

Original article

# PAHO-Brazil technical cooperation and the development of health human resources: historical paths and contemporary agendas

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**Abstract**

This article discusses, from a historical perspective, the technical cooperation established between the Pan American Health Organization (PAHO) and the Brazilian government in the domain of policies and programs for developing health human resources, starting from the mid-1970s. Considering intergovernmental organisms, simultaneously, as relevant actors and negotiation arenas, the technical cooperation initiatives launched are analyzed as fundamental contributions for the institutionalization of health human resources area in the country, as part of public health management authorities and as an original collection of institutional arrangements, experiences and methodological approaches. Always with the support of official documents and oral history statements, PAHO-Brazil cooperation is also discussed as a singular institutional space, with relevant action in organizing public health in Brazil and the political management of the Brazilian unified health system itself. Finally, the cooperation actions are analyzed as matrixes of technical cooperation experiences that were implemented under the institutional framework of the new Brazilian health system, the developments of which can be identified in the agenda and operation mode of technical cooperation as it takes place today.

**Keywords**

health history; health human resources; technical cooperation in health; international health

The Pan American Health Organization (PAHO), since its inception as the International Sanitary Bureau, in 1902, has often been involved in initiatives intended to influence the quantity, quality, profile and mode of action of the medical professional and health worker in the Americas (CUETO, 2007). Relations between PAHO and Brazil have followed the same pattern.

Over the course of the 1960s and 1970s, however, these actions gained a new dimension and a new meaning. In the wake of World War II and the emergence of *development* as a guiding principle for public policies and *planning* as one of the ways to perform them, workers and their work capacity began to be seen as one of the key resources to be mobilized in the developmental venture. That is when education economics and, as part of its theoretical collection, *theories of human capital* (ESCOBAR, 1998; RIST, 2002) arose. In PAHO's case,

a symptom of this trend was the creation, in the mid-1960s, of an operational area specially targeted at *human resources development*. From then onwards, its actions in this domain became more connected and integrated to regional and national health plans (FERREIRA, 2005).

However, development and the practices for assisting development were conceived and carried out under the framework of the Cold War. The Alliance for Progress, launched in 1961, can be seen, in the American context, as an example of an initiative conceived under the logic of containing a possible expansion of socialism in the Americas (TAFFET, 2007). On the other hand, very early on in post-war history, relations between industrial nations, intergovernmental agencies and developing countries were also framed by the North-South conflict, in its various manifestations. The late 1960s and the subsequent years witnessed, for example, the

emergence of the notion of *technical cooperation between developing countries*, which revealed the attempt to establish cooperation practices based on the ideas of sovereignty and autonomy, interaction among equals and effective appropriation of knowledge and technologies involved in cooperation processes. These last notions implied a recognition, as early as then, that some developing countries possessed enough competencies, at least in some specific areas. It indicated that cooperation could also be a process of collective construction of knowledge and innovative practices (FERREIRA, 1976).

Later, themes such as sustainable development, regional integration and South-South cooperation updated these agendas. The joint initiatives between PAHO and its member states were inevitably influenced, according to their time and circumstances, by their part in this historical path. This work analyzes the genesis and development of a technical cooperation agreement in health human resources, signed by PAHO and the Brazilian government in the mid-1970s, the effects of which are still felt today. For the first time, in this national context, collaborative actions targeting health human resources came in the form of a joint program. This cooperation's great lines of action, as well as its main results, will be indicated and briefly described. We will, however, highlight which strategies and forms of organization were adopted then and in what ways these were shaped according to the possibilities offered by the Brazilian institutional historical context of the period. In a third section we present, in broad lines, a historical path of the Brazilian diplomatic agendas, which culminated in a new centrality of themes such as human rights, the environment and health. Finally, we discuss how collaboration between PAHO and the Brazilian government is seen today as a possible matrix for new experiences in the context of South-South cooperation.

Our approach presupposes that intergovernmental organisms such as PAHO are both relevant social actors and negotiation arenas. As actors, they are able to produce realities, by direct action on practical ground, by the production and dissemination of values, norms and action models and by the definition of cognitive frameworks (FINNEMORE, 1996). They are also negotiation arenas because they allow the expression of diverse interests, whether of a state, infra-state or extra-state nature. Also, they are arenas because the interests of their internal bureaucracies manifest themselves in competition situations. It is also worth noting that their field offices, their representations in the countries, are especially sensitive to the play of forces present in the institutional environments with which they relate to directly (PIRES-ALVES & PAIVA, 2006).

## The cooperation agreement, its lines of action and development

At the end of 1973, the first steps were taken for the implementation of technical cooperation between PAHO and the Brazilian government in health human resources, in the form of a joint action program. In November of that year, the ministries of Health, Education and Culture and the organization signed the Agreement for a General Program for Development of Health Human Resources. Its developments culminated in the proposal, in 1976, of what would be its founding action program: the Program for Strategic Preparation of Health Personnel, PPREPS (PAHO-BRAZIL, 1973, 1975a).

PPREPS's formal goal would be to adjust the education of health human resources in the country to the needs of the newly-created National Health System and according to the directives of the II National Development Plan, both from 1975. The intention was to, in the field of human resources, support an expansion of regionalized health care coverage, according to different levels of complexity and adjusted to the socioeconomic realities of the country's various regions.

With this more general objective in sight, three specific objectives were defined. In the first, the intention was large-scale education of technical and auxiliary health personnel. At the time, it was estimated that a contingent of between 160 thousand and 180 thousand people were trained from 1976-1979, comprising a diverse range of professional categories, with emphasis on those professions that were directly linked to care providing. These included technicians and nursing aides, and community health agents. In the second objective, PPREPS would support the creation of ten *teaching care integration (TCI)* regions. The intention was to integrate, in each region, higher education in health professions and health care on its various levels, as a way of transforming teaching practices and service organization itself, of promoting the regionalization of services and contributing to the definition of a new direction for health personnel education. With the third objective, PAHO-Brazil cooperation would help create a health human resources development system in the various federal states, also encouraging a possible connection with state and national planning systems (PPREPS, 1976; 1979).

During the first thirty years of the cooperation agreement, through successive renewals, the work pace and the results reached on each action front were unequal (PIRES-ALVES & PAIVA, 2006; CASTRO, 2008). To detail its accomplishments and its ups and downs is outside the scope of this work. However, a summary of these developments is necessary to give meaning to the discussions that will follow.

The actions for implementation of teaching care integration regions, at first, were limited to supporting a few experimental initiatives. Overcoming resistance, especially within medical higher education institutions, proved to be a difficult challenge (PPREPS, 1979). Once the country returned to democracy, this agenda was taken up again and various TCI projects were implemented or expanded, based on previous initiatives which had external support, such as the Kellogg Foundation. Important program components were altered over time. Among these, for example, was the attempt to take on multi-departmental projects and include communities in the construction and conduction of projects (ROCHA, 1985). The institutional difficulties, however, persisted and this is still a current agenda, as shown by the Brazilian government's launch, in 2005, of a program for reorienting professional health teaching, part of teaching care integration and focusing on primary health care, also counting with the participation of PAHO-Brazil (SESU-MEC, 1981; SANTANA, 2006). In this respect, the first years of PAHO-Brazil cooperation were a learning process, contributing to the development of a common conceptual and methodological base, as well as the creation of a network of projects and institutions that provided a relevant support base for future actions.

In the education of technical and auxiliary health personnel, the results were more promising from the early years of the cooperation agreement. After three years of the program, 39 thousand people had already been trained in 14 federal states (PPREPS, 1978). In 1981 a new phase began, informally named *Large Scale Project*, with the aim of qualifying 200 thousand people. A reversal in the military regime's expectations during its last years, however, limited the quantitative goals and placed the emphasis on methodological aspects and on a political-pedagogical option for *education* of health care personnel as opposed to the idea of *training* (PDRHS, 1985). This way, the project definitely distanced itself from initiatives for teaching workers based on a strict economic rationality.

In this manner, the Large Scale experience left behind a teaching methodology that tackled the challenging question of performing technical professional education without absencing the worker from his activities. The intention was to, at the same time, allow this student-worker to have access to general education, follow a formal curriculum and obtain a certificate. Its main presuppositions included the inseparability of method and content, as well as the possibility of the learner appropriating the structure of knowledge (SANTOS, 2002; CASTRO, 2008).

The implementation of the project and its developments brought about the institution of *health personnel education centers* in the states, *human resources development nuclei* with the health offices and, later, the constitution of a *multi-professional technical schools network* directed at the health sector. In 2002, there was a network of 25 schools and educational centers, present in 15 Brazilian states. Its foundations are undoubtedly based on the action of PAHO-Brazil cooperation (PIRES-ALVES & PAIVA, 2006; CASTRO, 2008).

Operating in a decentralized way from the start, technical cooperation favored the institution of regional structures and professional groups dedicated to education of health human resources, on the most diverse levels, part of which was mentioned above. Among other important actions of this order we must include the support for the creation and development of the *Nuclei for the Studies of Public Health* in universities, nuclei which had an important role in consolidating Brazilian sanitary reform. Another initiative was the institution, in 1987, with the direct participation of these nuclei, of the *Health Human Resources Improvement and Development Course*, the CADRHU. From 1987 to 1990, 974 students concluded the course's 37 editions, held in the states, by over a hundred previously-qualified teachers. The courses are still taught today, although their performance pace has varied noticeably over time (CADRHU, 1991).

With similar characteristics, the *Health Care Units Management Development Project – Gerus*, was begun in 1992. Its purpose was to train managers in outpatient units, at a time when the services' municipalization was creating new challenges for managers in this sphere of government. Once again, the project was conceived according to the perception of needs originating from the Unified Health System's implementation. It adopted a pedagogical conception founded on the idea of transforming solidarity, shared by those involved in the teaching-learning process, and its implementation involved active mobilization of regional and local authorities and actors (CASTRO, 2008).

Initiatives like the one described above played an important, if not decisive, role in the very constitution of the health human resources field, as an area of knowledge, domain of practices and network of concrete social actors. In 1999, a good part of these institutional resources was mobilized by Brazil's Ministry of Health to form the *Observatory Network on Health Human Resources*, as a response to a regional strategy instituted by PAHO, in association with the World Bank, the International Labor Organization and USAID. For us to understand how these results became possible in the historical context we are

considering, we must examine the forms of organization of PAHO-Brazil cooperation, the strategies that it adopted and its implications.

### Institutional strategies and arrangements

An initiative for collaboration between countries, especially in terms of technical assistance, is normally conceived as the fruit of a country's need and desire to receive assistance, on one hand and, on the other hand, of the availability and interest – and possibly induction capacity – of a country or intergovernmental agency, considered the providers of the necessary resources and means. The historical analysis of institutional arrangements, financial resources and the reserves of knowledge and experience mobilized over the course of PAHO-Brazil cooperation in human resources reveals how complex and, sometimes, surprising, these institutional architectures can be.

Firstly, the financial resources spent in the venture were all of national origin. In the mid-1970s, the Brazilian authoritarian government found itself faced with the challenge of sustaining high economic growth rates in an international setting negatively affected by the first oil crisis. The regime also tried to reverse the break-up of its political-social bases, by adopting compensatory social policies. For this purpose, it was necessary to sustain the volume of public spending and investments by resorting to foreign debt. It was also necessary to mobilize professional and management resources, which sometimes were only available in institutions and professional communities that were ideologically more aligned with a renewed opposition movement. This meant mobilizing new staff and providing resources for professional groups that were very unreliable professionally, according to the regime's canons (SCOREL, 1998; PIRES-ALVES & PAIVA, 2006).

This also meant opportunities for young professionals. In the human resources field, an emerging group of doctors and health care professionals dedicated to this theme was able to mobilize capabilities of PAHO and of sensitive areas in the ministries of health and planning, to create and implement a cooperation program. The PPREPS conduction team was almost entirely made up of Brazilian professionals. Furthermore, the sources of competencies mobilized to model the program were also national, including for conceptual and methodological aspects. In this respect, cooperation combined, updated and reconfigured for health competencies accumulated over several innovative initiatives, implemented with the help of international organisms and a lively community engaged in the criticism of practices existing

during the authoritarian regime (SCOREL, 1998; SANTOS, 2002; FERREIRA, 2005; SANTANA, 2005).

To meet the ambitious PPREPS objectives, the technical cooperation had to operate with a peculiar institutional arrangement. It was necessary to consider the regime's centralizing nature, combined, however, with the existence of three legal-formal spheres of government (federal-state-municipal) that characterized the Brazilian state, all directly responsible for actions in the education or health areas. Given the program's multi-sector characteristic, it was also necessary to mobilize structures and move through the competency areas of at least four ministerial portfolios. Thus, the institutional arrangements adopted for the functioning of PPREPS involved creating a multi-institutional committee to orient the program and a directive technical group, designated by PAHO and the most directly-involved ministerial portfolios. The directive group had the main responsibilities, including political conduction, receiving considerable autonomy, including financial autonomy. Thus, the program was able to take on a somewhat ambiguous institutional identity; sometimes giving itself authority, being part of direct administration structures and linked to their decision centers, other times acting as a program run by an intergovernmental organization, detached from the government, when this was more convenient.

The technical cooperation opted for the strategy of strengthening regional authorities as a way of expanding its action capacity. This strategy was used in the implementation of PPREPS and at several moments in the cooperation path, and it was, undoubtedly, influenced by the notions of uniqueness, decentralization and hierarchization present in the conception of the public health system, as defended by an emerging health reform movement. Thus, the cooperation helped to institute and strengthen *Public Health Studies Nuclei* in various universities in the states; it also promoted the creation of development and human resources management organs with the state health care offices; it sought to mobilize universities and services for the implementation of teaching care integration actions, organized on the basis of the health care district notion; it tried to institute, also in the states, technical health schools, aimed at educating workers on an auxiliary and technical level. In the same way, when it held educational courses for human resources managers and basic health care unit managers, it tried to do so in a decentralized manner, with state offices and universities situated in the same regional jurisdictions. The implementation of this strategy, in the context of its performance, helped weave a network of specialists in the themes of health work management and education, which led to the greater presence of these themes

on the health care reform agenda. And this type of network action became a style of action and a kind of image which human resources cooperation aimed at for its organizational aspects.

The PPREPS directive teams were closely linked to the modern Brazilian sanitary reform movement. This connection involved supplying logistical support to the movement and an active participation as part of its leadership. This proximity was also felt in conceptual and programmatic aspects, it is important to note. In the program's main documents and its most important actions, there was a concern expressed with placing these aspects on the reform agenda and as a structuring component of the Unified Health System implementation process. Considering this programmatic dimension, the health care system, in its welfare dimension, was being affirmed as a pedagogical resource; stimulation of better multi-professional integration, so as to allow greater integrality of health care actions; reorganization of teaching institutions and service providers, as well as the development of a curricular and technical-pedagogical structure more attuned with the idea of integrating teaching and service.

### Foreign policy and cooperation agendas

This section is dedicated to the discussion, from a historical perspective, of Brazilian foreign policy in the last 40 years. This step back in history is justified because it makes it possible to examine the main breaks and continuities in the way the country interacted with other nations and international organisms, especially regarding South-South international cooperation or between developing countries.

Brazilian foreign policy's *modus operandi*, often traced back to the chancellor José Maria de Paranhos Junior, Baron of Rio Branco (1902-1912), became known both for its pacifist, non-interventionist posture, for its respect for international codes and agreements, and for the inclination to establish technical and humanitarian cooperation ties with other nations (RODRIGUES & SEITENFUS, 1995).

Although this official perception of Brazil's foreign policy portrays the country as open to multilateralism and the submission of its policies to ethical and moral imperatives, more careful examination of its foreign policy reveals that it followed the ups and downs of the international context, as well as being influenced by internal dilemmas. Thus, there has not always been an automatic alignment or even coherence between domestic agendas and foreign policy.

This apparent contradiction results from the fact that the rules, actors and nature of the play of internal political forces

do not necessarily correspond to those on the international level. This explains the possibility for authoritarian initiatives on the internal plane to coexist with more liberal or "left-leaning" perspectives on the international plane, under the same government (OLIVEIRA & LESSA, 2006).

The hegemony of the notion of a national development plan, for example, which dates from the mid-20th century and existed throughout the military regime, left Brazilian foreign policy with an insistent, and always renewed, search for international autonomy. This tendency became more strongly consolidated in doctrine during the military regime (VIZENTINI, 2005, p.39). however, its existence was not linear and uniform during all of the regime.

General Castelo Branco's (1964-1969) administration was a significant step backwards in relation to the multilateral and hemispheric diplomacy of the Independent Foreign Policy (PEI), initiated by the Jânio Quadros (1/1961-8/1961) and João Goulart (1961-1964) administrations. With Castelo, the country entered the Cold War framework, becoming an automatic ally of the United States of America, from which economic support and international cooperation was expected in return. This automatic alignment restricted, for a few years, Brazilian diplomatic action to the limits imposed by American interests in the region of the Americas, thus breaking with a more global model of diplomacy, guided by the PEI until then.

During this period, although the country maintained commercial and political relations with the Soviet block, commercial interchange was drastically reduced. In May, 1964, the country broke diplomatic relations with Cuba. The following year, at the White House's request, Brazil sent troops to the Dominican Republic, under the OAS banner, in order to prevent this country's civil war from engendering a new Socialist regime. This measure inevitably generated great diplomatic unease with our Latin American neighbors. There was also an estrangement with African and Asian countries and the Non-Aligned Movement.

This foreign policy obeyed a logic, according to which the country would distance itself politically from any ideological inspiration that was supposedly leftist and, on the other hand, found itself committed to establishing solid political and institutional bases for the entrance of international financial capital. Allusions to social reforms, including in the foreign policy field, were abolished. Despite this, some margin of autonomy in foreign policy was preserved. An example of this was the Brazilian refusal of the American request for troops to be sent to the Vietnam War.

The Ministry of Foreign Affairs (Ministério das relações Exteriores-MRE) continued to concentrate technical staff

attuned to the idea of “national project”. It is true that some members of this staff, especially those which the regime considered ideologically radical, were sent to secondary work stations in the ministry’s structure. On the whole, however, the MRE was relatively spared from systematic interventions by the military, as it considered the educational standard and the hierarchy in the diplomatic professional environment to resemble the barracks. And indeed, little by little, the regime’s foreign policy began to resemble that practiced by the PEI (VIZENTINI, 2005).

In this context, General Costa e Silva’s administration (1967-1969) is seen as a breaking point in relation to the previous administration and a return to the values and perspectives that guided Brazilian foreign policy on the eve of the military regime. Chancellor Magalhães Pinto’s *Diplomacy of Prosperity*, with its emphasis on the ideas of international autonomy and national development, was very similar to the PEI, although it made no reference to social reforms. Brazil no longer defined itself as a Western nation, but as a Third World country, and defended an alliance with developing countries so as to revert an international order considered unjust and hostile. This context is illustrated by the fact that Brazil’s representative in the II United National Conference for Trade and Development (UNCTAD) was nominated for the presidency of the newly-created Group of 77, a movement of Third World countries directed at development and which, according to Vizontini (2005), would be an economic version of the Non-Aligned Movement.

For Latin America, from the estrangement and coldness in diplomatic relations typical of the military regime, the country moved towards better horizontal regional integration. Although this produced attrition with the United States, little by little the country moved away from the doctrine of pan-Americanism towards Latin Americanism.

Thus, Brazil shared in the international view, growing in the 1970s, that developing countries had already accumulated some positive experiences, experiences which could be shared with other regions and/or nations with similar characteristics. It was in this context that the United Nations encouraged “technical cooperation among developing countries” (TCDC), or simply horizontal cooperation, in opposition to the idea of technical assistance or the notion of North-South cooperation.

Under chancellor Mário Gibson Barboza, however, during the entire Médici administration (1969-1974), Brazilian foreign policy trimmed the main points of conflict with the United States. The country immediately abandoned the discourse of Third World solidarity and its forums for expression. This apparent convergence with American foreign policy,

however, did not stop the Brazilian attacks – now made in the country’s own name – on the way international finances and commerce were then organized. Brazil continued to refuse to sign the Non-Proliferation Treaty, NPT, and moved ahead with its technological qualification and development of a national weapon industry (VIZENTINI, 2005).

Brazil was, in fact, in a very favorable Latin American political setting, with space to become a regional power. On one hand, the country had a vigorous economy; on the other hand, the continent’s political instability, with coups in Chile, Uruguay and Bolivia, produced a context in which the country presented itself as a fundamental strategic partner for the Americans.

It was in this setting that the so-called *national interest diplomacy*, carried out by chancellor Gibson Barboza, attempted to take advantage of the gaps in the international system. Through bilateral diplomacy, especially in relation to countries considered economically and politically more fragile, Brazil began to exert more international influence. Latin America, Central America and Africa were targeted by Brazilian diplomacy in this period and cooperation agreements in the areas of culture, technology and commerce were signed. Brazil became closer to Arab countries as the oil crisis worsened, during the 1970s. These initiatives gained strength when chancellor Azeredo da Silveira (1974-1979) was in office, during General Geisel’s presidency.

In this context, the country tried to affirm its presence on the international stage in a more powerful way. For this purpose, the country played a larger role in the United Nations and other international organisms, now especially aimed at the Third World and its representative institutions. Brazil recognized the socialist government of the Popular Movement for the Liberation of Angola (MPLA); strengthened economic and political relations with Mozambique and generally developed its diplomatic relations with the African continent.

Chancellor Saraiva Guerreiro’s *universalism*, now commanded by General Figueiredo (1979-1985), did not follow a different path. The international setting was very unfavorable, especially with respect to the economic crisis, which was taking a serious turn. The country, however, still had prominent action in international forums and in conjunction with other Third World countries. While chancellor Guerreiro was in office, Brazil solidified its diplomatic relations with Africa and Latin America. American involvement in the incidents in Nicaragua, El Salvador and Nicaragua, in the early 1980s, led Brazil to join the Contadora Group, a clear sign of Brazilian diplomacy’s convergence with the Mexicans,

Venezuelans and Argentines, in an open criticism of the American interventionist foreign policy developed by the Reagan administration. According to Vizontini (1995, p. 65), it was the first time in Brazil's foreign policy that Latin America was being considered a priority.

The advent of the New Republic changed the direction of Brazilian foreign policy. In a clear democratic opening, foreign minister Olavo Setúbal (1985-1986) soon committed himself to distancing the country from the sphere of influence of the so-called Third World countries and their demands. The ministry of foreign relations resisted the path proposed by the minister and at the beginning of 1986, Abreu Sodré (1986-1990) became the new Brazilian chancellor, giving continuation to the previous administrations' broader work agenda.

It is in this context, for example, that the political-institutional architecture which permitted, in the early 1990s, the creation of the Southern Common Market, Mercosur, was built. It was a clear move in which economic integration and better technical and political integration with neighbors became priorities for the Brazilian government (HIRST, 1996).

Although broad sectors within the ministry of foreign relations resisted the changes implemented by chancellor Francisco Resek, under President Collor de Mello (1990-1992), in the early 1990s, the country noticeably distanced itself from the global and multilateral diplomacy traditionally practiced by the Brazilian chancellery.

The Itamar Franco administration (1992-1994), on the other hand, in opposition to the foreign policy practiced by the Collor administration, had as one of its priorities to once again value Brazil's presence on the international stage, especially reaffirming its action in international forums and restarting the regional integration process. During the Itamar administration, Brazil met with the Group of 15 (South-South Consultation and Cooperation Group) in the city of Dakar, Senegal, to discuss combining the Peace Agenda with the Development Agenda, a term newly taken up again by the Brazilian government.

The Fernando Henrique Cardoso administration (1995-2002) posed additional challenges for Brazilian diplomacy. Cardoso was committed to undoing the developmentist state, toward a liberalizing perspective in tune with the interests of international capital and commerce. The Ministry Foreign Affairs was one of the focuses of a more nationalist discourse within the Brazilian state apparatus. Skillfully, via presidential diplomacy, Cardoso began to personally take on the political dimension of Brazilian foreign policy, leaving technical-bureaucratic matters to the MRE (VIGEVANI et al., 2003;

VIZENTINI, 2005).

In the context of the New Republic, there was also an institutional reordering of the state bureaucratic apparatus responsible for national foreign policy, in the sense of making its management more effective. Until 1987, there had been double command in this area; on one hand, the MRE Technical Cooperation Division and, on the other hand, the Economic and Technical International Cooperation Sub-Office (SUBIN). The extinction of these two agencies and the creation of the Brazilian Cooperation Agency, ABC, formally combined the administrative and foreign policy functions in a sole organ.

An integral part of the Alexandre Gusmão Foundation, Funag, linked to the foreign relations ministry, the ABC was responsible for operating technical cooperation programs in all areas of knowledge, between Brazil, other countries and international organisms. Under the guidance of the Cardoso administration, the ABC was joined to the foreign relations ministry's general office, becoming a direct administration organ.

Luiz Inácio Lula da Silva's administration, from 2003, deepened some initiatives taken in the previous administration, however, revisiting a part of the development agenda, with special investment in the relations with Mercosur and Latin America on the whole. Gradually, an image of leadership began to be associated with Brazil and the country began attracting developing nations with the purpose of forming a group with greater bargaining power in relation to developed nations. The initiative, in 2003, of cooperation between India, Brazil and South Africa and the strengthening of the G-20 as an international decision-making forum are situated in this setting (OLIVEIRA, 2005).

Besides, a "soft" agenda was being increasingly added to the old agenda, with the central premise of strengthening the country's relative position by exercising a leading role in debates pertinent to social development, human rights and the environment, among other themes.

The new agenda also involved a growing perception that public health questions required global actions and overcoming potential conflicts between public health needs and commercial interests, especially in the field of intellectual property and access to medication, vaccines and diagnosis technologies, among other things.

This set of elements gave rise to a new domain of actions, given the name of health diplomacy, a term quoted in recent publications in the international literature. Its peculiarity lies roughly in systematic action by public authorities, through the adoption of programmatic policies which would lead to fuller development of diverse possibilities, including in the political

and economic fields, based on the exercise of diplomacy in public health.

The path of Brazilian foreign policy over the last 40 years thus reveals, in spite of its institutional breaks, important elements of continuity that are important assets in an international system permeated by discontinuity and a strong governability deficit. The country's more systematic management of a credible soft power, seen in the last two decades, positions Brazil as a relevant actor in the global debate arena (LAFER, 2000).

Some examples of these systematic initiatives are those which currently involve cooperation from the Health Ministry in the areas of malaria and Aids prevention and treatment; production of pharmaceuticals and immunobiologicals; support to decentralization of health care services, based on the model adopted by the unified health system in Brazil; development of health human resources with other Portuguese-speaking countries, among other initiatives. These actions that involve technical cooperation, especially horizontal cooperation, elevate the country's public health policies to the status of true foreign policy resources, in a way radicalizing the role of "social" matters on the diplomacy work agenda.

### Possibilities for dialogue with contemporary agendas

PAHO-Brazil technical cooperation, as implemented from the mid-1970s, in the face of a singular and partly favorable institutional context, was able to operate as a catalyst for a movement of health institution reform also expressed in the relation between education and work in health. This connection with state and extra-state organizations also promoted initiatives that turned out to structure this field. Its complex institutional arrangement and inscription allowed it to move relatively freely between government positions and to have a critical mobilization of society. Over the course of the 1990s and in the first years of this century, this path, which established itself as a tradition, allowed technical cooperation, along with the peculiarity of Brazilian sanitary reform, to remain relatively critical of those reforms advocated by the World Bank and the neoliberal ideal. This critical content was not free of conflict, whether in the internal dimension of cooperation and in the relations with the *Pan American Sanitary Bureau*, in Washington, or with government and international cooperation bodies. In any case, it reveals the complexity of the possible forms of cooperation and of the action of international agencies sometimes considered as actors, other times as negotiation spaces. Nowadays, the

actions and institutional settings of technical cooperation between PAHO and the Brazilian government have expanded considerably, reflecting the specificity of public health themes in the new foreign policy and diplomacy agenda (OPAS-BRASIL, 2008). In foreign policy, the Brazilian state has intensified its action – also in public health – in South-South cooperation, especially with Portuguese-speaking and Latin American nations.

PAHO has agreed with Brazil on its responsibility to act as a strategic body for mediating and catalyzing cooperation possibilities, as well as for following initiatives. This contemporary agenda involves mobilizing national collaborative networks and connecting with regional networks in Latin America and Africa; organizing teachers to offer courses in the areas of human resources policy, global health and health diplomacy, sanitary law and policy development for national clients and for the country blocks prioritized in Brazil's international cooperation agenda; as well as developing horizontal cooperation projects in areas of common interest between countries; education of health technicians, maternal and child health and disease control, among other program items (OPAS-BRASIL, 2008). It also involves qualifying Brazilian organizations to cooperate and promote links with the capabilities installed in countries. This new circumstance also presents PAHO's representation in Brazil and technical cooperation in human resources with the challenge of retrying and reinventing the institutional arrangements and operating modes used until now. It means the possibility of reproducing its own complexity, both as a tradition and as an adaptive resource and aptitude for renewed cooperation between countries.

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