



# General Assembly

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## Human Rights Council

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**Promotion and protection of all human rights, civil,  
political, economic, social and cultural rights,  
including the right to development**

### **Written statement\* submitted by Centre Europe - tiers monde, a non-governmental organization in general consultative status**

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[02 June 2025]

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\* Issued as received, in the language of submission only.



## **Towards a World where Health is not a Commodity: The Cuban Example (1)**

1. In Article 55 paragraph 2 of Chapter IX entitled 'International Economic and Social Cooperation', the UN Charter states that '[w]ith a view to creating conditions of stability and well-being which are necessary to ensure peaceful and friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, the United Nations will promote (...) the solution of problems in the (...) field of public health (...)'. In fact, health is a human right, recognised by many international and regional treaties, as the CETIM publication on the subject clearly shows (2). Today, however, the healthcare sectors are dominated worldwide by private capital invested by giant transnational corporations ('Big Pharma') whose primary objective is not to satisfy the medical needs of populations, but rather to maximise private profits and meet the interests of shareholders. The result is that large numbers of people around the world have no health coverage, while stock market speculators manage to appropriate financial profits by simply trading shares in pharmaceutical companies, sometimes without even producing a new drug.

2. Cuba, for its part, refuses to regard health as a commodity and is striving to make the right to health, so often incompletely applied elsewhere, effective. Its vision is in line with the letter and spirit of the major legal texts and declarations of international organisations. It is opposed to the interpretation of these texts by the dominant neo-liberal system, which generally rejects the introduction of universal coverage because it would mean increased expenditure for the State, and therefore fewer opportunities for those who enrich themselves at the expense of other people's health to capture profits. One of the first decisions taken by the Cuban Revolution in 1959 was to build a health system that would be at the heart of the development strategy and would become exceptional for a small country in the Global South, under embargo and with no natural resources. This system is characterised by its public nature, its universal coverage, the fact that all care is completely free of charge - from simple consultations to the most serious surgical operations - and the emphasis placed on prevention.

3. The effectiveness of this system is based in particular on the 'Family Doctor and Family Nurse' model of care, in line with the demands of the people and changes in their environment. This program is available to the entire population, from prenatal care during pregnancy to assistance in old age, as well as ongoing monitoring and early diagnosis during adulthood. Medical consultations, which take place in a practice located in the heart of the community, are carried out without any monetary exchange or pressure on the patient or doctor (no time limit, no need to build up a patient base, etc.). Regular home visits are also made to monitor the health of vulnerable people. Thanks to this system, the number of emergency cases, hospital admissions and surgical operations has been reduced, many epidemic diseases contained and the country's health indicators raised to remarkably satisfactory levels. Cuba has thus succeeded in eliminating most infectious and/or poverty-related diseases and has acquired a health profile fairly similar to that of a so-called developed country.

4. Cuba currently devotes more than 6% of its GDP and 27% of budget expenditure to health. The island currently has 284 hospitals (with almost 81,000 beds, equivalent to 7.5‰ inhabitants). Of these, 91 are equipped with intensive care units, 26 specialise in paediatrics, 18 in gynaecology-obstetrics and 16 in mother and child care. There are also 436 provincial or municipal polyclinics and, associated with them and spread throughout the country, more than 15,000 consultation centres, as well as stomatology centres and homes for young mothers, people with disabilities and elder people. A humanist approach prioritises care for those most in need. This is the case for the mother and child and the elderly programs. Special attention is paid to medical emergencies, as well as oral and dental care and eye care. The system also includes programs to combat chronic, non-communicable diseases that are dominant in the epidemiological profile of mortality, and to combat communicable diseases in order to limit risk factors, contain epidemics or pursue eradication through vaccination. The State has not privatised or closed any medical institutions.

5. As soon as the conditions were right, medical research was launched. Launched soon after 1959, the rebuilding of an education system trained the human resources that soon made it possible to achieve a critical mass of highly qualified scientists. As early as the 1980s, the government set up the “Scientific Division”, a complex of pharmaceutical industries capable of manufacturing essential, effective and inexpensive drugs on its own, while integrating the promising biotechnology sector that was emerging at the time. At the time, the first locally designed interferon and the first Cuban monoclonal antibodies with multiple medical uses were produced. The Centre for Genetic Engineering and Biotechnology, the Finlay Institute and a host of other specialist research centres were subsequently set up. In 2012, the BioCubaFarma group was founded, bringing together these various institutions.

6. According to World Bank data (3), Cuba outperformed the United States of America over the period 1960-2020 in indicators such as life expectancy and infant mortality rate. According to UN data, the infant mortality rate in 2021 was 4.99‰ births in Cuba, compared with 5.25 in Luxembourg. The scale and coherence of its health system have enabled it to deal with the Covid-19 pandemic in a more humane and effective way than in many other countries. The information provided to the public was characterised by competence and transparency. The protocols included, in particular, a formula of recombinant human interferon alpha-2B, as well as several other locally-produced drugs for the most seriously infected patients. More than 28,000 medical students were deployed throughout the country to carry out door-to-door visits to around four million people every day. The research led to the development of Cuban vaccines, which were administered to the population. The Covid-19 pandemic was kept under control in Cuba, with one of the lowest case-fatality rates in the world.

7. Cuba now exports hundreds of medicines invented and manufactured on the island to around sixty countries. Cuban laboratories have forged close links in the medical sciences with many countries, including those in the North. But it is above all with the Global South and the East, especially within the BRICS group - which Cuba joined in January 2025 - that this cooperation is developing most fruitfully in terms of exports and joint ventures. Trade with China has been growing since the 2000s. Major agreements have also been signed with the Russian Federation. During the pandemic, Cuban vaccines were purchased by Vietnam, the Bolivarian Republic of Venezuela, the Islamic Republic of Iran, India, Pakistan and Argentina. More than 50 countries also purchased recombinant interferon alfa 2b manufactured by Cuba. Brigades of 2,600 doctors - in addition to the 28,000 already present in 59 countries when the pandemic broke out - were sent to fight Covid-19 in some 40 countries. Cuba's international solidarity in the health field is now reflected in the presence in 76 countries of more than 50,000 health professionals, half of whom are doctors.

8. All these activities aimed at improving the well-being not only of the Cuban population but also of other peoples around the world are being carried out despite the United States of America's embargo against the island, which deprives it of access to resources, markets and knowledge transfers under the right conditions. The embargo requires the United States of America's exporters to acquire special licences and to comply with strict and dissuasive procedures. Foreign firms that try to circumvent it run the risk of being fined heavily by the United States of America's courts because of its extraterritoriality. After being tightened during Donald Trump's first term in office, the sanctions have remained largely in force under the Biden administration, including during the Covid-19 pandemic when Washington banned Cuba from purchasing medicines, medical oxygen and life-saving equipment, or inputs needed to manufacture vaccines. By reducing the availability of these products, the embargo exacerbated shortages and threatened the health of the population, especially the most vulnerable, by increasing their suffering. A humanitarian tragedy was only averted by the State's determination to maintain the socialist model guaranteeing free access to healthcare for all. The embargo is a serious violation of the human rights of the Cuban people and an obstacle to medical missions carried out in solidarity with countries in need. The United States of America is committing a crime by restricting the right to health in this way.

9. Despite this aggressiveness on the part of the United States of America and the inhumanity of the embargo, as well as an acute economic crisis, Cuba has health indicators that are unprecedented for a country of the Global South and comparable to those of the countries of the North. This has only been possible thanks to the implementation of a state-planned

development strategy that has prioritised health and research since the early 1960s. These sectors have flourished without private investment, exacerbated competition or an obsession with profit, financed by public budgets and integrated into a healthcare system serving the people. Their growth is based on the dedication of health professionals, a healthy synergy between researchers and a generosity towards other people around the world. Cuba is demonstrating that it is possible to provide its people with high-quality care free of charge and to share its medical resources beyond its borders, despite extreme financial constraints. In this way, it is helping to build a better world where health is not a commodity, is no longer the privilege of the richest and finally becomes a right for all.

10. In conclusion, we call on the Cuban State to continue its commitment to the right to health and other economic, social and cultural rights, while calling on other States to draw inspiration from its example. We also reiterate our call for the immediate and unconditional lifting of all unilateral coercive measures, which constitute a flagrant violation of international law.

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(1) This written declaration was drawn up in collaboration with Rémy Herrera, researcher at the CNRS (Centre d'Économie de la Sorbonne) and author of the book *A People's History of Cuba: 1492-Present*, published in 2025 by Palgrave Macmillan in New York.

(2) See "The right to health", CETIM, Geneva, 2006, <https://www.cetim.ch/product/the-right-to-health/>

(3) <https://data.worldbank.org/country/cuba>.