



## Focus on Cuba's accomplishments

Louise Nasmith, MDCM, MED, CCFP, FCFP

**A**s President of the College of Family Physicians of Canada, I was invited to present at the IX Seminario Internacional de Atencion Primaria, which was held in La Habana, Cuba, from March 6 to 10, 2006, on "Family Medicine in Canada: History and Vision for the Future." It was an honour to do so, as there were more than 500 participants from most countries in Latin America, the Caribbean, and Spain. The hosting organizations were the Cuban Ministry of Public Health, the World Health Organization, the Pan American Health Organization, the United Nations International Children's Education Fund, and the United Nations Population Fund. The delegates were primary care practitioners as well as policy makers.

Cuba's accomplishments over the past decade through innovations in primary health care delivery and educational initiatives were celebrated. The Cuban system rests firmly on family medicine both in its numerous "polyclinics" (which are intended to shift care out of the hospitals) and in training all physicians to offer primary care regardless of their ultimate specialization. As a result, infant mortality rates have been reduced, and immunization and longevity rates have increased.

Given that March 8 was International Women's Day, there were numerous presentations (from the Pan American Health Organization and the World Health Organization) on the status of women's and children's health locally and in Latin America and the Caribbean. Several reports outlined the progress being made in primary health care in various Latin American countries and in Spain. It was interesting and validating to hear that many are struggling with issues we face in Canada: lack of coordinated information technology, lack of truly integrated systems, and an increasing threat of privatization. The strong message that family medicine was a specialty in its own right was also reaffirmed for me, with countries establishing training programs for "certification" as well as trying to find ways to bring general



practitioners up to a standard of practice through continuing education programs.

The specialty of family medicine has been introduced in an incremental fashion in these regions. The list of countries with university-recognized training programs includes Mexico (1971), Argentina (1972), Bolivia (1976), Spain (1978), Venezuela (1979), Dominican Republic (1981), Chile (1982), Columbia (1984), Cuba (1984), Ecuador (1987), Uruguay (1996), and Peru (1997). The number of residency positions varies from 1 to 100 with an average duration of 3 years.

The new Ibero-Americana region of the World Organisation of Family Doctors presented information from 2 summits on the issue of accrediting programs, one in Seville in 2002 and the other in Santiago in 2005. From these meetings, a draft document defines accreditation standards for family medicine training programs that are meant to guide new and existing residency programs in the region.

Last, I had the opportunity to meet Fidel Castro Ruz and was part of a small group that shared ideas on primary health care with substantial input from the Cuban leader. This dynamic and committed region aims to ensure that all patients and their families have access to excellent primary care provided by family physicians. 🌿