International cooperation in health: the case of Fiocruz

José Roberto Ferreira
Program coordinator, Centro de Relações Internacionais em Saúde (Cris)/Fiocruz.
ferreirj@fiocruz.br

Claudia Hoirisch
Researcher, Cris/Fiocruz.
claudiah@fiocruz.br

Luiz Eduardo Fonseca
Coordinator of cooperation with Africa, Cris/Fiocruz.
lef@fiocruz.br

Paulo Marchiori Buss
Director, Cris/Fiocruz.
buss@fiocruz.br

Cris/Fiocruz.
Avenida Brasil, 4365
21045-900 – Rio de Janeiro – RJ – Brasil

Received for publication in July 2013.
Approved for publication in May 2015.

Translated by Derrick Guy Phillips.

http://dx.doi.org/10.1590/S0104-59702016000200002

FERREIRA, José Roberto et al. International cooperation in health: the case of Fiocruz. *História, Ciências, Saúde – Manguinhos*, Rio de Janeiro, v.23, n.2, abr.-jun. 2016. Available at: http://www.scielo.br/hcsm.

Abstract

This article reviews the trajectory of international cooperation in the light of the adjustments made at the leading international conferences on the topic (Buenos Aires, 1978; Rome, 2003; Paris, 2005; Accra, 2008; and Busan, 2011). This article aligns these new approaches with the practices Fiocruz has adopted, such as "structural cooperation in health," namely a diplomatic approach that includes various aspects raised at the aforementioned international conferences oriented towards supporting health systems as a whole. The new approach does not focus exclusively on specific diseases or health issues and addresses health from the perspective of its biological, social and environmental determinants.

Keywords: international cooperation; South-South cooperation; structural cooperation in health; global health.

Health has been politically important at the international level and as a key element in the sphere of cooperation between countries, corresponding to actions that could be considered "diplomatic" in essence. This article reviews the trajectory of international cooperation for development, taking into considerations the conferences that sought to regulate it (Buenos Aires, 1978; Rome, 2003; Paris, 2005; Accra, 2008; and Busan, 2011), and how the recommendations made have influenced international cooperation in health at Fiocruz.

Since 2009, Fiocruz has been working on the implementation of the "structural cooperation" process, beginning with joint strategic planning with its partners seeking not merely its adoption, but enhanced ownership of its results. Fiocruz has also sought to promote mutual accountability and harmonization as strategic elements of cooperation, as well as promote cooperation networks with partner countries. The network concept has the potential to broaden the exchange of information among all the partners and enable them to establish closer ties. These "structural networks in health" include the institutions that possess a structuring capacity to assist in the development of national health systems: national health institutes, public health schools, technical health schools and the health ministries and departments per se.

Technical cooperation between developing countries

International cooperation involving the non-commercial transfer of techniques and know-how became more accentuated from the Second World War onwards, and was historically dependent on the initiatives and financial availability of the major powers for the purpose of contributing to the promotion of the development of the poorer countries. However, while they did provide benefits, such initiatives still bore traces of nineteenth century colonialism, fostering a form of relative dependence marked by maintaining the hegemony of supply over demand (Buss, Ferreira, 2010a, p.99).

The perception of the limitations of these initiatives became more accentuated in the post-war period, with the creation of the United Nations Organization (UN), which is made up of both developed and developing nations. The movement that led to the creation of the UN sought to transcend the different areas of tension and disagreement between nations, as well as the glaring inequalities that exist between them, and gradually came to call into question the unilateral provision of solutions for development problems within the scope of international cooperation (UN, 4 dez. 1948, p.38).

In the 1970s, several international meetings continued the debate on international cooperation stressing the importance of the autonomy of developing countries and placing emphasis on economic cooperation and the enhancement of human resources. This process culminated in a conference held in September 1978 where the Buenos Aires Plan of Action (BAPA) was drawn up, which introduced the term "South-South cooperation" to foster the practice of Technical Cooperation among Developing Countries (TCDC). This document highlighted the responsibility of the industrialized countries to maintain technical assistance in the light of the ongoing decolonization process, and admitted that a considerable number of developing nations could also take part in "international negotiations" in an increasingly

interdependent world (UNDP, 1978, p.3, 5-10). While promoting this horizontal exchange, the document stressed that besides the aspect of economic interdependence there must be the recognition of the sovereignty of all countries, equal participation in international relations and the equitable distribution of benefits, thereby incorporating principles of a diplomatic nature.

Indirectly, the strategy of cooperation between developing countries emphasized the limitations prevalent in the assistance traditionally provided by developed countries. Generally speaking, assistance was based on predefined objectives by the "donor" countries and was not always suited to the needs and potential for implementation of the "recipient" countries.

However, if on the one hand the BAPA advocated coordination of assistance provided by developed countries for more productive results, on the other hand the TCDC highlighted the need for developing countries to take upon themselves the objectives and procedures to ensure greater cooperation. The document introduced an ethical element, acknowledging that this attitude, heeding the aspect of sovereignty and economic independence of nations, broadened the national autonomy and collectively strengthened the relationship between the countries, irrespective of their size, level of development and social and economic system.

The Buenos Aires meeting formalized the beginning of this process, and even though it represented a significant milestone in the attempt to establish a new international order to overcome inequality and poverty, its recommendations – that were abundantly clear and detailed in 38 resolutions – had little impact on the scenario of international cooperation at that time. Possibly, as it was centered on the relationship between developing countries without an explicit emphasis on the major powers and the importance of their role in international technical assistance, in principle the document had not taken into account that the practice of cooperation and assistance was also linked to other interests.

From the neoliberal reversal to the millennium goals

The 1990s was a period of reversal for the BAPA proposals. In a scenario marked by economic crises and the movements of globalization of capital, international funding agencies adopted a discourse of structural adjustment for developing countries, which advocated the diminishing of the size of the State. This situation was also reflected in the cooperation mechanisms. It means the return to the international scenario of technical assistance instead of cooperation mechanisms to implement the structural adjustment proposed by the agencies (Fonseca, 2011, p.29).

Under pressure from the world social movement which was not in favour with economic adjustments, it was also in the 1990s that various UN agencies staged the so-called cycle of major thematic conferences in order to "prepare the world for the twenty-first century," which culminated in the Millennium Summit held by the UN in 2000 in New York, where 193 member states signed the Millennium Declaration, pledging to meet the eight Millennium Development Goals (MDGs) by 2015. To achieve this, the developed countries committed to devote 0.7% of their gross domestic product to Official Development Assistance to meet these goals. Almost all of the conferences and the Millennium Declaration itself committed to the cooperation between countries in its broadest sense (UN, 2000).

At this time, in 1996, having already detected the poor performance of cooperation projects within the scope of the economic adjustments, the Organization for Economic Cooperation and Development (OECD) itself declared that international cooperation should be understood as encompassing relationships based on agreements, reflecting joint responsibilities, and addressing shared interests (OECD, maio 1996, p.6). Two years later, the World Bank redefined the notion of "partnership" as a collaborative relationship among entities to work toward shared objectives via a mutually agreed division of labor, which included mechanisms to monitor its success and make adjustments as required (World Bank, 20 maio 1998, p.5). Despite its initial inexpressiveness, the term "partnership" gained ground in the discourse of international agencies, and was adopted, albeit not explicitly, as a more ethical and diplomatic approach for conducting corresponding negotiations.

Almost a quarter of a century after the Buenos Aires Conference, with the MDGs already in force, a conference took place in Mexico (March 2002) on the Financing of Development, where the Monterrey Consensus (UN, 2003) was approved. The Monterrey Document (2002), despite having no connection with TCDC and the BAPA (1978), represented an initiative to combat poverty in the spirit of the MDGs, whereby wealthy countries pledged to double their assistance for development, and the poor countries undertook to enhance the effectiveness of this assistance. This event was followed by regional workshops (Kingston, Hanoi and Addis Ababa) that culminated in a large-scale meeting in Rome in February 2003 under the aegis of the OECD. The Rome Declaration on Harmonization (OECD, 2003) was drafted at this meeting and it stressed the concern of the partner countries that certain practices of donor countries were not always geared to the priorities of the development processes of the national and local systems. This mismatch between international objectives and national requirements was present in various levels of public administration, which included budgets, programs and planning cycles of public expenditure and even their financial management. The declaration of the 2003 OECD meeting proclaimed the harmonization of national policies with the projects of international agencies, respect for ethical principles and the adoption of diplomatic negotiations to ensure the best use by the partners of the cycle of international assistance.

This meeting, attended by multilateral and bilateral development institutions and representatives of the IMF and partner countries, reaffirmed the commitment to the eradication of poverty, economic growth, and the promotion of sustainable development. To achieve these goals, it was necessary to have nation-based approaches that emphasized country ownership and government leadership, including the engagement of civil society and the private sector, introducing a new ethic and a new style of programming. It can be claimed that this sequence of events, among other issues related the reduction of poverty to sectorial goals and objectives such as those related to health problems, which came to stimulate their guidance in this area.

Cooperation for development

The debate designed to speed up the attainment of the MDGs grew steadily. In February 2004 in Marrakesh, the member countries of the G77 held a High-Level Conference on

South-South Cooperation (G77, 2003a). Among the debates and conclusions, it addressed the results-oriented management of development-related issues, reinforcing the recommendations of the Rome conference with respect to the harmonization of international assistance with national policies and systems (G77, 2003b).

The OECD subsequently held three further high-level meetings (OECD, 2006, 2008, 2011), seeking to emphasize a potential diplomatic negotiation with respect to the interests of the partner countries. These were held in Paris (2005), Accra (2008) and Busan (2011) and addressed, respectively, criticism of prevailing procedures and, subsequently, the approaches to be adopted, encouraging the participation of all parties involved with a strong emphasis on civil society within the context of international cooperation. Often the declarations arising out of these meetings have been seen as oriented to South-South cooperation, however, insofar as they are oriented to promote more effective international cooperation, they should also be applied to North-South cooperation.

From that time onwards, the main focus has been on the eradication of poverty and the reduction of inequality, as well as creating inclusive partnerships, acknowledging the differences and complementarities between actors and the need for transparent practices for enhanced accountability. Among the MDGs, the eradication of poverty and hunger is the one that, in terms of scale and amplitude, impacts all the other goals and assumes prime importance for cooperation with the health sector and overcoming related problems, incorporating bioethical aspects to achieve improved living conditions.

It has to be acknowledged, however, that most of the recommendations of these conferences are mere rhetoric that seldom effectively influence the policies and practices of major international donors rich countries and private foundations) and development banks.

In a dimension inherent to the health sector, the World Conference on Social Determinants of Health, staged by the WHO and the Brazilian government in Rio de Janeiro in 2011, stressed that international cooperation is an essential contribution for national and local actions on the social determinants of health (WHO, 2011, p.2).

A new dynamic is becoming increasingly apparent in the sense of including international cooperation as what can be seen as a "new exchangeable goods" between countries. Nowadays, the growth of these exchange markets defines new roles and actors in relation to the actions and what is expected of countries. It is currently held that the exchange of experience and know-how means that almost every country – either developed or developing – is in a position to offer some form of cooperation, to the extent that we could cease to refer to North-South or South-South cooperation and talk instead of "global cooperation." The regulatory framework for such global cooperation is established on a case by case basis by a collegiate body comprised of leaders from the partner countries, be they developed or developing.

After Paris, Accra and Busan, the authors are of the opinion that the terms "recipients" and "donors" should be abandoned definitively, precisely because of the insinuation of dependence. The authors consider that they should be replaced by the concept of "partners." The same applies to the term "aid," which should be referred to as "cooperation," thereby maintaining a sense of the horizontal nature in the type of relationship that is established. These positions are contained in the concept of "structural cooperation in health" practiced in the international cooperation of Fiocruz.

In this context, emphasizes the strengthening of the health systems by promoting reciprocity within the scope of cooperation, and admitting that, even with differences in the levels of development between countries, it will always be possible to detect useful local elements and cultural aspects that can be exchanged and provide benefits in political or commercial terms. This two-way relationship prevents the establishment of a situation of dependence, characterized by the inferiority of one of the partners, and is more suitable for a global relationship.

It is not therefore a matter of fomenting the replication of what are considered the practices that epitomize the current concept of development (a characteristic of the traditional cooperation offered by developed countries). The idea is to seek a new procedural model instead that combines growth, well-being for all and rational use of the planet's resources in order to ensure a livable environment for future generations. The starting point for this issue is the demographic situation per se, when it is understood that in order to sustain current growth rates, a new planet Earth will be needed by 2030, and between three and four by 2050 (Gilding, 2011). This situation is inextricably linked to the current rate of industrialization, pollution, food production and depletion of resources, to mention only a few of the most important variables.

It has consequently to be admitted that when reviewing the efforts in terms of cooperation for development, the first step is to redefine the very concept of "development." This could even involve taking into consideration that in the currently less developed regions of the planet, it would be possible to find new ways to use available resources that are more in line with a new standard of growth. It could be admitted a seemingly utopic reversal of the cooperation process or, more realistically, acknowledging the possibility for true reciprocity between countries in all directions – namely South-South and North-South – and the potential for implementing innovative, albeit more straightforward, solutions proposed among all partners. Slowing down the consumerism pattern of northern countries would already be a great step forward in this direction.

The influence on cooperation in health of Fiocruz

All of the above mentioned aspects have undoubtedly influenced the approach adopted by Fiocruz in international cooperation in health. Based on the foreign policy of Brazil as an emerging nation on the global scene, Fiocruz has prioritized cooperation both with South American countries (Union of South American Nations, UNASUR) and the Community of Portuguese Language Countries, in the so-called Structural Cooperation for Health (Almeida, 2010, p.26-29; Buss, Ferreira, 2010a, p.96; 2010b, p.110-112, 116-117; 2011, p.2706; Buss, Ferreira, Hoirisch, 2011, p.213, 219-221).

To a certain extent, this approach opens up horizontal relationships, including innovations in the way the proposal is negotiated, in the identification of the partner's interests and participation in the cooperation design. Rather than provide aid, the idea is to share solutions to respond to the specific demands of the other country involved. From this point onwards, the former model of passive transfer of knowledge is avoided in order to seek to integrate the capabilities and resources inherent to the country in the development of human resources

for shared technological breakthroughs based on strategic planning that fosters greater "empowerment" of the local authorities. However, Fiocruz's premise of health cooperation is the sustainable strengthening of the public component of national health systems, and this premise is the stance adopted by Fiocruz when sharing in the formulation of cooperation projects. This approach is based on respect for the demands of partners while taking into account what experience has shown us and thereby aims to promote the enhancement of the so-called "structuring pilars of the health system." This is achieved through the bolstering of national health institutes, public health and technical staff training schools, namely the institutions capable of ensuring the optimum performance of the Health System as a whole.

It is important to stress that the "structural cooperation" process derives from joint strategic planning by the partners, the implementation of which implies appropriating and adjusting proposed solutions, rather than merely adopting them. Instead of providing guidance, the idea is to foster advanced education and consolidate leadership, preferably using national staff to implement the actions, thereby replacing direct intervention by international partners. Initiatives to build up networks that enable increased horizontal exchanges between partners are also encouraged. All of the above is applied to the development of the health systems, making it possible to broaden the efforts expended significantly, striving to cover uniformly problems that affect public health, including protection and promotion of health, prevention and addressing health aggravations, and not merely the treatment of diseases. Two other aspects are also involved: the possibility for reciprocity and non-dependence, thereby highlighting the element of solidarity in this type of exchange.

Fiocruz also fosters reciprocity as a strategy in setting up the cooperation networks in which it participates and in the other countries and institutions with which it establishes partnerships. This strategy leads to the two-way exchange between all parties, such that advantage can be taken of the practices and/or innovations developed by and between all members of the network. In establishing these networks, not only the institutes or schools already in operation are considered, but also the possibility to create them based on the existence of public health laboratories and courses that are set up by local universities. In some cases, ministries of health are directly supported, promoting the consolidation of structural institutions based on the programs in progress and integrating existing resources in partner countries.

In practice, these proposals – as well as many of the recommendations made in the aforementioned conferences – will not effectively come to be implemented in their entirety. However, by insisting on the importance of each of these networks to the enhancement of the whole process, it maintains a projection that points to what is hoped to complete in the near future, depending on the countries themselves and partner institutions.

In the formulation of this structural cooperation, Fiocruz acts jointly with the partner countries in the definition of lines of action to be developed, and in the case of Community of Portuguese Language Countries, these plans have been coordinated together with the CPLP. This approach resulted in the development of a Strategic Plan for Cooperation in Health (CPLP, 2009). In South America, Fiocruz has been working with UNASUR, which resulted in the drafting of the South American Health Council Five-Year Plan (Unasul-Saúde, 2010).

It should be stressed that in African countries there are no public health schools, therefore Fiocruz cooperation is concentrated in the institutes and schools in health, forming the CPLP Network of National Institutes of Health (RINS-CPLP) and the CPLP Network of Technical Schools in Health (RETS-CPLP). RINS-CPLP has the participation of Fiocruz and the National Institutes of Health of Portugal, Angola, Mozambique and Guinea Bissau, and supports the creation currently in progress of the institutes of Cape Verde and São Tomé and Príncipe. RETS-CPLP was already set up with entities of all CPLP countries and is increasingly seeking to expand its development through partnerships with the same institutes as RINS-CPLP. Thus, the actions and activities of Fiocruz that occur within the scope of the ministries of health of CPLPs or of the two networks bolster each other mutually, such as the master's programs in Mozambique (three master's degree in health sciences and a master's degree in health systems), the master's in public health in Angola and the project to strenghten the national health system of Angola, based on the bolstering of primary and tertiary health care in the city of Luanda (a project of the Ministry of Health of Angola with the support of the Brazilian Cooperation Agency and the Japan International Cooperation Agency).

In South America, Fiocruz cooperation is based on the structuring of the three networks, in addition to RINS and RETS, and also the Network of Public Health Schools, with activities conducted in most countries in the region. The following deserve special mention: postgraduate courses in Peru's National Institute of Health; collaboration with the National Administration of Laboratories and Health Institutes (ANLIS, in Spanish; an agency that includes 14 public health laboratories) in Argentina; promotion of primary health care programs in Bolivia and Paraguay; training of Bolivian professionals in residency courses in pediatrics; and conducting a survey of training programs in public health in all the countries of South America. Another important activity of Fiocruz has been with the institutions of the Pan-Amazonian Network of Health Research, enhancing activities of knowledge production in emerging and re-emerging diseases in the eight countries that make up the Amazon Cooperation Treaty Organization (Otca, 1978).

In addition to this, Fiocruz has been assisting Brazil's Ministry of Health in developing humanitarian cooperation with Haiti, which is striving to overcome the problems resulting from the recent earthquake. The activities include bolstering the health surveillance program, health promotion, continuing education and social communication in health.

Final considerations

The reorientation of negotiations for cooperation among countries, over and above the diplomatic connotation, evolved in the second half of the twentieth century consolidating in this decade, enabling partner countries to attain a full harmonization of interests. All this respecting the ownership and leadership of each one and taking advantage of networking that enables real exchanges among all parties and reciprocity in the efforts expended.

The example of the application of this approach by Fiocruz proves its viability, enabling cooperation and diplomacy to work together with a broad view of the health system, thereby transcending the exclusive focus on disease control and emphasizing the social determinants of health. Furthermore, it enables a clear differentiation between the traditional pattern of

cooperation offered by developed countries, and the resulting from the innovative cooperation partnership that best meets the ethical principles.

This prevents the dichotomous vision between the North-South and South-South cooperation and it opts for a more comprehensive approach, which includes shared responsibility between the parties involved. The regulatory framework would be established by a group comprised of members from the participating countries, taking into account both the real demands, the adequacy of different views between the parties, as well as the availability of resources to meet these demands.

REFERENCES

ALMEIDA, Celia et al.
A concepção brasileira de cooperação Sul-Sul estruturante em saúde. *Reciis*, v.4, n.1, p.25-35. 2010.

BUSS, Paulo Marchiori; FERREIRA, José Roberto. Cooperação e integração regional em saúde na América do Sul: a contribuição da Unasul-Saúde. *Ciência e Saúde Coletiva*, v.16, n.6, p.2699-2711. 2011.

BUSS, Paulo Marchiori; FERREIRA, José Roberto. Ensaio crítico sobre a cooperação internacional em saúde. *Reciis*, v.4, n.1, p.93-105. 2010a.

BUSS, Paulo Marchiori; FERREIRA, José Roberto. Diplomacia da saúde e cooperação Sul-Sul: as experiências da Unasul Saúde e do Plano Estratégico de Cooperação em Saúde da Comunidade de Países de Língua Portuguesa (CPLP). *Reciis*, v.4, n.1, p.106-118. 2010b.

BUSS, Paulo; FERREIRA, José Roberto; HOIRISCH, Cláudia.
A saúde pública no Brasil e a cooperação internacional. *Revista Brasileira de Ciência, Tecnologia e Sociedade*, v.2, n.2, p.213-229. 2011.

CPLP.
Comunidade dos Países de Língua Portuguesa. Plano Estratégico de Cooperação em Saúde. Disponível em: http://www.cplp.org/id-1787.aspx. Acesso em: 25 mar. 2015. 2009.

FONSECA, Luiz Eduardo.
Formulação de políticas de saúde em situação pós-conflito: o processo de elaboração do primeiro documento propositivo de uma política de saúde para o Timor Leste, 1999 a 2002. Tese (Doutorado em Saúde Pública) – Escola Nacional de Saúde Pública Sérgio Arouca, Fiocruz, Rio de Janeiro. 2011.

G77.
High-level conference on South-South cooperation. Disponível em: http://www.g77.org/marrakech/. Acesso em: 20 abr. 2013. 2003a.

G77.
Marrakech declaration on South-South cooperation. Disponível em: http://www.g77.org/marrakech/Marrakech-Declaration.htm. Acesso em: 20 abr. 2013. 2003b.

GILDING, Paul.
The great disruption: how the climate will transform the global economy. New York: Bloomsbury. 2011.

OECD.
Organization for Economic Co-operation and Development. Busan partnership for effective development co-operation. Disponível em: http://www.oecd.org/dac/effectiveness/49650173.pdf. Acesso em: 30 abr. 2013. 2011.

OECD.
Organization for Economic Co-operation and Development. Agenda para ação de Acra. Disponível em: http://www.oecd.org/dac/aideffectiveness/41202060.pdf. Acesso em: 30 abr. 2013. 2008.

OECD.
Organization for Economic Co-operation and Development. Declaração de Paris sobre a eficácia da ajuda ao desenvolvimento. Disponível em: http://www.oecd.org/dac/aideffectiveness/38604403.pdf. Acesso em: 30 abr. 2013. 2006.

OECD.
Organization for Economic Co-operation and Development. Rome declaration on Harmonisation: harmonizing donor practices for effective aid delivery. Disponível em: http://www.oecd.org/development/aideffectiveness/31451637.pdf. Acesso em: 25 abr. 2013. 2003.

OECD.
Organization for Economic Co-operation and Development. Shaping the 21st century: the contribution of development co-operation. Disponível em: http://www.oecd.org/dac/2508761.pdf. Acesso em: 22 out. 2013. maio 1996.

OTCA.
Organização do Tratado de Cooperação Amazônica. Disponível em: http://otca.info/portal/tratado-coop-amazonica.php?p=otca. Acesso em: 25 mar. 2015. 1978.

UN.
United Nations. Monterrey consensus of the International Conference on Financing for Development. Disponível em: http://www.un.org/esa/ffd/monterrey/MonterreyConsensus.pdf. Acesso em: 22 abr. 2013. 2003.

UN.
United Nations. Declaração do milênio 2000. Disponível em: http://www.unric.org/html/portuguese/uninfo/DecdoMil.pdf. Acesso em: 30 mar. 2013. 2000.

UN.
United Nations. Resolution n.200: technical assistance for economic development. Disponível em: http://daccess-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/043/71/IMG/NR004371.pdf?OpenElement. Acesso em: 28 mar. 2013. 4 dez. 1948.

UNASUL-SAÚDE.
União de Nações Sul-americanas. Plano quinquenal 2010-2015. Disponível em: http://rins-unasur.org/index.php/unasur-salud/documentos-de-unasur-salud/plan-quinquenal-unasur-salud. Acesso em: 25 mar. 2015. 2010.

UNDP.
United Nations Development Program. The Buenos Aires plan of action. Disponível em: http://ssc.undp.org/content/dam/ssc/documents/Key%20Policy%20Documents/BAPA.pdf. Acesso em: 2 abr. 2013. 1978.

WHO.
World Health Organization. Declaração política do Rio sobre determinantes sociais da saúde. Rio de Janeiro: WHO. Disponível em: http://cmdss2011.org/site/wp-content/uploads/2011/12/Decl-Rio-versao-final_12-12-20112.pdf. Acesso em: 7 maio 2013. 2011.

WORLD BANK.
Partnership for development: proposed actions for the World Bank: a discussion paper. Disponível em: http://www.worldbank.org/html/extdr/pfd-discpaper.pdf. Acesso em: 17 nov. 2014. 20 maio 1998.