

National School of Public Health

**STUDY ON INTERSECTOR PRACTICES IN
HEALTH IN CUBA
REPORT TO THE PAN AMERICAN
HEALTH ORGANIZATION
STAGE ONE**

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SUMMARY

The principles of the Cuban public health system have made it possible for intersector actions to flourish. Those principles are: public and social nature, accessibility, no cost, preventive orientation, adequate application of technological developments, community participation, intersector approach, and international cooperation.

The system is organized on three levels: the national level led by the Ministry of Public Health, to which universities, institutes, the most advanced hospitals and centers for the assurance of supplies and technologies report. The levels are the provincial and municipal directorates that report administratively to the local governments and methodologically to the ministry.

The intersector approach in Cuba has evolved in three stages:

The 1960s. An increase in coverage, accessibility, and social participation were the main features. The model was oriented to curative medicine. The intersector approach was only implicit.

The 1970s and 1980s. Major conceptual changes led to substantial improvements in public health and permitted a transformation from incipient intersector action to a different approach marked by its presence in the new health model geared to risk, regulation, instruments, institutions, projects and programs, and a decentralization process that laid the groundwork for progress on the local level. Technological development of intersector action to convert it into a basic element in health management was still missing.

The 1990s and today. A group of studies on intersector action, supported by the Ministry of Public Health, identified its national and local presence and established its determining, conditioning and triggering factors and instruments for its evaluation. It was decided to include intersector action as one of the principles of Cuban public health and in its strategic planning; health councils were established, a rapid process of training was undertaken, and a widely-shared understanding of its importance was arrived at.

At present, an evaluation is being performed of intersector action that seeks to determine its sustainability and its strengths and weaknesses. Initial findings indicate that the main weaknesses are related to shortcomings in training; an overly heavy administrative load for managers; some national programs that require intersector action are still not aware of it; and heavy weight of intersector requirements on participative awareness. [sic]

The main strengths include: having a definition of the determining, conditioning, and triggering factors, which forms the technological basis for intersector action; having evaluation tools; its definition as a principle of the system; and its incorporation into strategic planning.

Lessons learned. The scope of intersector action is not determined spontaneously. It must be adapted to the concrete health system and be backed by political will and technological design that inserts it naturally into health production. Nor is it short-term. It demands a systematic approach and consistency, which is greatly aided by the degree to which it is incorporated into the social culture, the availability and use of tools for evaluation, and the use of legitimate, participative management techniques.

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STUDY ON INTERSECTOR PRACTICES IN HEALTH IN CUBA

REPORT TO THE PAN AMERICAN HEALTH ORGANIZATION

INTRODUCTION

The present report responds to a communication from Dr. Lea Guido Lopez, PAHO/WHO representative in Cuba, addressed to Dr. Jose Ramon Balaguer Cabrera, Cuba's Minister of Public Health, explaining the organization's interest in having Cuba present "... a case study on intersector actions for health, indicating the achievements that can be attained in a country taking this approach in the process of the social construction of health." The minister conveyed the request for the study to the National School of Public Health.

Subsequently, the National School of Public Health presented a project profile to the PAHO/WHO Representative, proposing a two-stage study:

1. Performing a documentary review of the different avenues, forms and possibilities for intersector action in Cuba.
2. Updating and complementing the information obtained from the documentary review to weigh the sustainability of intersector action in Cuba, keeping in mind the successes and difficulties encountered in practice.

The project profile was approved by PAHO/WHO and the present report reflects the results of the first stage. National and local policies, programs, and strategies relating to the Cuban public health system were reviewed, particularly intersector actions and earlier studies, and research on the subject and the results, main cases of intersector action in society as a whole and on the local level, and reports on successes and failures.

The second stage is already under way and should be completed by the end of June. Qualitative tools are being applied in this stage to discover the opinions of the players in the health sector and other sectors in selected municipalities regarding the operation of intersector action in their territories, the mode and level of participation by the main sectors involved, and mechanisms that have permitted actions to be sustainable.

The completion of stage two will complement stage one by incorporating the results of field work involving direct contact with the main players into the documentary study.

I. GENERAL DESCRIPTION OF THE REPUBLIC OF CUBA

Geography, population and health

Cuba is an archipelago formed by the island of Cuba which is the largest of the Greater Antilles, and more than 3,715 islets and keys, including Isla de la Juventud which stands out on account of its relatively larger size. The country covers a total of 114,525 km². It is located to the south of Florida, to the north of Jamaica, to the east of the Yucatan peninsula, and to the west of the Bahamas and Hispaniola.

It is organized politically and administratively into 14 provinces, 169 municipalities, and the special municipality of Isla de la Juventud. About one fourth of its surface is covered by mountains and hills.

The climate is tropical, with an average annual temperature of 25.5°. The hottest part of summer averages 27°C and relative humidity is 80%. The region is frequently affected by tropical storms.

According to the 2005 census, the population is 11,117,743, with a density of 102 people/km². The literacy rate is 99% and the average Cuban has 10 years of schooling.

Cuba's demographic profile reveals a slow-growing population with a tendency to shrink in the coming years, a rapid aging process, a high degree of urbanization, and low fertility and mortality levels. Life expectancy in Cuba today is 75 years for men and 77 years for women.

Water supplied through piped systems reaches about 90% of the population and more than 70% receives residential service. More than 97% of the water supplied through the system is treated and 98% is continuously chlorinated.

Ninety-one percent of liquid waste is controlled, with 34.2% of the population having sewer connections. Housing located in areas without sewers and housing in rural areas has individual disposal and treatment systems. The country has a national air pollution surveillance program.

Structure of the state and government

The People's National Assembly is the supreme body of the state, with constituent and legislative powers. It represents and exercises the sovereign will of the people through the members elected in the country's 169 municipalities. It is represented between session periods by the State Council and assisted by standing committees, that are composed of assembly members with knowledge and experience in the field, which lends cohesion between the government, the sectors, social organizations, and the community. This power structure is reproduced on the provincial and municipal levels by their own assemblies and standing committees.

The Council of Ministers is the senior executive and administrative body and constitutes the government. It proposes general plans for socioeconomic development to the State Council and leads the country's foreign policy. It is composed of each of the ministers who, in turn, represent and direct the different sectors.

Ministries. Represent all the country's economic, financial, social, and health sectors. Some ministries have the function of methodological and administrative leadership on a national scale, while others are concerned with production and services management through the enterprises and units that report to them.

Provincial and municipal administration councils. They bring together the economic sectors and society in each jurisdiction. The health and education directors sit on these councils as the vice-presidents and therefore have the power to call together the agencies, enterprises, and institutions in the territory. This favours the coordination of health councils in intersector practice and social participation.

People's councils. An operational structure that reports to the municipal assembly as a form of government and which is inserted into the community itself.

Main objectives of Cuban social policy

- Access to basic nutritional requirements
- Universal and free access to health and education services, including university.
- Adequate income for retirees and people who require economic support from society.
- Sources of employment: workers protection and relaxation.
- Comfortable housing, preferably single family.
- Gradually achieve a fairer society, with solidarity.
- Free education on all levels, which is compulsory between the ages of 6 and 14.

Health status of the Cuban population

Cuba's health system is free of charge in all respects and gives priority to preventive medicine, which has helped to reduce infant mortality to a rate of 5.3 per thousand live births, which is among the lowest in Latin America of.

The leading causes of death at present are: heart disease, cerebrovascular diseases, malignant tumours, and accidents, which together account for 65% of all deaths in Cuba. Less than 1% of deaths are caused by infectious diseases. Eleven vaccine-preventable diseases of the 13 for which vaccinations are administered have been eradicated.

II. THE CUBAN NATIONAL HEALTH SYSTEM AND ITS RELATIONSHIP TO INTERSECTOR ACTION

General aspects

The way in which the health system in Cuba has operated in practice has led to gradual changes in health care processes and has made it possible for intersector action to flourish.

The principles that govern the public health system in Cuba are:

- The public and social nature of medicine
- Access to services at no cost
- Preventive orientation
- Adequate application of scientific and technological developments
- Community participation
- Intersector action
- International cooperation

With the arrival of the polyclinic in 1964, concepts related to comprehensive preventive-curative medicine were introduced into the health system, which was followed by dividing up the population into health areas to implement the basic programs and the community medicine model, with the establishment of teaching polyclinics. Their development led to today's model of family doctors and nurses, in a quest for better coverage, access, and equity in health, and as a means for greater social and intersector integration and participation.

This model helps to enrich the theory and practice of primary health care in all its components. By basing its work strategy on an analysis of the health situation, an exercise that integrates the characteristics of the population, health, and its determinants, these problems can be approached from

the perspective of intersector action and community participation, scaled to the assigned population and to the specific population of the schools and workplaces in the area.

Accordingly, intersector action is also expressed in two dimensions; one based on the relations of the family doctor with sectors linked to the health determinants of the population for which he is responsible, and the bilateral relations he establishes with schools and workplaces where preventive and curative care is offered.

The role of the polyclinic is reaffirmed in the planning, organization, management, and control of the work done on the primary care level, which becomes an arm of the faculties of medicine, so that professionals can understand how to integrate, coordinate, and administer health care for individuals, families, and the community.

The comprehensiveness and continuity of Cuba's current public health model have been gradually improved with regard to primary care and hospital care and the relations between the two.

Institutions in the system

The health system has 22 faculties of medicine, 13 research institutes, 249 hospitals, and 444 polyclinics which respond to the development of medical science, research and teaching, with most of them offering care in specialties and fields of great scientific relevance.

There are also 143 old-age homes, 289 maternity facilities and provincial and municipal hygiene and epidemiology centres in the 14 provinces and 169 municipalities, which work together on promotional, preventive, curative, and rehabilitative aspects.

All of these institutions, taken together, constitute the national health system, which forms partnerships and is externally integrated with the economic sectors and society, thereby complying with one of the basic principles of intersector action.

Levels of organization

The national health system is structured on three levels that correspond to the country's political and administrative divisions. The national level is represented by the Ministry of Public Health which is the lead organization with methodological, regulatory, coordination, and control functions, and to which universities, research institutes, highly-specialized hospitals, centres for the distribution and marketing of medical supplies and technologies and other national centres and entities involved in technical and support activities report directly.

The other two levels are represented by the provincial and municipal health directorates that group together the health institutions in their spheres of competence and which, like the central level, are subordinate from the administrative standpoint to the government structures on the different organizational levels, representing their interests before them and responding to public demands and needs.

Development over time

The Cuban model has gone through three designs that were developed over time.

1. The design based on illness, where the subject of programming is the disease and the programs are targeted to identifying activities in function of curing that disease.
2. The design based on risk, in which programming is aimed at identifying population groups subject to specific risks, in a health-disease process marked by common diseases. This concept is developed through comprehensive interventions with welfare, promotional, and preventive activities and an intersector approach.
3. The design based on the family and total coverage, which is more advanced than the previous one and is based on the concept of universality, equality, and coverage of the population where social participation and the intersector action are present with greater emphasis.

Health problems that have been investigated and are approached through intersector action

- Smoking
- Increase in the use of alcoholic beverages among certain groups
- Lack of exercise
- Overweight and obesity
- Poor environmental hygiene
- Maternal and child health
- Malnutrition
- Accidents
- Risk of genetic diseases and disabilities
- Vaccine-preventable diseases
- Chronic kidney insufficiency
- HIV/AIDS

III. INTERSECTOR ACTION IN THE CUBAN NATIONAL HEALTH SYSTEM

General comments

Health is a component and an essential value of the social and economic life of humans. Its determination, expression, and evolution are framed in the historic development of a society.

Health policies and the strategies for implementing them should be based on a study of the determining factors and health components of the population, the political, economic, and social contexts, scientific and technical development, global policies, and in particular, a country's policies on economic and social development and especially on health.

In the case of Cuba, political will, conviction, and the real desire to put health care into practice have meant that health has become a highly-valued social good, one of the government's principal responsibilities, and a right of citizens that constitutes part of human development, well-being, and the quality of life.

Health has been approached through a plan in which prime responsibility is assumed by the Cuban state and society. Its sectors and organizations participate, and the Ministry of Public Health provides technical, methodological, and administrative leadership.

One fundamental point is to ensure that policies evolve to match the changing process of social construction underway in the country. They are defined starting with systematic analyses of the national and international political, economic, and social contexts, the indications given by the country's leaders, an analysis of the health situation, the evaluation of services and programs, scientific and technical progress, and the best national and international experiences, among other factors.

Intersector activity has kept pace with this evolution, and has moved from the initial approach which was mainly intuitive to the current approach which has a marked technological emphasis.

The 1960s

The increase in coverage, access, and social participation were the main features of the initial approach. Intersector activity was implicit but was not a clearly-defined goal, although it began to express itself naturally thanks to its very nature.

The greatest stress was placed on preventive-curative activities directed to individuals, families, and the community, guaranteed by training more human resources (physicians, dentists, nurses, and technicians) who were sent around the country, including to very remote and neglected areas, particularly rural areas, and were able to offer services with adequate levels of specialization and scientific and technical development.

The establishment of a single health system based on humanistic principles and participation and primary health care as a system strategy laid the groundwork for the subsequent strong development of intersector action which, as a form of organizing work, also evolved over time to accompany the economic, social and organizational changes that were taking place in the state and government on the one hand and, on the other, to reflect the changing needs that stemmed from the changes in the health system and, last, moved by the internal forces of change that are typical of intersector action itself.

The creation of the rural medical service and later, the conversion of primary care facilities into comprehensive polyclinics meant that the focus of care could cease to be only curative, in order to incorporate promotion and prevention. As a consequence, activities involving social and sector participation began to be developed under the auspices of state, governmental, and institutional organizational mechanisms and instruments.

Another significant aspect was the creation of the people's health committees, which are intersector and community bodies drawn from social and community organizations and, to a lesser extent, from the sectors, which represented an important starting point for intersector action and its subsequent consolidation. In this stage there was still no marked development of the national health system. The Cuban model directed its actions on the basis of a curative concept, where the programming object was represented by diseases.

The most relevant participative institutions in that period were the Committees for the Defence of the Revolution (most Cubans are members), the Cuban Women's Federation, and the Small Farmers' Association.

The following economic and social sectors participated: community services (responsible for environmental sanitation), water systems (in charge of water and sewerage), agriculture, commerce, culture, education, health, and the agricultural cooperatives. The actions involved environmental health, hygiene and domestic comfort, vaccination, recreational activities, and others.

Technical leadership and comprehensive health problem analysis were still limited, and although doctors and nurses participated, the balance was not ideal since there was still a large burden of responsibility relating to curative activities. Local governments had already begun to play a role in this stage.

The 1970s and 1980s

In the 1970s and the 1980s, first with the comprehensive and community clinics and then with the introduction of family medicine programs, a new qualitative leap was taken whose main features were:

- The new institutions had bigger and better possibilities of reaching the family and the community.
- The Cuban model turned into a model based on risk, i.e. it was directed to population groups subject to specific risks and to taking the pertinent actions.
- The concept of family and total coverage took centre stage.
- The concepts of universality, equality, social participation, and intersector action became consolidated.

A large number of administrative, legal, and organizational measures and instruments created a scenario that was favourable not just for bringing about a considerable improvement in public health, but also for enabling intersector action to move to a stage of aware and technologically-grounded development. Some of them were:

- Strengthening of local administrative bodies thanks to restructuring.
- Decentralization of the health sector and its transfer to local governments.
- Start of the community medicine model.
- Better trained health professionals and technicians.
- Implementation of the family doctor and nurse program, where promotion, preventive, and curative care were provided by one doctor and one nurse for every 120 families on average.
- Inclusion of intersector action in health programs.
- Analysis of the health situation as a tool for social and intersector integration.

Also, a series of specific projects demanded and received the involvement of social and community organizations in health problems and broader intersector participation. The most significant were: the municipalities for health movement, the health and quality of life program, the Turquino Manati plan, and the municipal development projects. More information on these cases will be provided later in this document.

Participation by grass-roots and social organizations and the economic and social sectors became broader and the problems addressed corresponded to the diagnostic study performed by the health sector.

Despite the possibilities for participation provided by political, social, and technical conditions in the country, they were not fully tapped by intersector action.

The last two decades

The last two decades have been marked by a rapid process of consolidation of intersector action, the incorporation of a large number of technological elements, and the creation of a widely-endorsed culture around its advantages and possibilities.

An important contribution to this progress over and above the progress made in the earlier stages, was the reorganization of the provincial and municipal governments with the health directors being named vice-presidents of the administrative councils. This conferred the predominant position necessary to lead and facilitate integration and partnerships with the other sectors of the economy and society. Another spur was the process of scientific and technical development among the administrators of the health sector and other sectors and among health professionals and technicians.

The main features of intersector action under current conditions in the Cuban public health system are:

- Studies and research are available on the technological approach to intersector action that have produced scientific evidence on how it works to diagnose and intervene in health problems.
- The determining, conditioning, and triggering factors of intersector action have been defined, which is a basic condition for technically-grounded work along this line.
- The issues that health administrators and professionals and the sectors involved need to know to understand the basic fundamentals of intersector action have been clearly defined. This has allowed those issues to be incorporated into their training and development.
- Instruments were designed and applied to take qualitative measurements of intersector action. The results made it possible to implement a series of measures to consolidate those actions. The instruments are in use at present, once again, to determine the current status of intersector action.
- Work is consolidated through projects to respond to problems that were jointly identified.
- Strategic planning in the health sector includes a definition of the strategic objectives that demand an intersector response.
- National, provincial and municipal councils and people's health councils were established.
- Training and professional development of public health administrators and professionals includes aspects related to intersector action.
- Intersector action has become one of the principles of public health in Cuba.

Main weaknesses and strengths

The following description will be adjusted and complemented when the investigation on the status of intersector action in a selected number of municipalities has been completed.

Weaknesses

- Training and understanding of intersector action has improved but it still is not able to keep pace with practical activities.
- There is evidence that intersector action in health is applied but insufficiently despite a general awareness of its importance.
- Intersector action is still not sufficiently incorporated into the training and development of health administrators and professionals.
- Excessive administrative burdens that limit the time that can be devoted to this activity.

- Many of the failings occur on the local level, which is precisely where intersector action has a larger presence.
- Intersector action does not have a sufficient presence in some national health programs.
- Intersector action induced as a response to critical situations has greater weight than aware participation.
- Insufficient level of generalization in projects.
- Insufficient correspondence between the exceptional conditions in the country and the possibility of wider use of intersector action.

Strengths

- Intersector action is a declared principle of Cuban public health.
- The determining, conditioning, and triggering factors of intersector action are understood.
- Instruments are available to measure intersector action and the subject matter to be included in the training and professional development of administrators has been defined.
- Central organizational values promote intersector action.
- Better understanding of the role of intersector action in resolving problems of health, well-being, and quality of life, expressed in an intersector culture that has already been recognized.
- Other sectors are considered to be part of public health policies and strategies.
- The role played by the health committees in the people's assemblies and administrative councils is examined in evaluations of intersector activity.
- Strategic planning in the health and other sectors forms the foundation that sustains intersector action.
- Intersector action is explicitly included in national programs, giving consideration to the role of other sectors.
- The application of technologies linked to the management of knowledge has been extended.
- The methodology for analyzing the health situation has been reviewed and adjusted [to include intersector action].
- Intersector action is legally established in health policies.
- It is included in training plans and programs for administrators.

IV. INTERSECTOR ACTION IN CUBA. ITS PRESENCE IN SOCIETY AT LARGE. SOME EXAMPLES

Intersector action as an overarching strategic component in the health system

Cuba has a slow-growing demographic profile, a shrinking population, a high degree of urbanization, accelerated aging, prevalence of chronic diseases, low fertility and mortality, all of which makes it comparable from the standpoint of health with the developed countries.

Many of these results are linked to the incorporation of intersector action as an essential component in the social production of health. Intuitive at first, it has gone through different stages, as we have shown in this report, until it has been included technologically in the general strategy of the Cuban public health system and in specific strategies, as well as in the organization and operation of the intermediate and basic levels.

Owing to their complexity and size, certain problems have required decisive action directed from the national level, which calls on all of society and the economic sectors, social organizations, and local governments to address them.

Intersector action as a strategic component of Cuba's public health system has a legal and programmatic basis demonstrated by the following examples:

- Article 8 of Law 41 on public health states that “the social and grass-roots organizations will participate in public health care under agreements and programs.”
- Law 13 on workplace safety and hygiene defines the powers of the health and labour sectors to establish workplace safety and health committees on the national, provincial, and municipal levels, with the participation of all central government agencies and other organizations.
- The comprehensive environmental health program (PIHA), coordinated by the civil defence agency and central government agencies, is a strategy to control the health of the environment.
- The joint department of education/health resolution (1/97) which brings together other sectors, agencies, and organizations and which has generated 23 programs, including the “Program for medical attention for students and teachers,” the “For life program,” and the “Educate your children program.”
- A series of national programs that address the country's main health problems and involve different sectors, social organizations, and community groups around the country in their implementation.

By way of example, some concrete cases are presented below on intersector action affecting all of Cuban society, which can give a better idea of the form that this technique takes on this level.

Case 1. Commission on health and the quality of life

Established on 30 October 2000 under a decision of the Executive Committee of the Council of Ministers with the objective of coordinating activities to promote public health, with the Ministry of Public Health responsible for its technical leadership.

The commission's membership was drawn from the health, education, higher education, commerce, agricultural, sugar, transportation, sports, media, science and technology, energy, public food supply, labour and social security, and water resource sectors, in addition to the following social organizations: 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. Its main task is to intervene in problems such as accidents, nutrition, smoking, sports, life styles, and others.

The provincial and municipal administrative councils were made responsible for decentralized and systematic implementation of these activities, with the central commission being responsible for periodic evaluations.

This strategy was marked by continuity in time and, coupled with other actions, has favoured a reduction in deaths from accidents, assured supplies of fresh vegetables for public consumption, reduced malnutrition rates among the at-risk population, provided options for healthy recreation in communities and municipalities, created cultural spaces, sports areas, and rehabilitation facilities in mountainous zones with difficult access, and revitalized community practice of physical exercise.

Re-evaluation of the action plan has pointed to problems that have not been sufficiently addressed and which require redesign and greater control. They include smoking, drinking among adolescents, and inadequate environmental hygiene with the presence of mini-dumps in urban zones and rural communities. The commission is now addressing these problems as priorities.

Case 2. The Turquino Manati plan

Was created as a special project by the State Council to provide differentiated assistance for mountainous regions, including their harmonious development and promotion of public health. This project was subsequently redefined as the “Comprehensive program for the social and economic development of mountainous areas” whose fundamental objective was to improve the quality of life of the population in those areas, based on self-sustainability, adequate environmental protection, rational use of natural resources, forest and water conservation, improved environmental hygiene, and the development of healthy life styles based on intersector and community practices. The agricultural sector was put in charge of coordinating this program.

The national action plan included activities to strengthen health promotion, health culture, and comprehensive rehabilitation for persons with chronic diseases and toxic habits. Tasks were assigned to the different sectors, with the construction and agricultural sectors responsible for improving hygiene and epidemiological conditions by building sanitary services inside housing; the culture, education, higher education, and sports sectors and the Small Farmers’ Association were responsible for planning and introducing the cultural and sports movement into mountainous areas, by establishing theatre groups, television viewing rooms, libraries, and sports areas, which provided an opportunity for community analysis and reflection on the local health situation. The agricultural sector and small farmers were able to increase their production of garden fruit and vegetables to complement the nutritional requirements of mountain dwellers. However, the action plan was unable to solve the problem of the shortage of means of transport that are appropriate for mountainous terrain, which has a negative impact on the accident rate.

Case 3. The national AIDS control and prevention commission

Created by the Executive Committee of the Council of Ministers as a relevant form of intersector action, it includes all parts of the central administration, and social and community organizations. Despite low rates, AIDS is viewed in Cuba as a major health problem, since part of the population still does not understand the risk of infection posed by unprotected sexual relations.

The centrally-designed strategy includes actions for promotion, prevention, diagnosis, treatment, and rehabilitation free of charge, and measures for job security and non-discriminatory treatment for HIV carriers or persons with AIDS. The project is also intended to strengthen and expand the national response to the epidemic.

The existence of the National Centre for STD/HIV/AIDS Prevention has facilitated leadership of the process of providing comprehensive care for the population affected and the preparation of guidelines and training for officials and workers in the different sectors involved about the nature of the epidemic in Cuba, and the importance of the continuity of treatment for people living with HIV/AIDS. These aspects have promoted changes in discriminatory attitudes, beliefs, and practices in different labour scenarios, based on labour legislation that was passed to protect workers living with HIV/AIDS.

Training was also provided for key groups, including health professionals and students, social workers, students, community leaders, writers, and radio and television broadcasters and producers, which strengthened the response by providing information about the epidemic.

The creation of sanatoria in all the country's provinces, with logistical guarantees for living conditions and antiretroviral treatment for everyone who has been infected, means that the epidemic has grown slowly. But there are still problems, since the annual incidence of cases was concentrated in a small group of municipalities, which points to insufficient local risk analysis. The commission is giving priority to this work.

Case 4. Smoking and health in Cuba

The leading causes of death in Cuba today are related to smoking: cardiovascular diseases, malignant tumours, and cerebrovascular diseases. Smoking is a serious epidemic, given how deeply-rooted this habit is among the public, particularly since Cuba is a tobacco-producing country.

Studies indicate that Cubans view themselves as a country of smokers and that tobacco is closely linked to traditions, folklore, and even to socio-political struggles. It should be added that tobacco is an important export item for Cuba and is the sixth or seventh largest contributor of export earnings to the country's balance of payments. Therefore the problem of smoking must be analyzed from the paradox of a producing country and the priority that the government places on health.

The avenue for resolving this problem took the form of a public policy established through an intersector consensus that involved commitments by many social players from different branches and spheres.

Actions to curb smoking in Cuba have passed through different stages:

- A ban on advertising in general in 1960.
- In the 1970s, warnings printed on cigarette packages and information on the dangers of smoking offered by health professionals and the media.
- In 1985, a smoking cessation campaign was carried out which in 1988 was transformed into the program for the prevention and control of smoking that is still in effect today, which is national in scope, permanent, intersector, and interdisciplinary.

The Ministry of Public Health was designated as the national coordinator and it established a national intersector commission and an interdisciplinary technical commission, with similar structures on the provincial level.

The national commission is composed of the following agencies and institutions: the National People's Assembly and local assemblies, the ministries of education, higher education, science, technology and environment, culture, internal commerce, economics and planning, finance and prices, transport, communications, agriculture, foreign trade, justice, labour and social security. The civil aeronautics, sports, physical education and recreation institutes and social organizations such as the Union of Young Communists, the Cuban Women's Federation, the Committees for the Defence of the Revolution, the National Small Farmers' Association, the Cuban Worker's Trade Union also participate, and for the media, the National Information Agency, radio and television stations, and the national and provincial press.

The technical commission is composed of professionals from different disciplines and specialties. The strategy of the program for the prevention and control of smoking in Cuba consisted of working essentially from a health promotion approach, offering information on the conditions that lead to the habit of smoking and encouraging individuals to obtain treatment and rehabilitation.

It also included legal support involving protection for passive smokers. Planned scientific research was conducted on three fundamental aspects: size of the problem and its repercussions on health; prioritization of public health and quality of life; and national and international experience. The results led to good decisions on national policy and strategy, adapted to the country's concrete situation.

The outcomes indicators point to compliance with the actions planned in the program related to the education, information and communications component, with active intersector participation, and rehabilitation and treatment for smokers wanting to quit. The accompanying research facilitated improved techniques and provided a basis for decision making.

The economic and legal actions were not as successful. The price of cigarettes still does not act as a mechanism to regulate consumption and regulations and prohibitions have proceeded slowly compared to the educational activities.

Lessons learned

Intersector action on the scale of Cuban society as a whole shows that:

- General health problems require general approaches and therefore it is indispensable for the government to introduce intersector action on the national level, establishing the tasks to be performed jointly by the different sectors of the economy and civil society.
- Although intersector strategy, coordinated from the national level, has produced positive modifications in the country's health picture, the lack of a systematic approach to certain tasks or in the control of others can throw up barriers that stand in the way of the anticipated success.

V. INTERSECTOR ACTION IN CUBA. ITS EXPRESSION ON THE LOCAL LEVEL. SOME EXAMPLES

Local development projects and their operating mechanisms

Local development projects in Cuba are based on involvement of the local government in problems detected through an analysis of the health situation. The problems selected for targeting by local projects should comply with the requisite of having been analyzed and responding to decisions by the provincial or municipal people's assembly, after technical consideration by the corresponding sector. Some of these projects form part of the Cuba-PAHO/WHO convention and others are government or sector initiatives.

Training was a basic mechanism for implementing local development projects, which provided the members of the work teams with new ideas, encouraged them to use collective intelligence, and agree to include players from different sectors in the same scenario, which leads to real intersector action.

The following are some of the most typical cases of intersector action on the local level.

Case 1. Comprehensive project in Cienfuegos province

The people's provincial assembly and its administrative council called together the different sectors and enterprises located in the territory to act on problems that persisted in different municipalities and communities in that province such as poor environmental sanitation and unhealthy life styles in vulnerable groups. It designed a strategy based on intersector action that responded to well-structured action plans.

The comprehensive project under the coordination of the local government was subsequently renamed "Cienfuegos for the Quality of Life" and was organized into eight specific subprojects—education for life; nutrition; healthy recreation; environment; goods, services and formalities; vulnerable social groups; alcohol and smoking; and social communications—that used intersector action as a working strategy based on concrete tasks assigned to each sector, grass-roots organization, local government or community. The tasks responded to the action plan drafted by the technical team and opinion leaders.

A timetable was established that included the establishment of focus groups, workshops, and training courses, allocation of resources, and cooperative activities in the field.

To prepare the general project and the subprojects, in addition to identifying the main problems, the expected results, the source of verification, and the impact indicators were defined.

The office of the president of the provincial assembly monitored compliance with the action plan and the timetable, and performed periodic evaluations of each subproject in the field, exchanging information with the players/directors of the sectors, presidents of the people's councils and community leaders in each scenario, in order to verify achievements and shortcomings. The public image of the project and the views of the work team were explored and it was found that:

- The provincial government defined the actions with each sector and made the presidents of the local councils responsible for establishing the plan of action with the work team and for monitoring activities, based on the local analysis.
- Flexibility was used in adjusting the projects to local conditions.
- Six subprojects were completed, with the subprojects on goods, services and formalities, and social communications pending.
- Intersector training workshops were held in all the municipalities.
- The general project activities were included in the strategic objectives of the sectors as they related to each subproject.
- The standing committees of the provincial and municipal assemblies monitored the project in the different communities.
- The treatment of people addicted to alcohol was improved but the results are still not sufficient, since alcohol continues to be the main cause of dysfunction in households, conflicts in couples, and social violence.

The component on dissemination, information, and aware use of essential concepts was evaluated as weak, given that advantage was not taken of resources such as school boards, parents' associations, or different neighbourhood meetings to transmit health messages, which is now a priority work area.

Case 2. Adolescence and the Future

In the municipality of San Cristobal in the province of Pinar del Rio, at the request of the health sector and with support from PAHO, the government undertook a local development project that mainly involved working with teenagers and whose objective was to promote changes in life styles in that population group. The different sectors and social organizations in the province became involved and community and intersector participation was promoted.

The analysis of the problem that gave rise to the project concluded that risk behaviour by teenagers cannot be solved by the health sector alone or simply by improving the skills and performance of human resources, or with more and better material resources targeted to that group, but rather it requires the participation of other sectors to bring about changes in life style in the population in general that would gradually be adopted by teens.

The methodology was based on promotional techniques once the interests of the group and the obstacles posed by adults had been identified. Success hinged on providing the teens with the means necessary to improve communications with their parents.

A work team was established, coordinated by the local government, which prepared a plan of action with an intersector approach. Some of the tasks included:

- Preparation of working strategies based on social communications techniques, education at the workplace, and the practice of sports.
- The community amphitheatre was used as the centre to promote the project because it is well attended by the public.
- As part of the project, activities linked to the economic aspects were designed with a view to ensuring the planning and control of internal resources and different investments from intersector cooperation.
- A training program was planned and carried out targeted to the different sectors and social organizations.
- Sports areas, recreational areas, and a television viewing room were established as recreational spaces.

The Adolescence and the Future Project educated teens in subjects such as the prevention of sexually transmitted diseases, risk factors, activities to discourage smoking and drinking, violence, and early pregnancy.

The work was carried out in stages. In the first, each of the groups was sensitized and motivated through use of the media; second, stress was placed on activities with the open population involving recreation and options for good use of spare time, coordinated by the health sector with the participation of other sectors such as education, sports, and culture.

Case 3. Eco-health

A project related to promotion of the quality of life was carried out in the municipality of Cardenas, Matanzas province, which took a primary health care and sanitation approach and worked on the premise that the problems that have historically affected that city were due to its geographic position below sea level, which causes indiscriminate pollution of the water in the bay and the accumulation of rain in the low-lying neighbourhoods of La Marina and Fundicion, which was aggravated by the

absence of sewers and an efficient waste removal or drainage system. The situation worsened with the construction of a series of works that closed off drainage canals and ditches.

The municipal assembly's secretariat called together all the sectors located in the territory, including branches of provincial or national enterprises to perform different tasks. An intersector work team was established and the health sector provided an interdisciplinary group of specialists in hygiene and epidemiology, in addition to family doctors and nurses. The project "Promotion of the quality of life in primary environmental care" was designed and implemented.

The intersector actions coordinated by the project made it possible to:

- Carry out a broad training process for human resources from the sectors involved.
- Hold meetings and project videos on the Eco-Health project.
- Establish an environmental education movement among the population of Cardenas that included health and education workers and workers from other sectors, taking an environmental sanitation approach.
- Establish a sports area in a zone that had been used as a mini-dump.
- Systematically evaluate intersector actions for the physical solution of problems.

Case 4. Grass-roots and social organizations that participate in intersector action

Health problems arise in communities that affect the well-being of the population and whose solution requires the integrated participation of grass-roots organizations, as a conciliating element that binds civil society together, with room to accept any member of the community who applies.

Although these organizations national in coverage, their membership is drawn from the community. They include: the Cuban Women's Federation, the Committees for Defence of the Revolution, the National Small Farmers' Association, the High School Students' Federation, the University Students' Federation, the Cuban Workers' Trade Union, and the Jose Marti Pioneers Organization. Social organizations also participate, such as the Association of the Physically Handicapped, the National Association of the Deaf, and the National Association of the Blind.

The operation of these organizations expands and consolidates intersector action, since they are composed of population groups with great possibilities and influence in society.

Their intersector action plans include tasks for addressing priority health problems as described in the following cases.

The Cuban Women's Federation established the health brigade movement which involves female volunteers who tackle health problems on the community level that mainly affect women and children. The priority actions carried out in coordination with the health sector include:

- Training courses in health and social communications for the brigade members offered by professionals from the different sectors.
- Promotion and control of the program for total coverage of pap tests.
- Courses for pregnant women and their partners on psychological and physical preparation for the new baby.
- Establishment of women's and family counselling facilities, community centres for training, and family consulting services on health problems.

The Committees for the Defence of the Revolution promote and coordinate intersector action together with the community, starting with the population organized by neighbourhood. Some of their main achievements include:

- Voluntary blood donations, providing this valuable product free of charge for anyone who needs it. The activity takes an ethical and humanitarian approach.
- Environmental clean-up campaigns with participation by families.
- Active participation in control and compliance with the polio vaccination program.
- The National Small Farmers' Association established a working agreement with the health sector to offer nutritional protection for vulnerable groups which involved:
- The provision of milk, fruit and vegetables for pregnant women at maternity homes (community reference centres).
- Construction and equipping of family medicine clinics in rural communities.
- Clean-up of unfavourable hygienic/epidemiological situations in rural communities.

The Association of the Physically Handicapped, the National Association of the Deaf, and the National Association of the Blind carry out intersector action to benefit vulnerable groups with actions such as:

- Job guarantees.
- Study opportunities.
- Elimination of physical barriers.

The tasks performed by these social organizations through their action plans have made a positive contribution to modifying health indicators, such as:

- Low infant and maternal mortality rate.
- Low mortality rates among preschool and primary school children.
- Reduction in cervical/uterine cancer.
- Better nutrition for pregnant women and children.
- High rate of babies delivered in institutions.
- Total coverage of immunizations against 13 vaccine-preventable diseases.
- Reduction in low birth weight.
- More than 500,000 volunteer blood donations each year, ranking Cuba among the countries with 1 voluntary donor for every 20 people.

Lessons learned

In Cuba's experience, local development projects coordinated by the government and involving pertinent sectors or community leaders make it possible to solve community problems or to positively modify the health condition of vulnerable groups. However, to obtain results, what is needed is continuous monitoring and a working approach that is responsive to local needs and cultures, periodic evaluations, and work by capable leaders to quickly detect when changes are required.

Havana, 31 May 2007