

CUBA'S MEDICAL EXPERIENCE IN SUB-SAHARAN AFRICA: ITS CONTRIBUTION AGAINST COVID-19

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We come here with the feeling of the great debt that we have contracted with the people of Cuba. What other country has a history of greater altruism than the one that Cuba revealed in its relations with Africa? (Castro and Mandela 1991, 21).

Introduction

South-South cooperation has been a fundamental pillar of the Cuban government's foreign policy, based on the principles of solidarity and internationalism. Since the 1960s, Cuba began to support not only the progressive forces of Latin America but also the national liberation movements of the African continent that were consolidating their path towards decolonization, as well as other progressive governments and political forces of Sub-Saharan Africa in: Ghana, Guinea-Bissau, Guinea, Mali, Ethiopia, Tanzania, Angola, Zimbabwe, Mozambique, Namibia and South Africa. This support covered a wide range of spheres that ranged from political-diplomatic support in international forums to concrete support in vocational training, the transfer of resources and even military support to anti-colonial and anti-imperialist movements that were struggling to achieve or maintain the independence of their countries.

Among the main milestones of Cuban collaboration with Africa are: the arrival in Algeria of the first medical brigade in 1963, support for the nationalist guerrilla in Guinea-Bissau that fought against Portuguese colonialism, support for the Ethiopian government against the Somali interven-

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tion in its territory, the legendary military collaboration in Angola against the intervention of the forces of the South African apartheid regime and its contribution to the independence of Namibia (Azanza Telletxiki 2015). Thus began a long history of political ties and uninterrupted cooperation up to the present day.

Although the principles of Cuban collaboration have remained unchanged over time, changes occurred in terms of Cuban military cooperation with African countries due to the new international context. After the collapse of the Socialist Bloc, Cuba experienced a severe economic crisis that lasted throughout the 1990s, at the same time that the economic and financial blockade of the United States against the island intensified. Even so, Cuba did not reduce its levels of collaboration, rather, it expanded its activism, mainly with Latin America, Africa and the Middle East², through the expansion of its multisectoral collaboration in the fields of health, education and professional training of students of all these nationalities, reinforcing its commitment to South-South cooperation.

In the western media, the US policy against Cuba is often defined and presented as an “embargo”. But, the set of extraterritorial measures of economic, commercial and financial persecution against Cuba, exceeds the bilateral level, so it actually constitutes a blockade (Minrex 2019, 11)³, since it applies sanctions against third countries in their relations with Havana. In this context, medical collaboration has become in recent years one of the main sources of income for Cuba. Taking into account only the data corresponding to 2016, Cuba had a medical presence in 61 nations of the world for a total of 42,242 employees.

2 Dozens of Palestinian and Sahrawi students continued to benefit from scholarships to train professionally in Cuba, in various specialties, especially medicine.

3 In the public health sector alone, this United States policy has caused, between April 2018 and March 2019, losses valued at \$ 104,148,178, that is: \$ 6,123,400 more than in the previous year. See: Report by Cuba on Resolution 73/8 of the United Nations General Assembly. “Necessity of ending the Economic, Commercial and Financial Blockade imposed by the United States of America against Cuba”. July 2019. Minrex, p.11.

Table 1: Number of countries by region with Cuban medical collaboration (2016)

Region	Quantity by country		
Sub-saharan africa	27		
Latin America and the Caribbean	24		
East Asia and the Pacific	8		
North Africa and Middle East	2		
Total countries	61		
Grand total	Women	26,746	63.3%
42,242	Men	15,496	36.7%

Source: Own elaboration with data from the Central Unit for Medical Cooperation (UCCM). *Anuario 2016*. Minsap, Vol. 6, No 1, 130.

Despite the hostility of the United States government, its campaign to discredit Cuban doctors and the political changes that occurred in Latin American countries (Brazil, Ecuador and Bolivia, where the Cuban medical collaboration was canceled), in February of 2020, there were more than 28,700 Cuban collaborators in 59 countries. Precisely for this reason, this sphere has become one of the main spearheads of this policy against Cuba. In this regard, the Minister of Foreign Affairs of Cuba, Bruno Rodríguez Parrilla, denounced, on May 8, that the United States Agency for International Development (USAID) would dedicate an additional \$ 2 million to attack the Cuban medical brigades. In any case, and as will be seen later, this has not prevented some 131,933 health professionals from various specialties from providing their collaboration in other countries since 1963.

Cuban medical cooperation: the African experience

As indicated, Cuban medical cooperation abroad has been changing over time, and currently has different modalities and programs: Comprehensive Health Program (PIS, in spanish), Comprehensive Health Program with Expenditure Compensation (PISCG, in spanish), Compensated Technical Assistance (ATC, in spanish), Cuban Medical Services (SMC, in spanish), Operation Miracle (OM) and Operation Miracle with Expense Compensa-

tion (OMCG, in Spanish). In some countries there are even several of these programs at the same time, depending on the modality that the beneficiary country wants to take advantage of. The following table shows those African nations that had at least one of the modalities. In one way or another, either through these programs or through scholarships to study in Cuba, almost all the countries in these regions have benefited.

Table 2: Type of Cuban medical cooperation in African countries

Type of cooperation	Worldwide	In Africa	Countries
Comprehensive Health Program (PIS)	8	5	Guinea, Lesotho, Niger, Sahrawi Arab Democratic Republic (SADR) and Eswatini
PIS and Operation Miracle	21	10	Burkina Faso, Chad, Congo, Eritrea, Ethiopia, Gambia, Guinea-Bissau, São Tomé and Príncipe, Tanzania and Zimbabwe
Cuban Medical Services (SMC)	16	4	Algeria, Botswana, Equatorial Guinea and Namibia
Compensated Technical Assistance (ATC)	16	9	Angola, Cape Verde, Djibouti, Gabon, Ghana, Mozambique, Seychelles, South Africa and Uganda

Source: Own elaboration with data from the Central Unit for Medical Cooperation (UCCM). *Anuario 2016*. Minsap, Vol. 6, No 1, 131.

In particular, in the African continent, due to its structural problems and the lack of medical services, Cuban cooperation in this area has been well received by the African peoples and governments. There have been several actions as part of the provision of medical services, which has not only been the sending of doctors and nursing personnel, but also the transfer of technology to deal with preventable diseases, the teaching contribution in medical schools in various of the countries of the region and their training in Cuba.

One of the dimensions of Cuban cooperation in health matters has been the confrontation with communicable diseases such as malaria, which is the leading cause of death in Africa, for which initiatives have been strengthened in order to reduce their impact. With regard to the fight against malaria, the Economic Community of West African States (ECOWAS) agreed

to apply Cuban technology, products and specialists as a demonstration of the effectiveness of the implementation of the vector control program in Ghana⁴ and Angola.

Among the methods are the application of products such as the bio-pesticide Bactivec and Cypermethrin, which controls, through fumigation, the spread of the *aedes aegypti* mosquito. The Cuban vector control program has also been applied in Zambia, Equatorial Guinea, Benin, Kenya and Tanzania (Cubadebate 2009). The Biotechnology and Pharmaceutical Industries Group (BioCubaFarma), founded in December 2012 and which integrates the country's scientific pole, has played a fundamental role in these lines.

Image 1: Group of Biotechnology and Pharmaceutical Industries



Photo: BioCubaFarma.

This business group is responsible for manufacturing around 525 different types of medicines and continues its scientific work to develop new medicines and medical equipment. Among the main achievements of the company are the implementation of a medicine against diabetes and for the treatment of cancer. In the case of diabetes, there is the so-called *human recombinant erythropoietin* or Heberprot-P (Felipe and León 2015). There are also projects for the creation of joint ventures in countries such

⁴ In the capital of Ghana, Accra, the application of this program reduced mortality from malaria by 71%.

as South Africa and Algeria. Another of its most important missions is the fight against diseases such as Zika, Chikungunya, dengue and yellow fever, all caused by the *aedes aegypti* mosquito (Cuba Inside The World 2016). All these experiences have been transmitted to the health authorities of different African countries.

As in countries such as Nigeria, Equatorial Guinea and Gabon, Cuba collaborates with Angola in the program to fight the vectors that cause malaria and dengue, among other diseases. In the fight against malaria in Angola, 140 Cuban specialists were collaborating in 98 of the 164 municipalities. The effort to combat malaria or paludism in Africa includes the construction of biolarvicide factories and the carrying out of personnel training actions, training of community agents and educational talks on environmental sanitation. This program has been in operation for more than 8 years. The Angolan Ministry of Health recognized that in this country some 20,000 people previously died each year from malaria, while fewer than 5,000 perished in 2013 (Cubadebate 2013).

The Comprehensive Health Program is not only made up of medical personnel but also by a team of technicians and engineers belonging to various Cuban scientific entities that work jointly. For example, within BioCubaFarma, the Pharmaceutical Laboratory Business Group (Labiofam) has been responsible for the transfer of technologies to African nations. This company works on projects to eradicate malaria and to promote agriculture.

Another health program that has spread to Africa has been *Operation Miracle*. With this ophthalmology initiative, more than 600 thousand patients with vision problems have been assisted in 30 countries in Latin America, the Caribbean and Africa. Proof of this was the inauguration of an ophthalmological center in Mali, a region in which Cuba was also involved in the fight against HIV-AIDS (TeleSur 2014). In the case of Mali, the security problems that affected that country since 2012, as a result of the advance of terrorist groups, determined the withdrawal of Cuban medical cooperation. This was an example of how these security problems can set back cooperative initiatives of this type. Eritrea is another of the countries where Cuban collaborators have been working for more than eight years, receiving recognition from the Ministry of Health and Agriculture of that African country.

Due to weak health systems in most African countries, outbreaks of epidemics are constantly occurring, posing a challenge to human security and having serious socio-economic repercussions. The most immediate precedent was the Ebola outbreak in West Africa (March 2014-2016). This health context marked another milestone in Cuba's medical collaboration

with Africa. Liberia was one of the countries in the subregion in which one of the main sources of the epidemic was found. As of September 2014, 5,800 cases had been reported, of which Liberia had the worst situation, with 1,698 and 871 deaths, followed by Sierra Leone (1,216 cases and 476 deaths) and Guinea (with 771 infections and 498 deaths) (United Nations Development Program 2014). The impact on the economy was also felt due to movement restrictions for people, the closure of borders, the reduction of services and agricultural activities.

Image 2: Cuban doctors in the fight against Ebola in West Africa



Photo: Roberto Suárez.

At this stage, Cuba had 32 medical brigades on the continent, with a total of 4,048 collaborators, 2,269 of them doctors. In particular, in Sierra Leone there were 23 aid workers and in Guinea 16. At the call of the World Health Organization, Cuba decided to strengthen its medical presence in these countries, with members of the International Contingent of Specialized Physicians in Situations of Disasters and Serious Epidemics Henry Reeve. On this occasion, 256 specialists were sent, including doctors and nursing personnel: 165 specialists arrived in Sierra Leone, 53 in Liberia and 38 in Guinea-Conakry (Castro 2014). For a period of five months they were working in these countries. An essential aspect to bear in mind is that the Cuban medical presence in these nations affected by Ebola did not begin with the outbreak of the epidemic, but there were already Cuban doctors before.

The actions of the international community, including the participation of Cuban doctors, allowed the elimination of the epidemic: “at the beginning of 2015, Liberia registered less than a dozen cases per week, but it took four months before it could be declared on May 9, 2015 Ebola-free country” (Vázquez Muñoz 2015, 3). This was also possible through joint

action with other nations. Even the administration of Barack Obama had to recognize the role of Cuba in this situation.

Professional training in medical science specialties

Another of the fundamental pillars of the collaboration that Cuba has offered to different parts of the world has been the training in Cuba of medical personnel through an extensive program of scholarships for students from developing countries. Students made a moral commitment to work after graduation in rural communities in their countries, devoid of health services. Until 1988, more than 18 thousand students had been trained in Cuba.

Image 3: Exchange of the President of the AU Commission, N. Dlamini-Zuma, with African medical students in Cuba (October 2015)



Photo: Roberto Suárez.

Since the creation in 1999 of the Latin American School of Medicine (ELAM, in Spanish) in Havana, thousands of students from Africa, Latin America and the Middle East have been trained. In this period, students came to Cuba through scholarships that were fully paid by the Cuban government. This program was maintained despite the economic crisis of the 1990s.

For example, in the case of South Africa, the first group of 92 students from that country arrived in Cuba in 1996. A year later, the South Africa-Cuba Medical Collaboration Program (SACMC) was signed (Reed and Torres 2008),

which expanded the number of low-income South African students selected to train in Cuba, on the condition that they return to the country and work in the public sector for the same period that they had trained on the island (Taylor & Francis Online 2015). Under the 2012 Cooperation Agreement in the field of Public Health and Medical Services, almost 3,000 South African students were trained in Cuba.

Table 3: Medical students graduated from the Latin American School of Medicine (ELAM) between 2005-2016

Regiones	Año 2005	Año 2006	Año 2007	Año 2008	Año 2009	Año 2010	Año 2011	Año 2012	Año 2013	Año 2014	Año 2015	Año 2016	Periodo 1999-2016
África		89	186	73	34	20	129	30	25	317	197	233	1,333
Sur América	494	582	689	741	760	834	791	4,864	2,853	141	725	330	13,804
Centro América	779	575	502	379	285	222	308	1,210	718	1,456	436	155	7,025
Caribe	222	159	101	246	129	135	201	145	180	397	175	111	2,201
Norteamérica													
EEUU/Méx	1	38	69	100	98	84	75	78	458	142	126	55	1,324
Oceanía									16	33	50	28	127
Eurasia					6	26	65	412	318	332	606	51	1,816
Total anual graduados	1,496	1,443	1,547	1,539	1,312	1,321	1,569	6,739	4,568	2,818	2,315	963	27,630

Source: Morales (2017, 66).

As can be seen in the table above, only at ELAM (since its foundation in 1999 and until 2016) 27,630 foreign students have graduated from medicine, 1,333 of them were African. These data represent only one of the Cuban medical universities. Between 1999 and 2015, a total of 73,848 foreign students have graduated, from all branches and educational levels. Of these, 27,685 (37.5%) were from 47 sub-Saharan African countries and 3,334 (4.5%) were from 18 nations in North Africa and the Middle East (Morales 2017, 128). In the following table we select the ten countries with the highest number of graduates, from both subregions, in the same period.

Table 4: Countries with the highest number of graduates in Cuba (1999-2015)

Sub-Saharan Africa (10 out of 47 countries)		North Africa and Middle East (10 out of 18 countries)	
Country	Total	Country	Total
Angola	7,890	SADR	2,032
Mozambique	3,197	Yemen	433
Ethiopia	2,949	Syria	244
Zimbabwe	1,892	Palestine	238
Republic of the Congo	1,61	Jordan	174
Guinea-Bissau	1,562	Lebanon	97
Namibia	1,097	Morocco	25
Ghana	1,063	Oman	17
Guinea	828	Algeria	15
South Africa	739	Mauritania	13
Grand total	27,685	Grand total	3,334

Source: Morales (2017, 130-131).

According to data from the Cuban Ministry of Foreign Trade (MINCEX), in the 2017/2018 academic year, some 8,246 African students were studying in the country in different university careers and under different modalities: scholarship holders financed by their governments or self-financed. The total number of students of different nationalities studying medical science careers in Cuba, during the 2018-2019 academic year, was 8,478 (Minsap 2018, 188) and in the 2019-2020 academic year it was 7,726 (Minsap 2019, 188). The vast majority of these students were from African and Latin American countries. If the rest of the university majors and educational centers are added, the number of Africans amounts to more than 9 thousand (2018).

Cuba has also helped with the creation of medical schools to train, in the localities themselves, the professionals that are needed. If 1963 marked the beginning of medical cooperation, in 1975 the first faculty of medicine abroad with Cuban professors was established in the city of Aden (Yemen). Since then, several countries have joined this modality. On November 12,

1986, the Miguel Díaz Argüelles School of Medicine was inaugurated in Guinea-Bissau with 30 students, which was the beginning of the teaching collaboration with that country. The first graduation of Guinean doctors, in their own country, was on July 24, 1992 (Torres and Cruz 2019). After 2004, a new training program was implemented jointly with the Cuban medical brigades, where students began to get involved in the health problems of their countries together with the Cubans. With this new projection, the number of faculties abroad was extended to 11 countries, of which 6 were African: Angola, Eritrea, Gambia, Guinea-Bissau, Equatorial Guinea and Tanzania (Torres and Cruz 2019, 5).

In the case of Guinea-Bissau, the civil war that broke out in that country in 1988 affected medical collaboration. It was not until 2006 that the Bissau Faculty of Medicine was reopened. As a result of Cuban teaching collaboration, between 2005 and 2017, 445 doctors graduated, 318 in Guinea-Bissau and 127 in Cuba. In the 2017-18 academic year, the Raúl Díaz Argüelles School of Medicine had a total of 34 Cuban professors and 390 students, from the first to the sixth year of the degree (Torres and Cruz 2019, 5-7). Also in Equatorial Guinea the local authorities received, in Malabo, 19 new professors from Cuba who were added to those who were already teaching at the National University of Equatorial Guinea (UNGE, in Spanish), as part of the cooperation agreement between both governments. One of the factors in favor of this collaboration is the Spanish language, which facilitates the presence of Cuban professionals.

This has been a fundamental pillar of the South-South collaboration of Cuba in the field of professional training, which has continued to consolidate. In total, more than 30,000 African students have graduated in various specialties, not only in the medical sector, but also in social sciences and engineering. Of these, 28,299 belong to the Sub-Saharan Africa region. Many of these graduates have gone on to hold prominent positions in both government and academic institutions in their respective countries. This is an important contribution of Cuba to the training of medical personnel in all these nations.

Medical collaboration and deepening diplomatic ties

The prestige of the Cuban medical collaboration has earned it the recognition of the African authorities and senior officials of the African Union (AU) for the contributions of Cuba in this sector. These elements have con-

tributed to the strengthening of political-diplomatic ties with the majority of African nations. Cuba maintains diplomatic relations with 47 of the 48 States of Sub-Saharan Africa through 27 diplomatic missions, from which it serves, concurrently, another 19 countries in the area.

Cuba also has an embassy accredited to the AU headquarters in Addis Ababa, Ethiopia. In this sense, it should be noted that Cuba holds the status of Permanent Observer to the AU. This continental organization has unanimously supported the resolution presented each year before the UN General Assembly that seeks to end the United States blockade against Cuba. Meanwhile, in Havana there are 18 embassies of Sub-Saharan African countries and another 19 do so through concurrence with headquarters, mainly, in the United States and Canada. In all the high-level visits, both by Cuban leaders to African countries and by African leaders to Cuba, gratitude is expressed to Cuba for the multisectoral collaboration it offers to the continent.

In 2016 there were more than five thousand employees providing their services in sectors such as health, education, construction, sports and agriculture. The amount represented 10% of Cuban aid workers worldwide and reaffirmed the Cuban government's commitment to the socio-economic and cultural development of Africa, a continent to which we have strong historical and cultural ties. The amounts of medical collaboration vary annually, according to the countries and regions due to the circular nature that it presents: after returning to Cuba, health personnel can join another brigade in another nation. The following table shows the countries that had the largest number of Cuban health personnel in 2016.

Table 5: Health cooperators in African countries (2016)

Country	Total	Country	Total
1 Angola	1,733	15 Guinea-Conakry	15
2 Algeria	911	16 Equatorial Guinea	230
3 Botswana	94	17 Lesotho	2
4 Burkina Faso	23	18 Mozambique	298
5 Cape Verde	55	19 Namibia	80
6 Chad	33	20 Niger	7
7 Congo	95	21 SADR	5
8 Djibouti	85	22 São Tomé and Príncipe	9

Country	Total	Country	Total
9 Eritrea	2	23 Seychelles	50
10 Ethiopia	15	24 South Africa	421
11 Gabon	39	25 Eswatini	21
12 Gambia	103	26 Tanzania	20
13 Ghana	23	27 Uganda	4
14 Guinea-Bissau	28	28 Zimbabwe	42
Total for Africa		4,443	10.5%

Source: Own elaboration with data from the Central Unit for Medical Cooperation (UCCM). *Anuario 2016*. Minsap, Vol. 6, No 1, 132. This table incorporates Algeria (North Africa region), which is why the total would be 28 African countries.

During the visit to Cuba of the Vice President of the African Union Commission, Thomas Kwesi Quartey, in April 2018, he held a meeting with the Vice President of the Council of state, Salvador Valdés Mesa, where they highlighted the island's collaboration with the African continent in health, education and professional training. In 2018, a total of 4,457 employees worked in 28 African nations. Most of them – 4,108 – were only for health (Minsap 2018).

During 2018, one of the most notable examples of medical collaboration was the dispatch of 100 doctors to Kenya to work in the poorest and most remote rural areas of the country. In turn, the Kenyan government would send 50 local doctors to Cuba to study how the country had achieved great advances in medical care, as indicated by Dr. Peter Tum, the nation's Chief Secretary of Health. He also stated that the Kenya Medical Training Colleges (KMTTC) student training curriculum would be expanded to include programs and studies used in Cuba. In June, the first 100 Cuban doctors arrived in Kenya, in a brigade that included neurosurgery specialists, endocrinologists, cardiologists, urologists, plastic surgeons, orthopedic surgeons, nephrologists, nine critical care physicians, and 53 general practitioners.

In 2019, there were 29 countries in Sub-Saharan Africa – with Kenya joining – and 5 in North Africa and the Middle East (Algeria, Qatar, Saudi Arabia, Bahrain and Kuwait) in which Cuba provided medical collaboration. In 15 of Sub-Saharan Africa the Comprehensive Health Program was maintained (Burkina Faso, Chad, Congo, Eritrea, Ethiopia, Gambia, Guinea-Bissau,

Guinea, Lesotho, Niger, SADR, Sao Tomé and Príncipe, Swaziland, Tanzania and Zimbabwe) (Minsap 2019, 127).

Another example of political ties was the official visit that, between March 24 and April 3, 2019, to South Africa, Lesotho and Kenya, the Vice President of the Councils of State and Ministers, Inés María Chapman. During her visit to Lesotho, she held a cordial exchange with the members of the Cuban Medical Brigade in that country and with a representation of Basothos professionals who graduated in Cuba in the specialties of Medicine, Veterinary Medicine, Sports Medicine, Computer Science and different engineering degrees. (Minrex 2019). In September, the Deputy Prime Minister of Foreign Affairs of Cuba, Marcelino Medina González, made an official tour of four countries: South Africa, Zimbabwe, Tanzania and Rwanda. For his part, the Vice Minister of Foreign Affairs, Rogelio Sierra Díaz, also visited Cameroon, Benin, Senegal and Liberia. Both tours consolidated the historic bilateral relations between Africa and Cuba. In the sustained exchanges, the will to continue cooperation with the region was reaffirmed.

In December 2019, the Minister of Public Health of Cuba, Dr. José Ángel Portal Miranda signed a Cooperation Agreement with the Minister of Health of Djibouti, Mr. Mohamed Warsama Dirieh, which will strengthen the ties of cooperation between both nations. Cuba has maintained medical collaboration with this country since 2001, when the first shipment of 13 collaborators took place. Currently 84 specialists provide care services, of which 79 are doctors. In addition, it has contributed to the training of human resources for health, training 67 doctors and a stomatologist (Minsap 2019). Another example of medical cooperation with this small African Horn nation.

During 2020 the world has been impacted by the pandemic caused by the coronavirus, which has obtained a necessary increase in international cooperation to face it. In Africa, the first case was registered in Egypt, on February 14, through a Chinese tourist and the second was in Nigeria, on February 24, by an Italian from Milan heading for the Nigerian city of Lagos. According to official data from the AU's Center for Disease Control (CDC), dated March 26, the virus had spread to 46 countries. South Africa, Egypt, Algeria and Morocco were the most affected.

In the last week of April, infections increased by 43%. The CDC of the UA reported for May 18 a total of 85 thousand cases and 2,765 deaths. By the 19th, the amount was 91,400 infected and 2,919 deaths. At the end of May 22, the continent had already reported 100,491 cases, 3,104 deaths, and 39,509 people recovered. On June 20, the numbers already exceeded 300,000 infections and 7,700 deaths. The pressure was mounting on the continent's

weak health systems. Given this scenario, several African countries requested an increase in the Cuban medical presence to combat the pandemic.

Covid-19: Cuba strengthens its medical presence in Angola, Togo, Cape Verde, South Africa, Guinea and Guinea-Bissau

The spread of the coronavirus worldwide strengthened criticism against the neoliberal policies adopted in the last 25 years and that had weakened public health services. The pandemic put governments on alert and demonstrated once again the need for international collaboration between states to face this common threat that did not understand borders, social classes, political orientation or religious creed. While the United States government assumed a reprehensible attitude towards handling the pandemic, torpedoing the work of the WHO, freezing its contributions to this organization, threatening to withdraw and blaming China, other countries dedicated their efforts to strengthening cooperation.

The outbreak of the virus in Africa has continued to be a concern for the health authorities of this continent, where the trend of contagion has not decreased. From the beginning of the first cases, the governments of the area began to take all the necessary measures and made an effort to equip the medical laboratories. At the same time, they demanded international collaboration, which did not take long to arrive from China and Cuba. In this sense, China has become the main international donor of medical supplies to combat Covid-19, as its president made clear at the 73rd Annual WHO Conference (Silverio González 2020). This collaboration would take place in those countries with weaker health systems.

Similarly, Cuba mobilized not only its public health system but also strengthened medical cooperation with other countries. In the midst of the Covid-19 pandemic, the Cuban government activated the Henry Reeve International Contingent of Specialized Doctors in Disaster Situations and Serious Epidemics⁵. In concentration, four African countries saw an initial reinforcement of the presence of Cuban doctors who joined those who were already working in these countries prior to the pandemic and Togo was added for

⁵ This contingent was created by Fidel Castro in 2005. This Brigade has more than 7,400 volunteer health care workers. Since then, they have served millions of people around the world, affected by natural disasters, such as the earthquake in Pakistan or the Ebola outbreak in West Africa.

the first time. In turn, Cuban medical personnel who were already working in Africa fully joined the fight against Covid-19 as well.

Only in the month of April, four groups of doctors left for African countries, which arrived in: Angola (April 10), Togo (April 13), Cape Verde (April 22) and South Africa (April 27) and the number of doctors on the continent was expected to increase, as the pandemic continued to grow. This was the case of a fifth brigade that left for Guinea-Conakry (June 4) and a sixth that left for Guinea-Bissau (June 27). In addition, a new Medical Collaboration Agreement was signed with Namibia.

Political and collaborative relations between Cuba and the Republic of Angola have been uninterrupted since 1975. This has been one of the African countries where Cuban collaboration has been strongest. After the withdrawal of the Cuban troops from Angola, after guaranteeing the independence of Namibia, Cuba maintained its relations with the party in power: Popular Movement for the Liberation of Angola (MPLA, in portuguese). Examples include the implementation of the literacy program “*Yo sí puedo*” (Yes, I can do it) in the province of Kuanza Norte, with the presence of 42 Cuban advisers. Angola had planned, thanks to this program, to declare that they would reach 86.5% literate by 2017. Currently, more than 800 Cuban health collaborators work in this African nation together with about a thousand teachers from different specialties. At the same time, in Cuba, more than 2,000 Angolans are studying at various universities, to be added to the more than 7,000 who have graduated from our country.

Following the declaration by the WHO – March 11, 2020 – of the coronavirus as a pandemic and the adoption of the state of emergency, Mrs. Silvia Lutucuta, Minister of Health of Angola, announced her government's request to increase Cuban medical collaboration to combat the new SARS Cov-2 virus (ACN 2020). Cuba's response was immediate and the first brigade of the Henry Reeve Contingent left for that country. This group that left for Angola on April 10, was made up of 214 collaborators: 188 doctors, 24 nursing graduates and two technicians. In total there were 136 women and 78 men, from all Cuban provinces. Among the Angolan regions in which the doctors were located were Cabinda, Cacongo, Buco-Zau, Belize, Huambo and Benguela, where they were received by the highest local authorities (Prensa Latina 2020a).

The Republic of Togo, with a population of 7,889,000 had, as of June 13, a cumulative of 530 confirmed cases, of which 291 had recovered and 13 people had died. These data indicated a rate of 6.65 cases per 100,000 inhabitants. It was in this context that, at the request of the Togolese government,

another Henry Reeve medical brigade had arrived in the country. This was the first time that members of this contingent had traveled to this West African country. It was made up of 11 professionals from five specialties, including 6 doctors and 3 nurses.

The Cuban doctors were also joined by Togolese doctors who graduated in Cuba and representatives of the WHO and UNICEF in that country. Upon their arrival in the capital, Lomé, they were officially received by the Prime Minister, Komi Sélom Klassou, along with other authorities, who thanked Cuba for medical collaboration. After passing the established stage of quarantine and organizing work together with local health authorities, Cuban medical personnel began their work in the remote communes of Dapaong (to the north), Kara and Sokodé (in the center), which were between those most affected by contagions.

Image 4: Cuban doctors from the Henry Reeve Brigade before leaving for Cape Verde



Photo: Roberto Suárez.

The third country to receive medical collaboration, in times of the coronavirus, was the Republic of Cape Verde. The brigade that left for that archipelago was made up of 20 specialists: 5 doctors, 10 nursing graduates and 5 specialists in hygiene and epidemiology. This group was added to the 79 that already worked in these islands. The brigade was received at the Nelson Mandela airport in the capital Praia, by the Cuban Ambassador, Rosa Olivia

Rill, and by other national authorities such as Dr. Serafina Alves, from the Cape Verdean Ministry of Health (Prensa Latina 2020b).

For their part, South Africa and Cuba celebrated 25 years of diplomatic relations. During the visit to South Africa of the Deputy Prime Minister of Foreign Affairs of Cuba, Marcelino Medina González, in September 2020, the important achievements of the Agreement on Cooperation in the fields of Public Health and Medical Sciences were highlighted. It was also highlighted that some 732 South Africans, many of them from disadvantaged communities, had graduated as doctors since the beginning of the Nelson Mandela-Fidel Castro training program in 1997 (Moreno Gimeranez 2020).

An important result of this visit was the entry into force of a new Intergovernmental Collaboration Agreement in the field of Health. This agreement was renewed for five years, starting on April 17, 2020. It includes the hiring of Cuban doctors and university professors, the medical training of South African students in Cuba and the scientific exchange. As part of it, it was decided to grant scholarships to 15 students from the North West province to study medicine in Cuba, in the 2019-2020 school year. As of September 2020, 221 Cuban doctors were working in South Africa, deployed in 8 of the country's 9 provinces, mostly in rural areas.

This was the context before South Africa began to be affected by the coronavirus pandemic. As of May, more than a thousand cases were already reported, reaching 4,300 in one day on June 14, for a total of 73,533 confirmed. Of these, only 39,867 had recovered and 1,568 had died. It was without a doubt the worst affected nation on the continent. Given this scenario, a call was made to increase Cuban medical services in the country, when Cuba was beginning to be affected by Covid-19.

In compliance with bilateral collaboration agreements, aid also came from South Africa. This country sent to the island a shipment of humanitarian aid made up of means of protection, masks, gloves, infrared thermometers and covers for hospital beds necessary for the fight against SARS Cov-2. Upon his return, in the same aircraft that had brought the medical supplies, a new group of health workers from the Henry Reeve Contingent would depart for South Africa. This brigade was made up of another 200 professionals who would reinforce medical collaboration in that country where another 221 doctors were already working (Radio Habana Cuba 2020). As usual, the doctors were distributed by several provinces. On this occasion, the brigade was made up of doctors, epidemiologists, biostatisticians, biotechnologists and other specialties (Associated Press 2020). Political leaders and different orga-

nizations, as well as the South African President, Cyril Ramaphosa, thanked the Cuban solidarity.

Another of the countries with a strong link with Cuba has been Namibia. In the pre-independence stage, hundreds of Namibians had come to Cuba to train. After the victory of SWAPO (South West Africa People's Organization) and the establishment of the Republic in 1991, medical cooperation was established. Until 2015, 1,345 aid workers from different branches had passed through Namibia. In that year, 88 specialists in medical sciences were working in the country. By 2020, the quantity already amounted to 4,300 aid workers. Currently, 93 doctors, electromedical and nursing graduates work in this country, as well as 21 architects and six aquaculture specialists. In the context of the confrontation with the coronavirus, the government of Namibia signed a new cooperation agreement in health matters with Cuba, in May 2020 (Prensa Latina 2020c), to continue with these ties. Until now, the presence of Cuban doctors in Namibia has not increased.

A fifth brigade of health professionals was also dispatched to the Republic of Guinea (Conakry) on June 4. It should be remembered that Cuban doctors had been in this country when the Ebola outbreak. On this occasion, the new group that arrived in this West African nation consisted of 11 doctors and 10 nurses (21 in total, of which 12 are women) who came to support the doctors who were already working here prior to the pandemic. (Radio Havana Cuba 2020). In the country, 3,933 covid-19 patients were reported, of which 2,332 had recovered and 23 had lost their lives.

On October 21, 1976, the first scientific-technical collaboration agreement between Cuba and Guinea-Bissau was signed in Havana, which started the health cooperation actions between both countries. As already indicated, it has also focused on the training of doctors in the country. In 2017, the medical brigade had 34 collaborators. In the annual Balance of the work of the brigade during 2019, it was stated that the care and teaching activity had been accomplished by 130%: more than 120 thousand cases, 600 births and about 900 lives had been saved. At the Raúl Díaz Argüelles School of Medicine, 53 new doctors had graduated for a general total of 441 graduates (Minrex 2020).

In March 2020, Africa began to be affected by the pandemic and Guinea-Bissau confirmed its first case for March 25. To date, 1,614 positives have been reported, of which 317 recovered and 22 lost their lives (June 26). In this context, a new Henry Reeve brigade made up of 23 aid workers that joined the 43 already working in that country left for that country. They were received (June 27) by the High Commissioner for the Fight against Covid-19,

Mrs. Magda Rabalo and by the Cuban Ambassador in Bissau, Raúl de la Peña Silva. In this way, Cuba's medical presence in Africa continued to expand, where women have been the main protagonists.

Table 6: Cuban doctors from the Henry Reeve Brigade in Africa for the fight against Covid-19 (April - June 2020)

Country	Doctors	Nurses	Other specialties	Total	Composition by gender	
					M	F
Angola	188	24	2	214	78	136
Togo	6	3	2	11	8	3
Cape Verde	5	10	5	20	11	9
South Africa	133	14	69	216	131	85
Guinea-Conakry	11	10	-	21	9	12
Guinea-Bissau	8	10	5	23	9	14
Total	351	71	83	505	246	259

Source: Self made⁶.

This is how the historic collaboration that Cuba has offered to African countries has behaved. Thanks to the creation of a completely free public health system, the training of thousands of doctors and nurses, as well as the construction of a wide network of health infrastructure, Cuba has been able to export high-quality medical services to other underdeveloped nations, already in turn contributing to the training of specialists from various countries. South-South Cooperation has always been at the center of the Cuban government's foreign policy, which has remained unchanged.

⁶ Among the main specialties are: hygiene and epidemiology, biostatistics, electromedical and laboratory technicians.

Conclusion

Despite the hostility of the current US administration against Cuba (Prensa Latina 2020d)⁷, and especially against medical services, the Cuban government has maintained its will to continue sending doctors and professionals to African countries that request it, as well as to continue with the transfer of technology, the implementation of literacy programs and the fight against malaria. The Cuban authorities have expressed, in dissimilar international forums, that cooperation with Africa is not for profit and this is one of the aspects that differentiates it from other countries.

Therefore, the prospects for Cuban-African collaboration remain positive and Cuba will maintain its commitment to continue contributing to the social development of the countries of the continent. The President of the African Union Commission, H.E. Mr. Moussa Faki Mahamat has recognized the historical and active role played by Cuba in Africa, especially in difficult times for that continent and has highlighted the presence of Cuban medical personnel, first in the countries affected by Ebola and now, in which the coronavirus is fought.

References

- ACN. 2020. *Cuban medical brigade will fight COVID-19 in Angola*. Cubanews/ACN. Marcha 27, 2020. <http://www.cubanews.acn.cu/science/10515-cuban-medical-brigade-will-fight-covid-19-in-angola>
- Associated Press. 2020. *Cuban Doctors Arrive to Help South Africa Fight Coronavirus*. Associated Press. April 27, 2020. <https://www.voanews.com/covid-19-pandemic/cuban-doctors-arrive-help-south-africa-fight-coronavirus>
- Azanza Telletxiki, Paco. 2015. *Internacionalismo cubano en África*. September 30, 2015. <http://www.rebellion.org/noticia.php?id=203870>

7 One of the last attempts to try to harm Cuba's medical collaboration came from the anti-Cuban senators Rick Scott, Marco Rubio and Ted Cruz, who presented, on June 17, 2020, a bill called "Stop the Profits of the Cuban Regime", with which they urge the State Department to identify the nations receiving medical missions. The promoters indicated that the host countries of Cuban doctors would be exempt from the sanctions as long as they directly deposit the salaries of the professionals, make the contracts public and do not make additional payments to Cuba for their work. Scott said that "any country that requests medical assistance from Cuba is supporting human trafficking" (Prensa Latina 2020d).

- Castro, Fidel. 2014. *Colaboración cubana en la lucha contra el Ébola*. <http://www.fidelcastro.cu/es/internacionalismo/colaboracion-cubana-en-la-lucha-contra-el-ebola>
- Castro, Fidel and Mandela, Nelson. 1991. *¡Qué lejos hemos llagado los esclavos!* Habana. Editorial PATHFINDER, 21
- Cubadebate. 2013. *Cuba en el empeño por erradicar la malaria en África*. Cubadebate, August 31, 2013. <http://www.cubadebate.cu/noticias/2013/08/31/cuba-en-el-empeno-por-erradicar-la-malaria-en-africa/#.WLYD5yODNLM>
- _____. 2009. *Impacta en África programa cubano de lucha contra la malaria*. Cubadebate, October 11, 2009. <http://www.cubadebate.cu/noticias/2009/10/11/impacta-en-africa-programa-cubano-de-lucha-contra-la-malaria/#.WLYD5jODNLM>
- Cuba Inside The World. 2016. *BioCubaFarma: a globally renowned industry*. <https://cubainsidetheworld.wordpress.com/2016/03/28/biocubafarma-a-globally-renowned-industry/>
- Felipe, Katheryn and León, Nuria Barbosa. 2015. *Cuba offers the world healthcare alternatives*. November 17, 2015. <http://en.granma.cu/cuba/2015-11-17/cuba-offers-the-world-healthcare-alternatives>
- Marimón Torres, Néstor and Evelyn Martínez Cruz. *La cooperación docente cubana en Guinea Bissau, una estrategia para alcanzar la cobertura universal de salud*. Sociedad Cubana de Salud Pública, November 26, 2019. <http://www.revsaludpublica.sld.cu/index.php/spu/article/view/1727/1316>
- Minrex. 2018. *Necessity of ending the Economic, Commercial and Financial Blockade imposed by the United States of America against Cuba*. Minrex, October 22, 2018. <http://misiones.minrex.gob.cu/en/articulo/report-secretary-general-necessity-ending-economic-commercial-and-financialembargo-imposed>
- _____. 2020. *Participa Embajador de Cuba en el Balance de la brigada Médica en Guinea Bissau*. Minrex, February 14, 2020. <http://misiones.minrex.gob.cu/es/articulo/da-medica-en-guinea-bissau>
- Minsap. 2019. *Ministros de Salud de Cuba y Djibouti firman Acuerdo de Cooperación*. Minsap, December 9, 2019. <https://salud.msp.gob.cu/ministros-de-salud-de-cuba-y-djibouti-firman-acuerdo-de-cooperacion/>

- _____. 2018. *Anuario Estadístico de Salud 2018*, p. 188. <http://files.sld.cu/bvscuba/files/2019/04/Anuario-Electr%C3%B3nico-Espa%C3%BIol-2018-ed-2019-compressed.pdf>
- _____. 2019. *Anuario Estadístico de Salud 2019*. p. 188. <http://files.sld.cu/bvscuba/files/2020/05/Anuario-Electr%C3%B3nico-Espa%C3%BIol-2019-ed-2020.pdf>
- Morales, Henry. 2017. *Ayuda Oficial al Desarrollo de Cuba en el Mundo*. Guatemala
- Moreno Gimeranez, Enrique. 2020. *Presidente de Sudáfrica reconoce solidaridad de Cuba frente a la COVID-19*. April 27, 2020. <http://www.granma.cu/mundo/2020-04-27/presidente-de-sudafrica-reconoce-solidaridad-de-cuba-frente-a-la-covid-19-27-04-2020-21-04-02>
- Prensa Latina. 2020a. *Angola's Cabinda supported by more Cuban doctors to fight Covid-19*. Prensa Latina, Luanda, Angola, May 11, 2020. <https://www.plenglish.com/index.php?o=rn&id=55589&SEO=angolas-cabinda-supported-by-more-cuban-doctors-to-fight-covid-19>
- _____. 2020b. *Cuba sends medical team to Cape Verde to fight Covid-19*. Prensa Latina, Havana, April 22, 2020. <https://www.plenglish.com/index.php?o=rn&id=54871&SEO=cuba-sends-medical-team-to-cape-verde-to-fight-covid-19>
- _____. 2020c. *Cuba y Namibia firman acuerdo de cooperación en salud*. Prensa Latina, May 23, 2020. <https://www.prensa-latina.cu/index.php?o=rn&id=368424&SEO=cuba-y-namibia-firman-acuerdo-de-cooperacion-en-salud>
- _____. 2020d. *Presidente de Cuba recomienda a senadores de EE.UU. ocuparse de la Covid-19*. Prensa Latina, June 19, 2020. <http://www.es-cambray.cu/2020/presidente-de-cuba-recomienda-a-senadores-de-ee-uu-ocuparse-de-la-covid-19/>
- Radio Habana Cuba. 2020. *Cuban medical brigade arrives in Guinea to confront COVID-19*. Radio Habana Cuba, June 5, 2020. <http://www.radiohc.cu/en/noticias/nacionales/224868-cuban-medical-brigade-arrives-in-guinea-to-confront-covid-19>
- _____. 2020. *Sudáfrica dona a Cuba insumos para el combate de la COVID-19*. Radio Habana Cuba, April 23, 2020. <http://www.es-cambray.cu/2020/sudafrica-dona-a-cuba-insumos-para-el-combate-de-la-covid-19/>

- Reed, Gail and Torres, Julián. 2008. *Training and retaining more rural doctors for South Africa*. MEDICC Rev. pp. 49–51. http://www.medicc.org/mediccreview/articles/mr_51.pdf
- Silverio González, Yoslan. 2020. *China y África Subsahariana: cooperación frente a la Covid-19*. Observatorio de la Política China, May 25.. <https://politica-china.org/areas/politica-exterior/china-y-africa-subsahariana-cooperacion-frente-a-la-covid-19>
- Taylor & Francis Online. 2015. *South African–Cuban Medical Collaboration: students' perceptions of training and perceived competence in clinical skills at a South African institution*. Taylor & Francis Online, September 29, 2015, pp. 74-79. <http://www.tandfonline.com/doi/full/10.1080/20786190.2015.1120936>
- TeleSur. 2014. *Salud y esperanza, el regalo de Cuba a África*. TeleSur, September 15, 2014. <http://www.telesurtv.net/telesuragenda/Cuba-Africa-20140915-0030.html>
- UNDP. 2014. *Socio-economic impact of the Ebola Virus Disease in Guinea, Liberia and Sierra Leone*. United Nations Development Program, Policy Notes Volume 1, Numbers 1-5, 2014, p.9 y 10. http://reliefweb.int/4B5987/FinalDownload/DownloadId-87/sites/reliefweb.int/files/resources/_web.pdf
- Vázquez Muñoz, Luis Raúl. “El ébola no perdona, y el juego tenía que ser perfecto”. In *Juventud Rebelde*, Suplemento Científico Técnico, May 31, 2015, p. 3.

ABSTRACT

Medical cooperation has been one of the fundamental pillars of Cuba's foreign policy. In this sense, Africa has been one of the regions that most benefited from the export of Cuban medical services. One of the dimensions of this cooperation has been the confrontation with preventable diseases such as malaria through the transfer of technology and medicines, the training of medical personnel in Cuba through an extensive scholarship program for African students, and the creation of medical schools in various African countries with the purpose of also contributing to such professional training. The prestige of this collaboration has contributed to the strengthening of political-diplomatic ties between Cuba and Africa. This cooperation reached a new dimension after the outbreak of the Covid-19 pandemic, when Cuba, following a request from several African governments, decided to expand the presence of its health personnel on the continent. This is how the Henry Reeve International Contingent of Doctors Specialized in Disaster Situations and Serious Epidemics was activated. In this context, six medical brigades left for Angola, Togo,

Cape Verde, South Africa, Guinea and Guinea-Bissau to total 505 Cuban health professionals who joined the thousands of doctors already working in Africa.

KEYWORDS

Sub-Saharan Africa; Cuban medical cooperation; Henry Reeve Brigade; Confrontation with Covid-19.

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