BRAZIL'S FORMATIVE CONTRIBUTION TO STRENGTHENING PRIMARY HEALTH CARE IN ANGOLA

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Abstract: International health cooperation between Brazil and Angola took on a new configuration with the creation of the Brazil–Angola Health Workforce Training Program in 2024. This article discusses the potential and documented contributions of Brazilian training to strengthening primary health care in Angola, with an emphasis on professional development, family medicine, teamwork and the territorial organization of care. This is a narrative and documentary review based on Brazilian scientific publications and institutional documents published between 2022 and 2026. The documents describe cooperation focused on professional training and the exchange of experiences, involving Brazilian universities, hospitals and education networks. The reported results relate primarily to the availability of training places, professional participation and learning described by program graduates; evidence of population-level effects depends on evaluations of services and indicators in Angola. It concludes that training can contribute to consolidating primary health care practices when aligned with local realities, sustained funding and the management capacity of Angolan institutions.

Keywords: Primary health care; International cooperation; Professional training; Angola.

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INTRODUCTION

Primary health care is a strategic foundation for health systems that need to provide care close to communities, ensure continuity of follow-up and make appropriate referrals for more complex situations. In countries with territorial inequalities in access to services, workforce training must go hand in hand with the organization of health facilities, resource availability and community participation. Brazil's Family Health Strategy offers relevant insights for this debate, without representing a model that can be transplanted in its entirety to another national context. (OLIVEIRA et al., 2025; FERNANDEZ et al., 2026).

Cooperation between Brazil and Angola gained greater visibility in April 2024, when a bilateral program for health workforce training was launched. The request came from the Angolan government and involved Brazilian educational institutions, university hospitals and government agencies. The initiative combines clinical and administrative training, with a view to applying the knowledge acquired in Angolan services and expanding local capacity to train new teams. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2024).

This debate is particularly relevant to Family Health training because expanding services alone does not guarantee comprehensive care. Building relationships with users, interprofessional teamwork, clinical communication and recognition of the social conditions of local territories are dimensions that depend on the ongoing training of teams. In 2026, the enrollment of Angolan professionals in the Professional Master's Program in Family Health reinforced the centrality of primary health care in the bilateral training agenda. (MAÇULO, 2026; OLIVEIRA et al., 2025).

METHODOLOGICAL APPROACH

This study presents a narrative review of documentary materials, focusing on Brazil's contribution to training for primary health care in Angola. The corpus comprises scientific articles published in Brazilian journals, a dissertation defended at a Brazilian university, and institutional publications from the Brazilian Cooperation Agency, the Brazilian Association of

Collective Health and the Ministry of Health, dated from 2023 to 2026. The interpretation emphasizes points of convergence between training policies, health care challenges and possibilities for the contextualized transfer of knowledge. (CALIPI, 2023; AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2024; MAÇULO, 2026).

The sources were organized into five themes: structural conditions of the Angolan health system; design of bilateral cooperation; educational practices and primary care; intermediate outcomes of training; and criteria for evaluation and sustainability. As this is a narrative review, it does not seek to estimate causal effects or present an exhaustive systematic review. Data on vacancies, enrollments, and training activities are treated as implementation indicators, rather than direct evidence of improvements in mortality or healthcare coverage. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2025; AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026a).

PRIMARY CARE AND THE NEEDS OF THE ANGOLAN CONTEXT

Angola faces challenges in the distribution of professionals, coordination across levels of care, and geographical access, which affect continuity of care. The concentration of facilities and workers in certain urban centers limits the regular response to the needs of distant populations. Health training must therefore address not only individual technical skills, but also team planning, network coordination, and the organization of services according to actual territorial needs. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2024; BERNARDO; SOUZA, 2025).

Maternal and neonatal vulnerability highlights the importance of effective primary care. The estimated maternal mortality ratio for Angola in 2023 was 183 deaths per 100,000 live births, in a context of healthcare inequalities and barriers to timely access to prenatal care, postpartum follow-up, and referral services. This figure reflects a complex situation whose improvement requires intersectoral policies and a coordinated network, rather than isolated educational activities alone. (BERNARDO; SOUZA, 2025).

TERRITORIAL CARE AND CONTINUITY OF CARE

Strengthening primary care requires each facility to know the population it serves, maintain consistent records, and monitor common conditions over time. Territorialization is not limited to the geographical division of a catchment area: it involves identifying transportation barriers, ways of life, family networks, and pathways to accessing services. The Brazilian experience links territorial ties to team accountability and continuity of care, elements that can inform debate in Angola when adapted to local characteristics. (BRASIL, 2025; OLIVEIRA et al., 2025).

Care coordination also depends on the actual availability of referral and counter-referral. Consultations in primary care facilities are less effective when there are no means of ensuring specialist care, test results, medications, or the patient's return to the originating team. Professional training should address care pathways, agreements between institutions, communication across levels of care, and the responsible use of records. The aim is to reduce fragmentation and enable the person's care journey to be understood by the network as a whole. (BERNARDO; SOUZA, 2025; OLIVEIRA et al., 2025).

SOCIAL DIMENSION AND PHARMACEUTICAL CARE

The availability of medications is an essential component of primary care quality. Supply, regulatory, and access barriers undermine the treatment of chronic conditions and preventive measures, especially when users must rely on private resources or make repeated trips. In Angola, discussion of pharmaceutical care includes external dependence, weaknesses in the implementation of regulations, and a shortage of qualified personnel—problems whose solution extends beyond the individual responsibility of professionals. (CALIPI, 2023).

Sexual and reproductive rights illustrate the relationship between institutional capacity and cultural practices. The presence of contraceptives in stock does not guarantee that they will be offered to women when local decisions, inadequate counseling, and moral interpretations restrict access. This example underscores the need for training that combines

knowledge of products with ethics, communication, comprehensiveness, and the protection of rights. The same perspective is useful in other lines of care where professional conduct may expand or restrict access to services. (CALIPI; MANZINI; LEITE, 2024).

BRAZIL–ANGOLA COOPERATION: FOUNDATIONS AND ORGANIZATION

The Brazil–Angola Human Resources for Health Training Program was officially launched on April 23, 2024. Brazilian coordination involves the Agência Brasileira de Cooperação, bodies within the ministries of Health and Education, and the network of federal university hospitals. The design provides for training modalities of varying durations, from internships and professional development courses to specializations and postgraduate studies, according to the needs identified by Angolan institutions and the capacity of training units. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2024).

The cooperation is technical and educational in nature and was structured through dialogue between the governments. This characteristic is relevant because training activities with greater legitimacy depend on demands expressed by the receiving services and on the participation of the institutions responsible for implementation. Training in Brazil can offer experience in organizing teams and care protocols, but its ultimate usefulness depends on the working conditions professionals encounter upon returning to Angola. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2024; AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2025).

The participation of hospitals and universities broadens the diversity of learning settings. Clinics, wards, laboratories, surveillance services, and teaching centers facilitate engagement with the routines of care, management, and continuing education. However, primary care should not become peripheral to hospital specialties. A balanced composition of training offerings and integration with community-based practices are necessary for cooperation to address priorities related to prevention, early access, and continuity of care. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2025; MAÇULO, 2026).

The involvement of institutions from Maranhão is academically and institutionally

important to the exchange. The Agência Brasileira de Cooperação records the participation of the University Hospital of the Federal University of Maranhão in training Angolan professionals during the initial cycles. The exchange of students, faculty, and workers fosters bilateral learning and brings health systems that share the Portuguese language closer together, although they operate under different demographic, political, and economic conditions. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2025).

TRAINING CYCLES FROM 2024 TO 2026

The program's initial cycles demonstrate an expansion in training opportunities. By 2025, the network of participating institutions already included university hospitals and educational institutions offering training in different clinical areas. Activities included both training delivered in Brazil and coordination between managers and preceptors to monitor participants. The number of places offered, however, should be interpreted alongside indicators of completion and application of competencies, without conflating available capacity with impact on care. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2025).

In March 2026, the Agência Brasileira de Cooperação reported that 551 Angolan professionals were training in Brazil, 232 graduates had returned to Angola, and 634 professionals had been trained directly in Angolan territory. For the 2026 cycle, 66 Brazilian institutions had offered 1.403 places. These results make it possible to monitor the partnership's implementation, but they do not constitute a standalone assessment of clinical outcomes, primary care coverage, or quality as perceived by the population. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026a).

Published accounts by participants reveal the potential use of the knowledge acquired. The experiences described include incorporating family medicine practices into preventive activities, disseminating safety protocols, and sharing training content with local teams. These are qualitative accounts of professional application, useful for understanding mechanisms of change, but they need to be supplemented by independent records and indicators defined by Angolan institutions. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO,

2026a).

In-person training in Angola increases the possibility of reaching workers who cannot spend time abroad. Technical missions and courses delivered with national professionals support adaptation to the routines of health units and the dissemination of learning. Neonatal resuscitation training conducted in Angolan provinces exemplifies a strategy focused on practical skills and instructor training, although it is more closely related to maternal and child health than to the exclusive core of family medicine. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026b).

PROFSAÚDE AND TRAINING IN FAMILY HEALTH

The participation of the Professional Master's Program in Family Health (PROFSAÚDE) represents an area directly linked to primary care. In January 2026, the Associação Brasileira de Saúde Coletiva reported that the network would receive 54 professionals from Angola, distributed among Brazilian institutions participating in the program. A professional graduate program can foster the development of applied interventions, provided that research topics are selected based on priority problems in Angolan services. (MAÇULO, 2026).

Learning in Family Health includes person-centered care, a family approach, communication, longitudinal care, and shared planning. These components depend on an interprofessional team, appropriate delineation of responsibilities, and integration between individual and collective actions. The Brazilian experience shows that collaborative work supports responses to complex needs, but also involves disputes over responsibilities and structural difficulties that must be incorporated into training content. (OLIVEIRA et al., 2025).

The outputs of a professional master's program should engage with the concrete implementation of public policies. Projects to improve welcoming practices, develop care pathways, create tools for monitoring pregnant women, implement active outreach strategies, and enhance continuing education can produce useful results when agreed upon with local

coordinators. Evaluation should involve simple criteria, monitoring over time, and team participation, avoiding academic documents that end without institutional implementation. (MAÇULO, 2026; BRASIL, 2025).

Exchanges between Brazilian trainers and Angolan professionals should not operate as a unilateral transfer of techniques. Knowledge about community relations, linguistic diversity, available resources, and local practices remains with Angolan workers and service users. Training is more robust when these experiences contribute to defining problems, selecting strategies, and evaluating care technologies. The ethical dimension of cooperation includes recognizing institutional autonomy and reciprocal learning. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026a; MAÇULO, 2026).

POTENTIAL APPLICATIONS IN THE ANGOLAN CARE NETWORK

An area for training with immediate application is improving welcoming practices and needs stratification. Teams with the capacity to listen, maintain clinical records, and organize schedules can reduce barriers to access and distinguish scheduled appointments from situations requiring a rapid response. In areas of greater vulnerability, engagement with schools, community leaders, and local agents facilitates reaching people who are disconnected from services. These measures depend on infrastructure and territorial management, in addition to individual competencies. (BRASIL, 2025; OLIVEIRA et al., 2025).

Maternal and child health offers a priority area for integrating primary care and referral units. Prenatal care should incorporate periodic clinical assessment, health education, disease prevention, and transport planning in cases of risk. In places where home births remain common, relationships with traditional birth attendants should respect community knowledge and strengthen recognition of warning signs and referral pathways, rather than simply exclude local actors. (BERNARDO; SOUZA, 2025; AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026b).

Care for chronic conditions can benefit from shared follow-up plans, regulation of medication supplies, and regular team meetings. The use of standardized records is important

for following up with patients who miss appointments, identifying treatment interruptions, and supporting management decisions. However, protocols need to be adapted to the actual availability of tests, medications, and human resources; transferring complex forms without operational infrastructure tends to increase bureaucratic tasks without producing better outcomes. (CALIPI, 2023; OLIVEIRA et al., 2025).

There is also potential to contribute to in-service continuing education, with trained professionals serving as trainers. Case discussions, shared supervision, and short workshops can disseminate skills and incorporate team feedback. For the strategy to be sustainable, training time must be integrated into institutional working hours and supported by coordinators, avoiding excessive dependence on personal initiatives or short-term foreign missions. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026a; MAÇULO, 2026).

CONDITIONS FOR SUSTAINABILITY AND EVALUATION

Sustainable cooperation requires joint human resources planning. Participant selection should consider provincial needs, areas of practice, institutional commitment, and the conditions for reintegration after training. Returning to work without a defined position, basic supplies, or supervisory support reduces the ability to apply acquired competencies. For this reason, the link between training scholarships, workforce planning, and unit improvement needs to be part of the entire cooperation cycle. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2024; AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026a).

Evaluation should use distinct levels of outcomes. The first should include places offered, participation, attendance, and completion. The second should cover changes in competencies, routines, and continuity of educational activities. The third should include service indicators, such as timely prenatal care, continuity of treatment, access to medicines, and user satisfaction. Attributing population-level effects to the program requires appropriate evaluation designs and control for other factors that affect the health system. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026a; BERNARDO; SOUZA, 2025).

Brazilian experience with primary care financing also provides an opportunity to

discuss equity criteria. Recent literature highlights the use of vulnerability measures in resource allocation and the challenges of linking transfers to service outcomes. For Angola, the most relevant lesson is not to reproduce Brazilian formulas, but to develop its own mechanisms that account for population dispersion, access costs, workforce availability, and the needs of different territories. (FERNANDEZ et al., 2026; BRASIL, 2025).

There are significant limitations to the conclusions of this study. Institutional sources mainly describe actions and administrative milestones, while specific scientific literature on the program's outcomes in Angolan facilities remains limited. Accounts from graduates provide insight into their experiences but do not replace longitudinal measurements. Further research should be conducted with professionals, managers, and communities in Angola, with attention to differences among provinces and service profiles. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026a; CALIPI, 2023).

DISCUSSION

Capacity-building cooperation can function as a structuring strategy when learning goes beyond obtaining certificates and contributes to the actual reorganization of work. Its main opportunity lies in linking clinical competencies, management capacity, and continuing education, while maintaining primary care as the coordinating axis of care. At the same time, Brazil's own experience points to persistent challenges in teamwork and resource allocation; therefore, exchanges should address problems and limitations as well as successful practices. (OLIVEIRA et al., 2025; FERNANDEZ et al., 2026).

The relationship between professional training and population health is mediated by institutional organization. Protocols for maternal follow-up, welcoming patients, and caring for chronic conditions cannot achieve their full effect without medicines, communication between services, and adequate transportation. In Angola, these needs are particularly important given territorial inequalities and weaknesses in pharmaceutical policy implementation, underscoring the need for integrated planning and financing initiatives. (BERNARDO; SOUZA, 2025; CALIPI, 2023).

FINAL CONSIDERATIONS

Brazilian capacity-building contributions to strengthening primary care in Angola are grounded in an active bilateral program, initiatives linked to PROFSAÚDE, and the exchange of experiences among university and healthcare networks. Available institutional findings demonstrate the expansion of educational opportunities, the participation of Angolan professionals, and the potential for local knowledge dissemination. However, they do not, on their own, allow causal improvements in population health indicators to be established. (AGÊNCIA BRASILEIRA DE COOPERAÇÃO, 2026a; MAÇULO, 2026).

Sustainable strengthening requires autonomous Angolan institutions, stable teams, and training adapted to communities. Cooperation should enhance local capacity to organize care without creating permanent dependence on external partners. (OLIVEIRA et al., 2025).

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