

CUBA

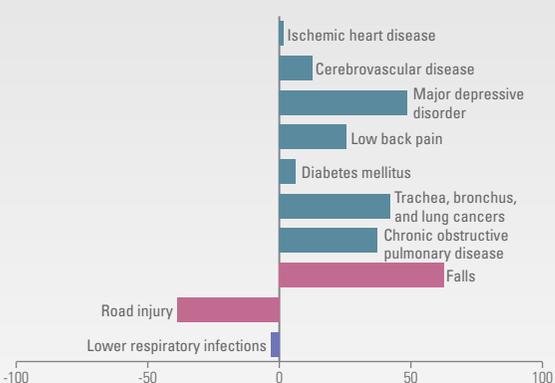
In Cuba, government expenditure on health represents about 95% of total expenditure, the rest being out-of-pocket expenditure. There is universal access to a comprehensive package of health services free of user charges. Primary health care is given priority, aiming at dealing with 80% of health problems. The whole population has access to a family physician. Cuba has a 1.3 ratio of nurses to physicians, and 61% of physicians are women. The density of physicians in the capital is more than twice that of the region with the lowest density. Health workforce issues are given priority through programmes such as Programa del Médico y Enfermera de la Familia and Programa de Mejora Continua de la Calidad de la Atención Estomatológica y la Satisfacción de la Probación y los Prestadores. Mechanisms for physician accreditation and regulation are in place, although no information was found regarding midwifery accreditation, regulation or licensing systems.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	11.3; 17; 17	(2010)
Average annual rate of population change (%)	-0.1	(2010-2015)
Population living in urban areas (%)	75	(2011)
Gross national income per capita (PPP int. \$)	-	
Population living on <\$1 (PPP int. \$) a day (%)	-	
Total expenditure on health as a percentage of gross domestic product (%)	10.0	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	95	(2011)
External resources for health as a percentage of total expenditure on health (%)	0.2	(2011)
Life expectancy at birth (years) [all; female; male]	78; 80; 76	(2011)
Total fertility rate (per woman)	1.5	(2010)
Neonatal mortality rate (per 1 000 live births)	3	(2011)
Infant mortality rate (per 1 000 live births)	5	(2011)
Under-five mortality rate (per 1 000 live births)	6 [5-7]	(2011)
Maternal mortality ratio (per 100 000 live births)	73 [60-87]	(2010)
Births attended by skilled health personnel (%)	99.9	(2011)
Antenatal care coverage - at least one visit (%)	100	(2009)
Antenatal care coverage - at least four visits (%)	100	(2011)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	96	(2011)
Postnatal care visit within two days of birth (%)	-	

Top 10 causes of morbidity and mortality (DALYs)

■ Communicable, maternal, neonatal, and nutritional ■ Non-communicable ■ Injuries



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

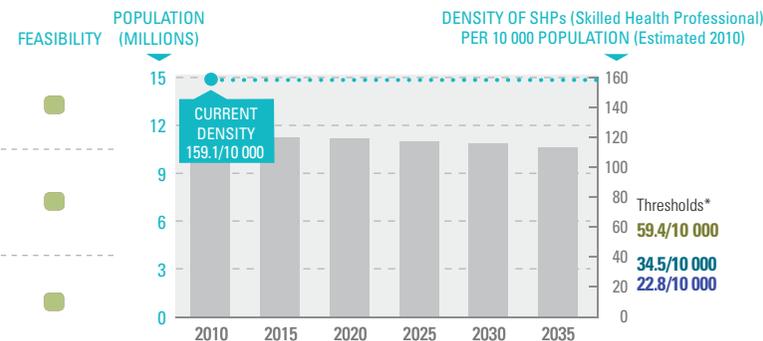
Feasibility of achieving thresholds: ■ Most likely ■ Somewhat likely ■ Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

0% increase to meet 22.8/10 000 threshold

0% increase to meet 34.5/10 000 threshold

0% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS (density per 10 000 population)

45.2 Physicians

67.2 Physicians

100.7 Physicians

ACCEPTABILITY

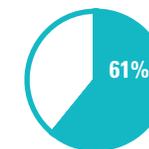
The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).

1.3 Nurses



TO

1 Physician



■ Female physicians

QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	✓
Midwives	?
Nurses	✓
Pharmacists	✓
Physicians	✓

REGULATE:

Dentists	✓*
Midwives	?
Nurses	✓*
Pharmacists	✓*
Physicians	✓*

LICENSE/RE-LICENSE:

Dentists	✓*
Midwives	?
Nurses	✓*
Pharmacists	✓*
Physicians	✓*

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management?



Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management?



Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs?



informed by data and strategic intelligence?



addressing pre-service education?



addressing geographical distribution and retention?



addressing health workforce performance (e.g. competence, responsiveness and productivity)?



addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel?



Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms?



For which period?



Does the strategy/plan account for the financial costs and resource requirements to implement it?



✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.