

# ***International cooperation and health workers; The case of the Cuban Medical Brigade and WHO Surge Team in South Africa.***

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## **1. Introduction and Background**

The term Global Health Diplomacy (GHD) was coined to define a processes where state and non-state actors engage physically or virtually to increase the statue of health issues more blatantly in foreign policy decision-making<sup>1</sup>. This not only advances international health cooperation develops complex public health partnerships that can tackle issue of international concern like a trans-border virus<sup>2</sup>. It is undeniable that Covid-19 presented a complex health pandemic that needed the timeous attention of the entire globe's public health community, with very clear coordination by the World Health Organisation (WHO). This automatically placed the virus as an issue within the sphere of international affairs, with many countries, including South Africa placing efforts on their Health Attachés to coordinate and manage domestic responses in alignment with international standards.

Medical missions are one such activity of global health diplomacy. The specialists deployed to assist the public health system of a given country are there to share their knowledge, expertise and other resources with local professionals, including policy makers. Moreover, these deployees often arrive at the request of the government of a specific country, like in the case of the WHO Surge Team and Cuban Medical Brigade in South Africa.

WHO sanctioned missions are very common in Africa and certainly during the Covid-19 pandemic, the continent of Africa has seen numerous expert visits of this nature. For instance, a team of experts from the World Health Organization (WHO) conducted a COVID-19 technical support mission to Egypt on 25 March 2020. Their mission aimed at understanding the current situation; review ongoing response activities; provide on-site technical support as required; and identify strengths and gaps in order to guide the efforts of the Egyptian government<sup>3</sup>.

The WHO have themselves developed expertise to deal with medical emergencies. The WHO Health Emergencies Program was developed to support many countries, especially in Africa, with the right expertise to respond to health emergencies like covid-19.

In Africa, where over 100 major health emergencies are reported per annum, the World Health Organization is instrumental in driving change in the way that international community prevents, prepares for and responds to public's health emergencies. One of the ways this is done is through the WHO Health Emergencies Program established in May 2016, which streamlines the WHO emergency

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<sup>1</sup> <http://www.jogh.org/documents/issue202002/jogh-10-020354.htm>

<sup>2</sup> <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0316-7>

<sup>3</sup> <http://www.emro.who.int/media/news/who-delegation-concludes-covid-19-technical-mission-to-egypt.html>

response efforts through the formation of a single program with one workforce, one budget, one line of accountability, one set of processes and systems and one set of benchmarks. It brings speed and predictability to the WHO emergency work by using a single-incident management system, an all-hazards approach, promoting collective action and encompassing all stages of the emergency cycle from preparedness to recovery. Furthermore, the Program works with countries and partners to prepare for, prevent, respond to and recover from all hazards that create health emergencies, including disasters (natural or human-made), disease outbreaks and conflicts.

This section will detail the impact of the bilateral and multilateral cooperation efforts that have resulted in the deployment of the Cuban Medical Brigade and the WHO Surge Team in South Africa. In both cases, the strengths and challenges of the deployments will be discussed and finally recommendations for better implementation of these plans and activities in the future will be made.

## **2. The South Africa-Cuba Cooperation Agreement and the Cuban Medical Brigade**

South Africa has enjoyed excellent bilateral, political and multilateral relations with Cuba that have been founded on historical ties forged in the common struggle against apartheid and colonization. These relations were established by the African National Congress (ANC) and the government and Communist Party of Cuba. Cuba supported South Africa's liberation through education of South African students as well as military, political and material support. Therefore, Cuba has been the backbone of the South African liberation despite its own many challenges and more recently, through a variety of bilateral agreements in the fields of science and technology, health, trade and industry, arts and culture, education, minerals and energy, transport, human settlements, defense and home affairs, South Africa has seen ongoing support from the Cuban people for its own development agenda. In particular South Africa is currently benefiting of Cuba's support in the form of scholarships and training in medical sciences for youth in South Africa. In 2020, as a result of the cooperation agreement, more than 2900 South African medical student are currently studying in Cuba, including 80 students on Cuban scholarships<sup>4</sup>. There are also 501 South African students, many from previously disadvantaged communities, that have graduated from the medical training program in Cuba. Lastly there are around 230 Cuban medical staff working in South Africa, mostly in rural areas.

The Cuban public health system has received world acclamation for its incredible results and accessibility. Cuban health leaders have credited these results to the preventive, primary-care emphasis pursued for the last four decades, where the community-based polyclinic, each of the 498 nationwide serve between 30 000 and 60 000 people<sup>5</sup>. The polyclinics act also as the organizational hub for 20 to 40 neighborhood-based family doctor-and-nurse offices, and as accredited research and teaching centres for medical, nursing and allied health sciences students<sup>6</sup>.

The centerpiece of this system is the community-based polyclinic, each of the 498 nationwide serving a catchment area of between 30 000 and 60 000 people. The clinic system is able to organize 20 to 40

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<sup>4</sup> <http://www.dirco.gov.za/docs/2016pg/pg91.htm>

<sup>5</sup> <https://www.who.int/bulletin/volumes/86/5/08-030508/en/>

<sup>6</sup> <https://www.who.int/bulletin/volumes/86/5/08-030508/en/>

neighborhood-based family doctor-and-nurse offices, conduct research, and facilitate teaching and learning for medical, nursing and allied health sciences students. Part of the success of Cuba's primary health system has led to it also becoming renowned for its medical missions. Through the SA-Cuba Agreement on Cooperation in the Fields of Public Health and Medical Sciences, South Africa has seen an increase of SA medical students studying in Cuba and thereby contributing to the implementation of the National Health Insurance (NHI). In 2019, South Africa and Cuba celebrated 25 years of cordial, mutually beneficial diplomatic relations and constructive cooperation at both bilateral and multilateral levels<sup>7</sup>.

Through the Agreement on Cooperation in the Fields of Public Health and Medical Sciences the following areas of cooperation were also defined<sup>8</sup>:

1. recruitment of medical doctors and lecturers from the Republic of Cuba
2. exploration of possible mutual interests in the fields of biotechnology production and the development of pharmaceuticals and any other field of scientific research; and
3. any other program or activity that may be mutually agreed upon between the Parties.

It is within the auspices of this Agreement that the 217 Cuban medical professionals were deployed by the Cuban government to South Africa. A statement from the South African presidency detailed their expertise as follows<sup>9</sup>:

4. Experts in the fields of epidemiology, biostatistics, and public health;
5. Family physicians to guide interventions through door-to-door testing and to assist local health workers in health promotion and disease surveillance at the community level;
6. Healthcare technology engineers to assist in maintaining the inventory, deployment and repair of aged medical equipment; and
7. Experts to provide technical assistance working with local experts.

South Africa and twenty-two other countries have received deployments of the Cuban Medical Brigade during the Covid-19 pandemic<sup>10</sup>. In South Africa they have been deployed both urban and rural public health facilities. The Minister of Health, Dr Zweli Mkhize is quotes saying the following about the Brigades activities<sup>11</sup>:

*"Their data analytics and information management has been key in assessing the impact of intervention strategies. The biomedical engineers have been critical in the design, installation, adjusting, repairing and provision of technical support for biomedical equipment."*

*"Their presence has reduced workload and pressure on staff members, provided much needed relief, improved processing of data and contributed to improved data reporting that feeds into the daily*

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<sup>7</sup> <http://www.thepresidency.gov.za/newsletters/president-ramaphosa-welcomes-cuban-health-professionals>

<sup>8</sup> <http://www.dirco.gov.za/docs/2016pg/pg91.htm>

<sup>9</sup> <http://www.thepresidency.gov.za/newsletters/president-ramaphosa-welcomes-cuban-health-professionals>

<sup>10</sup> <https://www.dailymaverick.co.za/article/2020-04-30-is-the-deployment-of-cuban-doctors-to-sa-justified/>

<sup>11</sup> <https://sacoronavirus.co.za/2020/08/14/what-the-cuban-brigade-has-done-for-sas-covid-fight/>

*situational report on Covid-19 in the province. The health technologists have greatly assisted with the assessment of non-functional equipment...”*

Although it has been very unclear how the envisaged impact of their activities will be evaluated, Dr Mkhize has provided very vague reports on what the Cuban Brigade has done for SA’s COVID fight. In some of the provinces they have been deployed in, the Minister has reported the following<sup>12</sup>:

1. In the Eastern Cape	Eastern Cape was allocated 12 medical officers including biomedical engineers, epidemiologists, and biostatisticians and these medical officers have been resourceful in Primary Health Care as this is their specialty.
2. In Gauteng	Members of the Cuban Medical Brigade were distributed throughout all five districts and some have been doing work with the central office. They are mainly working in quarantine and isolation sites, ward-based contact tracing, epidemiological surveillance and in hospitals where there has been noticeable nosocomial spread.
3. In the Northern Cape	The Brigade is conducting outreach services in critical areas of need. They are serving as clinical leaders to the management teams and assist in the screening, testing and quarantining of patients. The Northern Cape department of Health has attested to the invaluable contribution of the Covid-19 personnel from the Brigade.
4. In Limpopo	Eight medical officers have been deployed into various facilities in five districts to boost case management. The team in the province comprises clinical engineering technologists, hygienists and biostatisticians. The deployments were based on areas where it was identified there was a shortage of human resources.
5. In the Western Cape	A 28-strong team was deployed to the Western Cape and consisted of health professionals with experience in planning, execution and management of the public health. They were fully integrated into the clinical teams working alongside the South African health professionals in order to strengthen the province’s response to COVID-19.
6. In the Free State	17 members of the Brigade were deployed to the province, their allocation addressed issues of staff shortage and this also led to an improvement in data collation.

<sup>12</sup> <https://sacoronavirus.co.za/2020/08/14/what-the-cuban-brigade-has-done-for-sas-covid-fight/>

The Dundee Web News, published by Dundee Hospital, in northern KwaZulu Natal, reported on the experience of Cuban Doctor Dr. Graciela Nielo Mfuiiz in July this year (2020). Doctor Graciela was born in Cuba in 1969 and qualified as a medical doctor 28 years ago. She has been specializing in Family medicine since 1998. When asked about her expectations of South Africa, Dr. Graciela response was very positive. She mentioned that the heartwarming welcome that they received exceeded all their expectations. Staff members were very welcoming especially management and the patients. She also reported that the hospital received and welcomed other Cuban Doctors from neighboring districts who were coming for the video conferencing with the Minister of Health.

### **3. The World Health Organization Surge Team**

In August 2020, the Regional Director of the World Health Organization (WHO) for Africa, Dr Matshidiso Moeti, introduced the first phase of the WHO team of health experts, deployed to support South Africa's COVID-19 response management. This team has been dubbed locally as the Surge Team, and were welcomed to the country at a reception which included WHO Director-General Dr Tedros Ghebreyesus, South African Minister of Health Dr Zweli Mkhize, Deputy Health Minister Dr Joseph Phaahla and Director-General of health, Dr Sandile Buthelezi as well as the WHO Country Representative Dr Owen Kaluwa and Resident Coordinator of the UN in South Africa, Ms Nardos Bekele-Thomas.

The WHO Health Emergencies program deployed the first 17 of a total team of 43 experts in early August 2020, who will be placed in the Eastern Cape, Free State, Gauteng, KwaZulu-Natal and Mpumalanga provinces, where the potential for resurgence is the highest<sup>13</sup>. The team includes Executive Director of the WHO Health Emergencies Programme Dr Mike Ryan and well known epidemiologist Dr David Heymann, who headed the response to the SARS epidemic in 2003, providing virtual support as well as experts in epidemiology, surveillance, case management, infection, prevention and control, procurement and community mobilization<sup>14</sup>. The team will work closely with the Department of Health at national level and with senior staff of Provincial Departments of Health.

### **4. Challenges identified with the Cuban Medical Brigade**

From the above it is apparent that the Dr Mkhize, the Health Minister, had some form of contact with the Cuban professionals, however there aren't any published details either from the Ministry of Health (DOH) or Department of International Relations and Cooperation (DIRCO) on the reporting and monitoring and evaluation mechanism of their activities.

There have been reports of concerns in the public domain with the decision making process towards the arrival of the Cuban Medical Brigade. The media reports have mainly raised the issue of the notable government expenditure to pay salaries, accommodation and travel the deployees. Justifying a bill of around R440 million to the South African tax payer for the year's stay also raises questions about how their impact on South Africa's fight against Covid-19 will be monitored and explained. Despite the

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<sup>13</sup> <https://health-e.org.za/2020/08/05/who-deploys-surge-team-to-help-south-africa-stem-covid-19/>

<sup>14</sup> <https://www.afro.who.int/news/who-regional-director-introduces-surge-team-experts-south-african-government>

deployment having occurred under a national state of disaster sentiments about a lack of consultation with important medical professional representative groups was also raised.

The salary costs for the deployees has been reported as R239 million rand. Added to this is their professional registration at R734,100. Each province that received the Brigade also made resources available for their accommodation and this cost is not standardized. More costs include transportation and subsistence (food and basic means for the doctors).

To justify such expenditure, clear planning, monitoring and evaluation needed to be factored in and communicated to stakeholders. Without proper evaluation standards, issues of patient safety, quality control, and impact assessment can be neglected to the detriment of patients and the country in general. There is a paucity of details around the reporting, monitoring and evaluation of the Cuban Medical Brigade. This is a problem of medical missions in general where there aren't clear evaluation tools and explicit thinking around evaluation of impact to the individual and the health system in general. This is seemingly the case in South Africa as well.

Maki et al (2008)<sup>15</sup> notes that most medical missions do not have an objective means of measuring their performance and may lack formalized problem-solving techniques and methods for improvement. In the case of South Africa, the Cuban medical mission lacked the means of measuring itself objectively. In fact, there was very little conceptualization of the evaluation methods and procedures that could be used to provide evidence of its success or failure.

Lack of engagement with professional organizations that represent the interests of South African medical professionals like the SA Medical Association (SAMA) has also been raised in the public domain. The Chairperson of SAMA, Dr Coetzee has raised concerns about the principle of not engaging with SAMA, despite it being the biggest representative body of doctors in the country<sup>16</sup>.

Lastly, the plan to keep the medical professionals for a duration of a year assumes the possibility of a resurgence of the virus. It is not clear how this has been predicted from the onset. The methodology that was used to ascertain the amount of time needed has not been communicated transparently. However, the intention to further use the deployees in primary health care training and development work is important for South Africa as it develops its community-care based primary health system.

## **5. Challenges with the WHO Surge Team<sup>17</sup>**

Although the Surge Team is very new, it has however received some criticism from members of the ministerial advisory committee (MAC) who have been advising the South African Health Department on COVID-19. They have questioned the need for a team of World Health Organization (WHO) experts deployed to assist with the pandemic, in particular, explanation of what expertise the WHO team have that local scientists and epidemiologists in the MAC didn't have as well as lack of local understanding.

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<sup>15</sup> <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-8-121>

<sup>16</sup> <https://www.samedical.org/cmsuploader/viewarticle/1164>

<sup>17</sup> <https://www.businesslive.co.za/bd/national/2020-08-16-experts-question-why-sa-has-received-a-who-surge-team/>

## 6. Conclusion

The arrival of the Cuban Medical Brigade in April 2020 in South Africa was critical to international cooperation in the fight against Covid-19. Their expertise in primary health care and capacity development is world renowned. Moreover, the SA-Cuba Agreement on Cooperation in the Fields of Public Health and Medical Sciences has been galvanized in this deployment. Global Health Diplomacy is vital in moments of global pandemics as it assists with knowledge and resource sharing which could be the difference between a successful fight against covid-19 and an outright failure. South Africa undoubtedly lacked in health human resources in general and more human resources should be welcome.

However, there were clear challenges that came with the deployment of the Cuban medical professionals. The absence of a well communicated evaluation tool for their impact on the public health system is once such challenge. Without such a tool, it will become very take advantage of the learnings that could come from such a bilateral agreement. The learning is also important for future pandemic mitigation plans. The justification of the costs of bringing the Cuban Medical Bridage to South Africa also largely depends on how much impact they have had on the fight against Covid-19. The lack of proper monitoring and evaluation make this difficult to achieve for the South African government.

Finally, internal consultative processes are very important in ensuring that the Cuban professionals are welcomed by all important civil society organizations, especially those that represent their counterparts in the public health system. A national state of disaster does not necessitate overlooking typical consultative processes with stakeholders in the public health system.

The WHO Surge Team is critical to South Africa's response to possible resurgence of the Covid-19 virus. Their expertise in assisting South Africa plan strategically with its existing data are crucial to the country's response. However, the queries raised by the Members of the Ministerial Advisory Committee (MAC) point to the lack of coherence between the work of the Surge Team and the activities and timelines of the MAC. More communication around this would be useful.