

Higher School of Economics
National Research University



**Darwin International Institute
for the Study of Compassion**

Reforming Health Care Systems

Imagining the Future

Remembering the Past

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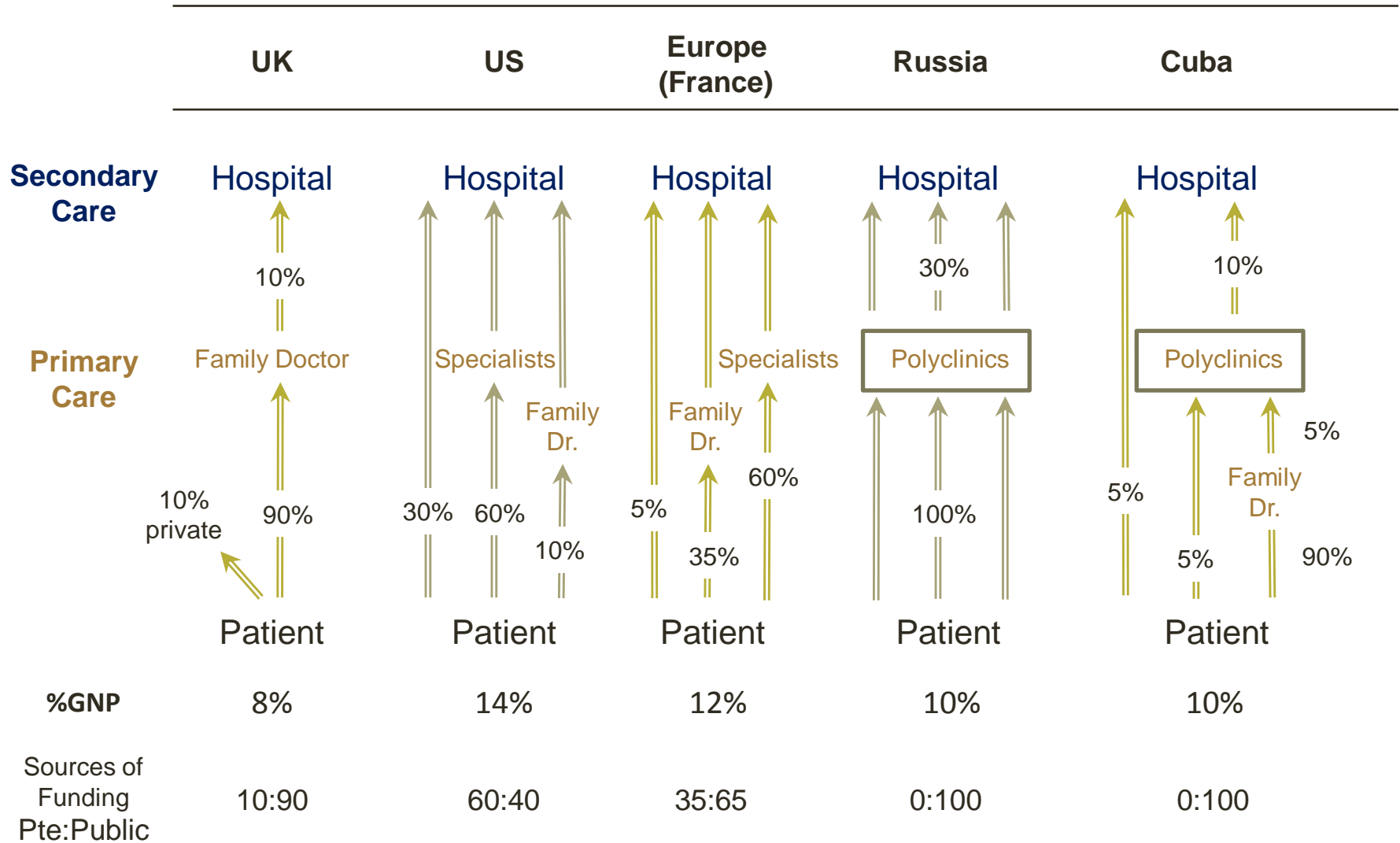
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Factors Determining Health Care Systems

1. Cultural & Population Needs
2. Ideological & Political
3. Funding & Finance
4. Managerial & Organisational
5. Professional & Clinical
6. Educational & Research
7. Leadership: Top-Down/Bottom-Up
8. Change Management



Comparison of Relationship between Primary and Secondary Care Systems



Cuban Health Care System Historical Context

- Pre-Castro - up to 1959
- Revolutionary Period – 1959-1963
- Russian Period 1963-1982
- Reformation Period – 1983-1995
- Medical Diplomacy 1995 - today



Pre-Castro Period Up to 1959

- Infant mortality 60/1,000
- Maternal mortality 125/100,000
- Life expectancy c.60 years
- Doctors 6,000 (4,000 in cities - 50% fled after 1959)



Revolutionary Period 1959-1963

MINSAP (Ministry of Public Health)

- Health of the people is the full responsibility of the state
- Universal coverage is guaranteed to all citizens without discrimination
- Preventative care is the primary goal of health care
- The people must participate actively to maintain good health



Russian Period 1963-82

1. 43 health regions
2. Comprehensive vaccination programme
3. Hospital and polyclinic building programme
4. “Specialist” primary care
5. 21 medical schools
6. 1959: 8 doctors/10,000 1980: 25/10,000



Reformation Period 1983-1995

- Emergence of Family Doctor Service
- Integration of Public Health and Primary Care
- Fundamental Changes to Medical Education
- Alma Ata Declaration

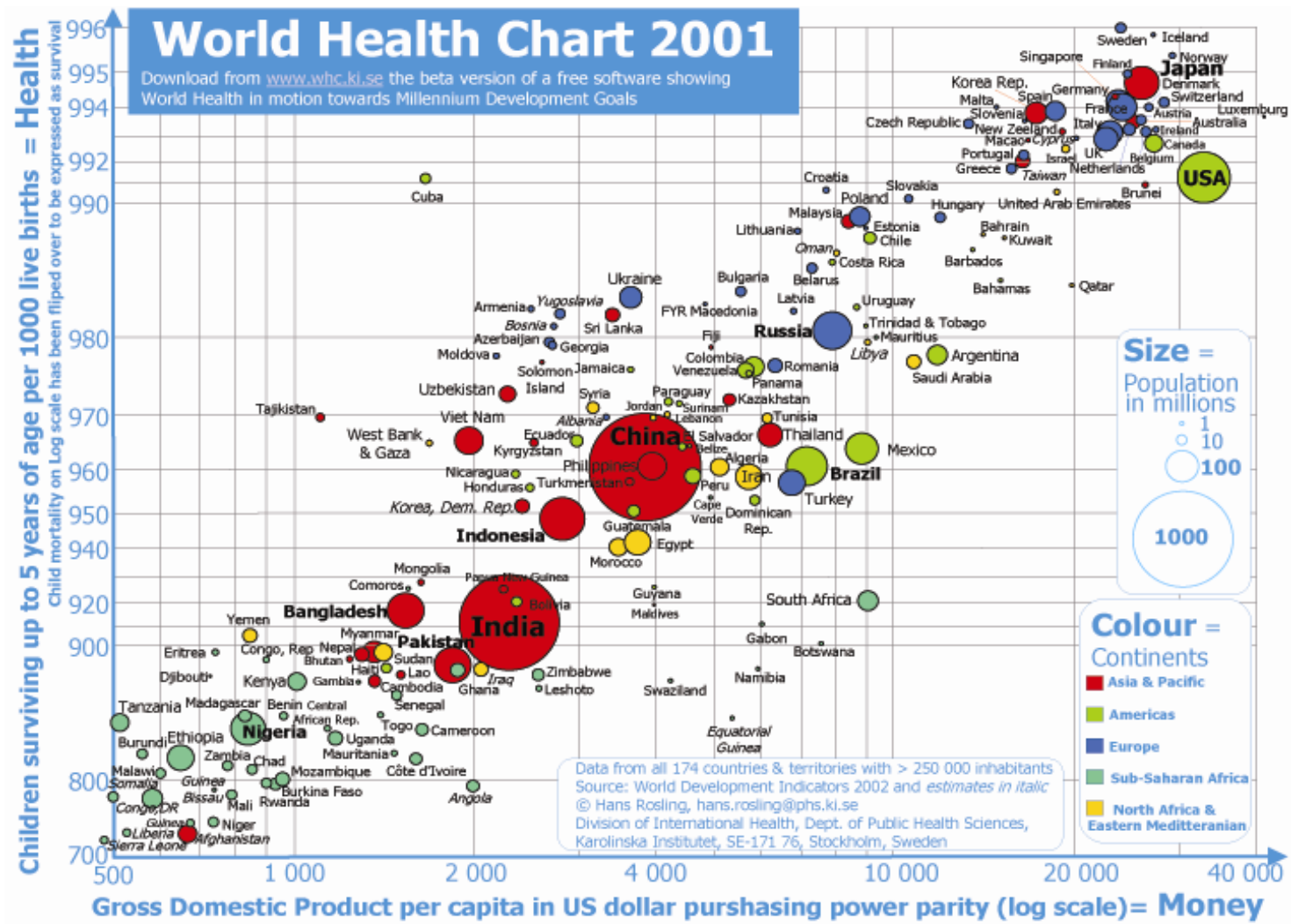


Vaccination Programme - Results

Polio	eliminated since 1962
Diphtheria	eliminated since 1969
Newborn tetanus	eliminated since 1972
Congenital rubella syndrome	eliminated since 1989
Meningitis post mumps	eliminated since 1989
Measles	eliminated since 1993
Whooping cough	transmission interrupted since 1994
Rubella	transmission interrupted since 1995
Mumps	transmission interrupted since 1995
 <u>Morbidity</u>	
Tetanus	no cases in 1997
Meningococcal disease	93% reduction
Thyloid fever	75% reduction
Hepatitis B	52% reduction



Health Care in Cuba



Cuba & The Region - Selected Indicators

Region	Infant mortality per 1,000 live births	Under 5 mortality per 1,000 live births	Life Expectancy Male	Life Expectancy Female	Life Expectancy Both Sexes
Caribbean	22	33.4	66.9	71.7	69.3
Latin America	22	27.7	70.3	76.4	73.3
United States	7	8	75	80.4	77.7
Cuba	5.3	8	75.8	79.5	77.6
U.K.	5.5	8	77.2	81.6	79.4

Source: UNFPA, State of World Population, 2006, except for Cuba: UNDP Human Development Index 2006 & MINSAP, Annual Health Statistics, 2005 & 2006



What lessons can be learnt?

1. Integration of public health and primary care
2. Doctor Patient Ratio
3. Generalist emphasis on medical education
4. Collection of data at front line sites
5. Integration of hospitals/community/primary care
6. Multi-professional approach and good inter-agency collaboration
7. Managerial system without professional managers
8. Extensive involvement of “patient” and public in decision making at all levels
9. Central government support – political and economic
10. Features that caused concern



Emerging Consensus

- The importance of political ownership and leadership
- The indivisibility of community development, public health and primary care
- The necessity for state control of finances
- The essential importance of the educational programmes
- The necessary involvement and participation of the public

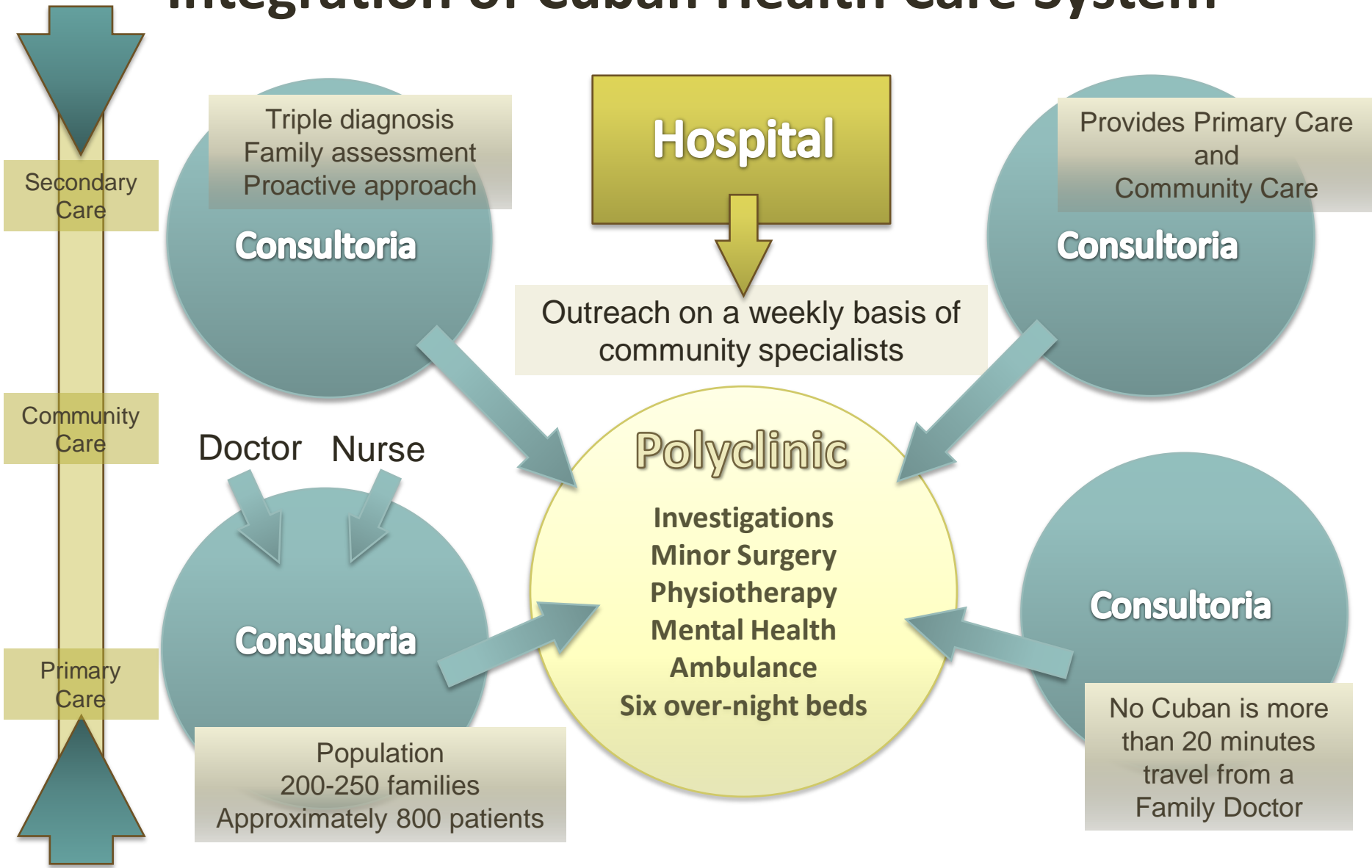


Problems facing Cuban Health Care

1. Introduction of Market Economy
2. Flight of Health Care Personnel
3. Increase Dissatisfaction of Public
4. Loss of Ideological Commitment
5. Loss of Political Control



Integration of Cuban Health Care System





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