

LATIN AMERICA

Drug policy in Cuba

The fact that countries may not share the same social system does not preclude their working together to provide all their citizens with equal access to necessary and good quality drugs

PRIOR to the Cuban revolution there was no national health plan and hence no supply plan. The pharmaceutical sector resembled that of any other market economy country, with about 500 private drug companies, 70% of which were foreign. About 80% of the drugs were imported and there was a huge variety - some 20 000 in all - many of which were duplicates with the same active principle and different brand names. Pharmaceutical activity was concentrated in the capital, which had more than 60% of the pharmacies and the professionals involved in pharmacy.

After the revolution, the pharmaceutical companies were nationalized. This enabled scattered production to be rationalized and units to specialize in different pharmaceutical forms. Year by year the industry has incorporated new plants, equipment and production technologies which have improved productivity and quality.

In 1986, the country decided to centralize the planning, production, distribution and importation of drugs under the sole management of the Ministry of Public Health (MINSAP). The Ministry regulates all aspects of production, circulation, distribution, importation, exportation, standardization and research in the field of drugs.

A comprehensive network of 11 national drug companies, 16 provincial laboratories, more than 500 dispensing pharmacies and 258 hospital pharmacies means that 85% of the drugs consumed in Cuba can be produced in the country from imported raw materials.

Considerable efforts and resources are devoted to the research and development of new technologies, quality specifications, natural and synthetic sources of active principles, production of vaccines reagents and blood products.

The rational use of drugs is a priority: there are norms for hospital supplies and an emergency stock of drugs is kept. Clinics and general practitioners are supplied with a drug kit whose contents are selected to meet the local health situation. Doctors, nurses and pharmacists are responsible for overseeing the consumption and conservation of drugs, which are also subject to regulation by the National Formulary Commission - a multi-disciplinary group of specialists. In addition a network of 29 laboratories ensures quality control.

While rational use is a cornerstone of Cuba's national drug policy and in its broadest sense touches on every programme component, specific objectives are to:

- increase the number of graduate pharmacists, improve the practical relevance of their training, and include a basic knowledge of pharmacology and pharmacotherapy in the training of all medical and health personnel;
- improve collaboration between pharmacists and doctors in clinical and community pharmacy and in research;



Young patient in the William Soler Pediatric Hospital, Cuba.

Photo WHO/E. Rice



- restrict the number of drugs with the same active principle;
- evaluate the use of drugs through population surveys, monitoring and surveillance and the dissemination of information on drugs, and provide public education on appropriate drug use;
- guarantee the quality of nationally produced and imported pharmaceuticals through the quality control system and drugs register;
- improve the drug distribution system by linking the supply system with planning, health indicators, technological development, advanced technology and medical criteria;
- pursue further research to develop new pharmaceutical forms to substitute for imports.

Cuba's most important health indicators - infant mortality and life expectancy - are 13.3 per 1000 live births and over 70 years of age respectively. These figures are comparable with those of the developed countries and show the value of an integrated health policy, not only in the field of drugs but in respect to all the factors which influence health.

But Cuba is now looking beyond national boundaries to the wider regional perspective. There are immense possibilities for industrial pharmaceutical development through cooperation, exchange and an integration of efforts by groups of developing countries. The fact that countries may not share the same social system does not preclude their working together to provide all their citizens with equal access to necessary and good quality drugs.

(Based on a presentation by the Cuban Delegation to the First Latin American Conference on Pharmaceutical Policies and Essential Drugs).

