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## Notes on South-South Cooperation and the Democratic Developmental State: Cuba and a New Research Agenda

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### **Introduction**

Essentially, the chapter provides notes on how the South-South framework can help to facilitate the rise of the DDS in the global South. It examines how Cuba assisted other developing countries with its expertise in tropical medicine, using the South-South paradigm. It suggests new research areas in which Cuba is interested in fostering cooperation with the Southern countries.

The realities of the world today require cooperation between and among countries of the South. Such collaboration affords the opportunities and provides the potential to collectively enhance the material condition of the people and society. It is all the more so because of the declining interest of the core countries of the North in assisting the Southern countries. The new development challenges and the aid fatigue the North has been faced with since the end of the Cold War in 1989 means that little or no priority has been placed on assisting the South. Worse still, the countries of the South have inherent incapacities such as the absence of democratization, inept political leadership, bad governance and corruption that constrain their development.

Cuba is one major developing country that took advantage of South-South cooperation in the conduct of its international relations. Within the South, for instance, Cuba exchanged its advanced technological capabilities in tropical medicine with Uganda. In fact, Cuba assisted Uganda to acquire an outstanding

and valuable experience in the control of HIV/AIDS. Cuba's Medical Henry Reeve Brigade was effective in saving lives in the earthquakes in Pakistan and Indonesia. Cuba marketed its vital medicines at affordable prices in India, Brazil, China and Nigeria, among other developing countries.<sup>1</sup>

Even though Cuban cooperation with Africa, Asia and Latin America has yielded positive effects on the recipient nations, the expenditures can only be reasonably sustained when the states in the recipient countries of the South are empowered developmentally. In this context, South-South cooperation becomes an indispensable framework for facilitating the emergence of a democratic developmental state and strengthening it, and particularly in promoting socio-political stability, sharing of development experience, and reducing dependence on the countries of the North.

### **Understanding Cuba's South-South Cooperation**

Cuba has pursued an active policy of cooperation with other nations of the South during the past four decades. Cuban scholars have written extensively on the subject.<sup>2</sup> However, very few academic works have been produced on Cuba's civilian programmes of cooperation with countries of Asia, Africa and Latin America. For instance, Cuba's cooperation with Africa, which dates back to 1962, only attracted international attention from 1975 to 1990. Even then, Cuba-Africa cooperation was generally limited to the military relationship without reference to the civilian context.<sup>3</sup>

Over the years, information on Cuban civilian cooperation with Africa has increased significantly but specific official data have not been readily available. Most data needed are to be found in political speeches of officials from Cuban and the recipient countries. As a result, the available literature on the subject is generally short, speculative, politically inspired and superficial.<sup>4</sup> Worse still, the existing literature is written by academics from the North, since scholars from Cuban and other developing countries have hardly worked on the subject.

After 1990, Cuba experienced a severe economic crisis due to the changes that occurred in the former USSR and the socialist Eastern European bloc, its major economic partners. That Cuba's cooperation with other developing countries did not stop at this juncture, but increased in the past ten years further underscores the fact that it was a viable enterprise.<sup>5</sup> In fact, most of the works refer to Cuban cooperation with only one country, relying on personal interviews and surveys with either direct Cuban actors, or the beneficiaries from African, Asian and Latin America.<sup>6</sup>

However, Cuba has undertaken several remarkable cooperative ventures with other developing countries. Medical cooperation is a major issue in Cuban civilian cooperation. Between 1963 and 2005, for instance, 132,000 Cuban doctors, nurses and other health personnel worked in 102 countries of Africa, Asia, Latin America

and Europe. As of November 2006, over 20,000 doctors and 11,000 nurses and other experts in the health sector worked in 69 different countries.<sup>7</sup> In fact, Cuba has established local versions of the country's national healthcare model known as the Comprehensive Healthcare Program (CHP) in various countries, starting with Central American countries after the hurricane Mitch in 1997.<sup>8</sup>

It is not only in the field of medicine that Cuba has used the South-South framework to assist other developing countries, but in education and training where over 45,000 students from 128 countries graduated from Cuban institutions between 1963 and 2005. As of November 2006, 27,000 students from 120 countries had studied in Cuba, with 80 percent of them in the Medical Sciences. The total number of foreign students who studied Medicine in Cuba, and others who studied Medicine in their own countries in Medical Schools staffed by Cuban Professors, was 46,000 with admissions from 82 countries of the South. Cuba's goal in this field is to train a total of 100,000 medical doctors from developing countries within a decade.<sup>9</sup>

Further, Cuba introduced 'Operation Miracle' to facilitate surgery on people with ophthalmologic problems free of charge. The free ophthalmologic service has been extended to 28 countries,<sup>10</sup> with a total of 485,476 patients who recovered their eyesight. In particular, one out of every 213 Bolivians, one out of every 87 Venezuelans and 1 out of every 60 Antiguan had been successfully operated by Cuban ophthalmologists.<sup>11</sup>

### **Proposed New Research Agenda**

Generally, Cuba's cooperation with other developing countries has enjoyed huge success in the medical field. But there is the need to explore new areas of cooperation. For instance, Venezuela had proposed the *Alternativa Bolivariana para Las Américas (ALBA)*, a framework of social cooperation in which a country such as Venezuela would provide energy and financial resources, while Cuba would cater for human resources and know-how. This form of cooperation in the social sphere has extended to several countries in Latin America and Africa. The 'Yo sí puedo' method has been particularly useful among the aborigines groups in Papua-New Guinea and Bolivia and the poor in Haiti. This method is adaptable to local languages and can reduce the time needed to learn how to read and write tremendously.

However, there is the need for new research agenda on possible areas of cooperation that include the social condition of recipient nations, and the cost and transfer of know-how in Cuba's relations with Asia, Africa and Latin America.

*The impact of cooperation on social conditions:* The primary goal is to ascertain the impact of cooperation on the social conditions of the recipient country. This will be done in a comparative context, noting the changes before and after the analysis of the figures on maternal and child mortality and literacy at the local and national levels.

*Economic cost of cooperation:* The objective is to assess the economic costs of the cooperation programmes that produced the improvements based on the figures provided by the Cuban Ministry of Foreign Investment and Economic Cooperation.

*Transfer of know-how:* The objective is to assess how cooperation could help to form sound skills, and to transfer know-how in the hope of making the cooperation unnecessary in the long run. Here, the ratio between Cuban experts in the field in each country and students from each country in Cuban Medical Schools in Cuba or abroad will be established, taking note of the rate of training of local personnel to carry out literacy campaigns with the Cuban method.

*Replication of model of cooperation:* This research aspect will assess the possibility of having this model of cooperation replicated in other countries of the South. In other words, it raises the question of how a small country like Cuba with scant resources is able to offer cooperation of this magnitude. Here, an analysis of the human and material requirements of the Cuban experience will be undertaken and supported by interviews with Cuban experts in the field.

*Regional context:* Data will be collected and processed for the recipient Asian, African and Latin American countries of Cuban cooperation, but the focus will concentrate on three specific countries with one country from each region. The countries are East Timor, Guinea-Bissau and Guatemala.

### ***Notes on East Timor, Guinea-Bissau and Guatemala***

#### ***East Timor***

Cuban cooperation has been present in this country ever since it became politically independent. Even the periods of violence such as those of May 2006 did not interrupt Cuban cooperation with the country. There were 302 Cuban doctors in the country while 498 Timorese had studied Medicine in Cuba, with an additional 200 coming before the end of 2006.<sup>12</sup>

#### ***Guinea-Bissau***

Cuban doctors were working in the liberated areas of the Guinea-Bissau before the country gained political independence in 1974. Cuban cooperation with the country has continued to grow with 1601 Guinean students graduating from Cuban institutions and 29 Cuban doctors working in the country in 2005.<sup>13</sup> A Cuban Medical School was opened in Bissau and the Yo sí puedo Cuban literacy programme, was launched in the country in 2005.

#### ***Guatemala***

A brigade of Cuban doctors first arrived in Guatemala after the destruction caused in the country by Hurricane Mitch in 1997. By 2006, 350 Cuban doctors and 670 Guatemalan medical students were in Cuba while 4,462 poor Guatemalans

had successful eyes surgeries through Operación Milagro. When the Guatemalan Vice President, Eduardo Stein, visited Cuba on 26-28 October 2006, he publicly stressed that the work of Cuban doctors in remote areas of the country had allowed the nation to perceivably reduce maternal and infant mortality.<sup>14</sup>

### Concluding Remark

It is expected that the final research results from the new research areas will provide a more accurate and substantiated perception of the social impact of these types of South-South cooperation programmes, their cost and the possibility of extending them to other countries. Is there any hope for the rise of the DDS in the global South? The next and concluding chapter addresses the question.

### Notes

1. RIS Policy Briefs (2006).
2. See Colectivo de autores (1990).
3. For details on Cuban-African relations, see González (2000, 2002); Entralgo et al. (1988, 1989, 1991a, 1991b, 1991c, 1996).
4. A rare well-documented and objective approach to be singled out from this period is to be found in Nzibo (1986).
5. See Hammet (2003, 2005).
6. Among the works based on interviews and surveys with actors and beneficiaries of Cuban-African cooperation, see González et al. (1997), Rufins et al. (2004), and Colina et al. (2004).
7. Data extracted from the Cuban Ministry for Foreign Investment and Economic Cooperation, 2006.
8. This means the same health program, from basic grassroots healthcare to hospital systems. It includes regular field medical attention by Cuban health personnel, including popular health education adapted to local conditions, training of local medical and para-medical personnel in health centres.
9. Ibid.
10. Most of the patients were brought to Cuba to be operated on, but already ophthalmologic clinics staffed by Cuban doctors have been opened in Venezuela (13), Ecuador, Guatemala, Haiti, Honduras, and Bolivia.
11. *Granma*: 'Casi medio millón de pacientes beneficiados por la Operación Milagro', Año 42, no. 283, 20 de noviembre, 2006, p.1.
12. EFE news cable, 16 November 2006.
13. Data from the Ministry of Foreign Investment and Economic Cooperation.
14. ANSA news cable, 28 November, 2006.

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