



Soft Power Diplomacy: An Analytical and Conceptual Contextualisation of Cuba's Peregrination in Africa¹

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Abstract

For decades, and despite sanctions and turbulent relations with major international actors since the 1960s, Cuba has managed to assert itself in the international system. A small island with very limited natural resources, Cuba leveraged its international affairs on its provision of healthcare. This article investigates the role and impact of Cuban medical assistance in Africa. It proceeds from the premise that soft power has useful explanatory value in understanding the Cuba–Africa diplomatic intercourse. The article argues that despite its political ideology and limited political freedoms, Cuba established itself as a model and prominent player in the unique and consistent provision of healthcare and humanitarian assistance to the African continent, and in the development of Africa's healthcare systems, for more than sixty years. It has also offered community-based healthcare training, which most African countries consider to be more relevant and cost-effective than hospital-based training. Furthermore, the Cuban training gave African medical students a shift in perspective and orientation to focus on public service, not profit-making.

Keywords: Africa; Cuba; diplomacy; medical doctors; soft power; community-based healthcare

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Résumé

Depuis les années 1960, et malgré les sanctions et les relations turbulentes avec les principaux acteurs internationaux, Cuba a réussi à s'affirmer dans le système international. Petite île aux ressources naturelles très limitées, Cuba a tiré parti de son entregent international dans la fourniture de soins de santé. Cet article examine le rôle et l'impact de l'assistance médicale cubaine en Afrique. Elle part du principe que le soft power a une valeur explicative utile dans la compréhension des relations diplomatiques entre Cuba et l'Afrique. L'article soutient qu'en dépit de son idéologie et de restrictions des libertés politiques, Cuba s'est imposé comme un modèle et un acteur de premier plan dans la fourniture unique et constante de soins de santé et d'assistance humanitaire au continent africain, et, depuis plus de soixante ans, dans le développement des systèmes de santé africains. Cuba propose également une formation en soins de santé communautaire de base, que la plupart des pays africains considèrent comme plus pertinente et plus économique que la formation en milieu hospitalier. En outre, la formation cubaine a permis aux étudiants en médecine africains de changer de perspective et d'orientation pour se concentrer sur le service public, sans recherche de profit.

Mots-clés : Afrique ; Cuba ; diplomatie ; médecins ; soft power ; soins de santé communautaires.

Introduction

Cuba is a collection of small islands of about 109,884 square kilometres in the Caribbean, with a population of about 11 million people. Spain colonised Cuba in the fifteenth century, but following the Spanish-American War of 1898, Cuba became a US protectorate (Pérez 1998; Beede 1994; Schoonover and LaFeber 2005). By the 1940s, Cuba had gained minimal independence, but it soon faced political and social strife, which resulted in a coup that ushered in President Fulgencio Batista's corrupt dictatorship, in 1952 (Shapiro 1963; Guerra 2012; Beede 1994). Batista's oppressive rule led to his overthrow in 1959 by the 26th of July Movement led by Fidel Castro (Fernández 2009). The Castro movement introduced Communist rule to Cuba, which has existed since then (Castro and Ramonet 2007; Fernández 2009).

In the early 1960s, Cuba was of geopolitical and geostrategic importance to the Communist Union of Soviet Socialist Republics (USSR) due to the country's close proximity to the latter's global adversary, the United States of America (Scott and Hughes 2015; Pavlov 1994). The close ties between Cuba's communist government and the USSR sparked tension between

those two countries and the USA, resulting in a nuclear crisis in 1963 between the then superpowers – the USA and the USSR (Scott and Hughes 2015; Pavlov 1994; Bain 2005). Cuba was a place of contention between the Cold War rivals for more than two decades. The USA imposed sanctions on Cuba that would last more than half a century (Scott and Hughes 2015; Franklin 1997). Notwithstanding the sanctions, Cuba expanded its international co-operation by becoming a member of several international institutions and organisations, such as the United Nations, Non-aligned Movement (NAM), the G77, Organization of African, Caribbean and Pacific States (OACPS) and the Organization of American States (OAS) (Harris 2009). Furthermore, Havana utilised its limited natural resources to establish economic cooperation with other states through tourism and by exporting tobacco, sugar and coffee (Ritter 2004; Mehrotra and Jolly 1997).

Throughout the Cold War period, Cuba was actively involved in most liberation wars in Latin America, the Caribbean and Africa, supporting and promoting communist regimes and/or ideology. More importantly, Cuba became actively involved in international humanitarian activities. At the time of the revolution in 1959, Cuba established a strong healthcare system and trained thousands of healthcare workers who were sent to work in other countries throughout the world (Werlau 2013; Dominguez 1993). The deployment of Cuban healthcare workers and other professionals defined Cuba's foreign policy and asserted the country's role and impact in international affairs, especially global healthcare. The aggregate of Cuba's domestic and foreign policies can be summed up as high human development, health and education ratings, as well as international recognition for contributing to the World Health Organization's global call for 'health for all' (Blue 2010; WHO 2020; UNDP 2019).

This research makes a case for the effectiveness of soft power diplomacy using healthcare services to establish Cuba–Africa relations. It argues that although Cuba is a small state faced with political and economic challenges it has asserted itself in international affairs and contributed more specifically to the development and growth of Africa's healthcare services. In establishing relations with Africa, Cuba initially used hard and soft power. The test case of Cuba's hard power relations with Africa was the deployment of military personnel in Algeria in the early 1960s (Gleijeses 1996). Later on, Cuba played a significant role in the Angolan struggle for liberation and independence by providing military support and development aid (Grabendorff 1980; James III 2020). Cuba's involvement in Angola continued during the civil war that emerged and continued from 1975 until the early 2000s (Grabendorff 1980; Gonzales 2000). However, Cuba's

soft power in Angola in the form of ‘... development aid, is considered by most African states to be the most positive Cuban support’ (Grabendorff 1980:6). Although Cuba used hard power diplomacy in Africa, soft power proved more sustainable and beneficial to Cuba and the recipient African states (Grabendorff 1980).

Therefore, this article uses soft power and not hard power to analyse and contextualise Cuba’s trajectory in Africa, and raises the following arguments. First, Cuba provided successful community-based healthcare services training as an alternative to Western hospital-based healthcare services in Africa. Second, despite decades-long sanctions, Cuba internationalised its healthcare services, thus setting a model worth emulating by African states that are struggling to make themselves relevant in a globalising world. Third, Cuba’s soft power, which is core to the country’s foreign policy, was an effective diplomatic tool in that it transcended political challenges, and enabled Havana to collaborate with several countries across the world regardless of their geographical location and political ideologies. Fourth, Cuba’s international cooperation in healthcare services presents one of the rare cases of success by a leftist or communist regime in the developing world (Feinsilver 2006). Lastly, Cuba’s health-based diplomatic relations are an uncommon example of successful South–South cooperation.

Soft Power Diplomacy and Cuba’s Healthcare Nexus

The concept of soft power is premised on the theory that it can bring about the desired objectives through persuasion or co-option without the use of force – otherwise known as co-optive force (Nye 2008). Attraction, as opposed to force, is fundamental in achieving desired goals based on inducement or co-option (Nye 2004). According to Nye (2004:15), soft power is ‘the ability to get the outcomes you want without having to force people to change their behaviour through threats or payments’. The concept is anchored on culture, values, ideology, institutions, technology and education. Furthermore, Nye (2008:95) argues that soft power is appealing because it has ‘... the ability to entice and attract’. Therefore, soft power establishes policies that tend to be attractive, legitimate and command a moral authority of some sort (Nye 2008).

Soft power is one of the effective paths to success as it wins hearts and minds and can produce desired policy outcomes (Nye 2019). Many countries, including Cuba, have used soft power to build and enhance their diplomatic relations with others. Culture, political values and foreign policies have individually and collectively enabled soft power diplomacy.

In Cuba's case, this includes its revolutionary experience. Specifically, Cuba emerged from its revolution prepared to support those countries mired in similar conditions, which made Africa one of the key destinations for Cuba's implementation of soft power medical diplomacy. Institutions increase the relevance of soft power by increasing others' perceptions of legitimacy (Nye 2019). In this context, it can be argued that soft power evolves and grows out of a nation's culture and institutions.

The hallmark of Cuba's soft power medical diplomacy was set by Ernesto Che Guevara, a key figure in the Cuban revolution, in his 1960 'On Revolutionary Medicine' speech (Offredy 2008; Whiteford and Branch 2009; Brotherton 2012). His concept of revolutionary medicine was premised on grassroots, people-driven, free medical care and was meant to revolutionise the healthcare system in Cuba. For Guevara, the right of access to quality medical care was as important as political rights; healthcare was a universal human right enshrined in the cardinal sovereign responsibilities of the state (Brotherton 2012). This idea culminated in the establishment of free medical care after the Cuban revolution (Porter 2006; Brotherton 2012). Healthcare thus was intertwined with the Cuban dual conception of the revolution, that is, medicine and politics.

Realising its relatively weak economy and political challenges, both of which were compounded by US sanctions, Cuba fixed on medical diplomacy to assert itself as a prominent player in international politics (Werlau 2013; Feinsilver 2010). The first implementation of this vision was when Cuba sent medical personnel to Algeria to replace the departing French doctors after the Algerian war of revolution against the French in 1963. Since then, Cuba has deployed medical personnel in other parts of Africa, setting the stage for medical diplomatic peregrination supplemented and consolidated by several complementary initiatives. These include:

- cooperation with medical institutions in
 - Ethiopia (1984), Uganda (1986),
 - Ghana (1991), the Gambia (2000),
 - Equatorial Guinea (2000), and
 - Guinea-Bissau (2004);
- training African medical students; and
- offering scholarships for African students to train in Cuban universities.

Thus, Cuba is now a force to reckon with in global healthcare and a leader in medical diplomacy (Feinsilver 1993; De Vos *et al.* 2009).

Cuba's relations with Africa were largely influenced by a common sociocultural background or heritage (Gonzales 2000). For instance, Cuba has a significant population of citizens with African ancestry (Lopez 2012; Gonzales 2000). Furthermore, during the Spanish rule of Cuba some Cubans were deported to African countries like Nigeria and Guinea because of their political sentiments (Castillo-Rodríguez 2016). In addition, like African states, Cuba was, for a long time, a colony and experienced a liberation struggle (Gonzales 2000; Grabendorff 1980). These were among the reasons for Cuba's decision to assist African countries in their struggle for liberation (Grabendorff 1980; Gonzales 2000).

Cuba's Medical Cooperation and Global Healthcare Services

Cuba's footprint in healthcare has not been limited to Africa. Havana deliberately put in place a structural cooperation programme to export skilled healthcare workers to serve in various countries for at least two years (De Vos et al. 2007; Feinsilver 2010). At the inception of the internationalisation of Cuba's healthcare, Cuba sent more than 130,000 healthcare professionals to more than 102 countries (Kirk 2009). Since the 1960s, it has deployed more than 600,000 healthcare workers in more than sixty developing and developed countries across the world (De Vos et al. 2007; Blue 2010; Feinsilver 2006). It has sent medical professionals to almost all of Latin America, the Caribbean, Asia and Africa (De Vos et al. 2007). Its medical, diplomatic relations with liberal and socialist states demonstrate the ability of soft power to transcend political systems and challenges.

By 2007, Cuba had sent more healthcare professionals around the world than all the G8 countries combined (Kirk 2009). Havana had the largest number of 'medical diplomats' abroad – more than 42,000 healthcare workers, of whom 19,000 were physicians (Huish and Kirk 2007). Although the number of Cuban medical staff abroad declined from 50,000 in 2015 to 28,000 by 2020, Cuba's doctors are still in high demand across the world (*The Economist* 2020; Garrett 2010).

According to Walker and Kirk (2013), Cuba's role and impact on global healthcare go beyond medical cooperation to capacitation, in that it has established medical school training and collaboration with countries in Africa, Asia, Latin America and the Middle East (Walker and Kirk 2013; Kirk 2009). In focusing on the development of human capital, Cuba's healthcare system was indicative of effective medical cooperation based on a '... low-technology and low-resourced preventive-focused medical

model' (Walker and Kirk 2013:10). Cuba's medical model is not only cost-effective but is appropriate in developing countries because it emphasises a preventive and public or community-based approach rather than the curative approach that is affordable for only the privileged few (Kirk 2009; De Vos et al. 2007). This made it attractive to many developing countries that shared similar cultural traits.

Cuba's contribution to global healthcare has gone beyond medical cooperation and capacitation to humanitarian assistance. US sanctions and reservations about a socialist political system in a world dominated by pro-democracy states did not distract Cuba from offering international humanitarian assistance to countries affected by natural disasters across the globe. The Caribbean, and Latin American countries such as Chile, Honduras, Nicaragua and Haiti, have benefitted from Cuban medical assistance since the 1960s, during earthquakes, hurricanes and volcanic eruptions that have resulted in human casualties and impossible strains on their healthcare systems (Brouwer 2009; Briggs and Mantini-Briggs 2009). In 2005, following Hurricane Katrina in the US, Cuba offered humanitarian assistance to its long-term 'enemy' (Kirk 2009; De Vos *et al.* 2007) in the form of more than 1,500 medical doctors to attend to the affected American people. The US turned down the offer (Kirk 2015; Newman 2005).

Cuban medical diplomacy has reached as far as the Middle East and Asia in times of natural disaster, such as the 2004 tsunamis in Indonesia and Sri Lanka and earthquakes in Iran and Pakistan (Huish and Kirk 2007; De Vos et al. 2007; Akhtar 2006). It is worth noting that Pakistan and Iran have never been receptive to communism or socialism, but were grateful for humanitarian assistance from Cuba's socialist government. In addition, European countries such as Italy, Ukraine and Switzerland have benefitted from Cuban medical diplomacy (De Vos *et al.* 2007). Its resilience in outliving the collapse of communism and transcending geopolitical differences indicates the effectiveness of soft power and leadership in contributing to global healthcare.

Cuba's Medical Diplomats in Africa: Alleviating a Medical Personnel Shortage

During and after their struggles for independence in the 1960s, several African countries benefitted from the deployment of Cuban health brigades to provide healthcare to people affected by the wars (Glejeses 1996). As Brouwer (2009) rightly observed, Cuba used healthcare as a weapon of solidarity to support some countries, especially those in Africa, in times of

need (Nzibo 1983). Cuban healthcare workers were sent to Guinea Bissau, Angola and Mozambique during their armed struggles for independence and subsequent civil wars in the late 1970s (Huish and Kirk 2007; Cohen 1994; Nzibo 1983). Cuba's healthcare assistance was welcomed by most African states as an alternative to the healthcare assistance offered by the Western countries, which had strings attached (Nzibo 1983).

After the liberation struggles, Cuba played a prominent role in developing Africa's healthcare systems and in providing access to healthcare in many African countries. Notwithstanding its own status as a developing country with limited resources, and the language barrier, Cuba deployed medical personnel in almost all the regions of Africa throughout the 1960s and 1970s. By 1982, Cuba had sent more than 2,692 healthcare workers, mostly doctors, to more than twenty-six African countries (Nzibo 1983). Angola, Ethiopia, Guinea Bissau, the Congo, Mali, Tanzania, Burundi, Uganda, Seychelles and Mozambique were among the beneficiaries (Nzibo 1983; De Vos *et al.* 2007).

One of Cuba's foreign policy objectives was ensuring Cuba's influence and presence in Africa through medical personnel (Nzibo 1983). According to the then-Cuban leader, Fidel Castro, his country's influence in Africa was not one of hard power or military in nature but was civilian, utilising soft power (Nzibo 1983). More importantly, Cuba was not deterred by its detractors, led by the US, who accused it of exporting revolution and internationalising communism (Nzibo 1983). By 2005, more than thirty African countries were hosting more than 1,290 Cuban physicians (De Vos *et al.* 2007; Feinsilver 2010), and more than 500 Cuban medical personnel were working in public health facilities in southern Africa – in Botswana, Lesotho, Namibia, Zimbabwe, South Africa and Mozambique (De Vos *et al.* 2007). The Gambia was the biggest African recipient of Cuban health aid, with more than 250 medical personnel by 2004 (Blue 2010; Feinsilver 1993).

Cuba's most recent health intervention was in South Africa in 2020, during Covid-19, when it sent medical personnel to assist that country (Jika 2020; Kapueja 2020). The South African government and some workers' unions welcomed the Cuban medical personnel. However, there were objections (NEHAWU 2020; Kapueja 2020). The media, professional medical organisations and the general public complained about the hefty budget for the Cuban medical personnel, the lack of consultation in employing them, and the lack of evaluation standards for their services (Kapueja 2020).

Cuba's Humanitarian Assistance to Africa

In 2005, Fidel Castro established Cuba's international contingent of medical doctors specialising in disasters and serious epidemics, known as The Henry Reeve Brigade. The overall objective of the Brigade was international medical solidarity in major world healthcare crises (Cuba Solidarity Campaign 2020). The Brigade has assisted countries hit by hurricanes (such as Guatemala during Hurricane Stan), earthquakes (Indonesia, Haiti, Chile and China) and floods (Mexico) (Cuba Solidarity Campaign 2020). The effectiveness of The Henry Reeve Brigade resulted in it being awarded a prize for public health by the WHO in 2017 for medical assistance to more than 3.5 million people affected by disasters and epidemics in more than twenty-one countries (Cuba Solidarity Campaign 2020).

African countries, too, have benefitted from Cuba's Henry Reeve Brigade. In 2014, there was an outbreak of Ebola in West Africa, affecting Guinea, Sierra Leone and Liberia. In response to the epidemic, many countries closed their borders to people from those countries. As the disease rapidly spread in the three West African countries, the United Nations Secretary-General and the World Health Organization (WHO) Director-General appealed to the international community for assistance. Some Western states went as far as promising assistance and money (Kirk and Walker 2016), but Cuba was the first country to offer to send the largest contingent of medical professionals. 'In all, over 12,000 Cuban medics volunteered for the Ebola mission, with some reports stating that 15,000 had offered to go to West Africa' (Kirk and Walker 2016:17). Commenting on the inadequate response by most developed countries, the Director-General of WHO was quoted as saying:

Money and materials are important, but those two things alone cannot stop Ebola virus transmission ... Human resources are clearly our most important need. We need most especially compassionate doctors and nurses, who will know how to comfort patients ... (Kirk and Walker 2016:10)

After the Covid-19 outbreak in 2020, more than 3,700 Cuban medical personnel volunteered to assist in thirty-nine countries worldwide, treating more than 360,000 people (Cuba Solidarity Campaign 2020). Responding to Cuban medical assistance at the beginning of the pandemic, Stefania Bonaldi, the Mayor of Crema in Italy, said: 'We were shipwrecked and you succoured us without asking us our name or origin. After months of mourning, anguish and doubts, now we see the light' (Cuba Solidarity Campaign 2020). When countries throughout the world were focused on

ensuring maximum access to healthcare for their citizens, Cuba dispatched more than 300 medical personnel to some African countries to help fight the pandemic, with South Africa alone receiving 217 Cuban medical brigades (Agencia Cubana de Noticias 2021; Acosta 2020).

More importantly, as Kirk (2015) observed, Cuban healthcare is unlike that provided by any other state in the world since it targets marginalised populations and people in remote areas across the world, and thus broadens the scope of Havana's soft power medical diplomacy. Whereas some countries and organisations are accused of 'disaster tourism', in that their citizens go to disaster-affected areas 'to see' what happened and assess the degree of the damage, Cuban healthcare workers go in to offer much-needed medical assistance (Kirk 2015). Thus, Cuban soft power medical diplomacy has '... helped deliver preventative and curative care to a total of 1,931 million people around the world and save 8.2 million lives between 1960–2019' (Cuba Solidarity Campaign 2020).

Cuba's Healthcare Training and its Relevance to Africa

Cuba's medical internationalism has created opportunities for some African countries to improve their own healthcare systems and lower the ratio of doctors to patients. Cuban medical training is appreciated by some as unique and the best way to achieve universal healthcare because it trains doctors who are willing to work under difficult conditions, especially in rural and disaster-affected areas (Sui *et al.* 2019). Cuban medical schools are among the most preferred in the world as a result of the country's long-term investment and strength in the medical sciences (Gott 2004; Dominguez 1993). The Cuban diplomatic missions play a critical role in the recruitment and registration of foreign medical students.

Cuba's model of medical training emphasises community-based healthcare rather than hospital-based healthcare, which is used by some developed countries like the United Kingdom (Wong and Wylie 2010; Feinsilver 1989). Community-based medical training is offered through community-based centres, such as primary healthcare facilities, instead of large hospitals (Wong and Wylie 2010; Feinsilver 1993). This model of training appeals to most developing countries, especially in Africa, because it equips healthcare givers with skills to assess socioeconomic and political factors that may contribute to the health of a patient (Wong and Wylie 2010). Furthermore, the model is credited as an effective preventive measure rather than a curative one focusing only on clinical treatment (Wong and Wylie, 2010; Walker and Kirk 2016).

Community-based training is also favoured by developing countries with limited resources because it develops medical students to be what Wong and Wylie (2010) call 'five-star doctors' capable of providing healthcare that is relevant, equitable, effective and of high quality. According to Wong and Wylie (2010), the 'five-star doctor' is a care provider, decision-maker, communicator, community leader and manager all at the same time, and thus is also cost-effective.

Cuban medical schools prepare students to be medical corps in communities different from theirs and to provide humanitarian medical services to disadvantaged communities (Motala and Van Wyk 2019). Graduates of Cuban medical schools are known to be willing to work in rural communities where there is more need for healthcare services, as is the case in most African states (Sui *et al.* 2019; National Department of Health 2011). Although Cuba's language is foreign to the countries to which it sends students, this has not been a disincentive in the quest for Cuban training, as most African states find Cuba's community-oriented medical training approach relevant to their healthcare systems (Sui *et al.* 2019; Mills *et al.* 2011; Bateman 2013). In some countries, like South Africa, where surveys and comparisons of Cuban-trained and South Africa-trained doctors were done, graduates from the former proved to be more competitive and confident in talking to patients and their relatives than those trained locally (Sui *et al.* 2019).

Cuban medical schools are also credited with providing medical training to disadvantaged students from around the world, including the US (De Vos *et al.* 2007; Sui *et al.* 2019), and with being affordable to students from African countries (Sui *et al.* 2019; Motala and Van Wyk 2019; Bateman 2013). South Africa, for example, has trained an average of 700 medical students per year in Cuba since 1996, even though it has some of the best medical schools (Sui *et al.* 2019; Human Resources for Health 2015; Hammett 2007), because these medical schools can be prohibitively expensive.

A further advantage of Cuban medical schools is that they promote gender equity by providing greater access to medical training for women from across the world. At the inception of the Latin American School of Medical Sciences (ELAM) in 1998, half the medical students were women (Blue 2010; Feinsilver 2006).

Cuba's Universal Healthcare Services: A Better Alternative to Neo-liberal Healthcare Services

Cuba's revolutionary government established a universal healthcare system to ensure equal treatment and access to all (Wong and Wylie 2010). Since healthcare services were prominent in Cuba's statecraft, this enabled its medical internationalism. Whereas other countries embraced the dominant neoliberal approaches in their domestic and foreign policies, such as commodifying healthcare services, privatisation and social austerity, Cuba rejected these and made its healthcare a public good accessible to all (Feinsilver 2006; De Vos *et al.* 2007). With its efficient soft power, medical diplomacy and a healthcare system that even serves other countries, Cuba has invalidated the neoliberal view that efficiency and effectiveness can best be achieved through privatisation (De Vos *et al.* 2007; Navarro 2020). 'Cuban leaders consider health indicators to be measures of government efficacy ...' (Feinsilver 1989:1).

Through healthcare services, Cuba has asserted itself as a 'world medical power' (Feinsilver 1989). When other states were internally focused, Cuba found an opportunity to internationalise its healthcare system by creating a pool of health workers that was big enough for local healthcare needs and to be deployed in other countries, both developed and developing (Blue 2010; Feinsilver 1993). The Cuban medical personnel and African doctors who graduated from Cuban medical schools focus on the provision of healthcare to the public and less on profit-making, thus offering their services for the benefit of humanity (Feinsilver 2006). Through this approach, Cuba has been able to reduce the impact of sanctions and connect with other countries despite its lack of democratic credentials and the US's attempts to isolate it (Feinsilver 2010; de Vos *et al.* 2007).

Notwithstanding its rejection of the neoliberalisation of healthcare services, Cuba has continued to play a prominent role in world affairs, especially in the improvement of global healthcare, throughout the Cold War era and beyond. The collapse of the Soviet Union, a major sponsor of the Cuban revolutionary government and its initiatives, did not disrupt Cuba's medical diplomacy. Cuba's foreign medical assistance has paid dividends in restoring and strengthening its diplomatic relations with other states regardless of their political ideologies (Blue 2010; Feinsilver 2006). For instance, Cuba has provided medical assistance to some of its estranged neighbours in Latin America, the Caribbean and South America, such as Haiti, Guatemala, Honduras and Panama (Gibbs 2005; BBC 2009). By 2004 Guatemala, Haiti and Honduras had more than 1,000 Cuban medical

personnel working in their health systems (De Vos *et al.* 2007). Cuban medical diplomacy also eased tensions with its neighbours and averted the international isolation intended by US sanctions (Huish and Kirk 2007).

Consequently, Cuba has successfully integrated health and human security into its foreign policy and effectively established diplomatic relations that transcend political and economic ideologies (Huish and Spiegel 2008). Moreover, Cuba's cooperation with developing countries, especially in Africa, has provided an unusual, yet successful model of South-South cooperation (Hammett 2007; Blunden 2008). As Nzibo (1983) noted, Cuba is a model of success that is envied by many developing countries. The late Mozambican president, Samora Machel, once remarked that 'history will record in golden letters the internationalist example of Cuba as a major contribution to humanity's history ...' (Nzibo 1983:81).

Conclusion

The US sanctions at the inception of Cuba's revolutionary government in the early 1960s posed a major threat to its socioeconomic development at a critical time when the country had just emerged from a dictatorship. However, Cuba's revolutionary government set itself clear objectives, among them being the provision of universal healthcare for its people. Healthcare services were, therefore, enshrined as a right in Cuba. Consequently, the Government of Cuba invested in the training of healthcare personnel. The Cuban healthcare system was community-oriented from the outset, thus guaranteeing access regardless of the location within Cuba. Moreover, the training of medical personnel in Cuba equipped them to effectively work and serve people in urban and rural areas, in and outside Cuba.

Cuba internationalised its healthcare model by expanding its medical success beyond its borders following the attainment of the Cuban dream captured in Castro's 1978 speech, '... predicting that Cuba would become "the bulwark of Third World Medicine," put a doctor on every block, become a "world medical power," and equal or surpass the United States in certain health indices' (Feinsilver 1989:1). Healthcare has played a prominent role in Cuba's foreign policy and has been a tool for solidarity with other developing countries, especially in Africa. African countries embraced Cuba's model and assistance in the development of their healthcare systems and as an alternative to Western hospital-based healthcare premised on neoliberal policies (Navarro 2020).

Cuba's soft power approach transcended its political and economic challenges and transformed Cuba into a 'world medical power' (Feinsilver 1989). Through its medical internationalism, Cuba has modelled some of

Africa's healthcare systems, established training cooperation with African medical schools (Kirk 2009), provided healthcare facilities, trained African medical personnel, offered medical scholarships and presented a relevant, cost-effective, community-based healthcare system that many African countries could adopt and relate to with ease. Cuba's journey in Africa through medical diplomacy can be summed up as an embodiment of resilience, vision, solidarity, selflessness and success of soft power diplomacy amid socioeconomic and political challenges both in Cuba and in the countries it has assisted.

References

- Acosta, N., 2020, Cuban Doctors Head to Italy to Battle Coronavirus. <https://www.reuters.com/article/us-health-coronavirus-cuba-idUSKBN219051>. Accessed 21 May 2021.
- Agencia Cubana de Noticias, 2021, Cuba Has Assisted Almost One-Third of the World's Population in Health Care, *MR Online*, 25 February. <https://mronline.org/2021/02/25/cuba-has-assisted-almost-one-third-of-the-worlds-population-in-health-care/>. Accessed 21 May 2021.
- Akhtar, A.S., 2006, 'Cuban Doctors in Pakistan: Why Cuba Still Inspires', *Monthly Review*, Vol. 58, No. 6, pp. 49–55.
- Bain, M.J., 2005, 'Cuba-Soviet Relations in the Gorbachev Era', *Journal of Latin American Studies*, Vol. 37, No. 4, pp. 774–784.
- Bateman, C., 2013, 'Doctor Shortages: Unpacking the Cuban Solution', *South African Medical Journal*, Vol. 103, pp. 603–605.
- BBC News, 2009, *Cuba Neighbours to Restore Ties*, BBC News <http://news.bbc.co.uk/1/hi/world/americas/7951908.stm>. Accessed 5 February 2022.
- Beede, B.R., 1994, *The War of 1898 and US Interventions, 1898–1934: An Encyclopedia*, London: Taylor & Francis.
- Blue, S., 2010, 'Cuban Medical Internationalism: Domestic and International Impacts', *Journal of Latin American Geography*, Vol. 9, No. 1, pp. 31–49.
- Blunden, M., 2008, 'South–South development cooperation: Cuba's health programmes in Africa', *International Journal of Cuban Studies*, Vol. 1, No. 1, pp. 32–41.
- Brotherton, P.S., 2012, *Revolutionary Medicine: Health and the Body in Post-Soviet Cuba*. Durham, NC: Duke University Press.
- Brouwer, S., 2009, The Cuban Revolutionary Doctor: The Ultimate Weapon of Solidarity, *Monthly Review*, 1 January. <https://monthlyreview.org/2009/01/01/the-cuban-revolutionary-doctor-the-ultimate-weapon-of-solidarity/>. Accessed 12 February 2022.
- Briggs, C., and Mantini-Briggs, C., 2009, 'Confronting Health Disparities: Latin American Social Medicine in Venezuela', *American Journal of Public Health*, Vol. 1, No. 3, pp. 549–556.

- Castillo-Rodríguez, S., 2016, 'African diaspora and the circulation of language: Cuban and Afro-Cuban loanwords in Equatorial Guinea', *International Journal of the Sociology of Language*, Vol. 239, pp. 157–192.
- Castro, F., and Ramonet, I., 2007, *Fidel Castro: My Life*, transl. Andrew Hurley, New York: Scribner.
- Cohen, S., 1994, 'Cuba and the Liberation of Southern Africa', *Monthly Review*, Vol. 46, pp. 17–25.
- Cuba Solidarity Campaign, 2020, Why does Cuba's Henry Reeve Brigade deserve the Nobel Peace Prize? <https://cuba-solidarity.org.uk/nobel-peace-prize/background/Henry-Reeve-Brigade-2020-09.pdf>.
- De Vos, P., Ceukelaire, W. D., Bonet, M., and Van der Stuyft, P., 2007, 'Cuba's International Cooperation in Health: An Overview', *International Journal of Health Services*, Vol. 37, No. 4, pp. 761–776.
- Dominguez, J., 1993, 'Cuba Since 1959', in Bethell, L., ed., *Cuba: A Short History*, Cambridge: Cambridge University Press, pp. 95–148.
- Feinsilver, J.M., 1989, 'Cuba as a 'World Medical Power': The Politics of Symbolism', *Latin American Research Review*, Vol. 24, No. 2, pp. 1–34.
- Feinsilver, J.M., 1993, *Healing the Masses: Cuban Health Politics at Home and Abroad*. Berkeley: University of California Press.
- Feinsilver, J.M., 2006, 'Cuban Medical Diplomacy: When the Left Has Got It Right' (*La Diplomacia Medica Cubana: Cuando La Izquierda Lo Ha Hecho Bien*), *Foreign Affairs*, Vol. 6, No. 4, pp. 81–94. <http://www.coha.org/2006/10/30/cuban-medical-diplomacy-when-the-left-has-got-it-right/>.
- Feinsilver, J.M., 2010, 'Fifty Years of Cuba's Medical Diplomacy: From Idealism to Pragmatism', *Cuban Studies*, Vol. 41, pp. 85–104.
- Fernández, G., 2009, *Cuba's Primer – Castro's Earring Economy*, Morrisville: Lulu Publishing.
- Franklin, J., 1997, *Cuba and the United States: A Chronological History*, Melbourne: Ocean Press.
- Garrett, L., 2010, 'Castro Care in Crisis: Will Lifting the Embargo on Cuba Make Things Worse?' *Foreign Affairs*, Vol. 89, No. 4, pp. 61–73.
- Gibbs, S., 2005, *Cuba and Panama Restore Relations*. BBC News, 21 August. <http://news.bbc.co.uk/2/hi/americas/4170374.stm>. Accessed 25 May 2022.
- Gleijeses, P., 1996, *Cuba's First Venture in Africa: Algeria, 1961–1965*, *Journal of Latin American Studies*, Vol. 28, No. 1, pp. 159–195.
- Gonzales, D., 2000, 'Cuban-African relations: nationalist roots of an internationalist policy', *Review of African Political Economy*, Vol. 27, No. 84, pp. 317–323.
- Gott, R., 2004, *Cuba: A New History*, Yale, CT: Yale University Press.
- Grabendorff, W., 1980, 'Cuba's Involvement in Africa: An Interpretation of Objectives, Reactions and Limitations', *Journal of Interamerican Studies and World Affairs*, Vol. 22, No. 1, pp. 3–29.

- Guerra, L., 2012, *Visions of Power in Cuba: Revolution, Redemption and Resistance, 1959–1971*, Chapel Hill, NC: University of North Carolina Press.
- Hammett, D., 2007, 'Cuban Intervention in South African Health Care Service Provision', *Journal of Southern African Studies*, Vol. 33, No. 1, pp. 63–81.
- Harris, R., 2009, 'Cuban Internationalism, Che Guevara and the Survival of Cuba's Socialist Regime', *Latin American Perspectives*, Vol. 36, No. 3, pp. 27–42.
- Huish, R., and Kirk, J.M., 2007, 'Cuban Medical Internationalism and the Development of the Latin American School of Medicine', *Latin American Perspectives*, Vol. 34, No. 6, pp. 77–92.
- Huish, R., and Spiegel, J., 2008, 'Integrating Health and Human Security into Foreign Policy: Cuba's Surprising Success', *The International Journal of Cuban Studies*, Vol. 1, No. 1, pp. 42–53.
- Human Resources for Health, 2015, South Africa 2030: Draft HR Strategy for the Health Sector: 2012/13–2016/17. https://www.gov.za/sites/default/files/gcis_document/201512/39506gon1230.pdf.
- James III, W.M., 2020, *A Political History of the Civil War in Angola, 1974–1990*, Abingdon: Routledge.
- Jika, T., 2020, 200 Cuban medics to help SA fight Covid-19, *Mail & Guardian*, 25 April. <https://mg.co.za/article/2020-04-25-200-cuban-medics-to-help-sa-fight-covid-19/>
- Kapueja, L., 2020, International cooperation and health workers: the case of the Cuban Medical Brigade and WHO Surge Team in South Africa, Johannesburg: Wits University Centre of Excellence in Human Development. <https://www.gtac.gov.za/wp-content/uploads/2022/03/Kapueja-Lethu-2020-a-1.pdf>
- Kirk, J.M., 2009, 'Cuba's Medical Internationalism: Development and Rationale', *Bulletin of Latin American Research*, Vol. 28, No. 4, pp. 497–511.
- Kirk, J.M., 2015, *Healthcare Without Borders: Understanding Cuban Medical Internationalism*, Gainesville, FL: University Press of Florida.
- Kirk, J.M., and Walker, C., 2016, 'Cuban Medical Internationalism: The Ebola Campaign of 2014–15', *International Journal of Cuban Studies*, Vol. 8, No. 1, pp. 9–27.
- Lopez, A., 2012, *Unbecoming Blackness: The Diaspora Cultures of Afro-Cuban America*. New York: New York University Press.
- Mehrotra, S., and Jolly, R., 1997, *Development with a Human Face: Experience in Social Achievement and Economic Growth*, Oxford: Clarendon Press.
- Mills, E.J., Kanters, S., Hagopian, A., Bansback, N., Nacheha, J.B., Alberton, M., Au-Yeung, C.G., Mtambo, A., Bourgeault, I.L., Luboga, S.A., Hogg, R. S., and Ford, N.P., 2011, 'The Financial Cost of Doctors Emigrating from Sub-Saharan Africa: Human Capital Analysis', *British Medical Journal*, Vol. 343, pp. 1–13.
- Motala, M., and Van Wyk, J., 2019, 'Where are they working? A Case Study of Twenty Cuban-Trained South African Doctors', *African Journal of Primary Health Care Family Medicine*, Vol. 11, No. 1, pp. 1–9.

- National Department of Health, 2011, Human Resources for Health, South Africa. HRH Strategy for the Health Sector: 2012/13–2016/17, Pretoria: National Department of Health, Republic of South Africa.
- Navarro, V., 2020, 'The Consequences of Neoliberalism in the Current Pandemic', *International Journal of Health Services*, Vol. 50, No. 3, pp. 271–275.
- NEHAWU, 2020, NEHAWU Welcomes The Deployment Of A Cuban Medical Brigade To South Africa To Assist with COVID-19. <https://nehawu.org.za/NEHAWU%20Welcomes%20The%20Deployment%20Of%20A%20Cuban%20Medical%20Brigade%20To%20South%20Africa%20To%20Assist%20with%20COVID-19.html>
- Newman, L., 2005, Castro: U.S. Hasn't Responded to Katrina Offer, *CNN*, 5 September. <https://edition.cnn.com/2005/WORLD/americas/09/05/katrina.cuba/>. Accessed 20 February 2022.
- Nye, J.S., 2004, *Soft Power: The Means to Success in World Politics*, New York: Public Affairs.
- Nye, J.S., 2008, 'Public Diplomacy and Soft Power', *The Annals of the American Academy of Political and Social Science*, Vol. 616, pp. 94–109.
- Nye, J.S., 2019, 'Soft Power and the Public Diplomacy Revisited', *The Hague Journal of Diplomacy*, Vol. 14, pp. 1–14.
- Nzibo, Y.A., 1983, 'Cuban Assistance to Eastern Africa', *Transafrican Journal of History*, Vol. 12, pp. 75–99.
- Offredy, M., 2008, 'The Health of a Nation: Perspectives from Cuba's National Health System', *Quality in Primary Care*, Vol. 16, No. 4), pp. 269–277.
- Pavlov, Y.A., 1994, *Movement in Opposite Directions: Soviet-Cuban Alliance 1959–1991*, New Brunswick, NJ: Transaction Publishers.
- Pérez, L.A., 1998, *The War of 1898: The United States and Cuba in History and Historiography*, Chapel Hill, NC: University of North Carolina Press.
- Porter, D., 2006, 'How Did Social Medicine Evolve and Where is it Heading?', *PLoS Medicine*, Vol. 3, No. 10, pp. 1667–1672.
- Ritter, A.R.M., 2004, *The Cuban Economy*, Pittsburgh, PA: University of Pittsburgh Press.
- Schoonover, T.D., and LaFeber, W., 2005, *Uncle Sam's War of 1898 and the Origins of Globalization*, Lexington, KY: University Press of Kentucky.
- Scott, L., and Hughes, R.G., 2015, *The Cuban Missile Crisis: A Critical Reappraisal*, London: Routledge.
- Shapiro, S., 1963, *Invisible Latin America*, North Stratford: Ayer Publishing.
- Sui, X., Reddy, P., Nyembezi, A., Naidoo, P., Chalkidou, K., Squires, N., and Ebrahim, S., 2019, 'Cuban medical training for South African students: a mixed-methods study', *BMC Medical Education*, Vol. 19, No. 216, pp. 1–11.
- The Economist*, 2020, Cuba's doctors are in high demand. <https://www.economist.com/the-americas/2020/04/04/cubas-doctors-are-in-high-demand>. Accessed 15 March 2022.

- United Nations Development Programme (UNDP), 2019, Human Development Index Ranking-Human Development Reports. <https://www.hdr.undp.org/en/content/2019-human-development-index-ranking>. Accessed 20 January 2022.*
- Walker, C., and Kirk, J.M., 2013, 'From Cooperation to Capacitation: Cuban Medical Internationalism in the South Pacific', *International Journal of Cuban Studies*, Vol. 5, No. 1, pp. 10–25.
- Werlau, M., 2013, 'Cuba's Health-Care Diplomacy: The Business of Humanitarianism', *World Affairs*, Vol. 175, No. 6, pp. 57–67.
- Whiteford, L.M., and Branch, L.G., 2009, *Primacy Health Care in Cuba: The Other Revolution*, Lanham, MD: Rowman & Littlefield.
- Wong, J.K.F., and Wylie, A., 2010, 'Community- and Hospital-Based Teaching in the Medical Curriculum – Examples from Cuba and the UK', *International Journal of Cuban Studies*, Vol. 2, Nos 3 and 4, pp. 343–350.
- World Health Organization (WHO), 2020, Global Health Observatory Data Repository. <https://apps.who.int/gho/data/node.main.688?lang=en>. Accessed May 2022.