Call for Global South Health Diplomacy: Cases of Authentic Solidarity

Introduction

New models of development cooperation have been on rise lately meeting the global needs (Garassi, 2015), shifting from the "traditional North-South development, with its formal, highly regulated, risk averse, and high-transaction systems" (p. 2) to South-South Cooperation (SSC) that is initiated by the countries in the global south having low-middle income economies further exhibiting sustainable development that is home-grown. Olu, Petu, Ovberedgo, and Muhongerwa (2017) in their review on mechanisms of SSC to strengthen public health services in Africa, emphasize the role of SSC in "ensuring equity between developed and developing countries and an opportunity to overcome colonial aid legacy" (p. 2). The United Nations Office for South-South Cooperation (UNOSSC) define SSC as a collaboration between developing countries to "share knowledge, skills, expertise and resources to meet their development goals through concerted efforts" (www.unsouthsouth.org). Some of the main objectives of SSC, according to the Buenos Aires Plan of Action (BAPA) for Promoting and Implementing Technical Cooperation among Developing Countries endorsed by the General Assembly in 1978 are; to strengthen the capacity of developing countries by identifying their development issues and formulating necessary action plans; to promote self-reliance by sharing best-practices from global south countries; and to respond to the needs of developing countries that are most seriously affected by any natural disasters and other crisis (www.unsouthsouth.org). Another model of development cooperation is the Triangular Cooperation (TC) in which two developing countries collaborate, however this initiative is coupled with traditional donor countries and/or multilateral organizations (www.unsouthsouth.org).

As highlighted by the World Health Organization (WHO), "an effective tool to strengthen, share and accelerate health development within countries and across regions" is through *Cooperation among Countries*, such as SSC and TC (www.who.int); this paper reviews the best practices of global south collaboration further validating the need for more SSC and TC initiatives. In what follows we present the cases of authentic solidarity, as in Cuban Internationalism and in China's Soft Power Health Diplomacy in Africa. This review helps set the stage for future in-depth research on SSC initiatives in the global south; analyze ways to

strengthen their strategies; and finally adapt and implement local/regional/national level efforts to promote self-reliance in their own countries.

Cuban Internationalism

> Internationalism is a desire for greater social, economic and political cooperation among nations for the benefit of all. The underlying belief is that the people of all nations have more in common than they do differences, and that people are both citizens of their respective countries and citizens of the world. (Castro, Melluish, & Lorenzo, 2014, p. 595)

Unlike this great intent of internationalism mostly for benefit of the nations in need, it is often labelled as a "failed utopian ideal" falsely perceived as meeting the agenda of a nation's own interests (Castro et al., 2014, p. 595). While globalization is the trend and a predominant discourse around the globe, internationalism is the spirit of Cuban leadership. As Castro (2003) put it "we have had the possibility to learn a lot about our possibilities… because it is very important for those of us who want a *better world* to have an idea of priorities, of possibilities, of realities" (emphasis added). Hence, Cuba has always been an enduring advocate for collaboration between the countries in the global south; South-South Cooperation between low-middle income countries and low-middle income countries (Horizontal Cooperation) rather than the dominant discourse of North-South collaboration (Vertical Cooperation) between high-middle income countries and low-middle income countries.

Since decades, Cuba has been migrating physicians in addition to pharmaceutical collaboration, giving primary health-care services in Africa, Chile, Latin American Countries, and Asian countries (De Vos, De Ceukelaire, Bonet, & Van Der Stuyft, 2007). The numbers are stark. Kirk, Walker and Méndez (2018) reveal that since 1960, over 325,000 Cuban physicians have offered services in 158 countries globally; with 2.6 million births, 9.1 million surgeries, 12.8 million vaccinations, saved an estimate of 5.7 million lives and trained over 50,000 international medical students from global south countries (para 1), especially South Africa with their bilateral cooperative agreements with Cuba (Hammett, 2013). Likewise, the success of Cuban health internationalism is evident in their cooperation between Cuba and Brazil. President Rouseff initiated a call for Cuban doctors to meet the health needs of Brazil for which the local Brazilian doctors criticized the initiative. Hence, upon trying to recruit the local doctors, only

"1,500 professionals out of the 15,000 posts offered" came out to accept the positions to work in poor rural areas. Finally, the Brazilian government signed a deal to recruit 4,000 Cuban doctors who were posted in the areas where local doctors were hesitant to serve. Ravsberg (2013) neatly emphasized the Brazilian Government's applaud to Cuban internationalism: "Cuba is the only country in the world capable to sending a contingent of thousands of doctors in a very short time and in the zones in most need" (para. 16).

Understanding the Cuban Health Care System

Chaple and Mercer (2017) in their recent study, "The Cuban Response to Ebola Epidemic in West Africa: Lessons in Solidarity" examine Cuban medical intervention in response to the disaster caused by Ebola virus epidemic in West Africa. Particularly this study explains the Cuban health system, its international medical approach, and ways Cuban professional addressed the viral epidemic in Sierra Leone and Equatorial Guinea from October 2014 to April 2015. Drawing from Chaple and Mercer (2017), let us understand the Cuban health care system. Before the socialist revolution in 1959, the four health care systems that existed included private physicians, private insurance system, military health system, and a public system to help the lower economic population. However, after the revolution, the flee of medics demanded a transformation in health care system. In addition to a new socialist governance, the main goal of Cuban leadership was to provide "universal access to free public education and health care" (Chaple & Mercer, 2017, p. 136).

The principal characteristics of new Cuban health system was to be free, universal, accessible, regionalized, and integrated. This in turn demanded more physicians in the country, hence the medical schools were transformed to meet these needs. Chaple and Mercer (2017) report that a total of 142, 910 physicians have been trained in Cuban medical schools between 1960 and 2014. Huish (2008) echoed similar figures of about 11, 500 trainees in 2008 from 29 countries mostly from low-middle income backgrounds as they are considered to pay back to the rural communities than their wealthier counterparts. Furthermore, these medical students are required to exhibit a moral commitment to return to their countries and serve in poorer communities respectfully to the Cuban support in terms of tuition, accommodation, sustenance and a stipend during the six-year training period (Huish & Kirk, 2007).

Primary health care became a priority of the Cuban health system. Locally, it composed of three models: (1) Integrated Polyclinic program aimed at decentralizing the medical facilities to both rural and urban areas making it more accessible; (2) the medicine in the community program evaluated a community's health needs with the help of a team of physician and nurses; and (3) the family physicians program that meets the health needs of a family as "an integral part of all prevention, treatment, and rehabilitation of health problems" (Chaple & Mercer, 2017, pp. 136-137).

With regards to the South-South collaboration, Castro et al., (2014) unpack the range and scope of Cuban health internationalism highlighting the principles that guide this humanitarian approach. Most importantly, Cubans perceive this internationalism as "collaboration" or "cooperation," rather than framing it as "aid" (Castro et al., 2014, p. 596). Hence, this very terminology itself gives a different spin to this collaboration in the global south. It is more about working with the local population and empowering them making the whole system sustainable. Castro et al., (2014) devise six fundamental principles from scholarly evidences to be foundational to the Cuban internationalism: long-term collaboration; humane care; contextualization; trans-multidisciplinary approach; respect for collective, historical memory of the disaster-striken area; and ethical stance. These principals form the core of the training given to health professionals in the Latin American Medical School, the world's largest medical school (Castro et al., 2014).

Although, the rationale for Cuban medical internationalism is heavily perceived as "a means of intelligent diplomatic tactics to win support for crucial UN votes", it also varies across the spectrum from "symbolic capital" to "medical diplomacy" as Feinsilver (1993, 2006) posits in her groundbreaking work (as cited in Kirk, 2009). On the other hand, borrowing from Montaner's balanced analysis of Cuban internationalism (2005); Kirk (2009) justifies the case as: "while it is impossible to quantify how medical internationalism to a given country has translated into diplomatic support, assistance of this kind has indeed helped to win over erstwhile opponents" (p.505).

Hence, it is crucial to understand that Cuban medical internationalism has been in action since six decades, even "long before Cuba was seeking to convert its medical capital into diplomatic influence or to gain any commercial value" (Kirk, 2009, p. 507). Ultimately, as

presented in this case study, there are many lessons to be learned from a country in the global south, "Cuba" whose practices are highly pragmatic and ethical bundled with professionalism and humanitarianism for its own people and people across the globe.

China's "Soft Power" Health Diplomacy

Before we begin to understand China's health assistance to Africa and global south, it is crucial to unpack what "health diplomacy" and "soft power" means in this context. Health diplomacy is an old concept that has evolved over the years. Beginning with a focus on "international collaboration to protect human and commercial interests against the spread of particular infectious diseases" (Youde, 2010, p.151), health diplomacy is now viewed as a "political activity that meets the dual goals of improving health while maintain and strengthening international relations" (Novotny, Kickbusch, Hannah, 2008, p. 41). This approach extends its focus beyond its local boundaries analyzing the negative impact of ill health on the international community. Joseph Nye coined the term "soft power" in late 1980s and explained this "second face of power" as "getting others to want the outcomes you want- co-opts people rather than coerces them" (2004, p. 5). Despite, the popularity of the term soft power "among political leaders, leading academics, and journalists" (Li, 2009, p. 1), undoubtedly China has embraced soft power since a long time. China has demonstrated the ability to influence others by the use of co-optive power that "rests on the attractiveness of one's culture and values" (Nye, 2004, p. 4). Coslovi (2018) in her recent study "Like Water: An Inquiry into China's Soft Power Strategy in Africa," examines the development of Sino-African relations and ways it shifted over time given China's changing geopolitical position in the world further analyzing China's success in soft power strategy implementation in contrast to that of the West.

Historically, Chinese diplomatic collaboration with Africa dates to 1950 advocating for anti-colonialism from Western hegemonies through Chinese Maoism model for development. Like Cuba, China also involved in physician internationalism by sending their medical teams for a two-year term to serve in rural and under-served communities (Youde, 2010). This medical intervention was implemented by Chinese leadership while simultaneously providing infrastructural support to Africa. Youde further clarifies that the medical personnel from different provinces of China supported one or more African countries as the implementation of national government agreements rested with the provincial leadership (2010). Scholars have

perceived this health diplomacy contributing to sustainable development of health care system in Africa.

China's health diplomacy in Africa faded gradually for a while, however, swiftly regained its importance in China's foreign policy strategy. As Youde (2010, p. 155) remarks about health diplomacy program in Africa that "it has become part of the Chinese government's diplomatic arsenal to bolster its standing among developing countries, insulate itself against pressures from Western states, and counter calls for greater respect for human rights and liberal democracy." During the inaugural China Africa Cooperation Forum (CACF) in Beijing (2000), the Chinese government excused USD 1.2 billion in foreign debt further pledging to offer extensive aid in the future. Moreover, when CACF re-convened in the later years, the Chinese government made clear health diplomacy promises in terms of funding specifically prioritizing the treatment and prevention of diseases (Sutter, 2008). Borrowing from Eisenman (n.d.), Youde (2010), reports that Chinese medical personnel's numbers rose from 860 in 2003 to 900 in 2005 just within two years. However, China's soft power health diplomacy is not constrained to just migrating physicians; rather takes a holistic approach, by strengthening the local medical system in Africa, generously contributing pharmaceuticals, and even providing medical equipment when needed. However, Shinn (2006) claims that these contributions by Chinese government has added value for China; such as donating medicines and medical equipment is a "clever and low-cost way to introduce Chinese-made medications to the African market" (p. 15). Furthermore, as many positive and negative arguments surfaced in Cuba's internationalism case, the Chinese health diplomacy in Africa also faced similar perceptions. For instance, Taylor (2006) exclaims that "Africa is seen by both the Chinese government and Chinese companies to be rich in natural resources, particularly crude oil, non-ferrous metals and fisheries" further labeling it as "China's oil safari in Africa" as all these resources are needed by China for its economic growth (p. 944). However, it is crucial to analyze that the benefits outweigh these negative remarks in China's health diplomacy in Africa.

As the soft power operates in a subtle manner mainly through attraction with no specific agenda attached, China's health diplomacy is seen as "opportunistic" in order to "enhance its access to natural resources and political favors by African countries" (Lin, Gao, Reyes, Cheng, Kaufman, & El-Sadr, 2016, p. 1). Contrary, its altruism is applauded as a "no strings attached"

approach from a humanitarian perspective solely for the advancement of African health system (Lin et al., 2016, p. 1).

Insights gleaned from Cuban Internationalism and China's "Soft Power" health diplomacy

In both cases, the obvious lesson learned is that despite the perceived notions of Cuba's and China's diplomatic benefits in economic, political, and social realms; the humanitarian zeal and authentic solidarity extended by these countries in the global south is undeniable. Kirk (2009) interview with the Deputy minister of Foreign Relations, Jiménez in 2007 sums it up all. She clarified the notion of Cuban internationalism:

> Even taking the most cynical view, namely that Cuba is sending doctors abroad to poor countries in order to win votes at the UN, why does not the industrialized world do something similar? Surely, the most important thing is to save lives. This is precisely what our policy is doing. (as cited in Kirk, 2009, p. 507)

Jiménez further clarified the export of medical services by calling it a "fair trade." Notably, she remarked,

> We believe in fair trade. If that means that we export a product that we have a surplus of- in this case medical and educational goods and services- to a friend at a reduced price, and they export to us at favorable conditions something they have in abundance- petroleum- what is wrong with that? (as cited in Kirk, 2009, p. 507)

Ultimately, such health interventions ought to be perceived as extraordinary contribution to global humanity. These cases strongly exhibit the solidarity between countries in the global south, in contrast to the traditional vertical cooperation mechanisms as that of the North-South Cooperation.

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References

Castro, M., Melluish, S., & Lorenzo, A. (2014). Cuban internationalism: An alternative form of globalization. *International Review of Psychiatry, 26*(5), 595-601.

Castro, F. (2003). El símbolo de la globalización neoliberal ha recibido un colosal golpe [The symbol of neo-liberal globalisation has received a great dent]. Speech given at the Facultad de Derecho, Buenos Aires, Argentina, 26 May. Retrieved from http://www.pagina12.com.ar/especiales/fidel2003/fidel01.htm.[Google Scholar]

Chaple, E. B., & Mercer., M. A. (2017). The Cuban response to the Ebola epidemic in West Africa: Lessons in solidarity. *International Journal of Health Services, 47*(1), 134-149.

Coslovi, D. (2018). Like Water: An inquiry into China's Soft Power strategy in Africa. *Journal of Military and Strategic Studies, 18*(14), 177-205.

De Vos, P., De Ceukelaire, W., Bonet, M., & Van Der Stuyft, P. (2007). Cuba's international cooperation in health: An overview. *International Journal of Health Services, 37*, 761–776.

Feinsilver, J. (1993) *Healing the Masses: Cuban Health Politics at Home and Abroad.* University of California Press: Berkeley.

Feinsilver, J. (2006). Cuban Medical Diplomacy: When the Left Has Got It Right. Retrieved from http://www.coha.org/2006/10/cuban-medical-diplomacy-when-theleft-has-got-it-right.

Garrasi, D. (2015). New Models of Development Cooperation: The G7+ and Fragile-to-Fragile Cooperation. *United Nations University Centre for Policy Research*, 1-7.

Hammett, D. (2013). Physician migration in the global south between Cuba and South Africa. *International Migration, 52*(4), 41-52.

Huish, R. (2008). Going where no doctor has gone before: The role of Cuba' s Latin American School of Medicine in meeting the needs of some of the world' s most vulnerable populations. *Public Health, 122*, 552 – 557.

Huish, R., & Kirk J. (2007). Cuban medical internationalism and the development of the Latin American School of Medicine. *Latin American Perspectives, 34*, 77 – 92.

Kirk, E. J., Walker, C., & Méndez, A. (2018). Understanding patterns of protest against Cuba's medical internationalism. *Featured, Geopolitics and International Relations, Society, Security and Rights*. Retrieved from https://blogs.lse.ac.uk/latamcaribbean/2018/08/09/understanding-patterns-of-protest-against-cubas-medical-internationalism/

Kirk, J. M. (2009). Cuba's Medical Internationalism: Development and Rationale. *Bulletin of Latin American Research, 28*(4), 497-511.

Li, M. (2009). Soft Power: Nurture not Nature (pp 1-18). In M. Li (ed.), *Soft Power: China's Emerging Strategy in International Politics*, New York, NY: Rowman & Littlefield.

Lin, S., Gao, L., Reyes, M., Cheng., Kaufman, J., & El-Sadr, W. M. (2016). China's health assistance to Africa: Opportunism or altruism? *Globalization and Health 12*(83), 1-5.

Montaner, C. A. (2005). Slaves in White Coats. *Firmas Press*. Retrieved from https://www.cubanet.org/htdocs/CNews/y05/sep05/13e12.htm

Novotny, T. E., Kickbusch, I., & Hannah, L. (2008). Global health diplomacy: A bridge to innovative collaborative action. *Global Update Forum for Health Research, 5*, 41-45.

Nye, J. (2004). *Soft Power: The means to success in the world*. New York: Public Affairs.

Olu, O., Petu, A., Ovberedjo, M., & Muhongerwa., D. (2017). South-South cooperation as a mechanism to strengthen public health services in Africa: experiences, challenges and a call for concerted action. *Pan African Medical Journal, 28*(40), 1-7.

Ravsberg, F. (2013). Medicos 'todoterreno' ['4 _ 4' Doctors]. *Cartas de Cuba, BBC Mundo* [Letters from Cuba, BBC World]. Retrieved from http://www.bbc.co.uk/mundo/blogs/2013/08/130829_blog_cartas_desde_cuba_medicos_todoterreno.shtml

Shinn, D. H. (2006). Africa, China, and Health Care. *Inside AISA 3*(4), 14-16.

Sutter, R. (2008). *Chinese Foreign Relations: Power and Policy since the Cold War*. Lanham, MD: Rowman & Littlefield.

Taylor, I. (2006). China's oil diplomacy in Africa. *International Affairs 82*(5), 937-959.

About South-South and Triangular Cooperation. (n.d.). Retrieved from https://www.unsouthsouth.org/about/about-sstc/

WHO's work with countries: Cooperation among Countries. (n.d.) Retrieved from https://www.who.int/country-cooperation/what-who-does/inter-country/en/

Youde, J. (2010). China's health diplomacy in Africa. *China: An International Journal, 8*(1), 151-163.