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COVID-19 in the Americas: Strategies that Mark the Difference

Four months after COVID-19 was declared a pandemic, it has found a new epicenter: the Americas. With over four million cases and nearly half a million deaths at this writing, the United States is providing the best example of a failed response to a crisis in which GDP is not proving the best predictor of success. Zero coordinated national strategy combined with unnecessary delays in testing, confusing and often contradictory messaging, and politicization of even the most elementary measures to combat the virus have led some US states to surpass infection and death rates in even the most hard-hit countries. Brazil, where government finally resumed reporting, is second only to the USA, its authorities admitting 2.4 million cases and over 300,000 deaths thus far. And by all counts, as in many countries, numbers are vastly underestimated.

However, some countries are doing better: Canada, with 24.07 deaths per 100,000 population, compared to the USA at 44.11/100,000; and Uruguay (0.99/100,000), which borders Brazil (40.14/100,000). Cuba is also doing well at 0.77/100,000. We know what doesn't work—many of us are living with the consequences—but what *does*?

In this issue, we interview Cristian Morales, PAHO/WHO's Permanent Representative in Mexico, who insists that any successful containment of "the multi-system threat of COVID-19" will depend on "social cohesion, a united effort among the different sectors, and collaborative participation from public, non-governmental and private sectors." And he stresses what he considers another key factor: those countries with universal health care and strong primary healthcare subsystems are simply in a better position to face the challenges of COVID-19.

One example is Cuba, which managed to flatten its curve relatively early, bringing deaths to a total of 87 as of this writing, despite toughened US sanctions by the Trump administration, which have blocked donations and access to medicines and essential equipment. In the following pages, **MEDICC Review** continues to document Cuban approaches to COVID-19 and publish scientific results and reflections on their application. Some aspects already merit particular attention (see details in *Cuba's COVID-19 Strategy: Updated Epidemic Control and Recovery Measures* this issue):


- A single, coordinated national strategy, prioritizing health in an intersectoral framework
- Quick action, organizing a national plan months before the country's first cases were diagnosed
- Massive public health messaging coupled with daily televised briefings for domestic and international press on the status of the epidemic, detailing cases and deaths
- Early reliance on Cuban and international science to guide epidemiological measures, as well as treatment protocols (See *Cuba's Women of Science* interview with Iramis Alonso for the importance of popular science in separating fact from fiction.)
- Implementation of key public health measures, including closing international travel (with few exceptions), cancellation of large public gatherings, mandatory use of masks in public, physical distancing and special attention to risk groups
- Use of thousands of primary healthcare professionals to conduct door-to-door active screening for symptomatic persons, referring them for testing

- Hospitalization of ALL confirmed cases, and isolation (and testing) of suspected cases or contacts in specially established centers
- Tracing of contacts of all confirmed cases
- Constant updating of treatment protocols, including use of both imported and domestically produced biopharmaceuticals like Biomodulina T, whose role as an immunomodulator is considered in this issue of **MEDICC Review**.
- Hospital release dependent on negative RT-PCR, patients followed by family doctors once home, including additional testing
- Selective use of quarantine for local COVID-19 clusters of community transmission
- Retooling of some biotech and other industries to produce ventilators, masks, diagnostics

To date, the Cuban COVID-19 strategy has continued to flatten the curve (see Medina-Mendieta on mathematical forecasts for the country in this issue), with less than 3000 cases thus far, only about 100 active. However, these results have received scant attention in international media, a lack of coverage with origins that are likely more political than scientific. This is the same political logic that hammers Cuba with tougher sanctions as the economy attempts to rebound from the crisis...clearly, Cuba's biggest challenge ahead. This is the same logic that denigrates the contribution of Cuban physicians and nurses to the global fight to stem the pandemic in over 30 countries. And such bias has also kept Cuban biopharmaceuticals from the US market for physicians and their patients.

These include COVID-19 vaccine candidates, Biomodulina T (used in Cuban nursing homes during the epidemic to preventively boost immunity), Itolizumab (a monoclonal antibody approved in Cuba for emergency use vs. the cytokine storm in serious and critical COVID-19 patients) and Heberprot-P, a drug shown to reduce by 70% the risk of amputation from diabetic foot ulcers. The latter is the subject of the Berlanga-Acosta article in this **MEDICC Review**.

We take this opportunity to pay tribute to Editorial Board member Dr Francisco Rojas Ochoa, who passed away on May 30. He was a physician, teacher, health system builder and editor... and always a defender of scientific rigor in favor of health for all. We continue to draw on his critical thinking, generous spirit, devotion to science and extraordinary example as a tireless fighter for global health equity.

Finally, **MEDICC Review** stands with WHO in its call for global cooperation and repudiates the US administration's attempt to withdraw from the world's most important collaborative health organization. As COVID-19 engulfs humanity and challenges our dedication to building a more sustainable and resilient future, we must have the humility to learn from all quarters. To move ahead, multilateralism and solidarity are the only viable strategies. 

The Editors

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