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Health Care System in Crisis, Cuba Sends Help

by LADB Staff

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A recent 11-day strike in two of Guatemala's largest public hospitals sounded an alarming reminder of the sad state of the country's public health system. The resident doctors of the capital's San Juan de Dios General Hospital and Roosevelt Hospital walked out of the two installations and took to the streets in mid-August. They demanded payment of a promised bonus, better hospital resources, and legal recognition of a public health workers union. The doctors and department heads continued to provide emergency services by working shifts, but nonemergency services were essentially paralyzed during the walkout.

To make matters worse, Minister of Health Mario Bolanos was called to testify before Congress about possible corruption in the ministry by legislative deputies from the Unidad Nacional de la Esperanza (UNE). However, the UNE failed to convince a majority of their congressional colleagues to join them in a vote of "no confidence" for the minister. Accusations against Bolanos have since died down, and the striking doctors have begun meeting with the minister to implement the accords signed between the two parties on Aug. 16.

Among the government's commitments are back pay of the 10% monthly bonus (equivalent to US \$37.50) due to residents since early 2001; a Dec. 3 deadline for signing a collective labor pact with the resident doctors; and a sufficient supply of medical resources, including antibiotics, suturing material, and other basic necessities. Hospital workers say these are in dire scarcity.

Guatemala has startling public health statistics

Guatemala holds some of the poorest health records in the Americas, according to data from international monitoring organizations like the World Health Organization (WHO), the UN Children's Fund (UNICEF), and the International Planned Parenthood Federation (IPPF). A January 2002 press release from the latter organization reported that Guatemala had the highest infant mortality rate in the America's, with 45 children out of every 1,000 live births dying within the first year of life. That equates to the death of one child out of every 22 born, or 4.5%. Among the causes of infant mortality are malnutrition, preventable diseases, and lack of access to health care resources to prevent both.

Guatemala also has one of the lowest life-expectancy rates in the Americas (including North, Central, and South America and the Caribbean) according to the WHO. Based on the latest data (from 2000), the average human life span in the country is 66 years. Only Guyana, Bolivia, and Haiti have lower life expectancy rates in the Americas. The UN Development Program's 2000 Human Development Report for Guatemala says that more than one-third of rural residents must walk two hours, or an average of 12 km, to get to the nearest health clinic.

This is actually a big improvement from rural health coverage during Guatemala's 32-year civil war, said Jose Miranda from the Instancia Nacional de Salud, a coalition of more than 20 health organizations nationwide dedicated to public health reform. During the administration of President Alvaro Arzu (1996-2000), rural health care coverage was extended by nearly 90% through the Sistema Integral de Atencion de Salud (SIAS), said Miranda. However, this has not translated into significant improvements in rural health. "SIAS has been a success in geographic coverage, but not in efficiency and access," said Miranda. He explained that it is often too costly for a family or individual to make the trip to a health clinic, even when health care and medicine are free, because of travel expenses and lost work time.

SIAS was implemented by the Guatemalan government to decentralize health care in the country and provide first level, largely preventative health care to isolated, rural populations. Through SIAS, local nongovernmental organizations (NGOs) or other health-care entities are contracted to provide primary health services. Many of these providers are church-supported organizations, foreign NGOs, and Cuban doctors.

Currently, 514 Cuban doctors are working with the Guatemalan Ministry of Health in rural areas as part of the island's humanitarian-assistance program. The strong presence of Cuban doctors in the countryside is clearly evident in the municipality of Fray Bartolome de Las Casas. There, the rural hospital is run by 18 physicians: 16 Cubans and 2 Guatemalans. Additionally, the Cuban medical brigade there is almost entirely responsible for ambulatory clinics and vaccinations, as well as training community health promoters and midwives through SIAS. One of the major factors leading to the failure of rural health coverage is scarce resources.

A 2001 study by the Central American Development Foundation and the Soros Foundation said that 53% of public spending on medical resources in the country is concentrated in the department of Guatemala, seat of the nation's capital.

One doctor at the Roosevelt National Hospital said that the rural health clinics are so severely lacking in physical and human resources that many patients opt to go straight to the national hospitals, despite the high costs involved. This, in turn, puts a severe strain on resources at these institutions, the highest in the public health system. Guatemala holds the third-lowest position in the Americas in percentage of GDP dedicated to both private and public health care 4.4%. A mere US\$37 per capita was spent on public health in 1998, according to the latest data from the WHO. This figure, the eighth-lowest in the region, contrasts sharply with the biggest spender, the US, which spends US\$1,817 per capita on public health.

However, even more telling is the difference in health expenditures between Guatemala and Cuba, which have similar economic and population profiles. Even though Cuba's per capita GDP is 33% lower than Guatemala's, the island spends almost three and a half times more per person on public health US\$121. Furthermore, Cuba has 530.4 physicians per 100,000 inhabitants while Guatemala has only 93.3 per 100,000 people, according to the WHO.

Dependency on private financing threatens public health

While Cuban doctors have had impressive success rates in improving rural health, the public health system's dependence on this and other non-national, nongovernmental assistance is dangerous to the system's stability, says the Instancia Nacional de Salud. "In the case of SIAS, because of reduced public financing, the success of the program depends generally on these other sources [of financing] that are never guaranteed, as well as on many other factors that are out of public control," wrote director Juan Carlos Verdugo in their bimonthly newsletter. Verdugo says financing is dependent upon the management capacities of the entities contracted to administer SIAS services, which vary greatly.

Jose Miranda recounted one example of this instability, where a Christian-run rural health clinic in the department of San Marcos was forced to close after two years when foreign financing ran out. Also, the constant need to capture donors and keep them impressed with their money's results often leads these providers to follow shortsighted policies and inflate success results.

A further consequence of this phenomenon is inconsistent and unreliable epidemiological statistics, said Miranda. He added that consistent monitoring of a population's health and environmental conditions and well-managed historical data are essential to preventative health measures and improved use of medical resources. Health-sector sources say the future of public health in Guatemala will depend on increased public spending on health care, better training for health care professionals, and greater professional incentives such as better pay and access to resources.

Meanwhile, the Instancia is promoting a radical public health reform that would put the responsibility for public health back into the hands of traditional, local health providers (including Mayan healers and midwives), and have them paid by the central government. As far as training future physicians, the Cuban government has provided scholarships for 630 Guatemalan students, mostly from rural areas, to study medicine in Cuba. Upon graduation, they must provide at least one year of public health service in Guatemala.

Daniel Pupo, national coordinator of the Cuban medical brigades in Guatemala, says the plan is for these students to replace the Cuban doctors, thereby phasing out this dependency while continuing rural health coverage. However, Miranda says this is only a short-term solution. "Who will cover the program after the students move on?" he asked. Also, there must be sufficient funds to pay these rural doctors and keep them from fleeing to the city or taking up private practice in the search for sustainable incomes.

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