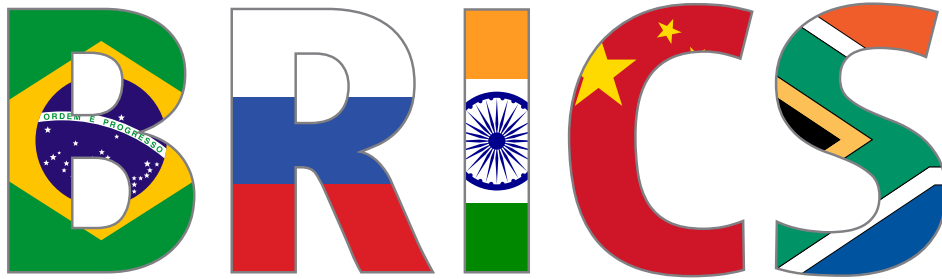




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Social security coverage extension in the BRICS

A comparative study on the extension of coverage in Brazil, the Russian Federation, India, China and South Africa

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Contents

Acknowledgements	8
Foreword	13
1. Universal social security coverage and democracy: The Brazilian path to nation building	17
1.1. Economic and social background	18
1.2. Social security in Brazil: A historical overview	19
1.3. Extending social security coverage in Brazil: A key policy target	20
1.3.1. Constitutional legislation: The pillar for coverage extension	21
1.3.2. Universal coverage: Health care institutions as a paradigm	22
1.3.3. Cash transfer benefits: An age of profound change	25
1.4. Key challenges and solutions	30
1.4.1. Administrative issues	31
1.4.2. Implementation and organizational issues	34
1.4.3. Sustainability issue	37
1.5. Conclusions	41
Bibliography	43
2. Social security in the Russian Federation: From paternalistic towards sustainable protection	45
2.1. Economic and social background	46
2.2. Social security in the Russian Federation: An overview	49
2.2.1. Transition from the Soviet system	49
2.2.2. Design and core principles	51
2.2.3. Financing of social insurance programmes	53
2.2.4. The pension system	54
2.2.5. Unemployment insurance to 2001	55
2.2.6. Social insurance due to temporary incapacity for work	57
2.2.7. Health insurance	58
2.2.8. Tax-financed social security programmes	58
2.3. Recent reforms and extension efforts	60
2.3.1. Pension reform	60
2.3.2. Unemployment protection	65
2.3.3. Maternity and child benefits	65
2.4. Key challenges and solutions	65
2.4.1. Administrative issues	65
2.4.2. Implementation and organizational issues	67
2.4.3. Sustainability issues	68
2.4.4. Moving forward	69
2.5. Conclusions	72
Appendix tables	73
Bibliography	77

3.	Social security in India: A patchwork quilt	80
3.1.	Economic and social background	81
3.2.	Social security in India: An overview	83
3.3.	Recent extension efforts	85
	3.3.1. Safety net for the elderly	86
	3.3.2. Old-age income security for the formal sector	91
	3.3.3. Health insurance	93
	3.3.4. Other social insurance schemes	95
	3.3.5. Social assistance programmes	96
3.4.	Key challenges and solutions	98
	3.4.1. Administrative issues	98
	3.4.2. Implementation and organizational issues	100
	3.4.3. Sustainability issues	102
3.5.	Conclusions	102
	Bibliography	103
4.	Towards universal social security coverage in China	105
4.1.	Economic and social background	106
4.2.	Social security in China: An overview	108
4.3.	Recent extension efforts	109
	4.3.1. Old-age income security	111
	4.3.2. Health care	117
	4.3.3. Unemployment insurance	120
	4.3.4. Employment injury insurance	121
	4.3.5. Maternity insurance	122
4.4.	Key challenges and solutions	124
	4.4.1. Administrative issues	124
	4.4.2. Implementation and organizational issues	127
	4.4.3. Sustainability issues	128
4.5.	Conclusions	130
	Bibliography	131
5.	Extending social security coverage to the excluded and marginalized: Perspectives on developments in South Africa	135
5.1.	Economic and social background	136
5.2.	Social security in South Africa: An overview	137
	5.2.1. Design and core principles	137
	5.2.2. Public contributory schemes	138
	5.2.3. Private contributory schemes	141
	5.2.4. Non-contributory programmes	142
5.3.	Recent reforms and extension efforts	144
	5.3.1. Contributory schemes	144
	5.3.2. Non-contributory programme: Social assistance grants	145
5.4.	Key challenges and solutions	148
	5.4.1. Administrative issues	148
	5.4.2. Implementation and organizational issues	149
	5.4.3. Sustainability issues	150
5.5.	Conclusions	152
	Bibliography	153

6.	Conclusion	155
6.1.	The BRICS – dynamic countries with dynamic social security	156
6.2.	Common characteristics and opportunities	156
6.3.	Diverse starting points, varying challenges and differing responses	156
6.4.	Summary of challenges and extension efforts by country	157
	6.4.1. Brazil	157
	6.4.2. Russian Federation	159
	6.4.3. India	161
	6.4.4. China	163
	6.4.5. South Africa	166
6.5.	Summary of common challenges	168
6.6.	Selected responses	169
6.7.	Future challenges	170
6.8.	Next steps	170

Tables

Table 1.1. Brazil: Demographic changes, 1980–2050	18
Table 1.2. Brazil: Selected health coverage indicators, 1998, 2003 and 2008	24
Table 1.3. Brazil: Disposable equipment according to the population of the municipality, 2009 (percentages)	24
Table 1.4. Brazil: Number of INSS benefits, selected years	29
Table 1.5. Brazil: Municipalities classified according to key situation indicators, 2012	33
Table 1.6. Public social expenditures by type of benefit, selected countries, 1995 and 2005 (percentage of GDP)	38
Table 2.1. Russian Federation: Old-age labour (work-related) pension and privileged pension beneficiaries as of December 2011	47
Table 2.2. Russian Federation: Natural increase (decrease) of population, 1992–2010 (thousands)	48
Table 2.3. Russian Federation: The social insurance system	52
Table 2.4. Russian Federation: Social insurance and non-contributory social security: A comparison	52
Table 2.5. Russian Federation: Social pensions, amounts at 1 January 2012	64
Table 2A.1. Pension system indices, 1990–2010 (percentages)	73
Table 2A.2. Current social security measures to maintain benefit levels	73
Table 2A.3. Main elements of the budget, 2008–2014 (RUR billions)	73
Table 2A.4. Social care budget allocations, 2012–2014 (RUR billions)	74
Table 2A.5. Transfers to the Federal Compulsory Health Insurance Fund, 2012–2014 (RUR billions)	75
Table 2A.6. Transfers to the Social Insurance Fund of the Russian Federation, 2012–2014 (RUR billions)	75
Table 2A.7. Transfers to the Pension Fund of the Russian Federation, 2012–2014 (RUR billions)	76
Table 3.1. India: Growth of the informal sector in India, and productivity, 1983–2005 (% GDP)	82
Table 3.2. India: Elderly without financial support, 2011 (percentages)	87
Table 3.3. India: Selected social insurance schemes since 2000	95
Table 3.4. India: Major food security schemes since the mid-1990s	97
Table 4.1. China: Economically active population and employed persons in mainland China, 2006–11	108
Table 4.2. China: Realization of major targets set in the Five Year National Economic and Social Development Plan, 2006–2010	110
Table 4.3. China: Major targets set in the Five Year National Economic and Social Development Plan, 2011–2015 (millions)	111
Table 4.4. China: Coverage extension of the basic pension scheme, 2005–2011	113
Table 4.5. China: Coverage extension of the new Voluntary Rural Pension Scheme, 2006–2011	115
Table 4.6. China: Coverage extension under the Urban Employees Basic Medical Insurance Scheme (UEBMIS), 2006–2011 (millions and percentages)	118
Table 4.7. China: Coverage extension under the Urban Residents Basic Medical Insurance Scheme (URBMIS), 2007–2011	118

Table 4.8. China: Coverage extension under the New Rural Cooperative Medical Scheme (NRCMS), 2004–2011	119
Table 4.9. China: Coverage extension of unemployment insurance schemes, 2006–2011	121
Table 4.10. China: Coverage extension under employment injury schemes, 2006–2011	122
Table 4.11. China: Coverage extension under maternity insurance schemes, 2006–2011	123
Table 5.1. South Africa: Mid-year population estimates by population group and sex, 2011	136
Table 5.2. South Africa: Unemployment rate by population group, 2011, third quarter	137
Table 5.3. South Africa: Key components of the Government’s policy reforms to be introduced to a benefit scheme for road users	140
Table 5.4. South Africa: Number of persons receiving unemployment insurance benefits, 2004–2011	141
Table 5.5. South Africa: Social assistance grants, asset and income thresholds, 2008–2011 (ZAR)	143
Table 5.6. South Africa: Number of domestic and taxi employers registered with the Unemployment Insurance Fund, April 2010– March 2011	144
Table 5.7. South Africa: Value of social assistance grants, 2009–2012 (in ZAR)	150
Table 5.8. South Africa: Number persons receiving social assistance grants, 2006–2011	150
Table 5.9. South Africa: Estimated social grant expenditure, 2010–2014 (ZAR millions)	151

Figures

Figure 1.1. Brazil: Social security coverage according to status, selected years (percentages)	29
Figure 1.2. Brazil: Reductions in inequality after public transfers and family spending, specific social policies (percentages)	40
Figure 1.3. Brazil: Poverty as a percentage of the cohort before and after INSS benefits in 1988 and 2009	41
Figure 2.1. Russian Federation: Number registered under the IRKS, economically active insured and employed persons, 2002–2008	50
Figure 2.2. Russian Federation: National Welfare Fund asset growth, 2008–2011	61
Figure 2.3. Russian Federation: Average pension growth, 2007–2010 (RUR)	62
Figure 3.1. India: EFPO and long-term government bond yields, 1990–2009	99
Figure 5.1. South Africa: Overview of the social security system	138

Boxes

Box 1.1. Brazil: Additional efforts to expand social coverage, 1998–2011	28
Box 6.1. Brazil: Fragmentation of provision and the universal health care system	158
Box 6.2. Russian Federation: Extending coverage to migrant workers	160
Box 6.3. India: SEWA and social security	163

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Abbreviations and acronyms

AABY	Aam Admi Bima Yojana (India)
AIDS	acquired immune deficiency syndrome
ANS	Agência Nacional de Saúde Suplementar (National Agency for Supplementary Health Care) (Brazil)
ART	antiretroviral therapy
BPC	Benefício de Prestação Continuada (Continuous Cash Benefit) (Brazil)
BRL	Brazilian Real
CAPS	Caixas de Aposentadorias e Pensões (Pension and Retirement Funds) (Brazil)
CBHI	community-based health insurance
CCT	conditional cash transfer
CGHS	Central Government Health Scheme (India)
CIS	Commonwealth of Independent States
CNY	Chinese Yuan
CPI	Consumer Price Index
CRAS	Centro de Referência de Assistência Social (Referral Centre for Social Assistance) (Brazil)
DB	defined benefit
DC	defined contribution
EA	enterprise annuity (China)
EP	employed persons
EPF(O)	Employees' Provident Fund (Organization) (India)
EPS	Employees' Pension Scheme (India)
ESI(C)	Employees' State Insurance (Corporation) (India)
GDP	gross domestic product
GHSi	Global Health Strategies Initiatives
HDI	Human Development Index
IAPS	Institutos de Aposentadorias e Pensões (Retirement Pension Institutes) (Brazil)
IBGE	Instituto Brasileiro de Geografia e Estatística
ICROP	Integrated Community Registrations Outreach Programme (South Africa)
ICT	information and communications technologies
ID	identification

IDSUS	SUS performance index (Brazil)
IGNOAPS	Indira Gandhi National Old Age Pension Scheme (India)
IIMPSL	Invest India Micro Pension Services Limited (India)
ILO	International Labour Office /Organization
IMF	International Monetary Fund
INCS	International Conference of Labour Statisticians
INPS	Instituto Nacional de Previdência Social (National Institute of Social Welfare) (Brazil)
INR	Indian Rupee
INSS	Instituto Nacional do Seguro Social (National Institute for Social Security) (Brazil)
IPEA	Instituto de Pesquisa Economica Aplicada (Brazil)
IRDA	Insurance Regulation Development Authority (India)
IRKS	individual (personal) registration system (Russian Federation)
ISSA	International Social Security Association
LIC	Life Insurance Corporation (India)
MCA	Ministry of Civil Affairs (China)
MDMS	Mid Day meal Scheme (India)
MDS	Ministry of Social Development (Brazil)
MFI	microfinance institution
MHI	mandatory (compulsory) health insurance
MLA	Member of the Legislative Assembly (India)
MOF	Ministry of Finance (China)
MOH	Ministry of Health (China)
MOHRSS	Ministry of Human Resources and Social Security (China)
MOLSS	Ministry of Labour and Social Security (China)
MOSPI	Ministry of Statistics and Programme Implementation (India)
MPS	Ministry of Social Welfare (Brazil)
NBS	National Bureau of Statistics (China)
NCEUS	National Commission for Enterprises in the Unorganised Sector (India)
NCSSF	National Council of Social Security Fund (China)
NDC	notional defined contribution
NFSB	National Food Security Bill (India)

NGO	non-governmental organization
NHI	National Health Insurance (South Africa)
NOAPS	National Old Age Pension Scheme (India)
NPF	National Pension Scheme (India)
NRCMS	New Rural Cooperative Medical Scheme (China)
NSS	National Sample Survey (India)
NSSF	National Social Security Fund (China)
OECD	Organisation for Economic Co-operation and Development
OSS	Orçamento de Seguridade Social (Social Security Budget) (Brazil)
PAT	Programa de Alimentação do Trabalhador (Workers Food Programme) (Brazil)
PAYG	pay as you go
PBF	Programa Bolsa Família (Brazil)
PETI	Programa de Erradicação do Trabalho Infantil (Programme for the Eradication of Child Labour) (Brazil)
PFRA	Pension Fund Regulatory and Development Authority (India)
PPP	purchasing power parity
RAF	Road Accident Fund (South Africa)
RSBY	Rashtriya Swasthya Bima Yojana (India)
RUR	Russian Rouble
RVPS	Rajasthan Vishwakarma Pension Scheme
SASSA	South African Social Security Agency
SCIO	State Council Information Office (China)
SEWA	Self-Employed Women's Association (India)
SFPC	State Family Planning Commission (China)
SHG	self-help group
SME	small and medium-sized enterprise(s)
SOE	state-owned enterprise
SUS	Sistema Único de Saúde (Single Health System) (Brazil)
TCU	Tribunal de Contas de União (Accountability Court of the Union) (Brazil)
TFR	total fertility rate
TPDS	Target Public Distribution System (India)
UEBMIS	Urban Employees Basic Medical Insurance Scheme (China)

UI	unemployment insurance
UIDAI	Unique Identification Authority of India
UIF	Unemployment Insurance Fund (South Africa)
UN-DESA	United Nations Department of Economic and Social Affairs
URBMIS	Urban Residents Basic Medical Insurance Scheme (China)
USD	United States Dollar
UTI-AMC	UTI Asset Management Company (India)
WHO	World Health Organization
ZAR	South African Rand

Foreword

The BRICS

The acronym “BRIC” stands for Brazil, the Russian Federation, India and China. It was first coined in 2001 by Jim O’Neill, then Head of Global Economic Research at Goldman Sachs, to refer to what he predicted would be the four fastest growing emerging economies. “BRIC” became “BRICS” in late 2011 when South Africa was invited to join the group. In March 2012, the fourth BRICS summit was convened in India, following the first in the Russian Federation in 2009, the second in Brazil in 2010, and the third in China in 2011. The next summit is scheduled to take place in South Africa in 2013.

In the late 20th and early 21st centuries the five countries have all gone through major institutional transitions, as well as changes in their economic structure. In the 1950s, most had economies based on a centrally planned model or with a significant role for the State. “Later on, in all these countries, inward oriented and more or less centrally planned development strategies from the 1950s to the 1970s were replaced by gradual integration in the global economy in the 1980s and 1990s” (Cassiolato and Lundvall, 2005).

Varying country profiles but common challenges

As shown in this report each of the BRICS countries has a unique profile. The share of urban population ranges from 30 per cent in India to 87 per cent in Brazil; the mean years of schooling from 4.4 years in India to 9.8 years in the Russian Federation; the unemployment rate from less than 3 per cent in India to around 25 per cent in South Africa; and 2011 per capita gross domestic product (GDP) in terms of purchasing power parity (PPP) from USD 5,432 in India to nearly USD 13,000 in the Russian Federation. However, the five countries are facing some common challenges with regard to ageing of their populations, urbanization, vulnerability to environmental shocks, increasing labour market fragmentation, growing income disparity, and the need to more fully exploit and leverage information and communications technologies (ICT). In general, the BRICS countries’ global rankings according to the Human Development Index (HDI) – which measures the average achievements in a country in terms of a long and healthy life, access to knowledge and a decent standard of living – remained low among 187 countries in 2011, ranging from No. 134 for India to No. 66 for the Russian Federation.

Growing economic and political clout

Accounting for over 40 per cent of the global population, nearly 30 per cent of the land mass and a share in world GDP in terms of PPP that increased from 16 per cent in 2000 to nearly 25 per cent in 2010 (Government of India, 2012), the BRICS countries have gained increasing international prominence due to their rapid economic growth and corresponding rise in political status.

In terms of economic growth, for instance, the average annual GDP growth of the BRICS countries exceeded 8 per cent in the first decade of this century, significantly higher than the average of 2.6 per cent in developed countries and the global average of 4.1 per cent over the same period. According to the International Monetary Fund (IMF), the contribution to global economic growth by the BRICS countries (in terms of PPP) rose from 13.1 per cent in 2000 to over 60 per cent in 2010, while that of developed economies decreased from 76.6 per cent in 2000 to about 30 per cent in 2010 (Lin and Zhou, 2011). From 2001 to 2010, the total trade among BRICS countries increased on average at an annual rate of 28 per cent, reaching USD 239 billion in 2010 (Titarenko, 2012).

By 2015, the BRICS share of global GDP is likely to surpass 40 per cent (Dmitriev, 2012) and by 2030 the cumulative BRICS GDP is expected to exceed that of the G8 major industrialized countries (Kokotsis, 2012).

In terms of geopolitical importance, all five countries are members of the G20. The Russian Federation (which is also a member of the G8) and China are both permanent members of the United Nations Security Council. Recent years have witnessed a shift in the focus of multilateral financial institutions such as the IMF to give the BRICS a substantial role in decision-making. More importantly, the current transition of BRICS countries from recipient to donor status has helped maintain the level of spending on foreign assistance and global health programmes in the context of reduced aid spending by major donor nations due to the economic and financial crisis, and has contributed to the establishment of new models of cooperation that may challenge traditional thinking about foreign assistance. It is estimated that the average annual growth in the BRICS' foreign assistance spending between 2005 and 2010 was more than ten times higher than that of the G7 (GHSi, 2012).

Why a BRICS social security comparative study?

As new drivers of global economic growth and major geopolitical players, the BRICS countries are also becoming more well-known for their substantial commitments to social protection and the remarkable extension of social security coverage. While the expansion of social security used to take place mainly in developed countries, the past two decades have witnessed major developments and innovations in emerging economies, particularly in BRICS countries.

Among such examples are the National Rural Employment Guarantee Scheme and the *Rashtriya Swasthya Bima Yojana* health insurance scheme for the informal sector in India; a rights-based approach to social security in South Africa, whose Government launched in 2012 an ambitious universal health insurance programme; and the *Programa Bolsa Família*, a conditional cash transfer (CCT) programme implemented in Brazil, where the population classified as “middle class” grew from 38 per cent in 2001 to 55 per cent in 2011.

China too has made important breakthroughs in the extension of social security coverage. For example, the coverage rate for health insurance rose from 318 million people (24 per cent of the population) in 2005 to 1.26 billion people (94 per cent of the population) in 2010, an average monthly increase of nearly 16 million people in five years.

The Russian Federation is tackling the challenges of improving the adequacy and sustainability of social security schemes, curbing the shrinking of coverage and enhancing social protection for migrants and informal-sector workers.

In spite of different cultural, political and socio-economic backgrounds, the BRICS countries share common challenges in enhancing social protection for their populations. These include an ageing of the population; relatively high official and hidden unemployment (especially among unskilled workers); uneven regional development; large income gaps between various social groups; fragmentation of social security schemes and barriers to portability of social security benefits; weak grass-roots/frontline social security infrastructure; gaps in the utilization of information and communications technology; coordination of social security programmes with other social policies and programmes; and the need to extend protection to informal-sector and migrant workers. The expectations of the population are also evolving, leading to increased demands for higher benefits and better services – which in turn requires administrations to address the long-term social and financial sustainability of programmes.

The first annual BRICS Health Ministers Meeting was held in July 2011 in Beijing, where the Beijing Declaration was issued to emphasize the importance of collaboration and innovation in public health across the BRICS and with other countries. The BRICS State leaders directed through the Delhi Declaration issued at the fourth BRICS summit in 2012 that in view of a number of similar public health challenges including universal access to health services, the BRICS Health Ministers Meetings should be “institutionalized in order to address these common challenges in the most cost-effective, equitable and sustainable manner”. Among the five countries, Brazil is the only country which has ratified the International Labour Organization (ILO) Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Government of the Russian Federation has recently announced its plan to do so in the near future.

In view of these significant trends, the International Social Security Association (ISSA) Secretariat has launched a project on social security developments in the BRICS countries, with special emphasis on the extension of coverage.

Objective and major outcomes

The overall objective of this project is to promote the implementation of the ISSA strategy for the extension of social security coverage launched at the 2010 World Social Security Forum in Cape Town, and thereby assist ISSA member institutions in the BRICS and other countries in their efforts to extend coverage in both qualitative and quantitative terms. Key outputs include:

- a comparative study on progress made in the extension of coverage in the BRICS countries, with a focus on innovations that measurably extend and improve coverage, the role of administration and how administrative challenges were overcome;
- an observatory of social security coverage extension in the BRICS countries on the ISSA Web portal; and
- the development of platforms for knowledge sharing and transfer, within and outside ISSA and through both bilateral and multilateral arrangements, where social security administrators, policy-makers and researchers from the BRICS countries can learn directly from each other, and inform and catalyse developments in other parts of the world.

We believe that the findings of this comparative study will provide an important input into the ISSA series of handbooks on extension of coverage to difficult-to-cover groups. It highlights common barriers to increasing coverage and pragmatic and innovative policies and administrative responses to address these.

We hope that the results of the study and subsequent activities under the project will prove a valuable information source for all countries sharing the BRICS commitment to extending social security coverage and providing social protection for all.

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International Social Security Association

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