



## [Cuban doctors: overlooked champions of the health and human resources crisis](#)

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This week, the [Second Global Forum on health and human resources](#) takes place in Bangkok, Thailand. As the name would suggest, this Forum is a follow up to the initial [Global Forum](#) in this crucial area that was held in Kampala, Uganda in March 2008 where Forum participants (1500 people, including donors, experts and ministers of health, education and finance) signed up to the [Kampala Declaration and Agenda for Global Action](#).

The second Forum, (which, according to the [blurb](#) is organised by Global Health Workforce Alliance, the Prince Mahidol Award Conference, the World Health Organization and the Japan International Cooperation Agency, supported by many other agencies, especially the Rockefeller Foundation, the China Medical Board and the World Bank) reviews progress towards achieving the [Kampala Declaration](#) to date in addition to renewing commitments to health workers towards Millennium Development Goals and beyond. In line with all well organised conferences these days, the Forum has three expected outcomes, one of which is “[Coping with new and emerging issues and challenges requiring action and response](#).”

With this outcome in mind, I wonder if the Forum will discuss the potential exodus of a group of health workers who have played a substantial role in keeping weak health systems from falling apart— Cuban doctors.

Cuba’s [medical assistance program](#), which has been running for almost 50 years, has been responsible for 1000s of doctors and paramedics assisting in needy regions of the world, particularly, Central America, The Caribbean, and Africa, through bilateral health contracts. In the 1990’s Cuba’s medical assistance program expanded so much that in 1999, the Latin American School of Medicine, [ELAM ([Escuela Latinoamericana de Medicina](#))] opened, in which students from around the world could come to learn how to practice medicine in underserved communities while having their educational costs covered by Cuba—which, politics aside is an extraordinary act of international health care solidarity on the part of Cuba.

Yet Cuba’s situation is changing. Earlier this month President Barack Obama ordered [significant changes to US policies regarding Cuba](#) especially as regards: (1) purposeful travel; (2) non-family remittances; and (3) U.S. airports supporting licensed charter flights to and from Cuba. According to a WhiteHouse [press statement](#), “These measures will increase people-to-people contact; support civil society in Cuba; enhance the free flow of information to, from, and among the Cuban people; and help promote their independence from Cuban authorities.”

While these measures are an encouraging step in the right direction for the human rights of the Cuban population, the impact of these policies on low-income countries that rely on medical assistance from Cuba is largely unknown but greatly feared.

If the [Second Global Forum on Health and Human Resources](#) is serious about tackling new challenges to the global health work force, perhaps a discussion about the potential risk of a decline in the number Cuban doctors working in low-income countries should be placed firmly on the agenda.