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Is there a brazilian solution for every african problem? Brazilian Health Cooperation in Angola (2006-2015)

Existe uma solução brasileira para cada problema africano? A cooperação brasileira em saúde em Angola (2006-2015)

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Abstract

The international system in general, and the international cooperation for development specifically, have been through important changes in the last decades. The emergence of South-South Cooperation (SSC) has become a trending topic among academics, practitioners and policy-makers. The assumption that the common problems and shared experiences of countries in the global South would make SSC more legitimate and perhaps more effective is frequently mentioned, as a former Brazilian minister of foreign affairs once said, "for every African problem there is a Brazilian solution". This paper challenges this assertion synthesizing key findings, contextual information and analysis required for understanding Brazil's engagement in Angola, within the sector of public health, from 2006 to 2015.

Keywords: South-South Cooperation; Brazil; Angola; Public Health.

Resumo

O sistema internacional em geral, e especificamente o sistema da cooperação internacional para o desenvolvimento, passaram por importantes mudanças nas últimas décadas. A emergência da Cooperação Sul-Sul (CSS) tem tido atenção crescente entre acadêmicos,

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profissionais e *policy-makers*. Frequentemente o pressuposto de que problemas comuns e experiências compartilhadas entre países do sul global define a CSS como mais legítima e possivelmente mais efetiva, como disse um ex-Ministro de Relações Exteriores do Brasil, "para cada problema africano existe uma solução brasileira". Esse artigo desafia essa afirmativa sintetizando conclusões importantes, informação e análise contextual necessárias para compreender o engajamento brasileiro em Angola, no setor da saúde, entre os anos de 2006 e 2015.

Palavras-chave: Cooperação Sul-Sul; Brasil; Angola; Saúde Pública.

Introduction

South-South Cooperation (SSC) has become a trending topic among academics, practitioners and policy-makers (BESHARATI; ESTEVES, 2015). Three sets of assumptions underpin the analysis of South-South Cooperation in general, and of Brazilian cooperation in particular, namely that: (i) the shared experiences of countries in the global South reveal important differences in regards to practices of South-South providers *vis-à-vis* Northern donors; (ii) the uniqueness of SSC rests on the principles it stands for, which are allegedly sharply different from the ones shared by traditional donors; and (iii) the volume of resources channelled through South-South cooperation, although currently modest, is about to see significant increase.

This paper discusses the first assumption, which relates to the frequently purported maxim that the common problems and shared experiences of countries in the global South would make SSC more legitimate and perhaps more effective[4]. As a former Brazilian minister of foreign affairs once said, "for every African problem there is a Brazilian solution" (AMORIM, 2016). This paper challenges this assertion through the presentation of findings from the Brazil SSC project[5].

4 For a comprehensive discussion on this assumption, see Cesarino (2013)

5 The project, conducted by the BRICS Policy Center from September 2013 to February 2015, aimed to analyse Brazilian development cooperation practices in Africa within the broader context of the BRICS' growing presence on the continent. The project investigated the impacts of Brazil's role in the fields of agriculture and public health, on both Brazilian cooperation agents and on a variety of local stakeholders. Geographically, the project focuses on two countries where Brazil has been rapidly expanding its engagement and cooperation programmes: Angola and Mozambique. The framework approach was used as the methodological strategy. A field research and the organization of a validation workshop conducted in Angola allowed the team to interview more than 20 people in Luanda, including representatives from multilateral and bilateral donor agencies, academia, civil society, and the national government, in addition to representatives of the Brazilian government. Due to the sensitive content of the interviews, it was agreed that no interviewee or institution would be directly identified. Also, the team had many opportunities to conduct additional interviews in Brazil.

The objective of this article is to synthesize key findings, contextual information and analysis required for understanding Brazil's engagement in Angola, as well as basic information on Brazilian projects under execution during the time the fieldwork was carried within the sector of public health. Very little on Brazilian development cooperation in Angola seems to have been produced by other research projects, which highlights the importance of this article. Information gathered, including additional interviews with implementing and coordinating institutions in Brazil, will also feed into deeper analysis in future publications. The article sets out by presenting a contextual analysis, going briefly through Angola's recent historical trajectory, and state-society relations in the country in light of traditional development cooperation. Brazilian relations with Angola are subsequently discussed, which provides a background for subsections on health cooperation and a case study on the PROFORSA project. Based on the analysis of health cooperation between Brazil and Angola, this article tries to show that the supposed similarities among developing countries were rarely found in the field. The South-South Cooperation characteristics are largely dependent on the beneficiary country's context, as the Angolan case has shown. Indeed, in Angola, where the political elite holds control of the country's development agenda, the fieldwork indicated important resistances against some of the Brazilian technical cooperation projects.

Context

Independence and Civil War[6]

As soon as the Portuguese left Angola in November 1975, disagreements between different national liberation movements who had been fighting for independence led to a protracted civil war. MPLA (Popular Movement for the Liberation of Angola) managed to become the dominant political faction, promoting economic reforms based on its Marxist-Leninist ideals. José Eduardo dos Santos was appointed President in 1979, after the death of Agostinho Neto. Subsequent attempts to achieve lasting peace between MPLA and UNITA (National Union for the Total Independence of Angola) were unsuccessful.

6 Main sources used to develop the historical segments include Durost Fish (2002) and UNESCO et al. (2010).

Vast volumes of development cooperation resources provided by United Nations agencies, bilateral donors, international NGOs and religious organisations were directed towards Angola during the civil war. Those were primarily aimed at emergency and humanitarian objectives, often reaching beyond government-controlled areas. The availability of funds gave rise to the establishment of a number of international and national civil society organisations in the country. In addition to providing funding, international agencies played a significant role in facilitating the safe mobility of development workers through war zones[7].

Angola's civil war ended with the killing of Jonas Savimbi, UNITA's leader, by government troops in 2002. The war resulted in at least 500 thousand Angolan deaths. More than one third of the country's population were forcibly displaced (POLGREEN, 2003). While the death of its leader left UNITA in disarray (CAUVIN, 2002), opposition would frequently arise from inside the government, and the threat of a new civil war was always a concern for the Santos regime. Such political considerations played an important role in guiding the government's domestic and international engagement. According to the World Bank (2005), the post-war budget "reflect[ed] political choices still concerned with the prevalence of a wartime budget".

Mistrust and plotting[8] were deeply rooted features in Angola's political system, and the Santos government attempted to stifle internal disputes and secure its position by expanding the role of the state rather than reducing it (POWER, 2012). When Angola turned to traditional donors for reconstruction funds after the civil war, it faced various conditionalities. These included, for example, the establishment of a monitoring mechanism to assess government performance for a period of three semesters before the country became eligible for renewed financial support. The government was not willing to relinquish its autonomy on policy formulation and implementation in exchange for assistance. As a result, International Financial Institutions (IFI) did not provide the large quantities of funds required for reconstruction and development. The reluctance of donors to participate in Angola's donor conference, a priority initiative for the government after the end of the civil war, continues to be a source of resentment for the government of Angola (GoA). Its is relevant to notice that the oil production was a key factor increasing GoA's bargaining power toward traditional donors,

7 Anonymous interview carried out in Luanda in September 2014.

8 As exemplified by the wide restructuring of the security apparatus after Miala, Santos's head of foreign intelligence, was sacked in 2006 for engaging in "activities against the president" (JORNAL DE ANGOLA 2007 *apud* 2008).

enabling the government to refuse conditionalities traditional donors tried to impose (FERREIRA, 2005).

Despite impressive economic growth during the last decade, 30.6% of Angolans live below the national poverty line[9]. Wealth is unequally distributed among its 20.8 million citizens (2012), with economic growth benefits are mostly restricted to the top 5% of the population and 0.18% of the country's territory (CENTRO DE ESTUDOS DE INVESTIGAÇÃO CIENTÍFICA, 2011). Angola's gini coefficient is 0.586, one of the highest in Sub-Saharan Africa (WORLD BANK, 2016a). Notwithstanding the harsh circumstances inextricably linked to more than 25 years of civil war, Angola is today a functioning state that is not dependent on foreign aid. Paradoxically, the same war that destroyed the region's infrastructure, killed at least half a million people, and displaced another four million, also enabled the development of a sense of national identity and allegiance to the state, facilitating large-scale indigenous capital accumulation (MALAQUIAS, 2007).

Dependence on Aid and Oil

As previously discussed, after the end of the war the convening of a donors' conference, aimed at raising funds and establishing commitments for the reconstruction of Angola's infrastructure and economy, stood as one of the government's priority initiatives. The failure of the IMF and the GoA to reach an agreement, prompted by different views on governance and transparency, as well as donor concerns over incompatible sets of statistics, were significant obstacles to the conference[10]. With no substantial concessions from either side, the conference was repeatedly delayed over the years, never actually taking place. Additionally, the GoA never got the "seal of approval that could then make them eligible for debt rescheduling through the Paris Club" (BRAUTIGAM, 2009, 274). According to more than one informant, many of the GoA's senior officials exhibit to this day great resentment against Northern donors for "not helping Angola in times of need"[11].

Some regard this dispute as triggering closer China-Angola relations, since it was at that time that Southern countries, particularly China, began to consolidate

9 National estimates are based on population-weighted subgroup estimates from household surveys. Source: World Bank, 2016b.

10 See Misanet, Angola Peace Monitor, Afrol News (2003).

11 Anonymous interview carried out in Luanda in September 2014.

their foothold in Angola. One informant reported that, when discussing China-Angola relations, more than once he had heard from senior officials at the GoA that "when you are drowning, it doesn't matter who is throwing you the life jacket". Angola's increased oil production and the discovery of new oil fields, the then rising oil prices in the international market, and China's "go out" policy lined up to boost bilateral relations.

Endeavouring to rebuild the country's war-torn infrastructure, Angola has since invested heavily in its partnership with China[12]. In exchange for guaranteed oil supplies, Angola has gained access to multi-billion dollar Chinese credit lines. Meanwhile, Angola surpassed Saudi Arabia as the largest supplier of oil to China both in 2006 and 2010, and has become China's main trade partner in Africa, with bilateral trade reaching US$ 24.6 billion in 2010 (POWER, 2012). The deepening of these relations between credit-hungry Angola and oil-starved China has enabled Angola's government to carry out its development policies without promoting the broad institutional reforms imposed by donors and IFIs in other African countries, such as Mozambique and Uganda (GIROD, 2008).

State-society relations and traditional development cooperation in Angola

Vast fluxes of development cooperation provided by United Nations agencies, bilateral donors, international NGOs and religious organizations shifted towards Angola during the civil war. Those were primarily geared towards emergency and humanitarian objectives, and often got to places virtually unreachable by government actors. The availability of funds enabled a mix of international and national civil society organizations to emerge and grow in Angola. Besides providing funding, international agencies played a significant role in facilitating safe mobility of development workers within war zones[13].

12 The oil-backed loan that China provided to Angola in 2004 is often depicted as an alternative that enabled the African country to dismiss reforms supported by the IMF, which, allegedly, would have led to greater governance in Angola, if implemented. With some nuances, this also represented the view of most interviewees. Brautigam convincingly argues, however, that the Chinese government did not do anything that Western banks such as BNP Paribas, Commerzbank, Societé Générale, Barclays or Standard Chartered were not doing before or after the Chinese deal. The difference was that Chinese conditions were significantly more favorable to Angola, including smaller interest rates and larger grace and repayment periods. Moreover, Angolans later managed to pay their debts with revenue from the booming oil industry, increasing their transparency in the meantime (BRAUTIGAM, 2009, 273-277).

13 Anonymous interview carried out in Luanda in September 2014.

After the end of the war, many civil society organizations disappeared with the retraction of traditional development cooperation in Angola following the end of the civil war. Not only were they fund-starved, but they also had to cope with rising costs and more strict government regulations. This trend was particularly evident in Luanda, where significant numbers of people had moved in search of security during the conflict years[14]. Due to especially high costs in Luanda, some NGOs also relocated their headquarters to Benguela. More manageable direct expenses came at significant operational costs and difficulties, since Luanda remained the country's administrative centre.

Additionally, Angolan interviewees often pointed out the regulatory framework pertaining to associations, including the law of associations – "Law n. 14/91 of May 11th" (GOVERNMENT OF ANGOLA, 1991) – as another driver of the reduction in the number of civil society organizations during the post-War years. Related obstacles mentioned by some informants included the difficulties in receiving foreign funds, as well as the substantial limitations to institutional autonomy imposed on organizations registered as "associations of general interest". As a result, most interviewees characterized Angolan civil society as small, with capacity concentrated in a handful of organizations, and non-independent, with many of the more vocal organizations being linked to MPLA, the ruling party. However, the same interviewees pointed out significant progress in the past 3-5 years, due to parallel positive developments in democratic governance and transparency.

The GoA is increasingly active within the region, and plays important roles in regional bodies such as the African Union (AU), the New Partnership for Africa's Development (NEPAD), and the Southern African Development Community (SADC). The document Angola 2025 establishes the country's long-term vision, being carried out in the medium-term through the National Development Plan 2013-2017, the first national development plan elaborated under the new Angolan Constitution, in 2010 (MPDT, 2012). The Plan defines the following six broad national objectives: 1) preserving national unity and cohesion; 2) securing the basic principles necessary for development[15]; 3) improving quality of life; 4) engaging youth in active life; 5) strengthening private sector development; and 6) promoting the competitive insertion of Angola in the international context.

14 Anonymous interview carried out in Luanda in September 2014.

15 Defined as the preservation of macroeconomic stability, promotion of national population policy, promotion of an active employment and national human resource valorization policy, increasing productivity and transforming, diversifying and modernizing the country's economic structure.

Box 1 – Angola's National Development Plan 2013-2017: objectives and priorities for the health sector

Objective	Priorities
To sustainably promote Angolan population's sanitary state, guarantee the population's longevity, supporting less favoured social groups and contributing to the fight against poverty	1. To increase life expectancy at birth
	2. To improve the Human Development Index and the Millennium Development Goals
	3. To reduce maternal, child and youth mortality, as well as morbidity and mortality under the national nosology framework
	4. To improve the organization, management and functioning of the National Health System, through directing necessary funds and adopting norms and procedures aimed at improving the efficiency and quality of NHS' response
	5. To improve health care services in the areas of promotion, prevention, treatment and rehabilitation, reinforcing the articulation between primary care and hospital care.
	6. To participate in the transformation of social determinants of health and promote national and international partnerships aimed at reducing maternal and child mortality and strengthening the programmes of fight against major endemics
	7. To improve health care services in the areas of promotion, prevention, treatment and rehabilitation, reinforcing the articulation between primary care and hospital care
	8. To adequate human resources to objectives and goals, and adopt new health technologies
	9. To develop the capacity of individuals, families and communities for the promotion and protection of health
	10. To monitor and assess the performance of the sector through SIS and special studies

Source: Angola's National Development Plan 2013-2017 (MPDT, 2012).

The National Development Plan 2013-2017 reveals a robust, modernizing conception of development, with significant emphasis placed on economic growth. However, despite the substantial growth rates of Angola in the last few years, social indicators remain generally low. Life expectancy at birth in Angola (51 years) is below the average for sub-Saharan Africa, and 36.6% of the population still lives below the national poverty line[16].

This context points to both the potential and challenges for development cooperation. While it is safe to assume that development cooperation funds will continue to play a marginal role in the country's Gross National Income – the

16 Source: World Bank Data (2016c).

current total of US$ 200 million of net ODA (2011) encompasses less than 0.3% of the country's GNI – it could also play an important role in improving social indicators as well as reducing poverty and inequality.

Among OECD's Development Assistance Committee donors, the United States is by far the largest in terms of gross Official Development Assistance (ODA) – totalling approximately US$ 63 million between 2010-2011. European Union institutions (US$ 26 million), Japan (US$ 25 million), South Korea[17] (US$ 18 million) and Portugal (US$ 18 million) are also significant donors. Donor's ODA is primarily directed to Angola's social sectors, particularly education, health and population[18].

As with civil society organizations and donors, budgets of United Nations agencies in Angola were significantly reduced over the past decade, which contributed to a redefinition of scope of action in light of the GoA's demands and needs. As shown in Table 2, UN agencies' efforts are concentrated in the GoA's institutional and human capital development, particularly through the provision of targeted technical assistance.

Initiatives of UN agencies are based on the UN Development Assistance Framework in Angola (UNDAF-Angola). UNDAF-Angola aims to harmonize and integrate the UN system at a country level. The new UNDAF has not yet come to fruition. UNDAF 2009-2013 prioritizes 4 support areas, highlighted by outcome in Table 2. The World Bank Group (WBG) has similarly redefined its strategic engagement in Angola. Following a decade of ill-established relations with the GoA, the International Bank for Reconstruction and Development (IBRD), International Development Association (IDA), International Finance Corporation (IFC) and the Multilateral Investment Guarantee Agency (MIGA) have released in August 2013 a joint country partnership strategy for 2014-1016[19].

17 It is noteworthy that, although a DAC member, South Korea considers itself a South-South provider.

18 According to the OECD, population sector activities typically include population/development policies, census work, vital registration, migration data, demographic research/analysis, reproductive health research, as well as other unspecified population activities (OECD, 2015)

19 The World Bank's institutional engagement in Angola was renewed with an Interim Strategy Note that accounted for the period of 2003-2005, focused on macroeconomic stability programmes and disarmament, demobilization and reintegration efforts. Many interviewees mentioned that the GoA nurtured some frustration with the Word Bank during the first half of the 2000s, mainly due to the perception that the international institution had not pushed strongly enough for the organization of a donor's conference, as it was expected by the national government. Subsequent attempts, supported by the World Bank, to constitute a formal development partners' coordination structure in Angola were allegedly watered down by the Ministry of Planning. Two other Interim Strategy Notes were developed for 2005-2007 and 2007-2009. With significant socioeconomic improvements enabled by the development of the extractive industries in Angola, the World Bank decided to formalize a

Box 2 – UNDAF 2009-2013: Support areas and outcomes

Support area 1: Governance, Justice and Data for Development	**UNDAF outcome 1:** National Institutions responded to the needs of the whole population, including the poor and most vulnerable and at the same time national and local public institutions were strengthened, as well as community engagement, civic participation towards social cohesion, national reconciliation and the empowerment of women
Support area 2: Social Sectors	**UNDAF outcome 2:** Increased and more equitable access to integrated social services at national and sub-national levels with emphasis on MDGs
Support area 3: HIV & AIDS	**UNDAF outcome 3:** Strengthened national institutional and technical response to HIV and AIDS to accelerate progress towards universal access to prevention, treatment, care and support as a step on the road to the achievement to the MDGs by 2015, and to eradicate stigma and discrimination, and to meet the epidemic's multigenerational challenge
Support are 4: Sustainable Economic Development	**UNDAF outcome 4**: National and decentralized institutions strengthened integrated rural development guaranteeing food security based on environmental protection of natural resources and the management and adaptation to climate change

Source: UNDAF Angola 2009-2013 (UNDAF, 2009)

As it has appeared in the World Bank's Country Partnership Strategy 2014-2016, the general perception among interviewees was that the GoA has been maintaining a "strong record of own-management of its development agenda" (WORLD BANK, 2005, p.18). As such, both bilateral and multilateral development partners, with few niche-related exceptions, have to play by the GoA's rules if they wish to participate in development policy formulation and implementation. This is in many ways a result of GoA's not so "new-found sense of political and economic leverage" (CORKIN, 2008), which has been intrinsically linked with the development of the oil and extractive industries in the country. Moreover, the oil and extractive industries have attracted both traditional and emerging powers willing to take part in the expansion of these economic sectors. Even though the GoA is still highly dependent on natural resources and international commodities prices, when compared to other settings, such as Mozambique, oil and natural

clearer country strategy for the following years. An informant pointed out that the World Bank, after conducting an assessment of the credit situation in Angola, also ended up agreeing with the idea of having one country partnership strategy for the World Bank Group, which came into effect in August 2013, accounting for the period 2014-2016.

resources dependency has distinctive effects on how the actors posit themselves within the development field. Hence, while aid dependency in Mozambique has been contributing to limiting national ownership, oil dependency in Angola has enabled the Government to take over its development agenda, despite the negative short and medium-term effects on wealth concentration and democratic consolidation. Furthermore, as discussed below, the growing emerging powers' foothold in Angola has enhanced the GoA's capacity to carry out development policies and programs.[20]

Brazil-Angola development relations

Relations between the regions that would, eventually, become Brazil and Angola date back to the XVII century. Brazil was the first Western nation to recognize Angola as a sovereign country, in 1975, a fact that is regularly remembered by Angolan senior officials in mid and high-level meetings. The Brazilian embassy to Angola was formally created in the same year.

Brazil's national development bank (BNDES) funds several projects carried out by Brazilian companies in Angola, particularly in the infrastructure sector. Banks such as Caixa Econômica Federal, Banco do Brasil and Bradesco are also present in the country. Like China, the Brazilian government also uses commodities and raw material as credit guarantees (GARCIA; KATO; FONTES, 2013).

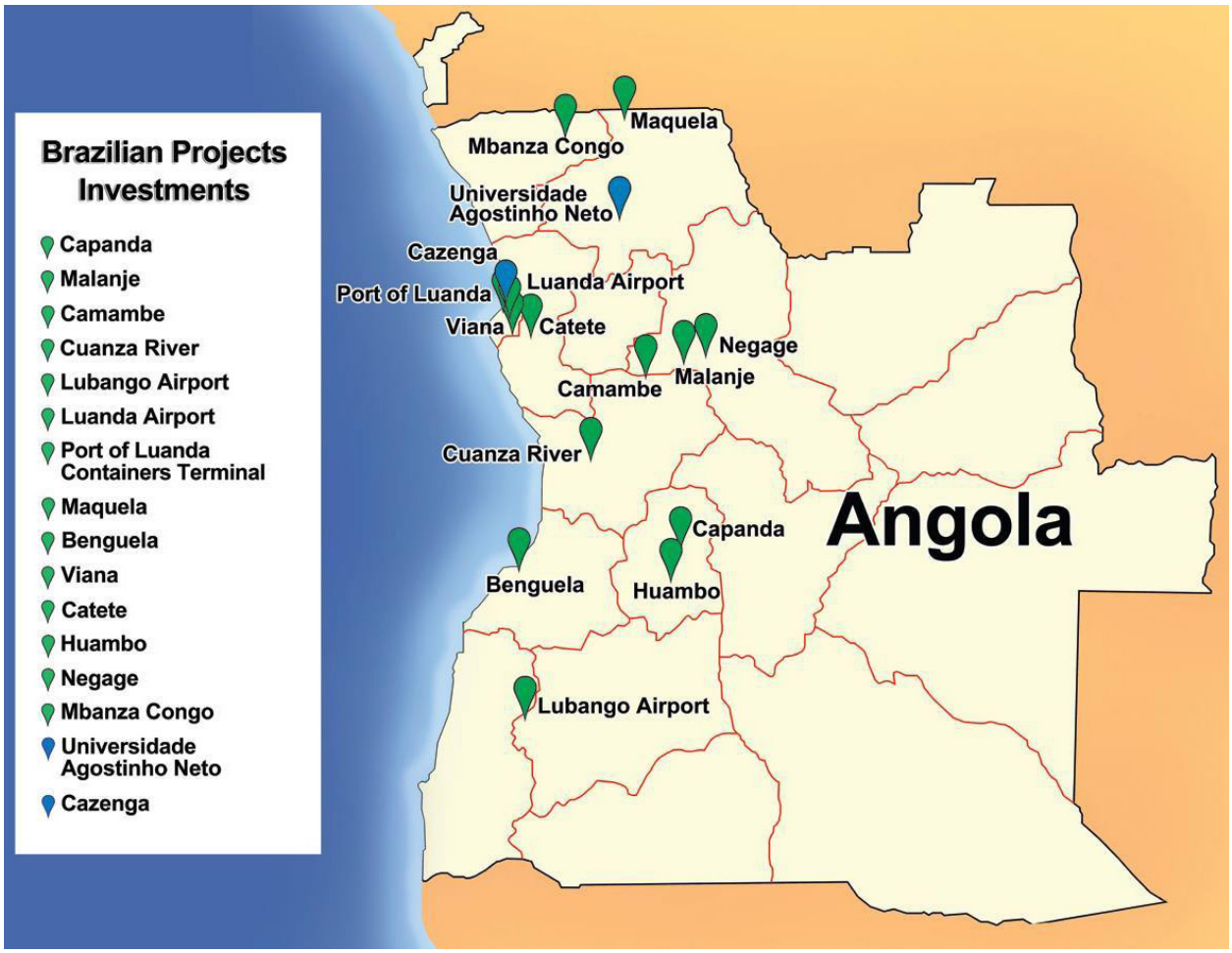
Angola is the main target of Brazilian investments in Africa. Currently, Brazil ranks 4th in Angola's top import countries and 19th as Angola's top export destinations (WALDERSEE, 2015). For Brazil, trade with Angola represents 0.4% of its total foreign trade. According to APEX, Brazil has been benefiting significantly from Angola's growth. Bilateral trade between Brazil and Angola grew significantly between 2000 and 2010, reaching an all-time high in 2008 of US$ 4.21 billion. Brazil's leading export sectors to Angola in 2010 were production and packing of meat and fish (23.7%) and the manufacturing and refining of sugar (13.0%). Main Brazilian imports from Angola in the same year were oil and natural gas

20 This contextual analysis does not imply, however, that Angola is achieving better development outcomes than aid dependent countries like Mozambique. Rather, the oil and natural resources dependency very often stresses the negative impacts of focusing on static comparative advantages and the consequent economic concentration around specific sectors.

(73.7%) and oil-derived products (25.9%)[21]. From 2009-2013, Brazilian exports to Angola were reduced by 4.6% and imports increased by 427.6%, which indicates a transformation of the trade balance in favour of Angola.[22]

Angola is also a relevant destination for Brazilian private companies' investment. In fact, Angola concentrates the highest number of Brazilian small and medium enterprises in Africa. Furthermore, BNDES has disbursed US$ 2.8 billion for private investments in Africa since 2007, of which Angola has received 96% (WALDERSEE, 2015). Table 3 presents some of the main projects carried out by Brazilian transnational companies in Angola and figure 1 locates the projects in Angola's map.

Figure 1: Brazilian infrastructure projects in Angola



Source: Waldersee, 2015

21 Apex Brasil Website, 2014

22 MDIC, 2014

Box 3: Brazilian transnational companies in Angola

Company	Present since	Sector	Activities
Petrobras	1980	Energy / Oil&Gas	Exploration of oi and biofuels. Partner in 6 oi blocks and operator in 4. Since June 2013, Petrobras acts in a joint venture with BTG Pactual Bank (50% each) worth US$1.5 million for oil and gas exploration in several African countries, including Angola.
Vale	2005	Mining	Joint venture with Genius for mineral excavation (primarily nickel and copper) and research.
Andrade Guiterrez	2005	Construction / Infrastructure	Works in partnership with Zagope Construções e Engenharia, a Portuguese subsidiary, to gain access to EU finances. It has constructed various roads and the express highway between Luanda and Viana to the International Airport of Luanda. Renovation of the International Airport of Lubango. Extended contracts for rehabilitation of Container Terminal in Luanda Port in 2011.
Camargo Corrêa	2005	Construction / Infrastructure	Construction of Uige-Maquela road. Partners with Escom, a Portuguese firm, and Gema, an Angolan firm, in constructing a cement factory in Benguela.
Odebrecht	1984	Construction / Infrastructure / Agriculture / Energy / Retail/ Real State	Holds 25 contracts in the country in real estate, biofuels, minerals, agribusiness, and energy. Highlighted examples: Construction of Capanda Hydroelectric Dam in Malange. Hydroelectric project in Cambambe. Owns 40% of Biocom, Angolan bioenergy firm (ethanol), and 20% of Sonangol. SENAI does training programs for Biocom, for example. Runs Nosso Super supermarket chain in joint venture with Angolan government, with 37 shops in the country. An agribusiness project that may be highlighted is the Farm Pungo a Ndongo (or Pungo Andongo). Odebrecht is responsible for the management of agroindustrial production, construction of factories and capacity building. Embrapa-Africa participated in experiments with varieties of corn, black beans, rice and soy.
Engevix	2005	Energy	Works in partnership with Angolan group Genius. Environmental engineering, electricity generation and distribution, involved in Cambambe hydroelectric project in Cuanza Norte.
Fidens	2009	Construction / Infrastructure	Construction of runways at Catoca airport, Luanda Sul.
Asperbras	2007	Real State / Infrastructure	Involved in Special Economic Zones in Viana, Catete, Huambo, Negage, M'Banza Congo. Construction of real estate and residential condominiums, irrigation systems, and commercial vehicles.
Queiroz Galvão	2005	Real State / Infrastructure	Real estate, roadwork construction and renovation.
Stefanini	2004	ICTs	Technology and information industries.

Source: Vieitas and Aboim (2012); Institutional websites

Brazil's development cooperation with Angola dates back to the civil war period, focused then on professional development and vocational training. Inaugurated in 1998 with support from Brazil's SENAI (*Serviço Nacional de Aprendizagem Industrial*- National Service for Industrial Training), the CFPC (*Centro de Formação Profissional do Cazenga* – Cazenga Center for Professional Training), located on the outskirts of Luanda, trains around 2,500 professionals yearly. Today cooperation sectors range from sports to fire fighting[23]. Embrapa and Fiocruz also respectively implement agricultural and health projects in the country.

In 2012, Angola occupied the 10th position in terms of volume of technical cooperation received from Brazil, and it received the second least when compared to other developing countries in the Community of Portuguese Language Countries (CPLP) (ABC; IPEA 2016). According to Brazilian informants, Brazil's bilateral cooperation with Angola would be characterized by low performance, allegedly related with factors such as difficulties in dialogue with Angolan counterparts, low decision-making power of executing agencies, and high rates of turnover among local coordinators.

Brazilian development cooperation in the health sector

Brazilian-Angolan development cooperation in the health sector begun in 1996 when the Brazilian Cooperation Agency (ABC) organized a mission with health experts to discuss prospective projects in strategic areas already defined within the CPLP. Since then, governments from Portuguese speaking countries in Africa, Angola included, have demanded support for their own national health systems. Table 4 presents the projects listed at ABC website.

23 Information available at Brazilian Embassy in Luanda (MRE, 2016).

Box 4: Brazilian-Angolan cooperation projects in the health sector (2006-2014)

Project	Partners	Period	Brazilian Institutions
Assessment of Angola's need in the areas of malaria, family health, nutrition, health surveillance and milk bank.	Brazil and Angola	10/05/2006 – 20/06/2006	Ministry of Health (MH)
Support in structuring the network of health sector libraries in Angola and Mozambique.	Brazil, Angola and Mozambique	16/02/2007 – 16/04/2007	Fiocruz/MH
Support to Angola's health system.	Brazil and Angola	10/09/2007 – 11/09/2008	Fiocruz/MH
Nursing course – human resources training program for the Josina Machel Hospital – Luanda.	Brazil and Angola	4/10/2007 – 02/12/2007	University of São Paulo (USP)
Hospital administration course – human resources training program for the Josina Machel Hospital – Luanda.	Brazil and Angola	20/11/2007 – 20/01/2008	Hospital Santa Cruz – HSC/SP
Mission of the Pastoral Care of Children for development and detailing of technical cooperation projects.	Brazil and Angola	3/1/2008 – 26/02/2008	Farmanguinhos/ Fiocruz
Laboratorial analysis course – human resources training program for the Josina Machel Hospital – Luanda.	Brazil and Angola	1/2/2008 – 15/05/2008	Brazil – BRA
Radiology technical course – human resources training program for the Josina Machel Hospital – Luanda.	Brazil and Angola	11/2/2008 – 11/05/2008	State University of Campinas (UNICAMP)
II Hospital administration course – human resources training program for the Josina Machel Hospital – Luanda.	Brazil and Angola	23/07/2008 – 23/12/2008	
XIII International course on tropical diseases – (JFY2008)	Brazil and Angola	1/10/2008 – 20/12/2008	Pernambuco Federal University (UFPE)
Study mission on tbe Unified Health System for Portuguese speaking countries.	Brazil and Angola	4/11/2008 – 30/12/2008	MH
Mission for Project detailing for follow-up and extension of support to Angola's health system.	Brazil and Angola	24/01/2009 – 24/03/2009	Fiocruz/MH
Mission to Angola to finalize and sign cooperation projects.	Brazil and Angola	8/2/2010 – 01/04/2010	
Joint mission to elaborate and discuss the project for Development of Human Resources in Angola's Health Services.	Brazil, Japan and Angola	1/6/2010 – 01/07/2011	MH
Pilot project in sickle cell disease.	Brazil and Angola	23/06/2010 – 30/08/2015	MH
Support to Angola's Health System – Phase II.	Brazil and Angola	23/06/2010 – 30/08/2016	Fiocruz/MH
II International Training Course for health promotion, local development and healthy cities.	Brazil, Angola (scholarship holder countries)	19/08/2010 – 19/10/2010	
Prospection mission for Human Milk Bank project in Angola.	Brazil and Angola	17/01/2011 – 17/12/2011	Aisa – MH
PROFORSA – Project for strengthening health systems through Human Resource Development in Josina Machel Hospital and other health services and revitalization of primary health care in Angola.	Brazil, Japan and Angola	1/7/2011 – 01/08/2014	Fiocruz/MS/ UNICAMP

Source: ABC website, access on Aug./2015.

During the 1990's the emphasis was on training and capacity building. After ten years, CPLP health ministries were able to set up a strategic plan (2009-2012) for the health sector. The strategic plan had as its main objective strengthening national health systems in order to assure universal access to quality health services[24]. The plan encompassed seven strategic axes and four structuring networks. Besides the structuring networks established within CPLP's health plan, Brazilian Health Ministry and FIOCRUZ expanded to African countries the Human Milk Bank Network. When compared with Mozambique, the Angolan case shows its problematic engagement in CPLP's strategic axis and structuring networks. Table 5 presents CPLP's strategic axes, and a comparison between Angola and Mozambique, both in terms of projects developed with Brazilian agencies in these two countries, and their participation within the structuring networks.

Box 5: CPLP's Strategic Axes and structuring networks and Brazilian SSC projects in Angola and Mozambique

CPLP's strategic axes (SA) and structuring networks (SN)	Brazilian SSC projects within CPLP's Strategic Axes		Engagement in Structuring Networks	
	Angola	Mozambique	Angola	Mozambique
SA1 – Training and development of health workforce	X	X		
SA2 – information and communication in health		X		
SA3 – research in health		X		
SA4 – development of the health-industrial complex		X		
SA5 – epidemiological surveillance and monitoring of health situation		X		
SA6 – emergences and natural disasters				
SA7 – promotion and protection of health	X	X		
SN1 – national health institutes				X
SN2 – national schools of public health			X	X
SN3 – health technical schools			X	X
SN4 – technical centres of installation and maintenance of equipment				X

Source: The authors, based on Buss, Ferreira and Hoirisch (2011)

24 For more information, see: CPLP's Strategic Plan for Health Cooperation (CPLP, 2009).

According to a document provided by the Embassy of Brazil in Luanda during one of the interviews, referring to July 2013, there were only two bilateral cooperation projects being executed in Angola in the area of health – Pilot Project in Sickle Cell Disease and the Phase 2 of Capacity Development for Angola's Health System Project. These projects were also the only ones listed as being under execution on the ABC website.

Despite the "under execution" status attributed to the projects, correspondence exchanged with Brazil's Ministry of Health in September 2014 on the sickle cell disease project noted that there was several inconsistencies in project execution, insinuating that the project had been finalized without partners having completed previously agreed activities. The second mentioned project also seems to have been finalized, though no involved Angolan party in Luanda was available for comment.

Additionally, it is not unlikely that, as in many other countries, technical cooperation projects under negotiation in Angola were stopped due to the severe budget cuts in both Brazil's Ministry of Foreign Affairs and ABC. The following subsection discusses specifically PROFORSA, Brazil's most well-known health project in Angola, highlighting some of its successes and challenges.

PROFORSA

PROFORSA was a 3-year triangular cooperation initiative involving Brazil, Japan and Angola aimed at strengthening individual, institutional and systemic capacity in the Angolan health sector. It was found to be the most well known among Brazil's health cooperation projects in Angola, although specific knowledge about the project varied significantly across health sector stakeholders.

The origins of PROFORSA are related to the intersection between UNICAMP's cooperation – ongoing since 2004 in the area of capacity development for Angolan tertiary health workers – and JICA's efforts to develop capacity at Josina Machel Hospital in Luanda. JICA's project involved both the infrastructural rehabilitation of the Hospital, and targeted health trainings activities for employees. Japan's bilateral agency engaged Brazilian teams to carry out trainings, including through its Third Country Training Program (JICA-TCTP), due to the large benefits related to improved communication in the Portuguese language. Additionally, the coordinator of UNICAMP's referred cooperation programme was a Brazilian infectious disease

specialist of Japanese descent, a factor that appeared in interviews as an enabler of further approximation between JICA and Brazilian counterparts.

Both formal and informal assessments of such initiatives highlighted access to and quality of primary health care as key issues to be addressed in improving Angola's health system and indicators. These issues manifested themselves in the vast number of unnecessary referrals of patients to central hospitals, which, consequently, overloaded central parts of Angola's health system. This overarching diagnosis served as basis for the design of PROFORSA.

Table 1: PROFORSA's initial budget

Country	Share (US$ / %)	
Brazil	970,415	24%
Japan	2,500,000	61%
Angola	630,000	15%
Total	**4,100,415**	**100%**

With the formulation of PROFORSA as a triangular cooperation project in 2011, Fiocruz, through Joaquim Venâncio Polytechnic School of Health (EPSJV/Fiocruz) and Sergio Arouca National School of Public Health (ENSP/Fiocruz), became the lead institution in the project's primary health component. The project targeted capacity development at four health reference centres[25] in Luanda, chosen due to their strategic location and high number of referrals to central hospitals. The tertiary component, led by UNICAMP, particularly through Hospital Sumaré in Brazil, and JICA, focused on improving the organization of hospital services and nursing care, in areas such as neonatal and women's health, at both Josina Machel Hospital and Lucrécia Paim Maternity.

Given that PROFORSA identified primary care and health management as the main issues to be addressed, a capacity development programme divided in 10 modules, as well as a course for specialization in management of primary health units, was developed and implemented during the 3 years of the project. During the SSC project team's visit to Luanda, PROFORSA's Angolan counterparts were implementing recommendations that responded to participatory assessments conducted during PROFORSA's execution. Interviews pointed out that these

25 The health centers in Samba, Ingobota, Rangel and Ilha. According to anonymous interviews, JICA had also previously donated equipment to those same health centers.

recommendations have been generally well accepted, pertaining to basic structural issues such as the integration of registry and record systems of clinical processes. In fact, the need for integration was reemphasized by a decree issued by Angola's Ministry of Health in 2010. However, informants pointed out that the decree hadn't been implemented systematically, due in part to lack of capacity and understanding by health workers who were supposed to implement those changes about the fundamental issues at hand.

In that sense, PROFORSA was a jointly developed structuring project. The project strived to provide capacity and knowledge needed for the implementation of basic public policies across the entire health sector, including through trainings on management and organization of health and clinical process records. Its design was guided by a consensual diagnosis of systemic yet context-specific issues within Angola's health system, which had already been identified and, sometimes, targeted by public policies shown to be largely ineffective.

According to interviewees, the models of management and processes implemented were guided by decrees issued by Angola's Ministry of Health, which were regularly discussed with regulatory authorities such as the National Directorate of Public Health and the Provincial Directorate of Health of Luanda. "On the job" training with key managers was also conducted in Brazil. The informants frequently stressed that all information used as evidence for diagnosis and implementation of solutions was locally collected. Altogether, such practices would guarantee the project's national ownership and context sensitivity.

One of the informants emphasized how Fiocruz had been very apt in promoting understanding of basic issues related to Angola's health system among sectorial stakeholders. The same informant criticized other top-down initiatives, including the ones implemented through private health consultancy firms, some of which also from Brazil, which would impose new management rules, directives and practices without discussion with local health workers. The same was said to be true in relation to PROFORSA's tertiary health component. While a management system had recently been implanted in Josina Machel Hospital by a health consultancy, UNICAMP and JICA found it necessary to develop a simpler management system, discussing it with health workers at the Hospital. During project execution, some emerging demands were met with specific activities proposed and led by JICA, one of which included the "Maternal-Infant Health Notebook". This might have led to significant divergences between the Brazilian and Angolan counterparts, as highlighted below in the discussion of the project's challenges.

Besides issues related to management, participatory recommendations also highlighted poor signage at health care facilities. A task force of Angolan participants in the PROFORSA project was set up to propose changes to external and internal signage, which were brought to the Provincial Directorate of Health of Luanda for approval. During the visit of the SSC researcher to Luanda, signage changes had already been approved and were being implemented in the city.

While interviews pointed to the potentially significant and sustainable impact of gains from PROFORSA, many of the respondents also had a sizable stake in its success. Nonetheless, interviews exposed substantial challenges in the execution of PROFORSA. While interconnected, for analytical purposes, challenges may be understood in terms of three categories, related to: 1) implementation, 2) financing, and 3) political/cultural context.

Implementation challenges highlighted in interviews were mainly related to delays in the institutionalization of recommendations, attributed both to infrastructural issues that had to be overcome (e.g. creating an area for the storage and management of records in primary health units) and the lack of human resources required to carry out the transformations envisaged. There were reports of complaints, which where allegedly solved over the course of the project, related to inadequacies of the course venues at the beginning of the project, such as lack of ventilation and electricity, which hindered learning. Finally, there appeared to be significant inconsistencies in activities that should have been implemented by Brazil's Ministry of Health, including the monitoring and evaluation of PROFORSA. Further research would be required to understand the specific causes of such inconsistencies.

Financial problems were related to the Brazilian counterparts, more specifically the Brazilian Cooperation Agency. With budget cuts in Brazil's Ministry of Foreign Affairs, which significantly affected ABC's work and projects, there had to be a restructuring of responsibility for PROFORSA's third year project expenses. Most cuts were absorbed by JICA, while a smaller yet significant amount was allegedly absorbed by Angola's Ministry of Health. Interviewees reported significant discontent from JICA in regards to this financial rearrangement. While it did not affect the project in the end, one can extrapolate that many similar projects may not have succeeded without a triangular, developed country partner to absorb such budget cuts.

The political/cultural challenges highlighted by interviewees were related to the striking differences in professional practices among the Brazilian, Japanese and Angolan counterparts. While JICA seemed to emphasize thorough planning

of activities, with a somewhat rigid schedule, Fiocruz stressed the importance of getting a common diagnosis of the situations with partners. Naturally, the challenges that arise in the alignment of expectations and practices may also been seen as an opportunity for mutual institutional learning. As expected, such related problems were reportedly less obstructive towards the end of project implementation.

Finally, there were significant divergences around the "Maternal-Infant Health Notebook", which was designed based on Japan's experience. Despite contrary recommendations from the World Health Organization, Angola recommends that every baby be breast fed, including those with HIV-positive mothers. According to the GoA, this was required to mitigate the poor nutritional situation and high rates of under-five mortality in Angola. Both Brazil and Japan recommend artificial feeding when mothers are known to be HIV-positive. According to one interviewee, Brazil's Ministry of Health and ABC decided not to participate after knowing that the "Maternal-Infant Health Notebook" would include Angola's breastfeeding recommendation. According to another interviewee, the Brazilian government did not participate in the development of the tracking tool due to the perception that it would not meet Angola's current needs, particularly in light of mother literacy issues in the country. Additionally, while a similar tool is implemented in parts of Brazil, the instrument has yet to consolidate itself as a successful national experience. The government of Brazil typically only provides technical cooperation in areas where a particular experience is shown to be successful domestically over a considerate period of time. Paradoxically, the "Maternal-Infant Health Notebook" was pointed out by many health stakeholders not directly involved in the triangular cooperation project as PROFORSA's main result, which may be explained by the many consultations that occurred during its formulation.

Final remarks

Economic and political dependence tend to be associated with higher vulnerability and lower resiliency. While tapping on their respective comparative advantages, as well as the country's natural and developed resource endowments, governments frequently strive to improve the sustainability of their socioeconomic systems by mitigating dependency-related risks. Yet, dependency on different resources, institutions or foreign aid, also has diverse implications to formulation,

ownership and implementation of national development policies. In that sense, managing dependencies is an important aspect of the management of development, particularly for governments of developing countries.

Angola's socioeconomic trajectory since the late 1990s shows GoA's prioritization of the extractive and oil industries over the attraction of foreign aid. Strict political conditionalities attached to North-South cooperation, as well the knowledge of extensive natural resources in Angola, contributed to GoA's decision. Besides that, extractive and oil industries have attracted traditional and emerging powers willing to be part of these economic sectors expansion. Even though the GoA is still very much dependent on natural resources and commodities' international price, oil revenues allowed the Angolan government to take on its development agenda, in spite of negative effects in short and medium terms related to concentration of wealth and democratic consolidation. Furthermore, recent presence of emerging powers in Angola has increased GoA's capacity to conduct development policies and programmes.

Using the five fundamental principles defined in the Paris Declaration (2005) for making aid more effective within this context[26], it is possible to notice that Angola has high ownership of the international cooperation projects, nevertheless, low alignment and mutual accountability, as indicated in the table that follows:

Box 6: GoA and the four principles of Paris Declaration

Paris principles	GoA
Ownership	High
Alignment	Low
Harmonisation	N/A
Managing for Results	N/A
Mutual Accountability	Low

Source: Elaborated by the authors

The GoA clearly "owned", for better or worse, its development agenda, even though ownership in Angola could be described as top-down rather than bottom-up. This is related to the absolute and relative size of development cooperation in relation to the Angola's budget and GDP, both of which cannot be dissociated

26 It is important to notice that this can be a controversial approach, as those principles were defined under OECD's umbrella and South-South Cooperation principles do not follow this effectiveness perspective. Even so, this approach is useful to understand how the partner's domestic dynamic impact upon development cooperation.

from the GoA's choice to pursue economic development centred on the extractive sector since the beginning of the 2000s. This assessment shows how context and particular historical paths matter when SSC projects are designed and executed.

The increasing engagement of the BRICS countries in Angola has been certainly impacting oil dependency in complex ways. When attention is devoted to Brazilian health cooperation in Angola, similarities and differences between Brazil's South-South and North-South cooperation seem to be largely maintained, in spite of the different country settings. As is the case of North-South cooperation, Brazilian development cooperation is much smaller in volume and number of projects in Angola in comparison with other CPLP countries. However, Brazil's most recent and important projects are either based on Brazilian domestic experiences, or emphasize a "structuring" dimension. The project's research shows that institutions such as Embrapa and Fiocruz also seem to be projecting their particular settings, sectorial systems and policy choices through their development projects in Angola. This move must be seen not only in light of Brazil's government more general foreign policy in that period, but also as a way to strengthen their particular institutional positions and principles that underlie their work within international and domestic fields.

The fieldwork has shown that Brazilian partners in Angola resisted against certain Angolan practices already under implementation for several years. This was clear in particularly regarding Angola's policy of mandatory breastfeeding. In this sense, Brazilian resistance would defy the SSC principle of autonomy and ownership of the GoA to decide its own path. Finally, PROFORSA does not seem to have enough recognition, contrary to the broadly known and debated Prosavana in Mozambique, to raise resistance or support from civil society, which makes it more difficult to deepen the analysis.

Even though Angola shares much of its development problems with other CPLP countries, Angola's historical trajectory and the country's political configuration this trajectory generated make the Brazilian cooperation processes to vary widely, challenging the proposition commonly defended when discussing SSC that the shared colonial past and common development problems among emerging countries distinguish SSC providers from traditional donors. At the end of the day, contrary to assumptions always taken for granted, the Angolan case is perhaps demonstrating that African problems must find African solutions.

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