacional_y_el_futuro_de_la_ue)*

Some specialists on the reactionary right, such as Anne Applebaum, point out that the coronavirus crisis represents the end of the Thatcher-Reagan revolution (Applebaum, 2020). Therefore, there is an increase in social protests against neoliberal policies, the loss of confidence in the market, the mistrust in social progressivism of the third way and a return to the old extreme right: nostalgic, nationalist and authoritarian.

Undoubtedly, the European extreme right and media sensationalism feed into each other to sneak in the “mainstream” ideas about the coronavirus that draw a state of constant threat, the exploitation of fear of what is different and the obsession with external culprits. However, the crisis we are witnessing hits everyone equally. No one can know exactly what social, cultural and economic consequences it will bring, but the disintegration of society and inequality are likely to increase. It should not be forgotten that in the past these crises have generally fuelled authoritarian, often far-right, forces.

The nuances in the context of the health emergency are varied and diverse. They show political fragmentation, not only within the Union, but also within the national political spectrum, even of the same force.

### **The dilemma of fragmentation vs solidarity: Cuba in Europe**

Among the aspects that have evidenced the division within the EU, in the context of managing the Covid-19 crisis, is the position regarding aid that has reached the bloc from different parts of the world. One of them is the position regarding China and Russia, whose aid has been controversial within the EU. Cuba joins the solidarity campaign with a totally humanitarian motivation. However, unfortunately, on many occasions, this type of solidarity has been politicised. In many cases it has been mentioned that this type of collaboration is a means to “whitewash” a country’s human rights violations through medical, health, or mask diplomacy.

In the case of China, they add to the criticism conspiracy theories and disinformation and stigmatisation campaigns, promoting anti-Chinese sentiment, based on the fact that it is the country where the pandemic was triggered. On the other hand, China is accused of offering to use its experience in tackling the virus to undermine the liberal order of countries in the bloc.

Italy is one of the countries where Euroscepticism is most pronounced and the slow response of Brussels to this serious crisis may have consequences on the view Italians hold of the EU. In this context, Russia sent 100 military virologists to Italy, epidemic specialists and a body of male and female nurses who came from three Russian military bases. According to the Russian Defence Ministry, these specialists have been involved in the elimination of swine flu in Africa and have also worked on the development of Ebola and plague vaccines. With the label “From Russia with love”, the planes and trucks carried giant stickers that linked the Italian and Russian flags in the shape of a heart.<sup>3</sup>



Photo 11. Cuban doctors in Lombardy, Italy

These rapid movements by Moscow in the face of European and US inactivity have raised suspicions that Russia is using aid as a political tool to influence the EU. This has brought to mind a Cold War scenario in search of a favourable discourse on Russia's actions in Italy. However, Russia denies that the aid is a sign of convergence of geopolitical interests.

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3 Carlota Perez. *La rápida reacción de Rusia, China y Cuba ante el coronavirus pone en evidencia a la Unión Europea*. 27 March 2020. Available at: <https://atalayar.com/content/la-r%C3%A1pida-reacci%C3%B3n-de-rusia-china-y-cuba-ante-el-coronavirus-pone-en-evidencia-la-uni%C3%B3n>

In an interview with the Italian newspaper *Il Corriere della Sera*, the Italian Foreign Minister, Luigi Di Maio, stressed that “there is no need to be looking for new geopolitical scenarios, there is a country that needs help and other countries that are helping us. It is not a Cold War, it is a matter of reality, or *realpolitik*, call it what you want.”<sup>4</sup> The coronacrisis is, therefore, a favourable situation to strengthen and expand the renewed multilateralism. However, the Italian press, specifically *La Stampa*, argued that 80% of the equipment donated by Russia “was useless” and only served to provide favourable propaganda for Moscow.<sup>5</sup>

In the European context, social media networks have been spaces of support, condemnation and struggle at a grassroots level. Spain and Italy, the countries most plagued by the virus, were subjected to this activism. Many slammed the inability of national governments and community institutions to deal with the situation. At the same time, they aired their appreciation for the help provided by China, Russia and Cuba, regardless of their political agendas. They showed that it was the national governments and the EU who were missing from the fight against the virus.

As can be seen, these narratives forget what matters most today: human life. The current crisis unleashed by Covid-19 shows the urgency of achieving cooperation and solidarity between countries. This is the case of the 52 cooperators of the Cuban Medical Brigade Henry Reeve in Lombardy (Italy). Since arriving in the country on 22 March, the collaborators have been involved in confronting the pandemic.

In Europe, Cuban doctors could only be found in Portugal. However, it is worth noting that Cuba had some graduates from the Ministry of Public Health from European countries, the most recent ones, in the period between 1999 and 2015.<sup>6</sup> It also played it's a crucial role in Eastern Europe after the Chernobyl catastrophe. Now, due to the crisis of the new coronavirus, a new opportunity for cooperation in health has been opened in the European region that can leave a legacy and demonstrate its usefulness.

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4 *Ibid.*

5 *Ibid.*

6 See: *Henry Morales Ayuda Oficial al Desarrollo de Cuba en el mundo. Guatemala, 2017, p. 131.*

Relations between Cuba and the EU have gone through various moments. The arrival to the Spanish government of José María Aznar caused a total change in the Spanish projection towards the Island. It was in this context that the breakdown in cooperation and the credit closure took place. Thus, the well-known Common Position towards Cuba was adopted by the European Council. This situation did not change until 12 December 2016, when, after much deliberation, the Political Dialogue and Cooperation Agreement (ADPC) was signed, opening a new stage in relations. This step led to the abolition of the EU's Common Position on Cuba in 1996, which for two decades had hindered the development of relations.

Since then, both parties advocated for constructive commitment, dialogue, cooperation and trust-building that should characterise the relationship. On this topic, the EU Ambassador to Cuba, Alberto Navarro, outlined the collaboration of Europe with the Island in the following way:

*“Right now, as a result of the pandemic, we are reprogramming part of the aid, which has more than tripled - it can be estimated at around 120 million euros, 30 years ago it was around 30 million - and I hope that We will be able to announce important aid shortly, including a grant of five million euros that is being studied to accompany a loan from the French Development Agency that would go to the Pedro Kourí Institute of Tropical Medicine to purchase mechanical ventilators, personal protective equipment, retroviral and laboratory reinforcement. The donation of a significant quantity of medications, both dedicated to treating COVID-19 patients and of other types for Cuban pharmacies, is also being studied through PAHO (Pan American Health Organization).”*<sup>7</sup>

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7 Abel Padrón Padilla. Alberto Navarro, embajador de la UE en Cuba: Las crisis fortalecen, porque se aprenden lecciones. *Cubadebate*. 9 May 2020. Available at: <https://www.google.com/amp/www.cubadebate.cu/especiales/2020/05/09/alberto-navarro-embajador-de-la-ue-en-Cuba-las-crisis-fortalecen-porque-se-aprenden-lecciones>



The diplomat added:

*“We have multiplied cooperation, we have multiplied dialogue, and I hope that in the coming months and years we will continue on the path of creating more trust, more cooperation, and doing things together. Today cooperation is done by taking advantage of each other’s strengths, and Cuba has great strengths. The European Union has a strength, financial, economic; Cuba has a strength that is its human resources, it can still take greater advantage of the creativity potential it has.”<sup>8</sup>*

In that spirit, the Cuban Medical Brigade arrived in Lombardy at a time when the health system had collapsed. The regional hospital was filled beyond capacity and there was little room in the pulmonology, internal medicine and intensive care wards. Faced with this situation, the Lombardy authorities and the Cuban doctors set up a field hospital. It was a new disease and Europeans were at the forefront at the time due to the high number of cases.

For Cuban doctors, the most important issue was the human aspect. This commitment to human life earned them the recognition of the people of Lombardy: children waiting for them on their tours to give thanks, people who placed Cuban flags on their balconies and the emotional farewell held in their honour, while practicing social distancing, but with warmth and the cheers of “Viva Cuba”.

In France, the French Solidarity Association Cuba Linda asked the President, Emmanuel Macron, and the Minister of Health, Olivier Véran, to seek support from Cuba through the recombinant drug interferon alfa-2b to combat the epidemic. France approved the entry of Cuban doctors to its overseas territories, which were in need of health professionals. The President of France recognised Cuba’s work in the islands of Martinique, Guadeloupe, Guyana and Saint Pierre and Miquelon. He also appreciated the work of medical brigades in the Lombardy region of northern Italy. A request was made by the Senator from Martinique, Catherine Conconne, to strengthen university hospitals due to the lack of certain specialties in the midst of the health crisis.

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8 *Idem.*

Another case is the Principality of Andorra. Since 1995, there have been official links with Cuba, and a medical brigade arrived there, the second to Europe in this context. It was made up of 39 health professionals to combat Covid-19.<sup>9</sup> At Madrid airport, Cuban doctors received applause from taxi drivers who also sounded their car horns as a sign of solidarity. The Chancellor herself, María Ubach Font, thanked the Cuban Foreign Ministry and people for their generosity in such difficult times. Even Valencia and other Spanish provinces have shown interest in the services of Cuban medical teams.



However, Cuban solidarity in Europe transcends the cases of Italy and Spain. The British cruise ship MS Braemarn belonging to the ship owner Fred Olsen Cruise Lines, moored in Cuba on 18 March with five confirmed cases of Covid-19. Cuba received them at a safe harbour. However, this incident was manipulated. On the one hand, an attempt was made to spread panic and insecurity within Cuba, and on the other, the issue was politicised, betting on the political interests at stake. In any case, the solidarity aspect of the gesture was minimised as a result of the immense human tragedy experienced by the personnel on board. In this situation, gestures of solidarity, wherever they come from, beyond political interests, are not insignificant efforts.

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<sup>9</sup> *In Andorra the brigade had 12 doctors, 26 nurses and a logistics technician working at the Hospital Nuestra Señora de Meritxell.*

There are several voices that have spoken for European unity and about the value of solidarity between peoples. On 22 April, Pope Francis asked Europe: “In this time when so much unity is necessary among us, among the nations, we pray today for Europe, for Europe to have that fraternal unity that the founding fathers of the European Union dreamed of.” (Vatican News, 2020)

In the homily he added: “There are people - even us, many times - who cannot live in the light because they are used to the dark. The light dazzles them, they cannot see. They are human bats: they only know how to move at night. And we too, when we are in sin, we are in this state: we do not tolerate light. It is more comfortable for us to live in the dark; light slaps us, makes us see what we don’t want to see. But the worst thing is that the eyes of the soul, from living in darkness so much they get so used to it that they end up ignoring what light is.”<sup>10</sup> (Vatican News, 2020)

In this same vein, the President of the Spanish government, Pedro Sánchez, said: “In these moments of health crisis and pain, I think of Europe as our common home, our home, our refuge.”<sup>11</sup> (Time, 2020) Likewise, the French President, Emmanuel Macron, said: “Dare to reinvent ourselves, unite, think and act looking to the future. We need this European spirit at this time.”<sup>12</sup> (Time, 2020)

It is important to value the human life in its fair measure, solidarity over differences. These are times of adding and understanding within Europe and in its relations abroad. It is not about starting a new war between the so-called liberal democracies or the so-called authoritarian regimes. It is about finding solutions rather than building enemies.

Alberto Navarro, EU Ambassador to Cuba, expressed: “When a few years pass and Covid-19 is discussed, there will be a small note where it will be mentioned that solidarity effort of an island of just over 10 million inhabitants that is capable of sending doctors and nurses to so many nations. That is something that is unmatched.” (Padrón, 2020)

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<sup>10</sup> *El Tiempo*. *La Unión Europea celebra 70 años de la “Declaración de Schuman*. 9 May 2020. Available at: <https://www.eltiempo.com/mundo/europa/la-union-europea-celebra-70-anos-de-la-declaracion-de-schuman-493738>

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

To which he added, in reference to the Cuban medical presence in Lombardy: “For that I have two words: gratitude and admiration.”<sup>13</sup>

Recently, the British overseas territory of the Virgin Islands received 22 Cuban collaborators to strengthen its medical capacity. As a show of gratitude, the Cuban flag was raised in the airport as the medical contingent arrived. Similarly, Cuban medical collaborators arrived in the British islands of Turks and Caicos and Monserrat.

This has led to a series of efforts between the parties. BioCubaFarma and UK company SG Innovations Limited announced in July 2020 the launch of a new company, BioFarma Innovation, focused on accelerating the development and accessibility in Europe and the British Commonwealth of leading and innovative medicines.

In the midst of the current global crisis and the threat to public health, BioFarma Innovations will expand its distribution networks and increase the accessibility of these products to a greater number of people around the world, including in the fight against Covid-19. Clinical trials of various products developed by BioCubaFarma for the treatment of the new coronavirus have shown encouraging results. BioFarma Innovations will enable the evaluation of these and other products from its portfolio in Europe and the British Commonwealth.

In general, the complex situation has revealed the capacity and potential of cooperation between various actors and fields: health, biopharmaceutical, academic exchange, food security, among other areas. There are also two projects through the Spanish NGO Movement for Peace (MPDL) and the Italian NGO WeWorld-GVC, which have experience and have been working in Cuba for years. They promote medical aid, mechanical ventilators and personal protective equipment.

Commenting on the work of Cuban medicine and doctors in various nations, Ambassador Alberto Navarro said that “it is an example, and we would like, as the European Union, to be able to work with them and explore the possibility of creating a school like ELAM [Latin American School of Medicine] for Africa, where there is also a great need and where there is a lot of experience on the Cuban side. It would be very nice to create an African ELAM with Cuban know-how and European funds, either

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13 *Abel Padrón Padilla. Ob. cit., p.1.*

in Addis Ababa [Ethiopia], where the African Union is located; in Cotonou [Benin], in Algeria... It is one of the projects that in some way we would like to study and make viable.”

He added: “It is a relationship that is growing, as in the research with the Horizon 2020 programme, which is interested in the topic of BioCubaFarma, interferon and the issues of the pandemic.”

For his part, Juan Garay, Head of Cooperation of the EU Delegation in Cuba, explained: “The two main priorities of the EU in Cuba for the next seven years are those identified for the Latin American region and even for Europe: ecological transition and digital transition. However, in the field of biopharmaceuticals there is work with BioCubaFarma and a drug-economics diploma has been completed to increase the access of Cuban products to world markets.”

He added: “We are looking at all the possibilities to contribute with loans from institutions such as the French Bank. There has been interest from various countries in supporting the manufacture in Cuba and outside Cuba of some Cuban products and favouring their access to the European market. If you have it in a European factory, already with European standards, it is easier for it to reach all the EU countries from there.”

“Everything is done in a spirit of cooperation. Cooperation is not ‘Europe comes here and pays for the import of such inputs.’ Cooperation is learning together from shared challenges. Cuba has some interesting topics to learn from the European Union, and the European Union has a lot to learn from Cuba. We are identifying many values and many shared goals, many more than people think.”

As can be seen, there are many opportunities for joint growth between both parties. Strengths in the framework of cooperation are essential. However, the fragility of disjointed actions and the negative consequences of hate speech show the limitations and complexities that exist today and may arise in the future of Europe.<sup>14</sup>

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14 Deny Extremera San Martín and Irene Pérez. *Cooperación Unión Europea-Cuba se adapta a los tiempos de pandemia y se alista para 2021-2027*. *Cubadebate*. 28 July 2020. Available at: <http://www.cubadebate.cu/noticias/2020/07/28/cooperacion-union-europea-cuba-se-adapta-a-los-tiempos-de-pandemia-y-se-alista-para-2021-2027/?unapproved=8085317&moderation-hashment-8085317>

## GENERAL ASSESSMENTS

*“Tens of thousands of Cuban doctors have provided internationalist services in the most remote and inhospitable places. One day I said that we could not and never would carry out preemptive and surprise attacks against any dark corner of the world; but that, instead, our country was able to send the necessary doctors to the darkest corners of the world. Doctors and not bombs, doctors and not smart weapons (...)”*

*FIDEL CASTRO RUZ*

*Buenos Aires, Argentina, 26 May 2003*

These words, spoken by the leader of the Cuban Revolution, Fidel Castro, synthesise the spirit of Cuban medical collaboration from its beginnings to the present day. As stated, such cooperation has spread to the most remote and poor regions of the world and has become an important example of how countries can cooperate for the common good, while other nations promote war for geopolitical interests. The pandemic has put not only health systems in crisis, but the capabilities of most states. Its impact on socio-economic and international relations has been very strong. While some build walls, others open doors and set differences aside. In this context, South-South cooperation has regained vital importance since it has been a key element in strengthening exchanges that enable the common confrontation of this challenge for human security. Likewise, the potential for triangular collaboration and cooperation between different

actors have been demonstrated, regardless of their level of development or political orientation.

Exchanges of experiences between various countries with public and private administration systems, as well as between different spheres of the medical scientific community have demonstrated the value of working together to manage crises from different realities and approaches. However, the politicisation to which the events are currently exposed is unprecedented and very contradictory. News of all kinds circulates on social media networks and through formal media channels, most of which is fake news, which generate an environment of disinformation and, therefore, mistrust. The lack of cooperation in times of a global health emergency has revealed the inability of many health systems to manage the crisis. It has become fertile ground for politicisation and ideological confrontations. Therefore, numerous conflicts existing in the context of international relations are transferred to this scenario. Taking into account the current context, the post-Covid-19 period poses the great challenge of life and humanism in a shared setting, regardless of the model or political sign of collaboration.

Cuba continues betting on the promotion of cooperation, multilateralism and non-interference in the internal affairs of other States. However, how can we explain that an Island that sends highly qualified medical personnel to different parts of the world is the same one that is included in a unilateral list of countries that supposedly support terrorism? How do we understand that if Cuba bets on international solidarity, the economic siege will be tightened in the midst of such an adverse health crisis? As the pandemic continues to advance and Cuban doctors continue to save lives, multiple civil society organisations<sup>1</sup> and personalities from around the world advocate awarding the Henry Reeve Brigade the Nobel Peace Prize.

The fight for life has no borders.

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*1 The French association Cuba Linda leads a platform with more than 170 organisations from 25 countries, which accompany the request to award the Nobel Prize to the Cuban Medical Brigades for their humanitarian and solidarity work in the fight against Covid-19.*

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