Reviewer's report

Title: Cuban health assistance program and human resources for health challenges in the Pacific: analysis of policy implications

Version: 1 Date: 17 February 2011

Reviewer: Pol De Vos

Reviewer's report:

This manuscript is a useful attempt to describe and analyze the Cuban cooperation in the Pacific. It gives an interesting though too superficial overview of ongoing cooperation efforts, to much centred to the 'cheap solution'-idea and not sufficiently analysing its health (care) rationale.

Major Compulsory Revisions

The authors should consider to deepen the understanding of the rationale and the challenges of this recently started cooperation.

Referring to certain statements in the text, I propose to include some health policy issues and political or ideological elements in the analysis.

Point 5.2. “the PNG Doctors Association, for example, raised issues about the quality of practice of Cuban medical practitioners working in PICs and mentioned poor clinical standards as a reason to oppose the recruitment of Cuban doctors to PNG“:

It would be necessary to refer to the same type of concerns in different Latin-American countries over the last decade, and analyze them in detail. I don’t know the situation in the pacific, but in other countries mainly three issues have been reported.

1/ The definition and content of primary health care and the role of a family doctor.

The Cuban family medicine paradigm is centred on prevention and promotion, without disregarding by any means the curative continuum. This integrated and holistic approach, in which an MD is not only ‘curing’ but is also working on different aspects of prevention, is not always understood correctly by ‘classical’ MDs. In reality this different approach has led to important results in Cuba and abroad (as mentioned in the article). Also the fact of prescribing essentially generics and essential medicines is sometimes (wrongly) analyzed as ‘poor health care’.

It would be necessary to compare this 'Cuban' health policy rationale with the prevailing local health policy, and analyze differences and possible contradictions (not in discourse, but in real policies (and interests)).

2/ In different contexts in Latin America, a medical elite wants to protect its
interests against external 'newcomers'. Again, I don't know the situation in the Pacific, but – e.g. in Venezuela where 20,000 Cuban MDs are working today – the opposition of the medical council against the Cuban presence was (and is) based in an important degree on a political position against the Chavez government and against 'cheap medicine', because both are damaging their social position and income.

3/ On the other hand, also in the Pacific examples might be found where tensions raise because of a certain lack of flexibility of the Cuban health care providers to adapt to the local organizational constraints (not only the language) and to coordinate with or integrate in the existing health care system.

Point 5.3 Concerns about integration of Islander medical graduates trained in Cuba

(..) The process by which returned Cuban-trained doctors will be accredited and their standards assessed is unclear and is likely to vary by country:

Once again, in the Latin-American experience this problem is related to the points 1 and 2 mentioned above.

Point 5.4. As indicated above, one of the major concerns of local medical associations is the quality of clinical training medical students undergo in Cuba.

One again, in the Latin-American experience this problem is related to the points 1 and 2 mentioned above.

Point 5.6. In line with their medical philosophy of prioritising rural and community health, a significant number of the Cuban brigade work in remote areas where local doctors often refuse to go:

This issue is related to 2 elements. First the different health (care) paradigm, already mentioned above. More en general, at international level the ideological debate between (the highest attainable state of) health as a right versus health (care) as a commodity for the rich and a charity for the poor, is a basic issue to understand policy contradictions in health.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests