The gift of health: Cuban medical cooperation in Kiribati

Since 2006, 33 I-Kiribati students have undertaken medical education in Cuba and returned home as doctors, but little is known about how they translate the Cuban preventive model of care to medical practice in the Pacific context. The research addresses this gap through qualitative fieldwork in South Tarawa and reveals that the assimilation of Cuban-trained doctors into medical practice is complicated by the curative orientation of Kiribati's health services and a role reversal between tiers of care. Recommended actions towards the achievement of Universal Health Coverage (UHC) include offering more medical scholarship opportunities for students with strong links to underserved communities, making educational and professional development more accessible to Foreign Trained Medical Graduates (FTMGs), facilitating pathways of accreditation and promoting knowledge exchange between Cuban-trained doctors and Kiribati's local health workforce.

KEY POINTS

- ✓ Kiribati's health system focuses on a curative model of care that is not sufficiently responsive to its low-resource reality.
- ✓ Cuba's emphasis on rural, primary and preventive health care aligns with Kiribati's health needs and context, but the scope of action of Cuban-trained graduates upon return to the Pacific is limited as they are integrated into a curative health system.
- ✓ Cuba's model of South-South Cooperation is primarily oriented by an ethos of solidarity that differs from conventional aid and provides an alternative way forward to deliver the gift of health to the global community.

CONTEXT

Although the Cuban programme nearly doubled Kiribati's medical workforce the number of practitioners remains insufficient to meet the growing demand for medical services. Most of outer islands have no doctors, with the exception of Kiritimati and Tabiteuea North, and 740 permanent health care workers are available to serve Kiribati's population of nearly 120 thousand people (MFED, 2018; MHMS, 2015).

The combination of scattered geography with climate change vulnerability, changes in life style, poor water, sanitation and hygiene practices and overcrowding in urban areas results in a Non-Communicable diseases (NCDs) crisis and a high incidence of Communicable diseases (CDs). Many diseases that reached almost epidemic levels (e.g. diabetes and hypertension) can be managed or avoided altogether if the population engages in preventive strategies and access to health care services is enhanced (MFED, 2016). The improvement of health care delivery is further hindered by limited financial resources, poor institutional capacity, lack of reliable data and standardised medical protocols and insufficient coordination of medical referrals.

CUBAN HEALTH SYSTEM: PRIMARY CARE AND PREVENTION AS CORNERSTONES

In the 60 years since the revolution, Cuba has successfully addressed health inequity between urban and rural areas in a context of low resources and limited access to foreign assistance. The key elements of Cuban achievement are the expansion of primary health care (PHC), the development of human resources for health and the practice of *Medicina General Integral* (Comprehensive General Medicine). The expansion of PHC was implemented by ensuring that a health facility was established in every neighbourhood, accompanied by changes in medical protocols and the integration of Natural and Traditional Medicine in the formal health system (Appelbaum et al., 2006). Cuba increased the number and scope of free medical training schools, and special efforts were made for graduates to work in underserved communities (Márquez, 2009). The

practice of *Medicina General Integral* includes periodical visits to households by community doctors and the utilisation of tools such as the Continuous Assessment and Risk Evaluation (CARE) to detect personal and environmental risk factors and produce individual and community health analysis before they develop into health issues.

CUBAN MEDICAL COOPERATION IN KIRIBATI

The provision of medical assistance, especially medical training, is a central element of Cuba's foreign policy. In 2006 Cuba sent the first medical brigade, composed of 15 health workers, to deliver much-needed health care services in Kiribati and to build capacity of local medical education. Then, Cuba offered scholarships to 23 I-Kiribati students to study at Cuban medical institutions. The majority of Cuban-trained doctors completed medical education at the *Escuela Latinoamericana de Medicina* (Latin American School of Medicine). The training emphasises public health, preventive and community care and the analysis of specific regional health risks, especially those grown out of poverty. The core idea of the Cuban assistance is for ELAM graduates to eventually replace the Cuban brigade working in partner countries and become mentors of new coming interns.

KITP (KIRIBATI INTERNSHIP TRAINING PROGRAMME)

The KITP is a mechanism created to facilitate the integration of FTMGs into Kiribati's health system and to establish a pathway to full qualification so they can work as medical professionals. The KITP started in 2013 and was implemented by Kiribati's Ministry of Health and Medical Services (MHMS) with technical guidance from Fiji, the Department of Foreign Affairs and Trade of Australia (DFAT) and the World Health Organisation (WHO). Initially funded by Australia through DFAT and managed by Fiji National University (FNU), for the period of 2017-2019 the KITP was mainly supported through a bilateral agreement with New Zealand.

Upon completion of KITP, graduates are granted a qualification equivalent to what they would have if they had undertaken medical education and internship in Fiji. If Cuban-trained interns fail or do not attend the KITP they cannot gain entry into postgraduate programmes at FNU and are unable to be accredited as doctors and practice in the Pacific region. Due to the high demand for clinical services, upon KITP completion Cuban-trained doctors automatically get a placement at Tungaru Central Hospital (TCH) in South Tarawa.

METHODOLOGY AND LIMITATIONS

The findings of this study are drawn from qualitative fieldwork and document analysis in 2019. TCH was the main research site for the fieldwork. Semi structured and unstructured interviews were conducted with Cuban (2) and Cuban-trained doctors (6), KITP supervisors (5), I-Kiribati nursing representatives (2) and health workers (2) and members of the I-Kiribati community (3). A focus group was conducted with the current cohort of Cuban-trained doctors in the KITP, composed of interns from Kiribati (3), Tuvalu (3) and Nauru (2). Secondary methods of data collection were non-participant observation at TCH, document and media analysis, and the maintenance of a fieldwork diary. Data was triangulated and analysed through a thematic analysis based on research objectives and the adopted conceptual framework. The inability to collect data in the outer islands due to time and logistical constraints was the major limitation of this research. As health workers have a heavy workload, only the views of informants available at the time are included in this study.

KEY FINDINGS AND IMPLICATIONS

Focus on curative care hinders assimilation of Cuban-trained doctors in Kiribati's health system:

Evidence shows that the share of resources destined for PHC in Pacific Island Countries (PICs) has fallen in recent times, and suggests that investments in developing an integrated PHC system currently depend more on the appropriate allocation of funds than on the amount of resources available (Capuano et al., 2019). The large amounts of donor funding destined to infrastructural improvement of health facilities in South Tarawa contributes to positive health outcomes but promotes an urban bias. This results in further demand for investment in costly and high maintenance technological equipment and does not sufficiently address the limited access to health care in outer islands.

Research data suggests that the bias towards curative care also translates in the training provided by the KITP, which tends to shift Cuban-trained graduates from proactive to reactive health workers in order to be assimilated into Kiribati's health workforce. The strong influence of FNU's curative-oriented technical guidance on the design of the programme reinforces that perception.

Most interviewed KITP supervisors struggled to identify strengths of the Cuban approach to health care and had limited knowledge about Cuban strategies for health promotion and prevention. Findings suggest that there was insufficient

exchange of information between Cuba and Kiribati about ELAM's curriculum, limited dialogue about monitoring activities and exploration of joint outputs that could potentially contribute to the sustainable development of human resources for health and the strengthening of PHC services. The focus on curative care means that there is no established role for Cuban-trained doctors in Kiribati's health system, which connects to the issue of delineation of roles in the national health workforce.

The emphasis on curative care results in a high rate of avoidable deaths and on an otherwise unnecessary portion of public funds being allocated to cover costs of overseas medical referrals (especially to Fiji, India, Taiwan, New Zealand, Australia and United States of America) for patients in need of specialised care and of domestic referrals from outer islands to South Tarawa, Kiritimati and Tabiteuea North for patients in need of clinical services. As curative-oriented health care strategies require more funding, Kiribati also becomes more dependent in foreign assistance.

Cuban-trained doctor's knowledge is underexplored and their scope of practice is limited: Cuban-trained doctors identified several synergies between the Cuban approach to health care and Kiribati's health needs that are currently underexplored. The Cuban practise of Comprehensive General Medicine is well aligned with holistic understandings of health in Kiribati and PICs. The utilisation of the CARE tool could markedly improve individual and community health data and enrich epidemiological analysis, which is especially relevant in the present Covid-19 context. It could also contribute to the design of more responsive health policies and the development of targeted public health initiatives. Combined, these activities could help Kiribati prevent CDs and address its NCD crisis.

Cuban-trained doctors could potentially help Kiribati to address a role reversal between primary, secondary and tertiary level care. Research data shows that the health status of some patients is underestimated while others are referred to TCH for simple routine procedures that could be carried out in health clinics (e.g.: measuring blood pressure), increasing even more the influx of people to TCH and reducing the quality of service provided. The investigation also identified that a significant portion of the I-Kiribati population either primarily seeks the services of traditional village healers or delays a visit to the formal health system until their health deteriorates to a critical, and sometimes irreversible, condition. The majority of interviewed health workers highlighted that although traditional medicine can be effective, more evidence-based research about the interaction of local treatments with conventional medical drugs is necessary.

The Cuban experience of incorporating Natural and Traditional Medicine into its formal system could offer critical lessons about the formulation of legislation to govern the practice of traditional medicine and the licensing of local healers. Given appropriate mentorship, Cuban-trained interns could produce research on Kiribati's social and environmental determinants of health, disease patterns and traditional medicine and treatments.

Maternal, newborn and child health is another area that could potentially be improved through adaptation of Cuba's comprehensive prenatal and postnatal care strategies to Kiribati's context and close engagement with Traditional Birth Attendants (TBAs) who cater for the needs of 10-30 per cent of women in Kiribati, especially in the outer islands (MFED, 2018). Cubans also have experience in developing preparedness to climate-related health disasters, a knowledge that is particularly relevant for Kiribati and PICs. In the current system, however, there is limited scope for exchange of information as Cuban-trained doctors are deployed to curative clinical services.

RECOMMENDATIONS

Recommendations outlined in this brief can be explored individually or in partnership by the Government of Kiribati (GoK) and the MHMS, international institutions, Cuba, Southern and Development Assistance Committee (DAC) partners and donors, including New Zealand:

Increase access to medical scholarships for students with strong links to outer islands: The majority of interviewed I-Kiribati doctors trained in Cuba expressed the intention to work at their communities, and most were South Tarawa residents. Research also shows that poor infrastructure of health and education facilities in the outer islands deter doctors from serving those communities. In view of this, the GoK and local health boards could work with partners and donors to study the feasibility of introducing separate medical scholarships quotas for students with strong links to outer islands. A package of incentives to encourage FTMGs to work in the outer islands could be considered as a complementary output. The impact of these

activities could be maximised if health workers practise Comprehensive General Medicine or a similar approach where doctors act as agents of change and focus primarily in prevention. These actions could help to revert the urban bias and contribute to the achievement of UHC.

Facilitate accreditation of FTMGs, as well as access to continuing education and professional development opportunities: Kiribati and PICs tend to formally recognise training and qualifications that have similar criteria to those established by donor countries' institutions based on the curative health care model. That means that graduates trained in the Cuban preventive approach face constraints to pursue further qualifications and exercise their profession. Cuban-trained doctors highlighted that professionals from other areas (e.g. engineering) have more access to upskilling opportunities. A health official elaborated that health is not on the Public Service Office's (PSO) priority list for postgraduate studies and indicated that there is no representative from MHMS in the PSO's committee. Donor coordination with PICs' governments is especially important to resolve this issue, facilitate skills sharing and retain qualified health workers within the Pacific region.

Promote knowledge sharing between local health workforce and Cuban-trained doctors: The promotion of knowledge sharing between nurses, Medical Assistants (MAs) and Cuban-trained doctors has the potential to strengthen PHC delivery in Kiribati. Cuban-trained doctors could be periodically deployed to health clinics to engage closely with the challenges of PHC delivery, share their knowledge about prevention strategies and help to investigate strategies to maximise the utilisation of Kiribati's assets and minimise or eliminate barriers for the achievement of health equity. That would mean, however, that the availability of Cuban-trained doctors to deliver clinical care at TCH would be reduced. To prevent negative impacts on the provision of clinical services while results from preventive strategies are not yet visible, partner and donor countries could discuss strategies to support the provision of specialists for temporary assignments to respond to the high demand for curative care. Consultation with the cadre of nurses, which represents 71 per cent of Kiribati's health workforce, is essential for the success of this activity (MFED, 2018).

This output would produce better outcomes if paired with a review of Kiribati's national strategy of development of human resources for health, with special attention to the delineation of MA's and Cuban-trained doctors' roles. Inaction represents a missed opportunity as the Cuban approach to health can help address CDs and the NCD crisis, provide better maternal and child services and assist on the development of pandemic preparedness strategies. Critically, the Cuban approach is well aligned with Kiribati's culture and low resource reality, the objectives of Kiribati's current national health strategy, the Sustainable Development Goals and the renewed commitment of major donors like New Zealand to the Healthy Islands framework, which repositions PHC at the center of the development agenda (WHO, 2018).

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