

# Cuba: the collapse of a healthcare system. An appeal to the medical community and international institutions

«Health should be protected at all costs and never be at the mercies of geopolitics, energy blockades and power outages. The situation in Cuba is deeply concerning as the country struggles to maintain health service delivery at a time of immense turbulence, leading to energy shortages that have been affecting health».

*Tedros Adhanom Ghebreyesu,*  
World Health Organization director-general  
(March 26, 2026).

**Summary.** Historically a model of excellence and international cooperation, the Cuban healthcare system is now in a state of documented collapse. With a density of 8.4 doctors per thousand inhabitants, the island is facing an unprecedented crisis: survival rates for childhood cancers have fallen from 80% to 65%, and nearly 100,000 people are on surgical waiting lists due to shortages of medicines, oxygen and anaesthetics. The structural causes lie in the tightening of the embargo, the effects of the pandemic and the recent cut-off of Venezuelan energy supplies, which is forcing hospitals to endure power cuts of up to twenty hours a day. The crisis also threatens public biotechnology innovation, a pillar of regional health sovereignty. The appeal urges the global medical community to break the silence, calling for the immediate suspension of sanctions on essential goods, the establishment of humanitarian corridors and the recognition of restrictions on care as a violation of fundamental human rights.

*Cuba: il collasso di un sistema sanitario. Un appello alla comunità medica e alle istituzioni internazionali.*

**Riassunto.** Storicamente eccellenza e modello di cooperazione internazionale, il sistema sanitario cubano versa oggi in uno stato di collasso documentato. Con una densità di 8,4 medici ogni mille abitanti, l'isola affronta una crisi senza precedenti: la sopravvivenza nei tumori infantili è scesa dall'80% al 65% e quasi 100.000 persone sono in lista d'attesa chirurgica per carenza di farmaci, ossigeno e anestetici. Le cause strutturali risiedono nell'inasprimento dell'embargo, negli effetti della pandemia e nel recente blocco delle forniture energetiche venezuelane, che impone blackout fino a venti ore giornaliere agli ospedali. La crisi minaccia anche l'innovazione biotecnologica pubblica, pilastro della sovranità sanitaria regionale. L'appello esorta la comunità medica globale a rompere il silenzio, chiedendo la sospensione immediata delle sanzioni sui beni essenziali, l'attivazione di corridoi umanitari e il riconoscimento delle limitazioni alle cure come violazione dei diritti umani fondamentali.

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## A documented health crisis

Once again, the organisation of services designed to safeguard the right to health serves as a powerful indicator of a country's progress or regression. The fact that a high-quality health service such as Cuba's is being forced to fail in its duties must be a cause for concern to anyone who cares about the universal right to health and healthcare.

Over the decades, Cuba has built a healthcare system that was regarded as an international model, capable of guaranteeing universal access to care even with limited resources. Since 1963, over 600,000 Cuban healthcare workers have served in more than 160 countries, often in situations where even local healthcare workers refused to be posted. Cuba, with a population of 11 million, is the country with the highest density of doctors in the world: 8.4 per thousand inhabitants, compared to 2.6 in the United States. That system is now on the brink of collapse. The accounts

gathered by Italian and international press correspondents in Havana in March 2026 paint a picture of extreme urgency, demanding a response from the global medical and scientific community.

Survival rates for childhood cancers have fallen from 80 per cent to 65 per cent due to a shortage of first-line drugs. Ninety-six thousand people (almost 1 in 100 of the population) – including 11,000 children – are on waiting lists for surgery. If the situation does not change, the list could reach 160,000 patients by the end of 2026. Over 300 paediatric surgical procedures a week are being jeopardised by shortages of medicines, oxygen, anaesthetics and consumables.

Although the US economic embargo has for years restricted access to the technologies, reagents, scientific equipment and financial channels necessary for biotechnology research, Cuba has built a public innovation system capable of producing vaccines and biological medicines independently. Public biotechnology research, a fundamental tool for health

sovereignty and equitable access to vaccinations, is therefore also under serious threat, to the detriment not only of the Cuban population but also of all those living in contexts of severe economic and political constraints.

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### **Embargo, blackouts and the black market: the structural causes**

The crisis has its roots in a combination of factors that have progressively worsened. The tightening of the economic embargo during the first Trump administration, the COVID-19 pandemic and, since January 2026, the near-total blockade of energy supplies resulting from the Venezuelan crisis have deprived the island of fuel, electricity and access to international markets for medicines and medical devices.

Havana goes without electricity for twelve, fifteen, sometimes twenty hours a day. Although hospitals are given priority as soon as the power supply is restored, they still suffer from power cuts that delay operations and diagnostic procedures. Smaller centres survive thanks to generators and, in some cases, solar panels imported from China.

Essential medicines – including paracetamol – have disappeared from the shelves of state-run pharmacies. They are available only on the black market, at prices unaffordable for most of the population. Life-saving supplies mostly arrive from relatives who have emigrated to Europe or the United States.

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### **The duty of the global healthcare community**

Faced with this emergency, the international medical and scientific community cannot remain silent. The collapse of a healthcare system is not merely a local tragedy: it is a violation of fundamental human rights that demands a response from the global community, regardless of any political assessment of the Cuban regime.

The principle of neutrality in healthcare – enshrined in international humanitarian law and universal medical ethics – requires that coercive economic measures must not affect access to treatment, particularly for children and vulnerable populations.

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### **We join our voices with those calling for:**

- a. *the immediate suspension of the embargo measures* affecting the availability of medicines, medical devices, oxygen, fuel for hospitals and any other supplies essential to patient care, with immediate effect and without political conditions;
- b. *the creation of a guaranteed humanitarian corridor* to ensure safe access for international organisations – PAHO/WHO, the Red Cross, MSF – to the Cuban healthcare system, with full freedom to operate and distribute medical aid;
- c. *the urgent mobilisation of life-saving medicines and paediatric oncology* supplies by states and organisations capable of doing so, with priority given to protocols for the treatment of childhood cancers;
- d. formal recognition by international health institutions that economic sanctions preventing access to healthcare constitute a violation of the fundamental principles of the right to health, as enshrined in Article 25 of the Universal Declaration of Human Rights;
- e. concrete support for Cuban doctors and healthcare workers who continue to work in extreme conditions, ensuring they have access to training, scientific updates and international professional networks.

It is the duty of the global healthcare community – doctors, researchers, institutions and scientific journals – to act unequivocally, in accordance with the fundamental principles of humanitarian law and medical ethics. Every day of silence comes at a cost in human lives.

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### **Sources**

- Saraceno B. Cuba: la crisi umanitaria voluta da Trump. *Saluteinternazionale* 2026; 2 marzo.
- Bonati M. Ora tocca a Cuba. *Scienza in rete* 2026; 23 marzo.
- Paone M. Senza farmaci ed elettricità, la sanità cubana è in pezzi. *Domani* 2026; 29 marzo.
- Rúa. Senza luce né gas tra i fantasmi dell'Avana. *La Stampa* 2026; 29 marzo.
- Agustin E, Nickas J. Cuban patients are dying because of US blockade, doctors say. *New York Times* 2026; 26 marzo.
- Devi S. US oil blockade pushes Cuba's health system into crisis. *Lancet Oncol* 2026; S1470-2045(26)00166-X.

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