Study on intersectoral practices in health in Cuba

Case Metadata

CUB--Cuba_GR_Castell-Florit-etal_2007a-2007

Intersectoral Action Experience Approximate Start Date: Tuesday, June 16, 1970
Intersectoral Action Experience Duration: ~37 years (on-going)

Case Geography

Jurisdiction(s) of Implementation: National government, Cienfuegos province, San Cristobal municipality, Cardenas municipality
Country: Cuba

Policy Issue

Policy Issue: In the mid 1960s, the introduction of the concept of preventive-curative medicine and the community medicine model, drove an interest and political will to improve the health population under an integral and participatory health care approach. “[I]n a quest for better coverage, access, and equity in health”, the health model started moving its focus from illness and individual, to risk, family and groups of population, as well as to total coverage. Specific risks (smoking, increase of alcohol consumption, obesity, accidents, poor environmental hygiene, HIV/AIDS, maternal and child health, genetic diseases and disabilities, chronic kidney insufficiency, vaccine-preventable diseases) were identified across the entire population. The previous establishment of “a single health system” and the creation of people´s health committees with members from social and community organizations, and from governmental sectors, laid the groundwork for subsequent consolidation of collaborative actions addressed to health promotion and prevention. In this case, the policy issue reflected both a health gradient across the entire population and in vulnerable groups.

Explicitness of Equity: Explicit
Type of Inequality: Overall socioeconomic gradient
Short Phrase: Population health improvement [1]

Policy Solution

Overview: A variety of intersectoral actions for health and health equity have been undertaken by the Cuban government since the 1970s. “Administrative, legal and organizational measures and instruments” were implemented within the government to facilitate a more formal intersectoral approach. This includes the decentralization of the health sector. It also includes the development of provincial and municipal administrative councils, which are led by local health and education directors to facilitate communication between economic sectors and society in each jurisdiction. Finally, administrators and professionals within the health system and among other sectors were trained to improve capacity for intersectoral action. Also tools were developed to facilitate effective intersectoral action for diagnosing and intervening in health problems, including the use of what appears to be a type of impact assessment tool, which is referred to as an “analysis of the health situation”. A series of national, provincial and local projects were developed using an intersectoral approach. National: The Commission on Health and the Quality of Life – including membership from different sectors and social organizations – was established with the objective of coordinating and evaluating health promotion activities to be implemented by local administrative councils. The agricultural sector coordinated a variety of sectors on the Turquino Manati plan (later the "Comprehensive programme for the Social and Economic Development of Mountainous Areas"), a
national action plan to improve the quality of life of the population in those areas by providing them with special assistance, including with respect to sustainable development and public health. The National AIDS Control and Prevention Commission was a centrally-designed strategy aiming to address the epidemic by not only coordinating more comprehensive prevention, promotion and health care, but also to promote “job security and non-discriminatory treatment” for people with HIV. A national smoking cessation campaign was coordinated by the Ministry of Public Health, including cross-sectoral and social participation on national and provincial commissions and technical bodies. Local: "Cienfuegos for the Quality of Life" was an initiative coordinated by the provincial government to tackle persistent problems in different municipalities and communities such as poor environmental conditions and unhealthy life style of vulnerable groups. Different sectors and enterprises located in the province participated in the design and implementation of action plans and strategies. Eight subprojects emerged: nutrition; healthy recreation; environment; education for life; goods, services and formalities; vulnerable social groups; alcohol and smoking; and social communications. Adolescence and the Future was an initiative of San Cristobal municipality (Pinar del Rio province) with the purpose of promoting changes in lifestyles of teenagers. An eco-health project was carried out in Cardenas municipality (Matanzas province) to address local environmental problems (water pollution in the bay, and rain accumulation in neighbourhoods) due to their location below sea level.

**Policy Solution:** Distributive, Constituents [2]

**Sector To Whom Implementation of Policy Solution is Accountable:** Sectors participating in national, provincial and local projects addressed to health improvements may have been accountable to the Ministry of Public Health and the provincial and municipal health directorates, respectively (Unclear).

**Instruments for Implementation and Institutional Context:** National legislation and programmes implemented by provincial and municipal governments. Municipal projects implemented by local levels of governments.

**Financing:** N/A

### Program Theory

**Strategy:** The Commission on Health and Quality of Life may have used population, target group or individual high-risk strategies since it coordinated a potentially wide range of activities to promote public health issues. The national AIDS Control and Prevention Commission was both a population and an individual high-risk strategy since included activities for promotion and prevention addressed to the entire population, and activities to diagnose, treat and rehabilitate people living with HIV/AIDS. The smoking cessation campaign was a population strategy aimed to the national population, while the Adolescence and the Future project was a target group strategy since promoted healthy lifestyles among the teenaged population in the Municipality of San Cristobal. The Turquino Manati plan at national level and the eco-health initiative in the municipality of Cardenas, Matanzas province, were target group strategies since promoted better environmental conditions for populations living in mountainous and below-sea-level areas. Cienfuegos for the Quality of Life also represented a target group strategy since its main objective was the improvement of sanitation conditions and lifestyles of vulnerable groups in municipalities and communities of the province.

**Category of Main Strategy:** Targeting within universalism (mixed) [3]

**Scope of Intervention:** Turquino Manati: Residents of mountain regions; National AIDS Control and Prevention Commission: People living with HIV/AIDS; Cienfuegos for the Quality of Life: Vulnerable groups in municipalities and communities in Cienfuegos province; Adolescence and the Future: Teenagers in San Cristobal municipality; Eco-health project: Residents of Cardenas municipality; Smoking Cessation Campaign: Whole population or universal; Commission on Health and the Quality of Life: Whole population or universal

**Unit Level of Intervention:** Individuals, families and communities [4]

**Social Determinants of Health Entry Point:** By using a participatory, constituents approach to facilitating health promotion at the local level, the national Commission on Health and the Quality of Life addressed differences in exposure to a potentially wide range of health damaging by addressing both structural and intermediate determinants of health. The national Smoking Cessation Campaign, the Adolescence and the Future initiative in San Cristobal, and the eco-health project in Cardenas all addressed differential exposure to various health damaging factors by addressing specific intermediate determinants of health. The Turquino Manati plan addressed both differential
vulnerability of mountain-dwelling people and differential exposure to health damaging conditions by addressing structural factors (e.g., sustainability) and intermediate determinants of health (ostensibly, living and working conditions and lifestyles and behaviours). The National AIDS Control and Prevention Commission addressed unequal consequences for people living with HIV/AIDS by addressing structural determinants of health (e.g., labour legislation that protect workers with HIV/AIDS), intermediate determinants of health (e.g., psychosocial factors) and access to health services. Finally, the "Cienfuegos for the Quality of Life" initiative addressed differential vulnerability of in various municipalities and communities by addressing intermediate determinants of health (e.g., poor environmental conditions and unhealthy lifestyles) and access to health services and social services.

Social Determinants of Health Category: Structural [5]

Summary : Increased capacity for intersectoral action leading to several projects to strengthen population health and health promotion by addressing structural and intermediate determinants of health, as well as access to health and social services.

Details on Intersectoral Engagement Process Leading To or Implementing Intersectoral Action : Yes
Phase of Policy/Intervention Cycle : Development or Planning, Implementation, Evaluation
Main Intersectoral Coordination Mechanisms and Tools Utilized : Provincial and municipal administration councils developed to facilitate participatory, intersectoral planning for population well-being. Two national commissions were created - the Commission on Health and the Quality of Life with members from diverse sectors and social organizations, "with the objective of coordinating activities to promote public health"; and the National AIDS Control and Prevention Commission, including all central administrations, social and community organizations, with the purpose of coordinating "actions for promotion, prevention, diagnosis, treatment, [free rehabilitation], job security and non-discriminatory treatment for HIV carriers and persons with AIDS."
Institutional Arrangements or Structures for Policy Development: "Polyclinics were used for sharing information and building knowledge to identify health-related issues to be addressed. Laws 41 on public health and 13 on workplace safety and hygiene worked as legal frameworks for the participation of all central government agencies, sectors and social organizations in public health promotion. Provincial and municipal administration councils and people's assemblies worked as convener institutions of government agencies and social organizations. Local development projects (either government or sector initiatives, or part of the Cuba-PAHO/WHO convention) went through a technical assessment of stakeholder sectors, followed by a discussion by the provincial or municipal people's assembly ("analysis of the health situation")."
Institutional Arrangements or Structures to Implement Policy Solutions : At national level, the Commission on Health and the Quality of Life featured members from diverse sectors and social organizations to coordinate activities to tackle diverse public health problems. The National AIDS Control and Prevention Commission conformed to by all central administrations, social and community organizations, coordinated diverse activities related to the prevention of HIV/AIDS and the promotion of and non-discriminatory health and social treatment for HIV carriers or persons with HIV/AIDS. The Cienfuegos for the Quality of Life" initiative used focus groups, workshops and training courses with participants, along with "standing committees of the provincial and municipal assemblies" to monitor the project in various localities. The Smoking Cessation Campaign used intersectoral commissions and interdisciplinary technical commissions at the national and provincial levels.
Sectors Involved in Leadership: "Initiation: Health and education directors, as vice-presidents of the provincial and municipal administration councils, brought together ""agencies, enterprises and institutions"" within these regions to address issues. Development: The Executive Council of the Council of Ministers established the Commission on Health and the Quality of Life and the National AIDS Control and Prevention Commission. The State Council developed the Turquino Manati plan. The people's assembly and the administrative council of Cienfuegos province called different sectors and enterprises in the territory to collaborate in facing persisting problems in different municipalities and communities. The health sector requested a local development project in San Cristobal municipality to mainly address the adolescence population. The assembly's secretariat of the Cardenas municipality ""called together"" the sectors located in the locality and branches of national and provincial enterprises to collaborate in the eco-health project. Implementation-Evaluation: The Commission on health and the quality of life was responsible for coordinating and evaluating
activities implemented for promoting public health and the Ministry of Health provided technical assistance. The national AIDS control and prevention commission coordinated promotion and preventive activities related to AIDS. Provincial and municipal administrative councils were responsible for the systematic implementation of activities to promote public health. The Ministry of Public Health was the national coordinator of the Smoking and health strategy. The people's assembly of the Cienfuegos province monitored the implementation of the action plan designed for the province and carried out periodic evaluations. PAHO supported the project Adolescence and the Future in San Cristobal municipality."

**Description of Industry/Private Sector Involvement:** N/A

**Description of Civil Society Involvement:** Members of the Cuban Worker's Trade Union and its affiliates, the Small Farmers' Association, the Committees for the Defence of the Revolution, the Cuban Women's Federation, the High School Students' Federation, and the University Students' Federation, participated in the Commission on Health and the Quality of Life. The Small Farmers' Association also participated in "planning and introducing the cultural and sports movement into the mountainous areas". Almost all of the organizations listed above, the Union of Young Communists, and media organizations were involved in the national and provincial commissions for the national Smoking Cessation Campaign.

**Description of Civil Society Involvement:** N/A

**Description of Use of Impact Assessment:** Yes

**Concept of Success of the Policy Solution:** N/A

**Source URL:** https://extranet.who.int/isacs/case/1088

**Links:**
[1] https://extranet.who.int/isacs/policy-issue-tags/population-health-improvement
[3] https://extranet.who.int/isacs/strategy-type/targeting-within-universalism-mixed
[5] https://extranet.who.int/isacs/social-determinants-health-category/structural