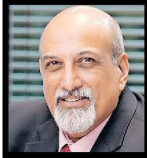


# Politics looming large in global medical collaboration

*Cuba-South Africa relationship made clear during Covid-19 pandemic*

## COMMENT



**SALIM S ABDOOL KARIM**

WORKING with some of the world's greatest infectious disease scientists helped to give me a useful dose of perspective and humility and taught me the wisdom of the "big picture view" of science.

In this way, I could see beyond the petty differences and concentrate on what we could learn in a high-stakes war against Covid-19 from the discussions being held and the choices being made by scientists across the world.

Reinforcing the importance of global collaboration and learning from others, I worked with the Department of Health to host a series of ministerial advisory committee (MAC) webinars with several countries to learn about their responses to Covid-19.

The MAC hosted individual sessions with the leading Covid-19 scientists from China, Russia and the US, among others.

The webinars were organised through diplomatic channels, where the Department of Health made the arrangements through each country's embassy in South Africa.

For example, the webinar with the US had presentations by Fauci (Dr Anthony Fauci), Dr Jeffrey Sachs, an economist from Columbia University, and Dr Eric Rubin, editor of the *New England Journal of Medicine*, and was hosted jointly by the US ambassador to South Africa and the South African minister of health.

But I also saw how politics overtook matters in international relations.

The Cuba-South Africa relationship was an example that was brought home to me during the pandemic. We learnt from the media about a Cuban medical contingent coming to South Africa – none of us on the MAC was aware of it – and it soon became public knowledge.

The matter was subsequently raised at the MAC. We wanted to know what skills and human personnel shortfalls required Cubans to assist. Specifically, we were trying to understand what plan of activities the government had that could not be done by South Africans and required Cuban assistance.

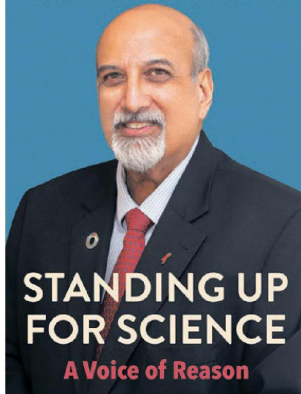
When we enquired, we learnt that there were no specifics on what the Cubans were coming to South Africa for, except that they were either trained doctors, public health practitioners or epidemiologists and that they would be deployed to work with provincial governments.

I was surprised to learn of this, as



THERE were no specifics on what the Cubans were coming to South Africa for, except that they were either trained doctors, public health practitioners or epidemiologists, says the writer. | African News Agency (ANA) archives

## SALIM S. ABDOOL KARIM



we hadn't seen any health personnel plans that showed shortcomings or called for external assistance. I saw it as simply a political act on the part of Cuba to make its personnel available to South Africa and our country accepting this, even if it was not needed, because of its relations with Cuba.

When the issue of Cuban assistance for Covid-19 emerged, I cast my mind back to other forms of unnecessary Cuban assistance that South Africa has either sought or accepted when offered. The one that came to mind is South Africa's deal with Cuba on the training of medical students.

This initiative had political motives as far as I could see – there was no needs assessment about what the shortfall in doctors was, why the country's medical schools could not meet it, and why students should train in Cuba as opposed to any other country, especially since medical schools in South Africa have specially allocated seats for students from other countries

in Africa such as Botswana. Why then send our students to Cuba?

The more important question is: Who are the students going to Cuba and who is selecting them? The reason this question is important is because there is no transparency in the process of selection, even though those selected received a taxpayer-funded all-expenses-paid education.

It turns out, from the information I gleaned, that it is mostly a political process, and that provincial politicians and high-level government officials have direct influence in the selection process and send in names of their preferred candidates, sometimes even family members or friends.

The Cuba medical student training programme has become a mechanism to use provincial government money (each province funds its selected students) to create a new kind of gray train, with some genuinely deserving students studying medicine in Cuba interspersed among them.

The South African medical students who train in Cuba have to undertake part of their training in South African medical schools, so that they can qualify with a South African medical degree, even though they had not completed their entire degrees with the rigours of the local training. This meant that they obtained a South African medical degree when most of their medical studies were in Cuba, and they did not need to meet the HPCSA rules for foreign-trained doctors.

In essence, this Cuban programme became a mechanism for some provincial officials to select the students, whose matric grades failed to meet local medical school admission requirements, to then get into a South African medical school anyway through a back door opened by initial training in Cuba.

Perhaps there will be an inquiry

into this programme some day that will reveal the full extent of these problems.

The arrival of Cuban doctors to help with Covid-19 provided me with some idea of the extent to which the South African government might go just to use the opportunities of joint activities with Cuba.

So I should not have been surprised when the government committed hundreds of millions of rand on a deal for unneeded Cuban medical personnel to come to South Africa's aid.

South Africa seems to have deep pockets when it comes to Cuba – deep enough for the South African National Defence Force to buy millions of rands worth of interferon from Cuba to treat Covid-19 when this was not a safe or effective treatment for the disease.

MAC responded to this news with an advisory stipulating that interferon was not a recommended treatment for Covid-19. Despite this, thousands of doses of this drug were purchased and delivered to South Africa.

Fortunately, it seems that military personnel were not, in the end, treated with this Cuban medication, though I think the military may have lost the money it had already paid Cuba for it.

Notwithstanding this dalliance with Cuba, the international interactions that the Department of Health facilitated in the form of MAC webinars were welcome and an important part of ensuring that we were keeping abreast of international developments.

*This is an edited extract from Chapter 15 of Professor Abdoool Karim's book Standing Up for Science. It deals with how politics can sometimes overtake matters of global collaboration, particularly with regard to the Cuba-South Africa situation.*