Health lessons from Cuba

With NHI in the wings, we have to look at progressive health system models

Mural at the Medical University of Villa Clara in Santa Clara where Dr Khanyisa Makamba was trained.

HEATHER DUGMORE

THIS month, some 720 South African medical students will return from Cuba where they have completed five years of their medical training. They will complete their sixth year at medical schools in South Africa and will then be posted to communities across the country.

Dr Khanyisa Makamba, head of urology at the Port Elizabeth Provincial Hospital, was among the first of several cohorts of South African medical students to be trained in Cuba. He was in Cuba from 1998 to 2003, then completed his training in South Africa and specialised in urology here. He could practise anywhere in the world but chose to use his skills in his home province to help the vast number of public-sector patients who cannot afford private medical care.

These patients will be the direct beneficiaries of National Health Insurance (NHI) and the comprehensive model of health care that Health Minister Aaron Motsoaledi spoke about last week.

Makamba explains that in Cuba "medical students are trained according to a comprehensive, four-pillar model. That is, not only with a curative or treatment emphasis, which is the main approach to training in South Africa, but with an equal emphasis on health promotion, disease prevention, treatment and rehabilitative medicine."

Makamba's group of 40 South African medical students were trained in various medical schools throughout Cuba, including La Habana University Medical School, the University of Sancti Spiritus and the Medical University of Villa Clara in Santa Clara where Makamba was trained.

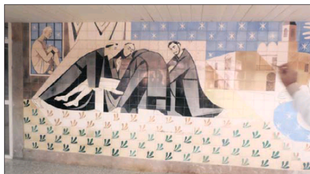
"The system produces a high number of comprehensive or specialist family physicians trained to practise in diverse communities, from the cities to the deep rural areas. I was raised in rural Tsolo in the Eastern Cape so I'm familiar with both city and rural environments," says Makamba.

On arriving in Cuba, before starting their degree, students spent the first six months learning Spanish: "Medicine is a very difficult career, and in a foreign language it becomes a double effort, so you need to study harder to get yourself through," Makamba says.

"What really helped a lot is the warmth and professionalism of the Cubans, including the academics. They went out of their way to assist us and make us feel at home."

Coming back as Cuban-trained medical students, they experienced the opposite treatment and Makamba impresses on all South African medical schools not to repeat this with the July returnees.

"There was a lot of discrimination and looking down upon us, as the attitude in several of the medical schools was that the South African medical training and health system is better than Cuba's, which is not the case. What they offer is a more holistic approach to health care.



A mural in Havana.

"From my group, several of us have become specialists, others are GPs, and most are in senior positions in the public health system in South Africa.

"There are over 1000 of us now, which speaks to the success of the Cuban initiative.

"And which is why, when the executive dean of health sciences at Nelson Mandela University, Professor Lungile Pepeta, asked me to assist with the integration of 40 students from the current group of Cuban-trained students, in collaboration with Walter Sisulu University, it was the quickest 'yes' I have ever said.

"South Africa's Cuban-trained doctors will ultimately form about one-third of all doctors in the public health sector here and it is very important that their integration is done correctly and with caring hands," says Makamba.

Professor Lungile Pepeta and Dr Khanyisa Makamba with South African students at the Medical University of Sancti Spiritus in Cuba.

Nelson Mandela University is set to open South Africa's 10th medical school in 2020, in Port Elizabeth, when it will offer the full MBChB, from first year to graduation.

"With NHI in the wings, we had to look at progressive health system models, such as Cuba's," says Pepeta who, with his team at Nelson Mandela University, has developed a four-pillar model of medical training for the new medical school curriculum.

"While South Africa is well recognised for training world-class health-care practitioners and it is important to maintain our high standards, at the same time we need to introduce new, population-wide approaches to health," says Pepeta who visited Cuba with Makamba in 2017 to view the medical training facilities across the country.

"As a paediatric cardiologist and health sciences academic, I was sceptical about the four-pillar approach until I visited Cuba last year, and the penny dropped as to the appropriateness of comprehensive medical training for the needs of the majority of people in our country.

"The efficiency and professionalism of their system speaks for itself in Cuba's health statistics: life expectancy in Cuba for the population is superb at about ±80 years, while ours stands at ±60 years; infant mortality is 2 per 1000; ours is soaring at 30 to 40 per 1000."

Pepeta adds that, in Cuba, 80% of medical practitioners are specialist family physicians and only 20% are specialists in other areas of medicine or are super specialists. In South Africa, it is the reverse, with many in private practice or emigrating overseas.

Cuba currently has eight medical practitioners per 1000 population while most westernised countries have two to three per 1000. South Africa has 0.77 per 1000, with 50% of the 0.77 practising in the private sector.

If our health system is judged according to the World Health Organisation results, then it paints a very different picture; one in which our results are very poor compared to Cuba, as is our health spend.

"Per capita Cuba is spending $500 (R6700) a year, while South Africa spends $1 000 per capita per year," says Pepeta. "The US spend is ±$3000 per capita and other First World countries are between $1000 and $3000.

> Cuban home-based care and local clinics are extremely well run

"In terms of the GDP, most countries spend between 10% and 15% on health, with the US at 15%. South Africa spends 8% and a mere 4% of this is spent on 84% of the population that is without private medical aid.

"The private medical aid industry has a R160 billion turnover a year in South Africa, and this is spent on only 16% of the population."

How did Cuba get it right?

Pepeta says home-based care and local clinics are efficiently and professionally aligned to polyclinics, or what we call community health centres, but they are extremely well run.

Every polyclinic has as a basic minimum, a comprehensive or specialist family physician-nurse team, and a range of health professionals, as well as necessary equipment, including X-ray machines, certain laboratory facilities and ultrasound. Every polyclinic has a section of complementary medicine, including acupuncture, homeopathy and traditional medicine, and each patient is advised on the relative merits.

These are efficiently matched with secondary hospitals (district, regional and tertiary hospitals in South Africa) and national institutes that specialise in specific diseases, such as neurological, heart and lung diseases, oncology and urology.

There are similarities between the structure of the Cuban public health system and our system, but there are also stark differences, notably in Cuba's far superior efficiency, professionalism, staffing, equipment and emphasis on the four levels of care.

Pepeta and Makamba emphasise that a new vision of comprehensive national health care for South Africa has to include health-promotion and disease-prevention strategies that focus on maternal and child health and on the escalation of chronic non-communicable diseases (NCDs), many of which can be prevented or managed.

NCDs include hypertension, other heart disease, diabetes, asthma, obesity, epilepsy and mental health issues. These are the far less publicised than communicable diseases like HIV/Aids and TB, but they are killing the population.

Research by PRICELESS SA (Priority Cost-Effective Lessons for System Strengthening in SA), a research unit based at Wits University's School of Public Health in Johannesburg, shows that South Africa can achieve a better return from the public health spend.

This requires preventive health measures such as addressing water quality, sanitation, household air pollution from the use of fuels like coal for cooking, and promoting healthy lifestyles and choices of food.

PRICELESS presented research-based recommendations that helped inform the ministerial decision to regulate salt in "government issue" bread and processed foods in South Africa from 2016 – a first for sub-Saharan Africa.

PRICELESS research showed that the direct cost of hospitalisation from strokes alone is R3 million annually, and that South Africa could save 6400 lives from strokes by decreasing salt in bread by 0.85 grams per slice.

"As a nation, we have to start looking after the health of 85% of the population in far more comprehensive, holistic ways, and there is so much more we can do to improve population health and quality of life," says Pepeta.