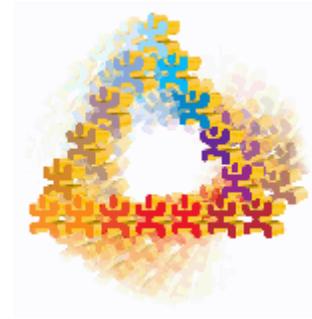




# CARMEN Country Profiles: Cuba



In 2002, based on the 2002 WHO Global Burden of Disease data<sup>1</sup>, noncommunicable diseases (NCDs) accounted for 79.8% of the total 76,696 deaths in Costa Rica. The leading cause of death among the noncommunicable diseases was cardiovascular disease, with an Age Standardized Mortality Rate (ASMR) of 214 per 100,000 (49.4%). Malignant neoplasms followed, with an ASMR of 128 per 100,000 (29.6%). Chronic respiratory diseases were responsible for an ASMR of 20 per 100,000 cases (4.7%); and diabetes, for an ASMR of 11 per 100,000 (2.5%). The remainder was due to other non-specified conditions.

Date	CARMEN Demonstration Site
Late 1980s	Cienfuegos joined Healthy Municipalities Network in 1992 and the CARMEN Network in 1998

Date	Evolution of the CARMEN Initiative
	CARMEN/Cuba, implemented in 14 provinces
	National Health and Quality of Life Program
	NCD Risk Factor Surveillance
	Hypertensions Prevention and Control Program

<sup>1</sup> World Health Organization. *WHO Global InfoBase Online. Country Profiles*. 2006.

## CARMEN/Cienfuegos<sup>2</sup>

The Global Cienfuegos Project was developed and implemented in the late 1980's as a local response to the accumulation of NCDs and their risk factors. The main characteristics of the project are:

- Intervention-research
- Application of a biosocial paradigm
- Integrated action over multiple risk factors
- Action taken over healthy individuals and NCD patients
- Intersectoral actions
- Special focus on hypertension

The characteristics of the Cienfuegos model enabled it to become the first municipality to join the Healthy Municipalities Network in 1992.

In 1998, Cienfuegos joined the CARMEN Network with the desire to reduce the NCD morbidity and mortality in the next 20 years (1998-2018), by the prevention and control of NCDs.

The project proposed to:

- Implement a community-based intervention for risk reduction
- Promote ample community participation
- Increase community participation in the planning, the implementation and the realization of lifestyle changes
- Improve NCD health care, with special emphasis on early diagnosis
- Reorient health care services and other sectors
- Measure, monitor and evaluate the achieved results and disseminate information
- Act as a model for a nationwide approach

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<sup>2</sup> Espinosa Brito, Alfredo. La Salud Pública en Cuba y en Cienfuegos: Algunos Apuntes Sobre su Desarrollo, 1959-1999. Cienfuegos, 1999.

The main strategies of the CARMEN/Cienfuegos project are:

- Health promotion; risk reduction: intended to cover the entire population by applying traditional public health methods as well as those, used for changing social norms.
- Disease prevention with a focus on the individual, implemented through the Family Health Program, incorporating secondary and tertiary care components as well.
  - ☑ Development of clinical guidelines for Primary Health Care, as well as prevention and control of tobacco use, alcohol consumption, sedentary lifestyle, unhealthy diet, obesity and hypertension
- The reorientation of the health services has the aim to create and consolidate favorable conditions for CARMEN Project implementation by:
  - ☑ Consolidating the comprehensive care provided by the Family Health Program team
  - ☑ Providing the necessary resources for the project implementation
  - ☑ Promoting the efficacy and efficiency of resource utilization
- Baseline measurements, monitoring and evaluation. By implementing a demonstration project, it is expected that:
  - ☑ The project can be reproduced
  - ☑ The impacts can be measured
  - ☑ The applied resources are those that are available in the health services

Given the benefit of the experience gained in Cienfuegos, CARMEN/Cuba was implemented in 14 provinces, while Cienfuegos continues to work as a demonstration area. The National NCD Program is run under the guidance of the Ministry of Health and is managed on the national, provincial and local levels. The CARMEN activities are evaluated annually, while the achieved results are analyzed every five years.

The following lines of action are interacting to consolidate the CARMEN implementation in Cuba:

- Promotion and strengthening intersectoral actions, utilizing the Healthy Municipalities Strategy in Cuba
- Promotion of and strengthening multidisciplinary approaches
- Reorientation of the health services
- Development of the NCD and Risk Factors Surveillance

The development of CARMEN in Cuba has improved the public perception and understanding of risk factors, as well as the attitude of health care workers toward noncommunicable diseases, and thus it has strengthened the Hypertension Prevention and Control Program.

The National Health and Quality of Life Program has been successfully implemented in Cuba, and consists of intersectoral actions, including the development of healthy communities, the Family Health Program, tobacco-related legislation, traffic controls, alcohol consumption, diet and environmental health. CARMEN/Cuba has been pivotal in strengthening this program through its approaches and strategies to prevent NCDs.<sup>3</sup>

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<sup>3</sup> Landrove Rodriguez, Orlando. *CARMEN Initiative Meeting*. Brazil, November 2003.