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Challenges of cooperation for development: A case-study analysis of Cuban health solidarity programmes in Nigeria

Mouzayian Khalil-Babatunde¹  | Stéphanie Panichelli-Batalla²

¹Department of Politics and International Studies, University of Warwick, Coventry, UK

²Department of Global Sustainable Development, School for Cross-faculty Studies, University of Warwick, Coventry, UK

Correspondence

Mouzayian Khalil-Babatunde, Department of Politics and International Studies, University of Warwick, Coventry, UK.

Email: mouzayian.khalil-babatunde@warwick.ac.uk

Abstract

Cuba has long-standing development partnerships with many African countries. In Nigeria, this includes medical staff training, interventions in malaria disease and death. Using a two-tiered analytical framework and elite interviews, we problematise ideological conceptualisation of development and its praxis, particularly capability and willingness to explore alternative approaches or partnerships for development. We argue that what occurs between rhetoric and reality of this case is characteristic of entrenched structural and operational dynamics to layers of institutionalised development agenda-setting sustained by international development policy regimes. This research highlights the need to explore alternative development approaches that engender mutually beneficial and equal partnerships.

KEYWORDS

alternative development approaches, Cuban internationalism, development policy, Nigerian health sector, solidarity, South–South cooperation

1 | INTRODUCTION

'Development is about social change while social struggle is about the **politics** of social change' (Weber, 2006: 187)

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Since the early years of its revolution, Cuba has contributed to the support and development of the healthcare sector of many countries all over the world. Algeria was the first country to benefit from a long-term medical mission, and since then, Cuban healthcare professionals have been travelling the world as part of Cuba's solidarity programmes to help those in need and contribute to increase in healthcare provision and healthcare quality. Nigeria is no exception. Since establishing diplomatic relations in July 1974, both countries have benefitted from each other's solidarity and have engaged in cooperation programmes in varied areas such as healthcare, sports and education.

Although Cuba has remained an outsider in the international conventions around development due to its socio-political affiliations to communism, it has played a very active role in the development agenda for more than 50 years, having itself achieved several of the Global sustainable development goals (SDGs) without any assistance through the international development aid regime while also contributing to the work of other countries in their development strategy. This case resonates with Weber's (2006: 188) argument that a critical evaluation of the nature and dynamics of (historical and contemporary) social and political relations 'has the potential to demonstrate how struggles over development are ultimately struggles over social and political power'. This article will start from the premise that Cuba's relations with African states present an alternative model of collaboration, neglected in scholarship on international development, including South–South cooperation (SSC), that offers a valuable point of comparison with which to evaluate the impact of health-focused aid delivered by Western nations. More so, this article will critically interrogate the knowledge power about what constitutes development support and cooperation, who gets to be involved in this and how. It will explore this hypothesis by focusing on the case-study of the existing *solidarity* cooperation between Cuba and Nigeria, analysing the different components of the health development programmes in place, its successes and challenges, with a particular focus on (1) increasing and improving medical staff training, (2) the reduction of malaria disease and death and (3) other smaller health-related programmes.

Specifically, the article proposes to understand how, if and why the Cuba–Nigeria health cooperation has worked over the decades, by analysing the nature, structure and process of this approach and how it can be embedded into the repertoire of development support in the continent. The paper considers development cooperation between Cuba and Nigeria along two strands of analysis: first, an ideological strand as indicated through the history, language and narratives surrounding the relationship and second, the practical or praxis aspects of development cooperation between the countries and in context of the broader or mainstream structures and practices in Nigeria's relations with predominantly international development institutions but also some bilateral relations with mostly richer countries. The analysis of this paper is based on both primary and secondary data. Primary data were collected through semistructured elite interviews with two Cuban ambassadors (in Nigeria and Tanzania) and with Cuban and Nigerian professionals involved with health sector programmes between Nigeria and Cuba. Interviews lasted approximately 1 h each and were conducted both in person and via email by the authors of this papers and took place in Cuba, England and Nigeria over the period of 2016 to 2019. Primary data also include a focus group interview with Cuban experts from Labiofam working in Tanzania in July 2019 as part of the malaria eradication programme of that country. Secondary data include academic research and development policy documents, SSC in general and more specifically in Africa, official government documents and reports, NGO reports and press articles from both countries, drawing out the nature, process, structures and impact of development support within this region, albeit that less attention is given to narratives outside the North–South relations. This article offers a critical discussion of the peculiar alternative that Cuba–Nigeria SSC presents and begins by situating the topic within broader challenges of development aid in Africa. The next sections discuss SSC, where such cooperation between developing countries would typically sit in the discourse, then Cuba's Internationalism as an approach to development partnerships within the health sector as *solidarity* cooperation and its partnership with Nigeria in particular. The final sections discuss and conclude on the implications of Cuba's approach to development partnerships from an ideological and policy nexus.

2 | THE CHALLENGES OF DEVELOPMENT AID IN AFRICA

Development aid can be broadly categorised into three types: humanitarian or emergency aid, concessional loans and grants. It can also take different forms, such as 'transfers of finance, commodities and other goods, technical co-operation (around half of bilateral aid) and debt relief' (Burnell, 2002: 472). Today, development aid is largely administered by multilateral institutions and bilateral aid agencies. The World Bank and International Monetary Fund (IMF), two of the original Bretton Woods institutions, remain relevant and central to multilateral donor aid management in Africa, alongside other bilateral and International Non-Governmental Organisations (INGOs). These institutions provide ideological and structural frameworks that shape how we conceptualise development and what it means to be developed.

On paper, 'development aid seeks to make a difference in the short, medium and long term, fostering economic growth and reducing poverty' (Glennie, 2008: 16). In practice, it sits within a broad liberal internationalist project that sought to use the objective necessity of development as basis for bringing newly independent states into the formal institutional frameworks of development ideology and governance (Ake, 1996; McMichael & Weber, 2022). The politics of aid disbursement in the Cold war era in particular saw 'Western aid concentrated on undercutting competition from states or political movements that espoused rival (i.e., socialist) ideologies of development' (McMichael & Weber, 2022: 66). This included a mix of grants and loans administered by the Bretton Woods institutions. When the debt crisis hit in the 1970s, and many states defaulted on loan repayments, criticisms of development 'aid' started to emerge as critics started to see aid as an instrument of domination and exploitation (Burnell, 2002: 475). The notion of aid dependency and its resultant depletion of long-term development results began to appear in academic debates from the late 1990s as assessments of development projects/programmes were failing to reflect the anticipated progress. Moyo (2009: 65–66) argues that aid in form of loans and grants are responsible for 'corruption, inflation, erosion of social capital, the weakening of institutions ... reduction of much-needed domestic investment [and] laziness on the part of the African policy makers' who often implement development strategies and programmes blueprints from international development institutions and donors. Such programmes are built on donor agenda, reflect their priorities and are overtly or inadvertently tied into aid conditionality, and political conditionalities engender a soft power influence on aid recipient states. Such reflections had little impact on donor policy. By early 21st century, the total figures of aid provided to Africa had reached over two trillion US Dollars (Easterly, 2006; Stewart, 2006). Today, there is little evidence in Africa of the success of this development aid model, as growing external debt burden from aid disbursements to African countries has seriously exacerbated and still exacerbates already dire circumstances. Nancy Qian (2015) offers an insightful outline of critical interventions by scholars on the impact of foreign aid and contributes to this debate through the analysis of empirical evidence from [changes in] aid flows. In another related study, Qian (2015), through a focus on methodological technicality, identified the limits to studying the impact of foreign aid predominantly via evaluation of aggregate data and lack of transparency in documentation and understanding of motivations behind foreign policy decisions that drive and shape foreign aid disbursement.

2.1 | Mainstream development versus alternative development: Setting out the policy agenda

The way development is defined, conceptualised, articulated and interpreted into broad-based and specific goals determines the approaches, actors and implementation strategies by which it will be achieved. By implication, *who* should their governments engage with in order to best achieve these goals? The ideological position of those who define it matters at two levels: politics and praxis. Since the 1940s, the west (characterised by neoliberal ideological agendas and institutions) has built and driven an international development regime. The version of development offered to Africa is teleological, shaped by the logics of modernisation for 'backward' pre-industrial African states to industrialise and achieve characteristics of the Western modernity. Development was reduced to economic growth

with emphasis on industrialisation hinged on neoliberal free market access (for the purpose of exports to the west) and less on local production for consumption or social welfare. This development was aid-driven and, aid, viewed as a means of promoting donors' economic and political practices and interests (Desai & Potter, 2002: 471), was hinged on economic and political conditionalities aligned to neoliberal ideology. The Washington Consensus and structural adjustment programmes (SAPs) ushered in policy-based aid and conditionalities became a key element of aid from international development institutions (Dollar & Svensson, 2001). The institutionalised nature of development policy and practise constitutes an 'industry' that has largely set the tone for efforts since the onset of Bretton Woods' regime.

By adopting the normative and presumed universal conceptualisation of development promoted by international development institutions, African leaders engage with bilateral and multilateral development initiatives geared at meeting specific and externally (pre)determined development goals, such as the Millennium Development Goals (MDGs) or more recent SDGs. Using various between-countries and within-countries indicators, Horner and Hulme (2017) argue out a reframing from international to global development, drawing attention to shifts, and implications of these shifts, in development inequalities across geographies, whereby assumptions of bipolarity between 'rich North/poor South' are increasingly less representative of the 21st century realities. Arguably, the shift in focus of SDGs away from MDGs focus on solving development problems in the Global South, to a focus on within-country inequalities ('divergence'), including in the Global North, is indicative of shifting geographies of development (Horner & Hulme, 2017: 349). This view overlooks historicities and coloniality of material and power relations between countries across the North–South categories of analysis that cannot be ignored when proposing nuanced understanding of development and its challenges.

However, shifts in development thinking that see SDGs implementation even in donor countries, cuts in aid budgets and additional pressure due to the COVID-19 pandemic deepen the urgency for African countries to thoroughly explore alternative development support, as described by Pieterse. According to him, 'the distinguishing element of alternative development should be found in the *redefinition* of development itself and not merely in its agency, modalities, procedures or aspirations' (Pieterse, 2001: 82). The focus of alternative development is 'people-centred' and places significance on the 'people's knowledge' rather than 'abstract expert knowledge' (Pieterse, 2001: 81). Claude Ake (1990: 4) argues that the fundamental premise for designing a development strategy should be hinged on the fact that 'whatever the people do not accept, whatever they do not assimilate as an integral part of their lives can never be properly construed as their development.' Therefore, 'the core value of development should be self-reliance' (Ake, 1990: 11), and development strategies should be constructed on the ideas of self-reliance and self-sustaining growth (Ake, 1990; Nwoke, 2020; Ndlovu-Gatsheni, 2018). Development is to be sustained by resources and agencies capable of replicating themselves, and in the African context, this is only possible if development strategies are built on African realities. In the specific case of health sector development in Africa, health statistics are necessary to evaluate the progress and success of interventions, but we strongly believe that a bottom-up approach is primordial to make sure such interventions answer to the needs of the community in a way that fits their cultural and social context. This approach is ideologically and pragmatically embedded in the principles of Cuban solidarity programmes and thus provides an empirical basis for understanding and examining the principles of alternative development suggested by Ake.

When African leaders have attempted to shift the focus and strategies of development, they faced systemic resistance from international development institutions. Most African states by then were bound to International Financial Institutions (IFIs) through aid agreements and conditionalities. A good example to illustrate this is the Lagos Plan of Action 1980. The Lagos Plan was an extensive white paper by African leaders through the platform of the Organisation of African Unity (OAU, now African Union-AU) to push the continent forward and break away from diffident power relations. It was built on two principles: 'self-reliance (national and collective) and self-sustaining development'; it was participative development, a holistic approach cognisant of Africa's priorities (Ake, 1996: 23–24). It was countered and subsequently replaced by the World Bank's *Accelerated Development in Sub-Saharan Africa: An Agenda for Action* (1981) that reiterated previous neoliberal economic focus criticised as detrimental to the continent

by African leaders, who had called for more participatory development strategies with a focus inward. The World Bank ignored the Lagos Plan and continued to engage African states based on its own plan. It was soon clear that African states were too weak and dependent on aid to have their way, and by 1985, the OAU collectively signalled their defeat. Consequently, having lost momentum to go against the tide of international development institutions, international development agendas have continued to dominate national development strategies, fostered by funding (grants, loans or aid) from international institutions (multilateral) to state institutions (bilateral). There is a consistent weakness and failure by African leaders to negotiate better terms, practices and strategies for their countries in multilateral and bilateral 'development' deals. Unable to significantly shape how development is conceptualised is detrimental to policy and praxis in the continent. Most African state policy infrastructures are embedded into international development policy frameworks and struggle to establish successful alternative partnerships.

What is least explored are development relations that engender inward looking conceptualisation of development in line with peoples' needs or priorities: relations that offer mutually beneficial engagement for African states and its development partners. Cuba's positionality in the international development space is at best an outlier of a broad neoliberal (and Western) hegemony. A long history of opposition to neoliberalism has made Cuba subject to political and economic embargos since the late 1950s. Thus, Cuba stands in a unique situation as a country likely to be actively side-lined as an international actor in both politics and praxis, bringing into view the 'contexts and power relations that have contributed to the shaping of particular social and political outcomes over alternative others' (Weber, 2006: 187).

Cuba's conceptualisation of development is rooted in notions of solidarity and cooperation, placing respect for human dignity as a pre-condition and considering the partners involved as *equals*. There is no aid, rather solidarity programmes, cooperation programmes or collaborations. This conceptualisation of development that centres peoples' social welfare is partly borne out of Cuba's political ideology and was also inspired by the support and training the Revolutionary government benefitted from within the healthcare sector from the Soviet Union for many years.¹ This approach is perhaps also a response to long-term economic and political sanctions/embargoes from the West. Still, Cuba achieved exemplary progress in mass education and health care, in particular preventative medicine and primary healthcare provision. Cuba's colonial past and history of overcoming economic and political challenges position them as equals and in solidarity with African states able to relate with struggles they have overcome and are still facing at a political, economic and societal level.

3 | SSC

The Bandung Conference, held in April 1955, symbolises the formal beginnings of South–South relations and cooperation instituted for the preservation of peace, economic development and decolonisation (Office of The Historian, n.d.). This Asian–African Conference was attended by delegates from 29 states, mostly newly independent countries across Asia, Africa and the Middle East. The core principles of the conference were political self-determination, mutual respect for sovereignty, nonaggression, noninterference in internal politics and equality (CVCE, 2017). As an institutionalised response, the United Nations Conference on Trade and Development (UNCTAD), a permanent intergovernmental organisation, was set up in 1964, becoming the hub for North–South relations within the context of trade and development. The UNCTAD called for New International Economic Order (NIEO), a UN declaration made in 1974, which is recognised as a transnational governance reform initiative. According to Gilman (2015), '[the NIEO's] fundamental objective was to *transform the governance of the global economy to redirect more of the benefits of transnational integration toward 'the developing nations'* - thus completing the geopolitical process of decolonisation and creating a democratic global order of truly sovereign states.'

¹Since the very early years of the Revolution, the Soviet Union signed bilateral solidarity agreements with Cuba to improve its healthcare system, increase the physician density by training Cuban doctors in Cuba and in the Soviet Union and to develop the local infrastructure, donating medical equipment. This 'proletarian internationalism' (Sanz Fals, 1982) is what Cuba quickly replicated in developing countries all over the world.

The NIEO presented a unique and transient window of opportunity for developing countries to renegotiate structural barriers to 'northern' or 'western' hegemony in areas of political and trade relations and later also socio-economic issues. For example, in 1980, some NIEO countries, including Cuba, proposed a draft resolution entitled "Health and the NIEO" (WHA, 1980), which reiterated 'the important role the health sector should play in development efforts' to achieve Healthcare for All by 2000. Nevertheless, by the 1970s to 1980s, most of the developing world entered a debt crisis linked to oil price shocks and rising public expenditure from implementing SAPs (Weber & Winanti, 2016). Gilman (2015) argues that the NIEO can be seen as an 'unfailure' whereby although it failed to meet the specific goals in its agenda, the 'undead spirit' of the principles of NIEO continues to haunt international institutions. However, by the 1990s, the restructuring of UNCTAD gave it a less confrontational role in North-South dialogue. As a consequence, it became 'increasingly eclipsed' by the terms of General Agreement on Tariffs and Trade (GATT) and the World Trade Organisation (WTO). This made it less able to act as a counter-hegemonic organisation, resisting the dominance of the Bretton Woods institutions (Gray & Gills, 2016).

SSC presents an alternative to OECD development financing and support for receiving countries. Its narrative is entrenched in emancipatory relations between states on the principles of equality, cooperation and mutually beneficial outcomes. Gosovic (2016) argues that the importance of SSC goes beyond 'the quest to develop and diversify their economies, [but it is] a political project of emancipation, liberation, political and economic independence, of transcending the unidirectional links with the North and vestiges of the colonial era, and of gaining influence and voice in world affairs by pooling forces and acting collectively'. Gray and Gills (2016) reiterate the significance of a 'vision of mutual benefit and *solidarity* among the disadvantaged of the world system [whereby SSC] conveys the hope that development may be achieved by the poor themselves through their mutual assistance to one another, and the whole world order transformed to reflect their mutual interests *vis-à-vis* the dominant global North' [emphasis is ours]. Simultaneously, SSC is an instrument by which providing countries can potentially increase their soft power and influence within global governance systems (Esteves & Klingebiel, 2021). Various patterns and actors come to play within the framework of SSC including those by Baydag (2021) described as 'middle powers' like South Korea and Turkey, with Turkey increasingly active in trade and service delivery with many African countries.

The rise of Brazil, Russia, India, China and South Africa (BRICS) as key actors in the global political economy has boosted prospects for changing the conventional practice of development cooperation (Quadir, 2013). 'The BRICS bloc comprises 41 per cent of the global population and about 30 per cent of the world's land mass. The five members currently make up about 23 per cent of global GDP, worth about US\$41 trillion, and about 18 per cent of all trade' and in its 2018 summit the leaders laid plans for 'more self-reliance over US reliance' (Devonshire-Ellis, 2018). In the context of US/Western hegemony and China's rising powers, it offers its members an alternative platform to leverage their collective powers against the broader geopolitical dynamics and provides an alternative context for relations with China (Miller, 2021). As for bilateral relations, several Southern countries, including China, India and some oil rich nations in the Middle East, have had a long history of cooperation with other developing countries. On the African continent, the BRICS alliance has remained the strongest institutionalised manifestation of SSC. Between 2002 and 2012, trade between BRICS and Africa increased tenfold to \$340 billion, surpassing intra-BRICS trade of \$230 billion by the end of that period, whereby China-Africa trade accounts for more than half (Ademuyiwa et al., 2014). China has been the development partner of many African and Asian countries since the late 1950s (Quadir, 2013). Also, China's 'development' support is heavy on trade and physical infrastructure. China has contributed to infrastructural development across the continent, building roads, airports, bridges, railways and even office buildings for African governments. However, criticisms of Sino-Africa relations echo similar concerns of dependency and exploitation, heavily uneven negotiations in favour of China (Addis & Zuping, 2018; Okolo & Akwu, 2015).

However, it becomes increasingly evident that BRICS and many bilateral SSC's such as those involving emerging economies like China and Brazil are less representative of 'poor-poor' solidarity, as one of our participants calls it,²

²Focus group interview with the Cuban Labiofam team working in Dar-es Salaam, July 2019. Interview conducted by co-author. More extensive quote follows in this paper.

and more a categorisation based on relative prosperity to the North. SSC also remains relevant as an alternative rallying point for countries, especially those with shared historical struggles and/or even the geopolitical positionality of being in transit to a state of development.

The Cuban solidarity programmes though are not to be compared with the BRICS SSC, as Cuba does not enjoy the same level of economic power and development as its BRICS counterparts. We will look at this alternative form of SSC with more detail and reflect on the need to rethink the development industry, making sure unusual partners are also considered when attempting to achieve development targets.

4 | CUBAN INTERNATIONALISM

For many countries in the Global South, the triumph of the Cuban Revolution and its bearded revolutionaries were an inspiration and became a benchmark for many who had suffered oppression either by the possessing classes of their own country or by other countries that had exploited their resources and their workforce for centuries (Glejises, 2011). The Cuban proletarian revolution decided to put an end to this situation and thus became the symbol of the struggle against colonialism and imperialism and of the defence of poor and developing countries. Although Cuba remained largely on the outside of these international conventions due to its socio-political affiliations to communism in a neoliberal international order, yet it maintained support and relations with many African countries throughout the Cold War period and beyond. Cuba's emancipatory solidarity since the early 1960s manifested in political and military support to independence struggles in Africa.

This small Caribbean Island decided to undertake the project of liberating the oppressed and educating them in their revolutionary ideas. This project started initially on the Latin American continent but very quickly expanded to other countries in the world, who benefitted from Cuban military support in their revolutionary processes and independence wars. The first was Algeria in the early 1960s, and this military intervention was simultaneously supported by a medical mission, something that became common practice where partners lacked the human resources to meet their healthcare needs. Algeria was followed by numerous Cuban interventions supporting African liberation movements in countries like the Congo, Tanzania, or Ethiopia, among others, as well as in the Angolan civil war in the 1970s and 1980s, as Feinsilver explains,

Cuba's civilian aid has been provided largely as a means of establishing ties with another country but has also accompanied military aid. It expanded considerably, therefore, when troops were deployed to Angola in late 1975 and then to Ethiopia in 1977. Figures for 1977 indicate that Cuba provided between 45 per cent and 84 per cent of the doctors in seven countries (six in Africa), and also sent 650 health-care workers to Libya, of whom 357 were physicians. Cuba had 686 medical workers in Angola, of whom 335 were doctors and 12 were dentists. They saw about one million patients that year. (1993: 161)

For Fidel Castro, these interventions represented a way not only to strengthen the African liberation movements but also to expand Cuba's own political influence in the Third World. During his first visit to Africa in 1972, Fidel Castro explicitly stated that his aim was to strengthen the links between Africa and Latin America and that solidarity and internationalism were essential to fight together against imperialism, colonialism and neocolonialism (Wasmer Miguel, 1980). This battle against imperialism was not limited to a political fight against US hegemony and influence, but it involved spreading the Cuban socialist values of reducing poverty and oppression in the Third World. In their point of view, economic development was also very clearly linked to social development, hence why they prioritised health and education in their development strategy from the very early years of the Revolution and contributed to the draft resolution 'Health and the NIEO' proposed in 1980, as mentioned earlier. As such, Cuba represented a very different approach to development, which directly contrasted with the teleological understanding of development and aid.

This understanding of development cooperation goes back to the very early years of the Revolution. On 19 August 1960, Ernesto Che Guevara, who had played a key role in the triumph of the Cuban Revolution, addressed a speech to healthcare professionals and students of the Faculty of Medicine during a meeting of the PanAmerican Health Organisation, where he announced the direction that Cuban internationalism would take. He stated his point of view regarding access to healthcare in Cuba, as well as his understanding of the concept of the revolutionary doctor. In this speech, Che Guevara explained that it was during his travels through Latin America that he discovered, with the eyes of a recently graduated doctor, 'misery, hunger, disease, the inability to cure a child due to a lack of means, the gloom caused by hunger and continued punishment, to the point where losing a child becomes for a father an accident of no importance, as it often happens in the battered classes of our American society' (Che Guevara, 2001: 46). One of the points he outlaid about the concept of a revolutionary doctor referred to the approach healthcare professionals need to have towards the workers, the peasants and people of lower social classes who might never have had access to a doctor before. In his view, this approach could no longer be charitable but rather needed to become a peer-to-peer approach: "What we need to practice today is solidarity. [Applause] We must not approach people and say, 'Here we are. We come to give you the charity of our presence, to teach you our science, to show you your mistakes, your lack of knowledge, your lack of elementary knowledge'. We must go with eagerness and humility to learn from the heart of the great source of wisdom which is the people. [Applause]" (Che Guevara, 2001: 52). Although this was first implemented at national level, this idea of solidarity with humility as opposed to the principle of charity became a key feature of future internationalist solidarity programmes, as the one we are analysing in this paper. In his book *Revolutionary Doctors*, Steve Brouwer states that "Cuban health workers, in addition to providing free health care for all their fellow citizens, have transformed themselves into a 'weapon of solidarity', a revolutionary force that has been deployed in over 100 countries around the world". (2011: 16), and it is this specific aspect that sets them apart so clearly still today from Western humanitarian aid and development programmes, as well as from the more commonly known SSC cooperations programmes as those carried out by BRICS countries for example.

This invaluable help from such a small developing country allowed Cuba to build diplomatic ties with countries of similar ideologies, while contributing to the expansion of Marxist-Leninist ideas on several continents. Since its first long-term mission in Algeria, Cuba has sent more than 130 000 healthcare professionals abroad in more than 107 countries all over the world (Barbosa Leon, 2016), providing disaster relief where needed, as well as access to healthcare. By 1985, according to the local newspaper *Granma*, Cuba had more doctors working abroad (1500 in 25 countries) than the WHO (in Feinsilver, 1993). It is worth highlighting that these South-South solidarity programmes have recently been extended to South-North solidarity programmes with Cuba's involvement in the Covid pandemic and the support provided with Cuban doctors in countries such as Italy and Andorra ([Author]). These programmes also include training local healthcare professionals, allowing as such for knowledge transfer and capacity building. This support has not come without its criticism. The Cuban government has been accused of modern slavery practices linked to its solidarity programme on several occasions. This mainly referred to the *Barrio Adentro* programme in Venezuela (2003 to today), also known as the 'oil-for-doctors programme', as well as more recently in Brazil, linked to the *Mais Medicos* programme (launched in 2013). The latter was put to an end by the Cuban government in November 2018 following the change in the government after the election of Jair Bolsonaro. In both cases, some doctors were criticising the harsh working and living conditions of the solidarity missions, as well as the low salaries they were receiving in comparison with what the Cuban state was gaining through the trade agreements (Carrasco, 2018; de Cuba, 2011).

4.1 | 'Solidarity' versus 'charity' or 'aid'

There are several differences between this SSC, other SSCs and existing mainstream Western aid programmes in African countries that we argue in the paper can be found in ideological and practical distinctions. First of all, this is a cooperation between ODA recipient countries (with Cuba being an upper middle-income country and Nigeria, a lower middle-income country), while both countries also share a colonial past. The partnership therefore avoids

the perception, which frequently besets Western-led aid programmes, that they are simply the latest manifestation of neo- or post-colonial relationships (Durokifa & Ijeoma, 2018). Whereas arrangements like BRICS offer alternative praxis of trade, aid and cooperation for Global South countries, its approach is largely centred on economic exchange and cooperation. These Southern corridors that hinged on larger and stronger emerging economies still potentially marginalise smaller, pre-emerging economies in the context of SSC. Cuba's approach to such cooperation programmes has always been one that regarded respect for human dignity as a pre-condition, starting with humility and learning from the people themselves, as mentioned by Che Guevara in his speech quoted earlier. Cuba has always considered the partners involved as equals. This is also why more commonly used terms to refer to these partnerships in Cuba and by internationalist healthcare professionals³ are solidarity programmes, cooperation programmes or collaboration, rather than 'development programmes' or 'aid'.

When discussing the Cuban SSC programmes with members of the Cuban team at the Labiofam factory in Dar-es Salaam in July 2019, they explained what SSC meant for them. When referring to the sacrifice that so many of them engage with to support other in needs in other countries, while their families might be going through difficult times in Cuba:

that is south-south, it is really south-south...it is not north-south, it is not rich-poor...it is not...what we have with the third world countries, with the countries of the program is south-south and poor-poor. We are not rich and we share what we have...(...) There is no need to be rich to help out ... do you understand?... there is no need to be rich to cooperate.⁴

He then continues referring to the solidarity there is in Cuba within the community when someone is struggling and adds:

This is what exists in Cuba and that is why we put up with the years of blockade, that is why we put up with years and years in the conditions that...and that is the difference...we are talking about collaboration. How easy it is to collaborate when you have a lot...giving a peso is easy...but when you only have one, giving half is a little more difficult...and that's what characterizes us...and that's what makes us different...but it's what needs to be shown to the world...that it is how it is...if you do don't help me I have to help myself...well between us right? That's why we talk about south-south, (...) it's like this... between us...you help me, I'll help you then step by step we improve, if not we will never get better ... and but it is so difficult for them to understand! Because in Cuba we know it ... we have been doing it for many years...thanks to Fidel...and Che...he wasn't Cuban but in the end...he ended up being Cuban...and so over there that's how we do it...⁵

Another key difference refers to the trade aspect of these programmes. As a means for Cuba to survive the economic sanctions imposed for more than 50 years by the US embargo, these partnerships are being funded in the majority of the cases by the receiving governments.⁶ We will call these 'trading governments' to reflect more accurately their agency. Countries, such as Nigeria in this case, are no passive recipients but active players who request resources based on their needs. These relationships have been ongoing for many years, going back to early 2000s in Nigeria, with some periods of varying intensity in cooperation. In both cases, current governments are actively working towards developing further the increasing partnerships, and the health sector is at the centre of many of these (Lopez Blanch, 2018; Owoseye, 2020).

³This is based on the analysis of the 25 interviews and 2 focus groups with internationalist healthcare professionals carried out by one of the co-authors as part of a parallel research project entitled 'Life stories of Cuban internationalist healthcare professionals'. The Nvivo analysis of the interviews led to conclude that the term 'development' was never used to refer to the work carried out in the missions.

⁴Focus group interview with the Cuban Labiofam team working in Dar-es Salaam, July 2019. Interview conducted by co-author.

⁵Ibidem.

⁶Conversation between co-author and Cuban ambassador on 14 January 2019 - Haiti at that time was the only country where the SSC programme was not part of a trade agreement.

5 | CUBAN-NIGERIAN PARTNERSHIPS

Nigeria is the most populous country on the continent, ranked 7th globally, accounting for nearly 3 per cent of the world's population, projected to surpass the US and become the third largest country by 2050 (UN, 2017). In 2018, 40 per cent of Nigerians (83 million people) lived below the poverty line, while another 25 per cent (53 million) were vulnerable; the number of Nigerians living below the international poverty line is expected to rise by 12 million in 2019–2024 (World Bank, 2021), and it is ranked 150 of 157 on the 2020 Human Capital Index (Human Capital Country Brief, 2022; World Bank, 2022). Nigeria is ranked the 25th largest economy in the world; however, its predominantly monoconomy characterised by an overreliance on crude oil export made it highly vulnerable in the global economic disruption caused by the on-going COVID-19 pandemic. The country operates a federal system that comprises of a centralised federal government with devolved power limited by fiscal 'sharing' allocations from the centre to its 36 state governments and the Federal Capital Territory (Babalola, 2019; Ekpo & Englama, 2008). Responsibility for all public services is assigned to the federal government (exclusive list), with shared responsibilities (concurrent list), and state-only responsibilities (so-called Residual powers) limited to issues such as power, industry and agriculture development (Ekpo & Englama, 2008, pp. 230–232). This form of fiscal federalism is a crucial feature of the power dynamics that shapes how resources are allocated, disbursed and utilised across the country.

Having gained its independence from the British in 1960, Nigeria did not benefit from Cuba's military support during their liberation process but only started establishing diplomatic relations in July 1973 and bilateral relations within the health sector in 2000. In addition to the economic struggles, it is facing, and an extremely rapidly growing population, Nigeria also struggles with its healthcare system, which is severely underfunded (3.89 per cent of GDP). Not only is there a shortage of doctors in Nigeria, but the majority of Nigeria's population does not have access to health insurance (Muanya, 2020), making access to healthcare very difficult for many. Nigeria is also one of the most affected countries by malaria. In 2021, it accounted for 31.9 per cent of all malaria deaths worldwide (WHO, 2021a), while Cuba eradicated malaria in 1973 (WHO, 2021). Despite being a developing country, Cuba's health statistics are comparable with and sometimes even exceed these of developed countries (see Table 1 below), becoming as such an inspiration for many on how to tackle health inequalities, how to increase access to healthcare while also improving quality of healthcare provision (Souers, 2012). There are as such many areas where Nigeria can benefit from Cuba's cooperation programmes within the healthcare sector.

Since 1974, there have been trade agreements and gestures of solidarity on both sides. Nigeria has benefitted from Cuba's assistance in several areas such as education, health, physical education and sports (Gomez Figueredo, 2016). Nigeria, on the other hand, has shown solidarity towards Cuba on several occasions. For example, at the time of Hurricane Irma in September 2017, Nigeria offered 500 000 dollars to the local funds to support with the recuperation of the damages from this natural disaster (Lopez Blanch, 2018). Nigeria has also always voted in favour of lifting the US embargo against Cuba at the annual UN assembly vote (Mateu Frances, 2008; UN Affairs, 2021).

The health partnerships between both countries cover many different areas and range from purchase of Cuban medicines to address local diseases, such as Heberprot-P to treat the diabetic foot, avoiding as such unnecessary

TABLE 1 Status of Cuba, Nigeria and United Kingdom in context of healthcare.

	Cuba	Nigeria	United Kingdom
Physician density (2018)	8.4/1000	0.4/1000	5.8/1000
Life expectancy (2018)	79	54	81.205
Infant mortality rate (2019)	4/1000	74/1000	4/1000
GDP per capita (in USD) (2020)	9477.9	2097.1	41 124.5
Percentage of GDP spent on healthcare (2020)	11.19%	3.89%	10%

Source: The World Bank Data by Country and All Countries Reports (World Bank Data, 2018a, 2018b, 2018c, 2018d, 2019, 2019, 2020); WHO World Malaria Report (2019).

amputations⁷, to assistance in the construction of ophthalmology centres (UN Affairs, 2021), training of local doctors in Cuba and supporting Nigeria with its programme to tackle malaria. In all cases, this is a trade partnership, where both countries benefit from the agreement. Cuba gains economic and diplomatic benefits,⁸ while Nigeria accesses advanced healthcare training, improves the quality of primary healthcare provision, as well as increases preventive healthcare measures.

5.1 | Education programmes and capacity building

Although Cuba's most renown international solidarity programmes are the medical missions, Nigeria has never engaged in a trade agreement involving Cuban doctors practicing medicine in Nigeria. However, talks have been underway, and there is a possibility that Cuban doctors will be sent to some Nigerian states in the near future. In 2018, the ambassador of Nigeria in Cuba said: 'Cuban doctors are welcome in Nigeria and because of the change that the health sector in his country has undergone, the Governor of one of the Nigerian states who recently visited Havana wanted to return with 50 Cuban doctors. (...) he added that they could request more healthcare professionals based on the mutual benefit agreements and now, what remains is to carry out the necessary procedures.' (Lopez Blanch, 2018).

One of the aspects of the Cuban medical missions abroad is that they often also include knowledge transfer and capacity building. By working alongside local healthcare professionals, Cuban doctors not only increase physician density in the short term but they also train local doctors and nurses in order for the programme to have a sustainable impact. This aspect of education for capacity building is not new to Nigeria and has already been taking place with other programmes within this mutually beneficial Nigerian–Cuban agreement. For example, Nigerian students have access to the scholarships provided to students from all over the world who wish to attend the Latin American School of Medicine (ELAM) in Havana. The ELAM was set up by former president, Fidel Castro, in 1998, and it provides free education to foreign students from disadvantaged backgrounds in Latin America, Africa and the United States, with the condition that once they graduate after 6 years, they will return to their communities 'to contribute to the sustainability of their healthcare system' (ELAM, n.d.) and give back to their people what they have learnt. So far, 20786 students from 74 countries have graduated from ELAM (ELAM, n.d.).

In addition to Nigerian students studying at the ELAM, there have also been agreements between the Cuban Ministry of Health and several Nigerian states and the Nigerian federal government, to send students to Cuba to study medicine at Cuban Faculties of Medicine. As explained by Pr. Lucas Domingo, Cuban ambassador to Tanzania, in an interview in January 2019, often, these agreements are based on the needs of the state and will therefore be linked to training in specific specialisations where local workforce lack the expertise. For example, in 2000, the Nigerian government of Olusegun Obasanjo (presidential tenure 1999–2007) sent 100 young Nigerians on a joint Nigeria–Cuba full scholarship to Cuba for training as medical doctors. Another example is the agreement signed in 2017 with the Nigerian State of Kaduna to send Nigerian students to study medicine in Cuba ('Cuba and Nigeria', 2017). Upon their return, these students are expected to practice medicine in health institutions in Kaduna State (ELAM, n.d.). Over the years, more than a hundred Nigerian doctors have been trained in Cuba in diverse specialisations (CubaCoopera, 2009; Martinez, 2014).

5.2 | Technology transfer, community engagement and malaria eradication programmes

Another partnership that needs mentioning within this SSC is the agreement signed with Cuban Pharmaceutical company Labiofam (Laboratorios Biologicos Farmaceuticos) in the fight against malaria. Despite the many efforts

⁷This particular drug has been used in Nigeria since the drug was registered at the end of 2017 (CAN, 2017)

⁸This type of trade agreements is often referred to as soft power, as by trading with other nations and supporting them in their development plans, Cuba also gains allies who then supports them when, for example, the vote against the US embargo takes place at the UN.

and initiatives in place to control and eliminate malaria, the Director-General of the WHO, Dr Adhanom Ghebreyesus, makes clear in the 2021 World Malaria Report that 'critical 2020 milestones of WHO's global malaria strategy have been missed, and without immediate and dramatic action, the 2030 targets will not be met.' He also adds that 'without accelerated action, we are in danger of seeing an immediate resurgence of the disease, particularly in Africa' (p. vi). Furthermore, like many malaria endemic countries, Nigeria has reported both development of resistance by malaria vectors to most commonly used insecticide and treatments (Djouaka et al., 2016; WHO, 2021b), thus necessitating a re-thinking of the current approaches to malaria control. As mentioned earlier, Cuba eradicated malaria in 1973, and it has been involved in malaria prevention in many countries in Latin America, Africa and Asia. Like its healthcare system, Cuba's approach to malaria is one of prevention. Its vector control programmes include the production and application of a biolarvicide that kills the malaria carrying larvae in its water breeding sites before it becomes an adult mosquito, reducing as such the risk of humans getting infected. The implementation of the programme also includes educational campaigns and a close collaboration with the local community, planning as such again for a community-embedded sustainable impact of the intervention.

Such programmes have been carried out in several African countries,⁹ with a major intervention in Angola where malaria cases reduced drastically¹⁰ after the implementation of Cuba's prevention programme (Gonzalez, 2020). These interventions include not only the provision and application of the Cuban products but also knowledge transfer and capacity building within the local community. Cuban professionals spend a prolonged period in the region for which the agreement has been signed. They then provide education and training to the local experts and communities, so that the prevention and eradication programmes are able to carry on once the Cuban experts leave the country. In Tanzania, the partnership has gone one step further, with this East African country setting up the Tanzania Biotech Products Ltd Factory in Dar-es Salaam with the support of Cuban engineers and health technicians. The factory produces the biolarvicide for national consumption and international export within Africa. It has recently also started producing biopesticides for agricultural use. Former president, Jakaya Kikwete, who was at the origin of this agreement with Raul Castro, considers the factory as 'one of his major legacies' (The Citizen, 2015). In Nigeria, there have been several agreements with Labiofam over the past 15 years. In 2007, an agreement was signed with Jigawa State to apply the biolarvicide, and another agreement was signed in Rivers State and allowed for a 2-year programme to take place between 2011 and 2013, with successful outcomes. According to an interview to the Nigerian ambassador in Cuba in 2019, the interest of the Labiofam products remains and it is expected that 'as soon as formalities are sorted, Cuban products will start arriving to his homeland' (Lopez Blanch, 2018). There have also been talks to open a similar factory as in Dar-es Salaam in Nigeria (CubaCoopera, 2009; Kirk, 2015) with Venezuela's financial support, but although this was originally planned for 2014, the plan was stalled as the agreement between the three parties failed.

6 | PRAXIS CONSIDERATION: POLICY MANIFESTATIONS

Development aid is premised on inequality—inequality of expert knowledge about how to achieve development (Kothari, 2005; Ludwig et al., 2022). This plays out in often top-down development strategies, programmes and projects where aid conditionality can serve as disciplining practices for ensuring *transparency* and *accountability* in recipient states. This power dynamics subsumes the culture, needs understood at local level and political economy of recipient countries that even participatory development practices cannot overcome. Cuba's solidarity approach respects local customs and needs, taking them into consideration for the formulation of its engagement. Pr. Lucas Domingo clarified during our interview: 'We do not pretend to impose the Cuban model, but rather adapt it to the local context'. Cuba's positionality is that of horizontal relations, treating partners as equals and providing not only human resources but also knowledge exchange and capacity building. Payment in exchange for the services provided also levels power relations as not aid recipients but trade partners, who play an active role in the agreed contract.

⁹Angola, Ghana, Burkina Faso, Nigeria, Equatorial Guinea, Tanzania and Zambia (Kirk, 2015: 152)

¹⁰According to Kirk, 'the rate of morbidity caused by malaria was reduced by 53% in the capital, Luanda, and 52% in the rest of the country' (Kirk, 2015)

Despite this promising alternative approach, development outcomes of SSC remain limited. The rhetoric of emancipatory relations between states on the principles of equality, cooperation and mutually beneficial outcomes has failed to match the reality of hegemonic ideologies and deeply institutionalised frameworks driving world economics and politics. As discussed above, the dynamics of SSC plays out along ideological and policy dimensions, whereby the hegemonic neoliberal value systems continue to define and shape institutional frameworks and policy prescriptions of development praxis. This reproduces an interplay driven by international actors and systems affecting the way development goals are defined and tackled in the global south.

In Nigeria, Cuba has a proven track record of success in SSC, including programmes in primary health care provisions, physician training, malaria vector control programmes, diabetic foot treatment/management, among others. These are all issues at the core of Nigeria's development challenges in health care, yet, the Nigerian Government has failed to make concrete bilateral agreements with Cuba to leverage on their expertise. The pockets of successful relations exist between Cuba and state governments within the country and more recently with private sector health service providers. However, evidence from this research highlight difficulty negotiating bilateral trade agreements with Cuba, particularly in areas of malaria prevention and diabetes foot treatment where Nigeria has long established partnerships with international development agencies and their (mainly Western) pharmaceutical partners. Although SSC with Cuba involves trade rather than aid, the overall terms of trade are cheaper for African states compared with the complex donor-lending trade dynamics with international development partners. In an interview in August 2019, both Cuban ambassador to Nigeria Carlos Trejo Sosa and Nigerian Doctor, Dr Ofoli¹¹ indicated that Cuba offers vaccines and medicines with similar and often higher potency for a fraction of the cost to Nigeria's current trade with big pharmaceuticals. Still, complex institutionalised development partnership agreements prevent the federal government from switching to more prudent or effective alternatives with Cuba, suggesting that the issue is less about cost or outcomes.

Nigeria's federalism is over-centralised in theory and practice (Babalola, 2019) and places emphasis on the role of the Executive in driving social and political change. Thus, international development partnerships operate via the centralised federal government level with expectation that implementation of public service provision devolves to all states of the federation. Some states, however, leverage available donor and Public Private Partnership (PPP) opportunities within their authority/remit. Public sector capacity building forms significant part of policy-based aid conditions. This enables mainstreaming international development agenda into national development strategies in public administration. Most African countries enter into institutionalised conformity with predetermined development agenda, for example, for both MDGs and SDGs the UNDP Nigeria office provided 'support through provision of technical support to the Office of the Senior Special Advisor to the President on SDGs (OSSAP) and line ministries in an effort to ensure that planning and budgeting for development activities in the country are done within the framework of the SDGs.' In other words, the support provided is 'toward ongoing efforts aimed at integrating the SDGs into national and State-level policies, plans and budgets' (UNDP, Nigeria). These agreements do not leave much space for alternative development agreements with non-traditional donors or, in this case, trade partners.

Dr Alfredo Vera Estrada, former commercial manager, export manager and technical consultant at Labiofam, who led on several malaria vector control programmes in Nigeria and other African countries, explained that 'In Nigeria, as in almost all African countries affected by malaria, governments receive funds from the World Bank, the US President's Initiative for Malaria Control, the IMF and other international donors for the Control of this disease and these are conditional funds to buy mosquito nets impregnated with insecticides, as well as insecticides, chemicals for indoor spraying (Indoor Residual Spraying), technical advice (restricted to their own experts), training and other aspects, such as the purchase of their own machinery and equipment. They do not contemplate the use of biolarvicides.'¹² He goes further stating that, as the Labiofam biolarvicide kills the larvae before it becomes an adult mosquito,

¹¹Interview with Cuban Ambassador to Nigeria, Carlos Trejo Sosa and Nigerian Doctor, Dr Ofoli who was then Head of Department, was conducted by Corresponding author in Abuja, Nigeria on 29 August 2019 at a private hospital that partners with the Cuban government on Diabetes Foot treatment.

¹²Email exchange between co-author and Dr Alfredo Vera Estrada on 27 February 2019.

it also controls as such the mosquito population and reduces therefore the need for Indoor Residual Spraying and insecticide-treated bed nets. According to him, due to the major economic impact this would have on those trading with the WHO and other international donors in the mosquito nets and insecticide market, the interest in tackling malaria using the Cuban approach is not being considered. Despite this, 'Many countries have accepted the benefits of the Labiofam programmes and want to implement them, but they cannot due to lack of funding. They can only apply for local government funds, as the US embargo makes it impossible for global funds to be allocated due to the interaction with the Cuban State.'¹³ According to him, the US embargo also means that 'all major donors of aid (World Bank, IMF, USAID, etc.) that contribute to the National Malaria Control Programmes are prohibited to allow Cuban participation in their programmes.'¹⁴ The Labiofam Enterprise Group is indeed managed with 100 per cent of government capital. For that reason, funding programmes like Labiofam have to come entirely of a country's own budget, limiting as such the possibilities of its implementation, despite the benefits in the bigger picture.

Another challenge that these agreements face when taking place at state level is their dependency on the political orientation of the local government. As Dr Alfredo Vera Estrada highlights, a change in government meant the abrupt discontinuity of a programme, minimalizing as such the expected outcome of the whole intervention:

In Nigeria we were working in 2006 in Jigawa state in the north (near the Boko-Haram operation area). We had there a successful program that lasted only three months, because there were elections and there was a change of the Governor and the new governor eliminated everything the previous one had done. In 2010 we had a program in Rivers State in the Delta of the Niger River, which lasted two years with very good results. It was discontinued due to lack of funds. In both cases we worked with budgets of the State's government, without federal support, or from other donors, even less from international donors. (25 February 2019 – Email Exchange).

This trend of abandoned projects and discontinuity in Nigeria is exacerbated by poor monitoring, evaluation and impact assessments of interventions at local level. Although linked to limited and poor capacity with the government and civil service, this issue impedes robust data gathering necessary for leaders to make informed policy decisions. More so, it adds to depletion of (already limited) state resources and prevents the government and people from making the most of available opportunities, such as the malaria vector programme which offered the possibility to consider an alternative approach based on prevention to reduce malaria numbers in a country as highly impacted by the disease as Nigeria. Another example is the poor administration of federal scholarships, which meant that Nigeria was unable to harness the human resource of newly trained medical personnel who had benefitted from an excellent education in Cuba, in a country with dire need for medical staff. During an interview with one of the researchers of this article, a Nigerian Cardiologist currently working in a private hospital in Abuja and one of the recipients of the 100-students scholarship to Cuba under that federal scholarship scheme stated that:

the programme was meant to accommodate us in Nigeria after completion but unfortunately that did not happen. We are presently scattered around the globe as the Federal Scholarship Board did not have any plan to accommodate us in Nigeria, so most of my colleagues joined private hospitals or went abroad. I happened to be granted the opportunity to specialise in Cuba through a [further] scholarship offered by the Cubans. I also met and got married to a Cuban during my postgraduate studies, who is also a nurse. She is the only link I have with Cuba now.¹⁵

As explained earlier in this article, Cuba's solidarity programmes have capacity building at the centre of their agreements, as can be seen from the expectations of foreign doctors trained at the ELAM or by the way the Labiofam

¹³Discussion between co-author and Dr Alfredo Vera Estrada at workshop on South-South Cooperation, November 2019.

¹⁴Email exchange between co-author and Dr Alfredo Vera Estrada on 26 November 2021.

¹⁵Interview conducted by Corresponding author with Nigeria-Cuba Scholarship Recipient, who was trained as a Cardiologist in Cuba under the Nigeria-Cuba education partnership, 11 March 2019, Abuja, Nigeria.

factory works with their Tanzanian counterpart. Besides the overall brain-drain to Nigeria's loss, the lack of monitoring of such programmes upon the return of the trained healthcare professionals has an astounding impact on its health sector. Nigeria's health sector deficit is acute and urgent. One of the principals within the Nigerian University Commission (NUC) stated in a leading newspaper report in January 2020 that:

with less than 40,000 registered medical doctors practising in Nigeria, the doctor patient ratio in the country is about 1:3,500. What this means is that we need about 300,000 doctors to meet the World Health Organisation's recommended doctor-patient ratio of 1:600. It is also common knowledge that the Nigerian health care sector continues to face myriad of challenges, chief among them which is the brain-drain syndrome occasioned by an absence of the enabling environment for medical practitioners to thrive (Igoni, 2020).

In 2018, Nigeria had an estimated ratio of 0.381:1000 physician to patient ratio (World Bank, 2018a). The Nigerian Federal Government estimated approximately 36.6 doctors per 100 000 persons, yet according to a Deputy Director in the Ministry of Health, this Nigeria Health Workforce Country profile for 2018 disclosed an official 'increase in the numbers of doctors seeking migration, from 656 in 2014 to 1551 in 2018 [...] the total number of registered medical doctors with the Medical and Dental Council of Nigeria (MDCN) totalled at 74,543' in a population of over 180 million people (Onyedinefu, 2020).

Another commentator highlighted the need for 'an urgent investment in health education and health care services by all stakeholders to mitigate the acute shortage of manpower and services in the sector' (Igoni, 2020). It seems ironic that within the last 5 years, government administrative and structural weaknesses prevented Nigeria from absorbing 100 trained medical personnel into the health sector following the end of a cycle of robust bilateral scholarship scheme. The abysmal ratios extend to availability of nurses, midwives, dentists and other medical personnel in the country, with stark disparities in the distribution at the detriment of the majority of Nigeria's rural-dwelling communities and population.

7 | CONCLUSION

This article has aimed to examine alternative development models within a SSC context, with a specific focus on the Cuba–Nigeria health sector programmes and interventions. The article is built on empirical data from elite interviews with Cubans and Nigerians and a focus group with Cuban Labiofam experts working in Tanzania to analyse the long-standing cooperation between the two countries and the factors influencing and shaping engagement and partnership. Specifically, the article contributes to a critical evaluation of SSC between Cuba and Nigeria, with engagement on the ideological, political and socioeconomic factors that come to play beyond developmental goals.

While there are structural challenges in relation to the process and implementation of development interventions in African countries, there remains a fundamental conceptual and ideological impediment to *how* and *in what ways* development is defined and implemented and *who* is supporting Africa's development. Most African countries are unable to autonomously override structured discrimination by institutionalised western-dominated international development support. Overt or implied aid conditionality locks in options of donor engagement for African states. This impedes consideration and uptake of alternative development approaches and solutions, including those that enable African leaders and peoples to play a more active role in shaping their futures. In the case of Cuba, this is hindered further by the US embargo, forcing interaction with their programmes to come only from local government funds directly.

Due to the restriction of funds available to engage with Cuba's cooperation programmes, these have been quite limited in Nigeria. Despite the clear opportunities that these represent, and initial successes they have demonstrated, they have not come without their challenges. Weak institutional structures, poor public management and administration, lack of continuity from one government regime to the other, poor monitoring and evaluation of government

programmes and lack of funding have substantially reduced the benefits of fully trained Nigerian medical doctors to the country's struggling health sector and the possibility to reduce the numbers of malaria-related deaths through the Cuban prevention programmes.

Achieving development in Africa appears Sisyphean. However, African countries are yet to give purposeful attention to the opportunities that can be derived from SSC. In order to do so, leaders and government institutions ought to consider this alternative route to development support with the same value as those more institutionalised Western-centric engagements. First, on the ideological front, serious consideration is required on the dynamics and power relations within a SSC framework, which manifests in the language, negotiations and terms of engagement between countries. The significance of positionality of power relations cannot be ignored. The ideological positionality impacts the resulting praxis manifestations of development partnerships, policy and programmes. This sets the tone for peer learning (capacity building, technology and knowledge transfer) that can contribute to improving the mechanisms of governance and administration of development interventions, rather than a top-down capacity building approach that has dominated this sector for decades with limited impact.

We conclude that notwithstanding some drawbacks or criticisms to Cuba's internationalisation and development support approach, still, cooperation with Cuba presents for many African countries, Nigeria, in particular, an opportunity to engage as peers and draw from a repertoire of proven success in the health sector. While being a unique development partner, Cuba forces us to rethink the development industry and how development targets should be the focus of development programmes, considering unusual partners in this endeavour where these can contribute to aimed targets, such as the achievement of the SDGs. To conclude in Claude Ake's words, 'development is the process by which people create and recreate themselves and their life circumstances to realise higher levels of civilisation in accordance with their own choice and values [...] development is something that people must do for themselves. Although it can be facilitated by the help of others' (Ake, 1996 p.125). Decades of institutionalised, aid-driven development strategies that are increasingly removed from peoples' realities have not delivered positive results. Alternative development partnerships like Cuba's based on principles of solidarity, cooperation, and knowledge exchange for adaptation to serve local contexts provide better conditions for the kind of self-reliant and self-sustaining growth Ake and many other critical thinkers envisaged for Africa and should at least be considered as complementary alternatives that can coexist with Western development programmes. Yet, the struggles over development remain largely struggles in the politics of social change, with persisting questions of what change can happen and who can be included or excluded from the power spaces of development.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Mouzayian Khalil-Babatunde  <https://orcid.org/0000-0001-8156-9845>

REFERENCES

- Addis, A. K., & Zuping, Z. (2018). Criticism of neo-colonialism: Clarification of Sino-African cooperation and its implication to the west. *Journal of Chinese Economics and Business Studies*, 16(4), 357–373. <https://doi.org/10.1080/14765284.2018.1521593>
- Ademuyiwa, I., Onyekwena, C., Taiwo, O., & Uneze, E. (2014). *Nigeria and the BRICS: Current and potential trade relations and their implications for the Nigerian economy*. Occasional Paper No 184. Economic Diplomacy Programme, South African Institute of International Affairs (SAIIA). <https://saiia.org.za/research/nigeria-and-the-brics-current-and-potential-trade-relations-and-their-implications-for-the-nigerian-economy/>. accessed 18 December 2021
- Ake, C. (1990). Sustaining development on the indigenous. In *The long-term perspective study of sub-saharan Africa: Volume 3. Institutional and sociopolitical issues* (pp. 7–21). The World Bank.
- Ake, C. (1996). *Democracy and development in Africa*. The Brookings Institution.
- Babalola, D. (2019). *The political economy of federalism in Nigeria*. Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-05493-9>

- Barbosa Leon, N. (2016). Cuba's international health cooperation. In *Granma* (July 15). Granma. <http://en.granma.cu/mundo/2016-07-15/cubas-international-health-cooperation>. accessed: 22 April 2021
- Baydag, R. M. (2021). Middle powers in international development cooperation: Assessing the roles of South Korea and Turkey. In S. Chaturvedi, H. Janus, S. Klingebiel, X. Li, A. de Mello e Souza, E. Sidiropoulos & D. Wehrmann (Eds.), *The Palgrave handbook of development cooperation for achieving the 2030 Agenda* (pp. 435–452). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-57938-8_20
- Burnell, P. (2002). Foreign aid in a changing world. In V. Desai & R. Potter (Eds.), *The companion to development studies* (pp. 472–477). Hodder Arnold.
- CAN. (2017). *Cuba and Nigeria sign medical cooperation agreement*. News Article (30 December). <http://www.cubanews.acn.cu/science/7623-cuba-and-nigeria-sign-medical-cooperation-agreement>. accessed 22 April 2021
- Carrasco, J. (2018). *Más Médicos: "Nuestro salario era bajo, pero era mejor que en Cuba", la decepción de médicos cubanos ante la retirada de su país del programa médico en Brasil* [More doctors: "Our salary was low, but better than in Cuba", the disappointment of Cuban doctors at the withdrawal of their country from the medical program in Brazil]. BBC News Mundo (22 November). <https://www.bbc.com/mundo/noticias-america-latina-46295969>. accessed: 11 June 2021
- Che Guevera, E. (2001). 'Para ser un médico revolucionario, primero hay que hacer revolución' [To be a revolutionary doctor, one must first make a revolution]. In M. A. Waters (Ed.), *Che Guevara habla a la juventud* (pp. 43–56). Casa Editora Abril. (quotes from this article are our translation).
- CubaCoopera. (2009). Destacan cooperacion diversificada entre Cuba and Nigeria. In *Fidel Castro. Cubadebate*®, Desarrollado por Universidad de las Ciencias Informáticas (UCI). <http://www.fidelcastro.cu/es/noticia/destacan-cooperacion-diversificada-entre-cuba-y-nigeria>. accessed 22 April 2021
- CVCE. (2017). The emergence of the third world—The Bandung conference. In *Decolonisation: Geopolitical issues and impact on the European integration process*. Centre Virtuel de la Connaissance sur l'Europe (Virtual Centre for Knowledge on Europe). <https://www.cvce.eu/en/education/unit-content/-/unit/dd10d6bf-e14d-40b5-9ee6-37f978c87a01/c28105d8-8f82-4f57-b077-7e87dfbc7205> (assessed 26 March 2021).
- de Cuba, P. (2011). *La esclavitud moderna: Apuntes sobre el caso de los médicos cubanos* [Modern slavery: Notes on the case of Cuban doctors]. Association for the Study of the Cuban Economy. https://www.ascecuba.org/asce_proceedings/la-esclavitud-moderna-apuntes-sobre-el-caso-de-los-medicos-cubanos/. accessed 11 June 2021
- Desai, V., & Potter, R. B. (Eds.). (2002). *The companion to development studies*. Hodder Arnold.
- Devonshire-Ellis, C. (2018). More self reliance than US reliance promoted as BRICS 2018 summit also calls for expansion. In *Silk road briefing*. Dezan Shira & Associates. <https://www.silkroadbriefing.com/news/2018/07/31/self-reliance-us-reliance-promoted-brics-2018-summit-also-calls-expansion/>. accessed 17 December 2021
- Djouaka, R. J., Atoyebe, S. M., Tchigossou, G. M., Riveron, J. M., Irving, H., Akoton, R., Kusimo, M. O., Bakare, A. A., & Wondji, C. S. (2016). Evidence of a multiple insecticide resistance in the malaria vector *Anopheles funestus* in South West Nigeria. *Malaria Journal*, 15, 565. <https://malariajournal.biomedcentral.com/articles/10.1186/s12936-016-1615-9>. accessed 6 January 2022
- Dollar, D., & Svensson, J. (2001). What explains the success or failure of structural adjustment programmes? *The Economic Journal*, 110(466), 894–917.
- Durokifa, A. A., & Ijeoma, E. C. (2018). Neo-colonialism and millennium development goals (MDGs) in Africa: A blend of an old wine in a new bottle. *African Journal of Science, Technology, Innovation and Development*, 10(3), 355–366. <https://doi.org/10.1080/20421338.2018.1463654>
- Easterly, W. (2006). *The white man's burden: Why the West's efforts to aid the rest have done so much ill and so little good*. The Penguin Press.
- Ekpo, A. H., & Englama, A. (2008). Fiscal federalism in Nigeria: Issues, challenges and agenda for reform. In P. Collier, C. C. Soludo, & C. Pattillo (Eds.), *Economic policy options for a prosperous Nigeria* (pp. 221–243). Palgrave Macmillan UK. https://doi.org/10.1057/9780230583191_11
- Escuela Latinoamericana de Medicina (ELAM). (n.d.) *EcuRed*. EcuRed. https://www.ecured.cu/Escuela_Latinoamericana_de_Medicina (accessed 22 April 2021).
- Esteves, P., & Klingebiel, S. (2021). Diffusion, fusion, and confusion: Development cooperation in a multiplex world order. In S. Chaturvedi, et al. (Eds.), *The Palgrave handbook of development cooperation for achieving the 2030 agenda* (pp. 185–215). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-57938-8_20
- Feinsilver, J. M. (1993). *Healing the masses. In Cuban health politics at home and abroad*. University of California Press. <https://doi.org/10.1525/9780520913950>
- Gilman, N. (2015). The new international economic order: A reintroduction. In *Humanity* (6.1) article. Humanity Journal, University of Pennsylvania Press. <http://humanityjournal.org/wp-content/uploads/2015/03/HUM-6.1-final-text-GILMAN.pdf>
- Glejjeses, P. (2011). *Conflicting missions. Havana, Washington and Africa. 1959–1976*. University of North Carolina Press.
- Glennie, J. (2008). *The trouble with aid: Why less could mean more for Africa*. Zed Books Ltd. <https://doi.org/10.5040/9781350251229>

- Gomez Figueredo, E. J. (2016). Eternal gratitude to the Cuban people. In *Granma*, (4 October). Granma. <http://en.granma.cu/cuba/2016-10-04/eternal-gratitude-to-the-cuban-people>. accessed 22 April 2021
- Gonzalez, Y. S. (2020). Sin fronteras: La experiencia médica de Cuba en África Subsahariana' [Without Borders: The Cuban medical experience in Sub-Saharan Africa]. In *Cubainformación* (18 September). Cubainformacion.tv. <https://www.cubainformacion.tv/solidaridad/20200918/87884/87884-sin-fronteras-la-experiencia-medica-de-cuba-en-africa-subsahariana>. accessed 22 April 2021
- Gosovic, B. (2016). The resurgence of south-south cooperation. *Third World Quarterly*, 37(4), 733–743. <https://doi.org/10.1080/01436597.2015.1127155>
- Gray, K., & Gills, B. K. (2016). South-south cooperation and the rise of the global south. *Third World Quarterly*, 37(4), 557–574. <https://doi.org/10.1080/01436597.2015.1128817>
- Horner, R., & Hulme, D. (2017). From international to global development: New geographies of 21st century development. *Development and Change*, 50(2), 347–378.
- Human Capital Country Brief. (2022). Nigeria. <https://thedocs.worldbank.org/en/doc/7c9b64c34a8833378194a026e-be4e247-0140022022/related/HCI-AM22-NGA.pdf> (accessed 26 January 2023).
- Igoni, D. (2020). Nigeria's doctor-patient ratio is 1:3,500 – NUC. Punch News, (23 January). <https://punchng.com/nigerias-doctor-patient-ratio-is-13500-nuc/>. accessed 26 May 2020
- Kirk, J. (2015). *Healthcare without borders: Understanding Cuban medical internationalism*. University Press of Florida. <https://doi.org/10.5744/florida/9780813061054.001.0001>
- Kothari, U. (2005). Authority and expertise: The professionalisation of international development and the ordering of dissent. *Antipode*, 37, 425–446. <https://doi-org.pugwash.lib.warwick.ac.uk/10.1111/j.0066-4812.2005.00505.x>
- Lopez Blanch, H. (2018). Nigeria fortalece colaboración con Cuba' [Nigeria strengthens collaboration with Cuba]. Opciones. (9 October). <http://www.opciones.cu/internacionales/2018-10-09/nigeria-fortalece-colaboracion-con-cuba/>. accessed 22 April 2021
- Ludwig, D., Boogaard, B., Macnaughten, P., & Leeuwis, C. (2022). The politics of knowledge in inclusive development and innovation. In *Pathway to sustainability series: Earthscan from Routledge*. Routledge.
- Martinez, I. (2014). Nigeria thanks Cuba for its solidarity with the African peoples. Radio Habana Cuba (11 July). <https://www.radiohc.cu/en/noticias/nacionales/38626-nigeria-thanks-cuba-for-its-solidarity-with-the-african-peoples>. accessed 22 April 2021
- Mateu Frances, L. (2008). Embajador nigeriano destaca lazos de su país con Cuba' [Nigerian ambassador highlights his country's ties with Cuba]. Granma (29 September). <http://www.granma.cu/granmad/2008/09/29/nacional/artic17.html>. accessed 22 April 2021
- McMichael, P., & Weber, H. (2022). *Development and social change: A global perspective* (7th ed.). Sage.
- Miller, M. C. (2021). Why BRICS still matters. *Foreign Policy Magazine*. <https://foreignpolicy.com/2021/09/27/brics-members-summit-brazil-russia-india-china-south-africa/>. accessed 16 December 2021
- Moyo, D. (2009). *Dead aid: Why aid is not working and how there is a better way for Africa*. Allen Lane.
- Muanya, C. (2020). Over 170 million Nigerians without health insurance. The Guardian (25 September). <https://guardian.ng/features/over-170-million-nigerians-without-health-insurance/>. accessed 28 December 2021
- Ndlovu-Gatsheni, S. J. (2018). The African idea of development. In *The Routledge handbook of African development* (pp. 19–33). Routledge.
- Nwoke, C. N. (2020). Rethinking the idea of independent development and self-reliance in Africa. *African Review of Economics and Finance*, 12(1), 152–170.
- Office of The Historian. (n.d.). *Bandung conference Asian-African conference*. Office of the Historian, United States of America, Department of State. <https://history.state.gov/milestones/1953-1960/bandung-conf> (assessed 26 May 2021).
- Okolo, A. L., & Akwu, J. O. (2015). China's foreign direct investment in Africa's land: hallmarks of neo-colonialism or south-south cooperation? *Africa Review*, 8(1), 44–59.
- Onyedinefu, G. (2020). 'Ratio of Nigerian doctors to population is 1:2753 – FG'. Businessday NG. Business Day, Nigeria (4 March). <https://businessday.ng/uncategorized/article/ratio-of-nigerian-doctors-to-population-is-1-2753-fg/> (accessed 26 May 2020).
- Owoseye, A. (2020). The blood of Nigerians flow through veins of Cuban people—Ambassador Clara Escandell. The Premium Times (5 April). <https://www.premiumtimesng.com/news/headlines/386072-interview-the-blood-of-nigerians-flow-through-veins-of-cuban-people-ambassador-clara-escandell.html>. accessed 16 June 2021
- Pieterse, J. N. (2001). *Development theory: Deconstructions/reconstructions*. Sage Publications.
- Qian, N. (2015). Making progress on foreign aid. *Annual Review of Economics*, 7, 277–308. <https://doi.org/10.1146/annurev-economics-080614-115553>
- Quadri, F. (2013). Rising donors and the new narrative of 'south-south' cooperation: What prospects for changing the landscape of development assistance programmes? *Third World Quarterly*, 34(2), 321–338. <https://doi.org/10.1080/01436597.2013.775788>

- Sanz Fals, E. (1982). *Hospital Lenin: Símbolo de la Amistad Cubano-soviética* [Lenin Hospital: symbol of Cuban-Soviet friendship] (p. 2). Granma, 10 November.
- Souers, J. M. (2012). *Cuba leads the world in lowest patient per doctor ratio. How do they do it?* Social Medicine (30 July). <http://www.socialmedicine.org/2012/07/30/about/cuba-leads-the-world-in-lowest-patient-per-doctor-ratio-how-do-they-do-it/>. accessed 24 May 2020
- Stewart, H. (2006). *Is aid a \$2.3 trillion failure?* The Guardian (24 September). <https://www.theguardian.com/business/2006/sep/24/development.internationalaidanddevelopment>. assessed 20 December 2021
- The Citizen. (2015). *Anti-malaria factory—One of my major legacies: Kikwete*. The Citizen (4 July). Available at: <https://www.thecitizen.co.tz/tanzania/news/anti-malaria-factory-one-of-my-major-legacies-kikwete-2527902>. accessed 11 June 2021
- United Nations. (2017). 'World population projected to reach 9.8 billion in 2050, and 11.2 billion in 2100—Says UN'. United Nations Department of Public Information. Press Release (21 June). https://www.un.org/en/development/desa/population/events/pdf/other/21/21June_FINAL%20PRESS%20RELEASE_WPP17.pdf
- United Nations Affairs. (2021). 'UN general assembly calls for US to end Cuba embargo for 29th consecutive year'. United Nations. (23 June) <https://news.un.org/en/story/2021/06/1094612>
- Wasmer Miguel, G. (Ed.). (1980). *Viajes de Fidel por la amistad y el internacionalismo [Fidel's travels for friendship and internationalism]*. Ed. Orbe.
- Weber, H. (2006). A political analysis of the PRSP initiative: Social struggles and the organization of persistent relations of inequality. *Globalizations*, 3(2), 187–206. <https://doi.org/10.1080/14747730600702998>
- Weber, H., & Winanti, P. (2016). The "Bandung spirit" and solidarist internationalism. *Australian Journal of International Affairs*, 70(4), 391–406. <https://doi.org/10.1080/10357718.2016.1167834>
- WHO. (2019). World Malaria Report 2019. <https://www.who.int/publications/i/item/9789241565721> (accessed 27 December 2021).
- WHO. (2021a). 'Malaria'. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/malaria> (accessed 27 December 2021).
- WHO. (2021b). 'World Malaria report 2021'. World Health Organization. <https://www.who.int/publications/i/item/9789240040496> (accessed 18 March 2022).
- World Bank. (2018a). 'Physician (per 1,000 people)—Cuba'. The World Bank Group. <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=CU> (accessed 16 March 2022).
- World Bank. (2018b). 'Physician (per 1,000 people)—Nigeria'. The World Bank Group. <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=NG> (accessed 16 March 2022).
- World Bank. (2018c). 'Life expectancy at birth—Total (years)—Cuba'. The World Bank Group. <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=CU> (accessed 16 March 2022).
- World Bank. (2018d). 'Life expectancy at birth—Total (years)—Nigeria'. The World Bank Group. <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=NG> (accessed 16 March 2022).
- World Bank. (2019). 'Mortality rate—Infant (per 1,000 births)—All Countries'. The World Bank Group. <https://data.worldbank.org/indicator/SP.DYN.IMRT.IN> (accessed 16 March 2022).
- World Bank. (2020). 'Current health expenditure (% of GDP)'. The World Bank Group. Data for all countries. <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS> (accessed 16 March 2022).
- World Bank. (2021). 'Overview: Nigeria'. The World Bank Group. <https://www.worldbank.org/en/country/nigeria/overview#1> (accessed 16 March 2022).
- World Bank. (2022). The World Bank in Nigeria: Context. <https://www.worldbank.org/en/country/nigeria/overview> (accessed 26 January 2023).
- World Bank Data. (2019). 'United Kingdom—Data'. The World Bank Group. <https://data.worldbank.org/country/united-kingdom> (accessed 16 March 2022).
- World Health Assembly (WHA), 33. (1980). *Health and the new international economic order*. World Health Organization. <https://apps.who.int/iris/handle/10665/159488>. accessed 16 March 2022
- World Health Organisation (WHO). (2021). 'Countries and Territories Certified Malaria-Free by WHO'. World Health Organization. <https://www.who.int/teams/global-malaria-programme/elimination/countries-and-territories-certified-malaria-free-by-who> (16 March 2022).

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