

Qualissus-network and the proposals of the world bank: criticals problematizations**Qualissus-redes e as proposições do banco mundial: problematizações críticas****Qualissus-red y las proposiciones del banco mundial: problematizaciones críticas****Received: 10/05/2015****Approved: 20/02/2016****Published: 01/05/2016****Marina Monteiro de Castro e Castro¹**

This article aims to present criticals problematizations about QualiSUS-networks - Ministry of Health of Brazil, program funded by the World Bank. Through a study conducted by the documents that support the program and the theoretical references that deal with the same, an appreciation of the main proposals of the program was held. The study showed that despite the QualiSUS-nets have in their composition directions seeking advances in terms of public health services, it is necessary to question the alignment to the World Bank dictates in an attack context of public health policies, to demystify political and economic foundations of government programs.

Descriptors: International Bank for Reconstruction and Development; Health policy; Public health.

O presente artigo tem por objetivo apresentar problematizações críticas acerca do QualiSUS-Redes - Programa do Ministério da Saúde financiado pelo Banco Mundial. Através de uma pesquisa junto aos documentos que subsidiam o programa e às referências teóricas que tratam do mesmo, foi realizada uma apreciação das principais propostas do Programa. O estudo demonstrou que, apesar do QualiSUS-Redes ter em sua composição direcionamentos que buscam avanços na qualificação dos serviços públicos de saúde, é necessário problematizar o alinhamento aos ditames do Banco Mundial, em um contexto de ataque às políticas públicas de saúde, para desmistificar os fundamentos políticos e econômicos dos programas governamentais.

Descritores: Banco Internacional para Reconstrução e Desenvolvimento; Política de saúde; Saúde pública.

Este artículo tiene como objetivo presentar problematizaciones críticas sobre el QualiSUS-redes - del Ministerio de Salud del Brasil, programa financiado por el Banco Mundial. Através de una investigación hecha por los documentos que apoyan el programa y las referencias teóricas que tienen que ver con el mismo, se hizo una apreciación de las principales propuestas del programa. El estudio mostró que a pesar del QualiSUS-redes tener en sus direcciones de composición la búsqueda de avances en los servicios de salud pública, es necesario cuestionar la líneas seguidas a los ditames del Banco Mundial en un contexto de ataque de las políticas de salud pública, para desmitificar fundaciones políticas y económicas de los programas de gobierno.

Descriptor: Banco Internacional de Reconstrucción y Fomento; Política de salud; Salud pública.

¹ Social Service. Specialist Teaching in Health. Specialist in Policies and Research in Public Health. Master and PhD in Social Service. Professor Doctor of the Faculty of Social Service at Juiz de Fora Federal University/MG-Brazil. marinamccastro@yahoo.com.br. Brazil.

INTRODUCTION

The QualiSUS — a policy to qualify health care in the unified health system (SUS), was released in 2003 as an answer to the need of raising the quality of the health assistance provided, centered in humanization. The policy was dynamized through the "*Program for the Reform and Improvement of Quality of Health Attention Networks (RAS) — QualiSUS Networks*" presented in 2009, offering support to the organizing of the Brazilian regionalized health care networks. The project was created in cooperation between the World Bank and the Ministry of health.

The program follows the logic of the World Bank regional fundings, and proposes the development of actions that affect the entire health network and focuses on the chronic non-contagious diseases (DCNTs), since "the strengthening of human capital is essential to the growth agenda, in terms of developing a more qualified, healthier, and agile work force, able to innovate and to adapt to new technologies in order to increase productivity¹."

The National Policy of Humanization (HNP) is highlighted as the basis for the development of the QualiSUS, and the need to value workers, change the relationship among professionals and users, and new management models are mentioned.

In search of the so-called "quality of health services" and to further humanize the health system, QualiSUS is an example of the connection between a policy and economic needs, as it highlights the need to improve management capabilities, to have a social control, overcome inequality, and invest in an integral and rational way in infrastructure, starting from the strength achieved by the connection between economic and health system logics.

This taken into regard, this article aims at presenting critical questions regarding QualiSUS-networks — a program from the Ministry of Health of Brazil, funded by the World Bank.

METHOD

This is a reflexión with the use of bibliographical research that used primary and secondary sources. Documents from the Ministry of Health, regarding the QualiSUS-networks, humanization and quality of health systems have been raised, as well as World Bank documents which subsidize the project in Brazil.

Secondary sources were also used, that is, information that had already been used by other researchers and are already public domain. These sources were collected, mainly, through the use of the database "SciELO". A research with the keyword "QualiSUS" was conducted, and three articles regarding the scope of hospital or emergency/urgency services were found, written by Gusmão-Son et al., 2010²; O'Dwyer et al, 2009³; Bittencourt e Hortale, 2007⁴.

RESULTS

The QualiSUS-network and its operational guidelines were defined through the Decree Nº 396 of March 4, 2011. Such decree indicates that the program provides materiality to the movements toward the consolidation of SUS, represented in Health Pact. It is defined as a strategy to support the organization of regionalized health care networks in Brazil, in order to qualify the attention and management in health and the debate of the themes regarding health care and quality in health care.

The QualiSUS-network objectives are⁵:

- I - to organize, within the scope of SUS, networks of health care which treat primary health care as their main object of attention;
- II - to prioritize the investment in specialized attention (outpatient and clinical), urgency and emergency care, and on the perfecting of logistical systems, and network support systems;
- III - to increase the allocation and production capacities of SUS;
- IV - the establishment and improvement of the management mechanisms of health care networks;

V - the strengthening of regionalization, use of contracts, access regulation, manager accountability and social participation;

VI - the qualification of health care, encouraging the definition and implementation of clinical protocols, lines of care and professional training processes;

VII - improving the effectiveness and the resolution of the health services which attend to the population covered by the project;

VIII - production, systematization and dissemination of knowledge aimed at improving the quality of care and health management, the development of methodologies and processes to evaluate management, and technological innovation in health management.

According to the CONASS⁶, propositions for the QualiSUS should be in tune with the new political and institutional context brought by the Government of President Dilma Rouseff, and with the documents and recent legislation, especially: the Decree GM No. 4279 of 2010, which establishes guidelines for the organization of the Health Care Network within the health system; the National Program for Improving Access and Quality in basic attention (PMAQ); the Federal Decree nº 7508 of 2011, that regulates law nº 8.080 of 1990, and the National Plan for the Combat of Non-Transmissible Chronic Diseases (DCNT).

In order to develop this program, a loan agreement was signed between the World Bank and the president Lula da Silva, in 2009, and the objective of health policies in Brazil became the support to the organizing of Health Care Network organization in Brazil. In order to move the project forward, a cooperation agreement was signed in 2010 between the Ministry of Health of Brazil and the Oswaldo Cruz Foundation (FIOCRUZ).

During the Lula administration (2003-2010), the project was developed in some specific points, directed mostly toward the urgency and emergency sectors. It was only in the Dilma administration (starting in 2011), and with the approval of the funding from the World Bank, that the QualiSUS-network advanced, especially as it was

regulated through Decrees No. 396, from 2011, and 1.375, from 2012.

During the first year of the mandate, the organization of the Health Care Networks (RAS) was considered the main priority, according to the QualiSUS-Networks and the Ministry of health became responsible for the execution of the project.

In a technical note disclosed by CONASS (National Council of State Secretaries of Health) in 19 April 2013, an analysis of the historical and current situation of the project is performed, which indicates that with the election of Dilma, the Ministry of health, in accordance with the World Bank, established as priority initiatives QualiSUS-networks: architecture and engineering courses, so the state and city secretaries can elaborate better health facilities in the regions covered by the QualiSUS-networks; qualification of the management of medical technologies in health care networks; systemic intervention of pharmaceutical assistance health care networks in the regions of QualiSUS project-networks; implementation of cost management in hospitals and health care networks of selected regions; and strategies to transport people for elective procedures.

On a social assessment conducted by the World Bank for the establishment of the QualiSUS-network contract, the Bank considered that the following should be included in the project: mitigation of inequalities in health, improvement of access and use of medium and high complexity assistance among the poor, addressing non-contagious diseases among poor populations, and improve patient satisfaction regarding their assistance at SUS.

In the redefinition of the priorities of the QualiSUS-network, it is possible to note the emphasis given to the guidelines expressed by the World Bank, especially the emphasis on management and on strategies that enable the articulation between the expansion of the health network and encourage the accumulation of capital.

As such, the project then proposed would be aligned with the strategic pillars of equity, governance and competition, and the

Brazilian global health strategy: to increase the quality of care and improve the results achieved by our health system, contributing to the competitiveness of Brazil, and to the growth of the country, as the efficacy and accessibility of the money spent on the society, the production of work force, and the strength of the government would improve thanks to mechanisms of accountability within the health system⁷.

The World Bank also highlights that the QualiSUS-network is articulated with the PAC-More Health and the Health Pact (2006), and points out that this articulation is one of the benefits of the project, as the PAC brought a restructuring of healthcare systems through the "Regional Health Care Networks (RHCN)" and the introduction of result-based management; and the Health Pacts regulated the regionalization of medium and high complexity services, the definition of the role of the states and their accountability for health services. Another benefit would be the flexibility in governance and management generated by the formation of intercity consortia.

The World Bank interference are clearly visible, as documents directed to the QualiSUS highlight that it will contribute with its experience in issues related to the financing of health care networks, the form of networks for health care, especially for the treatment of non-contagious diseases, governance, resource management and performance improvement, which would be the areas "where the know-how is missing in Brazil"⁸.

Therefore, it can be observed that the prospect of World Bank guaranteed funding for the QualiSUS-network follows the proposals for a counter-reform in health policy developed since the late 1980, and is mentioned as the missing link in Brazil between the health systems and the World Bank, to strengthen the efficiency, quality and governance, especially regard to medium and high complexity treatments, as these are not covered by other contracts with the Bank.

DISCUSSION

From the context presented it is possible to identify that the goals set for the QualiSUS-networks include important elements for the qualification of public health services. However, it is noticeable that they are focused on improving the efficiency of the financial system of the SUS, in dealing with non-communicable diseases, and improving the quality and efficiency of health services funded by SUS, with emphasis on the secondary level, specialty hospitals, diagnosis and urgent and emergency centers, based on the proposals of the World Bank to the Brazilian health policy.

These directions directly oppose the establishment of a public health system, with democratic management and with "humanized" profile, focused on primary health care and in the access of the population to services that meet their health needs.

Regarding the documents of the World Bank, there is an emphasis on the point that, despite the advances generated with the SUS, the main problems of health care in Brazil are low managerial capacity and the lack of performance orientation that compromises the ability to generate meaningful revenue. The inefficiency and low quality of services are considered results from high debt and public tax burden. And, so, the escalating cost of health care has raised concerns among the authorities.

Thus, the program has clear contradictions in its structure, as it aims, simultaneously, at meeting the demands of the working class and ensuring the maximization of capital profitability. This contradiction is increased by the incorporation, within the public health, of the logic of private corporations, especially in terms of management, "in the form of business rationality and its administrative and managerial tools, such as contracting for goals"⁹. The contradictions in the health policy are said to be caused by the current management, and not to the problems concerning the submission of social to economic politics, and the logic privileged by the government regarding their public

policies. Therefore, from a liberal perspective, the failure in the current management model is responsible for the crisis in the health system, and the need to adopt a managerial and economic perspective in the field would be the solution to the problems the system is going through.

In the document which the Lula government published, with the balance of his two terms in office, titled "Brazil 2003-2010", it is pointed out that a new direction was established for health in Brazil from 2003 on. It is interesting to note that according to this document, health was treated during this period in the context of social policies and citizenship rights, but that it also began to be seen as central to the project of national development, through the articulation between the social, economic and technological dimensions of the sector. As a consequence, "the strategic character of the so-called health industrial complex (HIC) was acknowledged, a complex which involves all productive activities in health, including both the industrial and service sectors"¹⁰.

Dilma's election in 2010 was the legatee of Lula's trajectory, and of the social consensus built in her first government (2011-2014). In her first term and beginning of the second, you can see that the positions taken indicate a government even more inclined to privatizations, and committed to the current economic model. Dilma began her government with budget cuts, investment restriction and privatization. At the same time, an important aspect is the growing dissatisfaction of the social groups regarding the government's conduct, as it can be seen in the recent protests¹¹.

It is necessary, in this regard, to emphasize the importance given by the World Bank to the process of "State reform", in a context of crisis in the capital. Since the early 1990s, the World Bank has been increasing ideological strategies of acceptance of the neoliberal agenda, pointing in the direction of the reform, at policy definition, at the offering of resources in order to release social tensions and split political opposition, and mediate international agreements "to raise the

political costs of Governments which decide — or are guided to - follow an alternative route of development"¹².

It is in this context that the neoinstitutional rhetoric, the notion of governance and reforms, becomes a central point for the World Bank, in order to strengthen the national States as they restructure their capital faster, and in a more profound and consolidated way.

For peripherally capitalist countries, such as Brazil, this agenda will be no different, influencing directly in the planning, organization and implementation of health policies. In general, the political-institutional line adopted by the QualiSUS-Networks indicates that the government is approaching the priorities of the World Bank, and the necessity to discuss politics as it is related to Brazilian development and economical politics.

This approach can be noted once we look closely at the basis within the law that was used in order to develop the project. Decree N^o 7508, for example, has a strong emphasis on public-private partnership and disqualifies the health boards as a space for the social control of health policies.

In the PMAQ is easy to see that, in order to qualify the care offered in primary care, changes are being made especially in management mechanisms, ambience, standards, and indicators to measure the results of the actions. A "change in the culture of the managing process" is proposed, in which the resources are managed according to the compromises and results decided on and reached, the workers being guided to work toward user necessities and satisfaction.

Regarding documents of the Pact for Health, the Health Plan and the Bill regarding the state foundations, Soares¹³ indicates that these embody the rationality of counterreformation on health policy in three central axes, which include linking with development, the redefinition of the state public and the incorporation of "new" management models.

The World Bank's indication that the non-contagious diseases in QualiSUS should

be treated is due to the fact that, today, in Brazil, the largest number of deaths are caused by chronic, cardiovascular and respiratory diseases, which interferes with the productivity of the country.

In order to analyze, evaluate and develop the QualiSUS-Network, the Report of the World Bank, from 2007, is indicated. project is named based on the World Bank Report 2007 - which brings several axes in the incorporation of a privatizing logic in public health policies. This report exposes the increased mortality and suffering of the Brazilian people with non-contagious diseases, especially cardiovascular and chronic diseases (hypertension and diabetes), and cancer, which directly generates worker productivity loss, and therefore, there is an additional cost for health services and a drop in worker productivity. "The additional cost of combined treatment with loss of productivity (due to premature death and disability) could consume an additional 5% of gross domestic product (PIB)"¹.

It is clear, therefore, that the program's axes follow with certain logic the interests of capital, focusing on the reproduction of the work force, since the worker's body is raw material for production of goods and services. Analyses of Donnangelo¹⁴ corroborate this view by pointing out that taking care of this valuable entity, the body of workers, is one of the primary functions given to the health service, to maintain the production system (...). The work force expressed through a sound body is a fundamental resource for the production and accumulation of capital. Particular attention is given to the health system, whose objectives are linked to the need of reproduction of the labor force against the economic production process.

Another identified inconsistency refers to the territories to be invested for qualification and humanization of health. In the operating manual QualiSUS-Networks (2009), one of the justifications for the coordination of health service networks are the significant differences in regional assistance, and the gaps in different

territories. However, most of the projects' budget is directed at metropolitan areas, and Decree 1375 of July 3, 2012, which defines the regions selected in order to participate and implement the actions of the subprojects of the QualiSUS-Networks, indicates that the largest amount of funding is directed to metropolitan regions in the southeast and south of the country, which are historically the most developed regions of Brazil.

The economic focus, strengthening the biomedical model, has as its clear priorities the areas with population of at least 250,000 inhabitants, "to ensure the most efficient use of health resources"¹⁵ and the priority given is to investments in specialized care, medium and high complexity care, and urgency and emergency assistance.

Another problem regards the prioritizing of primary health care. In spite of its definition as central in the documents, and of its being called to be the entrance to the health services, as its potentially high capability to most health problems would indicate, provided it is able to promote, educate, and prevent problems regarding health, the project prioritizes specific sectors, especially regarding urgency and emergency services, and incentive more complex sectors.

This line of intervention has been developed since the launch of QualiSUS Policy in 2003 and became a priority in 2004 with the Emergency Services Qualification project in major cities¹⁶. In the 2009 Loan Agreement, the priority to be given to secondary health care is already expressed, including specialty and emergency services, and logistic systems¹⁷ which contribute directly to the development of the economy and the market, in that they encourage the purchase and sales of high-tech, machinery and pharmaceuticals to meet the needs posed by the treatment provided by this level of health care products.

There is a tension between the logic of the market and the demand of the population for qualified services of urgency and emergency. The precariousness of these services has been denounced¹⁸ in several instances and the need for qualification needs to be addressed. However, in this

work, what calls the attention is the logic whose main objective regards economic factors, and upon which this policy stands.

From this perspective, an expansion of the private health market is encouraged, whether through the drug and medical equipment industry, private health plans, health insurance, or through the insertion of health services in the world of financing. Soares¹⁹, whose opinion we corroborate, highlight that the health-disease process becomes a space for profits and for the political hegemony of big business, by means of a movement that aims at the precariousness of public health policy, its focus on the poorest segments, and the attack on health reform project built in 1980.

In the field of resistance and complaints against these processes, with a comprehensive proposal for the fighting of the privatization of health care, there is the National Front which was articulated by various social movements and organizations in order to build a resistance alongside regressive measures and the decommodification of social policies. The National Front against the privatization of health is mobilized in defense of the implementation of the Health Reform Project built in the 1980s from the understanding of health as better living conditions and working conditions; and is oriented to the construction of a just and equal society, with crystal-linking the socialist health reform bill¹¹.

CONCLUSION

One can easily verify that the QualiSUS Project-networks is inserted in a scenario directed by a rationality that articulates health and development, considering health both as a right, and as an area of public and/or private investment; it redefines the understanding of what is public, bringing to the public space the logic of private management, fostered by a business rationality and their managerial and administrative instruments; their debate regarding the so-called "new" models and management tools, which treat such factors as the, the universality of access to health

services, and the public control of social policies, as things of secondary important.

Certainly the QualiSUS-Networks program puts in a context of dismantling of social policies and attacks the principles and guidelines of SUS. However, one can notice that they justify their position through the use of a logic that mystifies the contradictions of the health policy and blames workers and users for the low quality/dehumanization of the services; or locate the problems in the bad administration or management, paving the way for the incorporation of managerial strategies connected to the market

Therefore, there is an explicit contradiction between the attempt to implement a program that seeks to democratize relations in care services and expand access, increase dialogue between professionals and users and establish shared management strategies, if the effective setting is a health policy with precarious financing, low investment in strategic sectors to meet the needs of users, strengthening of the private sector, with workers experiencing insecurity and weakening of working relationships, and population conditions of life and work increasingly heated.

As a result, the QualiSUS — follows the health care propositions from the World Bank, which bring as central elements the incentives and the strengthening of accountability in order to improve the efficiency and the use of resources, increase the quality of care and restrain rising costs; the strengthening of the capacity of the health system to deal with the expansion of non-contagious diseases and the relevance of the shortcomings of the market of services and private insurance.

It can be understood that the alignment to these proposals weakens the effectiveness of QualiSUS-networks, contributes to strengthen a logic that goes against the health reform bill and the guidelines and principles of the SUS, and reinforces the logic of privatizations.

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CONTRIBUTIONS

Marina Monteiro de Castro e Castro was responsible for the design, bibliographical, critical analysis and writing end of the article.

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