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# State-Driven Activism
## Interest Mobilization in Brazil's AIDS Policy Sector

By

Jessica A.J. Rich

A dissertation submitted in partial satisfaction of the

requirements for the degree of

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in

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of the

University of California, Berkeley

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Abstract

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This study analyzes a new form of political mobilization in Latin America—in which social movements make aggressive policy demands on the state, even while relying on the state for financial support. This model of interest intermediation runs contrary to existing theories of social movements and interest groups, which predict that organizations will moderate their demands and activities as a consequence of state funding.

I explain the development of this new model of interest intermediation through an analysis of AIDS advocacy in Brazil, one of the most widely-acclaimed cases of sustained grassroots mobilization in Latin America. Through a combination of cross-temporal and subnational comparison, I show that this current pattern of interest mobilization developed in response to a new and understudied political actor in Latin American politics: activist bureaucrats. In the context of decentralized governance, in which local politicians administer most social-sector programs, reform-minded bureaucrats often find they have little control over the implementation of their progressive policies. In Brazil's AIDS policy sector, however, activist bureaucrats have ensured the successful implementation of their policies by developing allies outside the state: mobilizing civil society groups to monitor the actions of local politicians and pressure them to conform to national policy guidelines.

AIDS bureaucrats launched this grassroots-style campaign through two key mechanisms: (1) by providing resources and institutional opportunities for new civic associations to participate in the political arena, and (2) by supporting the endeavors of social movement leaders to mobilize new civic AIDS associations as political actors. As a result of this training and support, Brazil's civic AIDS organizations rely as much on contentious strategies for making claims on the state as they do on insider lobbying strategies. By showing how specific actors within a heterogeneous state can play a constructive role in interest mobilization, this dissertation provides a major refinement to the existing theories of social movements that emphasize autonomy from the state as key to effective demand-making.

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**Chapter 1**

# Introduction

*[W]e must draw lessons from Brazil's experience so that your example can save lives and help development elsewhere: in Latin America, in Asia, in Africa, in Europe. We must learn from Brazil. We must learn fast. And we must apply what we learn quickly and effectively.*

Koichiro Matsuura, Director-General of UNESCO (1999 – Present)[1]

Brazil stands out as an international standard-bearer for national AIDS policy development. Since 1990, Brazil's health ministry has guaranteed citizens free access to life-saving anti-retroviral drugs—a social benefit not observed even in wealthier countries such as the United States and many in Europe. The national legislature has passed explicit legal protections against discrimination for people living with HIV/AIDS. And Brazil's president and health minister together have battled multinational pharmaceutical companies, international lending organizations, and economically powerful countries such as the United States over access to generic drugs—a necessary condition for the government to continue providing free treatment to HIV-infected citizens.

It is widely recognized that politicians and bureaucrats have not achieved this success on their own. National politicians as well as the leaders of major international organizations (including UNAIDS and the World Bank) have praised civic organizations' work on advocacy in the 1980s, and on policy implementation in the 1990s. This perspective, however, belies the continued role of AIDS-oriented interest groups in driving these policy decisions. Behind the scenes, civic associations have been central figures in the negotiation, development, and implementation of nearly every AIDS policy decision at both the national and the subnational level. In fact, AIDS advocacy in Brazil is one of the most successful cases of sustained popular mobilization in contemporary Latin America.

The political activities of these civic organizations in Brazil's AIDS policy sector does not reflect conventional models of popular mobilization. First, AIDS associations have achieved political influence by relying in equal measure on two strategies that existing literature suggests are mutually opposing: inside collaboration with government policymakers, and contentious behavior. On the one hand, the leaders of AIDS associations hold official seats in Brazil's most important state-run AIDS policymaking commissions, participate in countless backdoor meetings with government officials, and work to forge strong alliances with local and national politicians. But on the other hand, the AIDS associations make frequent use of the media to criticize government shortcomings and often look to the courts to advance government policy through judicial rulings. Paradoxically, Brazil's AIDS associations are both politically privileged and combative.

Second, Brazil's AIDS associations use this dual tactic—contentious behavior in addition to collaboration with government—despite deep financial and personal ties to the state. The vast

[1] Published in the report of the Country Coordinating Office Meeting, New York, October 2003.

majority of the nearly 1,000 nongovernmental AIDS groups in Brazil rely on some form of governmental financial support for organizational survival. Smaller associations often depend almost entirely on governmental contracts or on material assistance such as electronic equipment, basic supplies, and travel allowances. Even the largest and wealthiest AIDS associations rely on the state to finance key meetings and conferences. In addition, the personal ties between grassroots AIDS advocates and bureaucrats are extensive. One might expect these friendship bonds to dampen the criticisms leveled against the government. Instead of co-opting these activists into silence, however, the strong linkages that tie the leaders of Brazil's AIDS movement to the state have actually encouraged them to shout louder.

AIDS advocacy in Brazil thus represents a new form of political organizing and interest intermediation—in which social movements are sustained by their connections to the state, even while they make aggressive demands on the state. Though this model of interest intermediation exists widely in certain sectors throughout Latin America, it has received scant attention in the scholarly literature.

In methodological terms, this research project examines AIDS advocacy in Brazil as a "crucial case" (Eckstein 1965; Gerring 2007) of interest mobilization. Brazil is notable within Latin America as a leader in opening new channels of access to the state for civil society (Hochstetler and Friedman 2002). Within Brazil, AIDS policy stands out as the arena with possibly the most active and broadest degree of engagement in the political process among civic associations. AIDS policy in Brazil is thus an extreme case of success in expanding the scope of access to the political system. Yet in contrast to existing theories, analysis of this success story reveals that neither partisan mobilization nor mass mobilization play a significant role in explaining the extent of popular organization and mobilization in Brazil's AIDS policy sector. Instead, I identify a new factor that has been overlooked in recent scholarship—state inducements—a factor with potential relevance beyond AIDS policy, and outside of Brazil.

Specifically, through a combination of cross-temporal and subnational comparison, I show that this current pattern of interest mobilization developed in response to a new and understudied political actor in Latin American politics: activist bureaucrats. In the context of decentralized governance, in which local politicians administer most social-sector programs, reform-minded bureaucrats often find they have little control over the implementation of their progressive policies. In Brazil's AIDS policy sector, however, activist bureaucrats have ensured the successful implementation of their policies by developing allies outside the state: mobilizing civil society groups to monitor the actions of local politicians and pressure them to conform to national policy guidelines. As a result of this training and support, the leaders of Brazil's civic AIDS organizations rely as much on contentious strategies for making claims on the state as they do on insider lobbying strategies. By showing how specific actors within a heterogeneous state can play a constructive role in interest mobilization, this dissertation provides a major refinement to the existing theories of social movements that emphasize autonomy from the state as key to effective demand-making.

## 1. Two Stages of AIDS Mobilization: From the Middle Class to the Poor

"The" AIDS epidemic in Brazil might better be thought of as two epidemics. The first arrived in the early 1980s, well before AIDS had snowballed into a global pandemic that cut a swath across major parts of the developing world. Like in the United States and Western Europe, this nascent epidemic devastated tight-knit urban gay communities in Rio de Janeiro and São Paulo that had been fighting widespread stigma and discrimination since the 1970s. They responded by developing a new type of social movement organization not seen before in Brazil—formal, professionalized groups that relied equally on insider collaboration with government policymakers and public protest to influence policy. The second wave of the epidemic arrived in the early 1990s, when HIV spread into a wide array of economically vulnerable communities throughout Brazil. During this period, many new types of AIDS organizations engaged in the arena of interest group politics, expanding those with influence over AIDS policy far beyond the narrow middle and upper class that has monopolized access to power through much of modern political history in Latin America. Taken together, these two phases of the AIDS epidemic in Brazil represent the spectrum of changes to civic organization and mobilization under the current political and economic regime in Brazil.

The first phase of Brazil's response to AIDS represents a striking shift in the repertoire of strategies utilized by civil society for making claims on the state. Whereas the dominant social movement repertoire during the prior decade centered primarily on contentious tactics, the AIDS organizations that comprised the early AIDS movement relied equally on strategies of insider collaboration with government policymakers and public protest to influence policy. On the one hand, they collaborated with allies inside local state bureaucracies to develop both policy guidelines and prevention campaigns. On the other hand, the AIDS movement actively criticized the national administration by launching a strong public campaign to pressure the federal government into investing in AIDS programs, developing national policies, and changing its heavy-handed, fear-based approach toward HIV prevention campaigns (Galvão 2000, Parker 2009). AIDS activists effectively made use of their domestic social connections to increase national media attention and used their global connections, particularly with international media houses and human rights organizations, to generate global criticism. (Parker and Terto Jr. 1997, Nunn 2009, Raizer n/d, Solano 2000).

The second phase of the AIDS response in Brazil represents the dramatic expansion of the types of civil society organizations that mobilize to make demands on the state. In the 1990s, the face of AIDS in Brazil changed from gay activists who were socially marginalized but individually wealthy and well-connected, to individuals with less education and fewer financial resources to make use of in demanding governmental services and protections. These groups lacked the social and economic resources necessary to mobilize, according to the dominant literature on collective action (McCarthy and Zald 1977). Yet as will be shown later, as AIDS spread from the middle-class, urban gay community into a range of poorer groups and rural states, political mobilization around AIDS expanded to include a much more diverse range of civic groups that cut across class, race, gender, and region. This national expansion of AIDS advocacy is particularly striking in light of the extreme political, economic, and social inequalities in Brazil.

If the explanation for political organizing around AIDS in the 1980s lies in the socioeconomic resources available to grassroots leaders, how do we explain the later wave of AIDS mobilization in the 1990s and beyond, which incorporates poorer communities and less professionalized organizations? In the new era of neoliberal democracy, how do socioeconomically marginalized communities in the developing world organize to make claims on the state? What are the factors that determine who mobilizes and what strategies they employ to influence state policy? This dissertation will argue that the state has played a key role both in helping new organizations among the working classes overcome socioeconomic challenges to mobilization and in expanding the number of strategies available to them for achieving political influence**.**

## 2. Defining the Outcome

In this research project, I explain the emergence of a new model of demand-making that arose in Brazil's AIDS policy sector between 1983 and 2010, which I call "state-driven activism" to denote the combination of collaborative and contentious behavior by nongovernmental activists with intricate ties to the state. This model differs from existing models of political demand-making based on two central features: (1) who mobilizes (the types of associations that make claims on the state), and (2) demand-making strategies (the strategies they use to influence policy decisions and outcomes).

### *2.1 Who Mobilizes*

The capacity of a community to organize into associations largely determines its access to power (Dahl 1961, Olsen 1965). Correspondingly, examining the kinds of interest groups that operate in the political arena reveals much about whose interests are represented within a political regime. The two dominant models that inform conventional wisdom on interest intermediation – pluralist and corporatist – differ sharply in their characterization of the number and diversity of groups that mobilize to make demands on the state. Under the pluralist model of interest intermediation, a diverse array of organizations operate, generally unfettered by state regulations, to influence government policy (Truman 1951, Dahl 1961). By contrast, under the corporatist model, a small set of organizations representing a limited number of interests enjoy a special bargaining relationship with the state.

The outcomes of the corporatist system depend heavily on the surrounding political and social environment. When civil society is strong, cohesive, and organized into encompassing interests, a model of "societal corporatism" emerges (Schmitter 1974), providing a sense of broad political representation. However, when civil society is weak or fragmented, what emerges is "state corporatism", where interest groups are co-opted into uneven bargaining relationships with the state (Schmitter 1974, Stepan 1978, Wiarda 1973). Under such agreements, the cooperation of working classes is key in ensuring access to concessions from the state, which are often minor, if not symbolic. In Latin America, where for much of the twentieth century weakly organized societies confronted a strong state, corporatism protected the interests of the elite by politically marginalizing the lower-class majority or co-opting them into highly unequal bargaining relationships with the state (Collier and Collier 1979/1991, Stepan 1978).

Brazil employed a corporatist model of interest intermediation for over four decades. In stark contrast, state-driven activism encompasses a wide range of groups that cut across traditional cleavages such class, race, gender, religion and geography to mobilize and influence policy. In Brazil's AIDS policy sector, politically mobilized AIDS organizations are from the industrialized regions of the South and Southeast, as well as from the poorer and rural areas of the North and Northeast. And within each region, these AIDS organizations hail from both middle-class communities and poor neighborhoods (known as *favelas*). They claim to represent a number of distinct identities, including: gay, lesbian, and transgendered individuals; prostitutes; injection drug users; people with disabilities; women; children; AfroBrazilians; indigenous Brazilians; members of geographic communities; and, of course, people living with HIV/AIDS (PLWHA). Moreover, in contrast to the wealthy interest associations that proliferate in the United States (such as the National Rifle Association, the American Association of Retired Persons, and the Sierra Club, to name a few), the vast majority of Brazil's AIDS associations operate with limited resources—relying on few donors, small budgets (if any), and mostly-volunteer staffs.

The socioeconomic and geographic diversity of organizations under the model of state-driven activism represents a new phenomenon that has important implications for interest representation in Brazil. In a country renowned for its extreme socioeconomic and political inequalities, the presence of large body of advocacy organizations that cuts across class and other social and economic cleavages suggests that direct access to power may be expanding within certain policy and political realms.

### *2.2 Demand-Making Strategies*

The efficacy of organized interests in influencing policy also depends on the strategies they utilize. The range of strategies available to organizations for making demands on the state depends on a combination of their resources (Gamson 1968, McCarthy and Zald 1977, Olson 1965) and the political context in which they operate (McAdam 1982; McAdam, Tarrow, and Tilly 2001; Meyer 2004; Tarrow 1998). "Outside" or "contentious" strategies such as protest are thought to be the recourse of the poor and marginalized, who lack access to channels of dialogue with the state (Piven and Cloward 1979). By contrast, reliance on "inside" or "institutional" strategies for making demands is either thought of as the domain of professional lobbyists (Mills 1956, Schattschneider 1960, Skocpol 1999) or taken as a sign of cooptation—that the state has redirected associations away from radical goals and unruly behavior, producing more benign organizations under its tutelage (Piven and Cloward 1979). According to the literature, social movement organizations typically favor "outside" or "contentious" strategies for making claims on the state, while interest groups rely on "inside" or "institutional" strategies. The efficacy of a particular set of strategies in influencing government policy is determined by its match with the surrounding political and social context.

Associations operating under the state-driven activism model bridge the scholarly divide between social movement organizations and interest groups by relying equally on outside and inside strategies to make claims on the state. In Brazil's AIDS policy sector, associations use, on the one hand, a variety of contentious strategies for making demands on the state. Frequently, they utilize media tactics to pressure government, either by directly calling the attention of the press to policy problems or by staging dramatic small-scale protests, designed for a television audience. On the other hand, AIDS organizations also utilize a wide range of institutional

channels of access to the state, suggesting they have developed into savvy, politically connected organizations in the style of American interest groups. Through participatory state policymaking institutions—known typically as "councils", "commissions", or "committees"—AIDS associations collaborate with government officials on nearly all key policy decisions. These associations also engage the legislative process and the courts to influence the state and policy. These new civic AIDS organizations thus rely as much on the "unruly" strategies associated with social movements for making claims on the state as they do on the insider lobbying strategies associated with formal interest groups.

The set of demand-making strategies utilized by organizations under the model of state-driven activism challenges existing theories of social mobilization by suggesting that new relationships are forming between associations and the state that are neither primarily co-optive nor primarily combative. In contrast to both interest groups and social movement organizations, AIDS associations often use inside and outside demand-making strategies simultaneously, as complementary demand-making tactics. Moreover, the wealthiest AIDS organizations in Brazil are just as likely as poor, community-based associations to participate in contentious activities—suggesting that protest in Brazil may no longer be the recourse of the poor. Conversely, some poor community-based organizations participate on government committees as a strategy for influencing policy—suggesting that the popular majority in Latin America has gained a new channel of access to the state.

## 3. The Explanation: The Role of the State in Shaping Civic Mobilization

I argue that broad interest group engagement in Brazil's AIDS policy sector emerged in the 1990s in response to inducements provided by a new and understudied political actor in Latin American politics: activist bureaucrats. In the context of decentralized governance, in which local politicians administer most social-sector programs, reform-minded bureaucrats often find they have little control over the implementation of their progressive policies. In Brazil's AIDS policy sector, however, activist bureaucrats ensured the successful implementation of their policies by developing allies outside the state: mobilizing new civil society groups to monitor the actions of local politicians and pressure them to conform to national policy guidelines.

AIDS bureaucrats launched this grassroots-style campaign both by providing top-down support and by supporting bottom-up efforts. From the top down, federal bureaucrats provided new civic groups with the resources and with the institutional opportunities to influence AIDS policy. From the bottom up, federal bureaucrats helped to provide new civic groups with the skills and the motivation to participate in politics by supporting the development of a grassroots political coalition between new civic groups and established AIDS advocacy organizations. As a result of this support, Brazil's civic AIDS organizations represent a diverse array of constituencies that cut across traditional social and political cleavages, and they rely as much on contentious strategies for making claims on the state as they do on insider lobbying strategies.

### *3.1 Activist Bureaucrats*

What, then, are the conditions under which bureaucrats are likely to look to civil society as a strategic resource? This analysis of state-driven activism in Brazil's AIDS policy sector suggests that a combination of three factors encourages bureaucrats to mobilize civic groups as political

allies. These three conditions are not all present in what we think of as the average state bureaucracy. However, they are by no means unique to the AIDS policy sector in Brazil. First, the presence of *committed bureaucrats* is key. Anyone who has ever had the misfortune of needing to solve a non-standard problem at a government agency such the Department of Motor Vehicles (DMV) or Citizenship and Immigration Services (formerly the INS) knows that government bureaucrats tend to "go by the book"—sometimes even when it makes little sense given a particular set of circumstances. In other words, it is against the very nature of most bureaucrats to think outside the box; and many even see it as their main objective to adhere to the particular set of rules of procedures given to them by their superiors. By contrast, Brazil's AIDS policy bureaucrats were deeply committed to the goal of combating AIDS; and they innovated new strategies for pushing forward AIDS policy implementation and development because the existing set of standard procedures were ineffective.

Second, if bureaucrats are to mobilize civil society in the political arena, they must also be *dependent on outside support* for the achievement of their policy objectives. In general, career bureaucrats are known for their skepticism of civic activists as radical rabblerousers and, thus, a general hindrance to the pursuit of their goals. Moreover, even the most civic-minded bureaucrats are not likely to incorporate civil society meaningfully into policy decisions if they are able to accomplish their goals autonomously. Greenstone and Peterson attribute this non-inclusive behavior on the part of even radical leftist bureaucrats to their need to manage a fundamental conflict between engaging civic participation in policy decisions and routinizing their agency's internal operations. While some left-leaning bureaucrats may consider it a mission to engage civic participation in policymaking, the survival of their agency—and, hence, their own careers—depends on their ability to develop reputations for efficient, effective policymaking (Greenstone and Peterson 1976[1973]: 220). Because civic participation in policy development is inherently an inefficient and volatile process, even these bureaucrats may limit civil society input over policy in order to increase the efficiency and rationality of their operations. However, for bureaucrats who lack the capacity to achieve their policy objectives autonomously, the support of civil society groups may provide a needed "power boost" (Needleman and Needleman 1974: 103). In the case of AIDS policy in Brazil, bureaucrats engaged civil society as allies because they needed outside political pressure to ensure the implementation of their progressive policies.

There exist a variety of obstacles to effective policymaking that may lead bureaucrats to look outside the state for support. In the context of decentralized political authority, bureaucrats in Brazil's AIDS policy sector faced the challenge of ensuring the implementation of their policies in the face of weak regulatory capacity. At the same time, bureaucrats may rely on outside support to compensate for the marginalized position of their agency within the state power structure. For example, Needleman and Needleman's American community planners, restricted by the city's charter to an advisory role, lacked the authority to control the implementation of any of the city services they proposed—all of which were controlled by various citywide operating agencies that resisted any form of cooperation with the planning department (1974: 89-98). Dubbed "administrative guerillas", a subset of these planners mobilized community advocates for their proposals as their "only effective weapon" (113) in the political arena (110-114). In addition, bureaucrats may depend on outside political allies to preserve the autonomy of their agency. According to Carpenter (2001), broadband coalitions of

support among both politicians and civil society groups help bureaucrats to impose specific political costs on any actor who may attempt to restrain the activities of the bureaucracy (33).

Finally, analysis of the AIDS policy sector in Brazil suggests that a certain degree of *civil society capacity* may be important to motivate bureaucrats to look outside the state for support. When civic organizations lack the skills to operate effectively in the political arena, engaging them as political allies requires bureaucrats to invest great time and resources in training them as political advocates, without any guarantee of an effective outcome. In the case of AIDS policy in Brazil, federal bureaucrats were motivated to look to civil society in the first place because a core base of civic AIDS groups had already proven their effectiveness as watchdogs and as advocates, and they mobilized new advocacy groups largely through the intermediary of already-established AIDS advocacy organizations. By contrast, in Brazil's tuberculosis sector, bureaucrats facing the same challenge of ensuring policy implementation—but lacking a mobilized constituency of civic advocates—did not begin pursuing a civil society centered strategy until recently, after a small group of AIDS activists had begun incorporating tuberculosis policy into their advocacy missions (Rich and Gomez 2012).

Certainly, the notion that a collaborative relationship between state and society hinges on the presence of a strong civil society is well established in the academic literature—from theories of societal corporatism (e.g. Schmitter 1971: 126, 174) to the new generation of scholarship on participatory governance in Latin America (Avritzer 2009, Wampler 2007). In contrast to existing theories of interest intermediation, however, the case of AIDS policy in Brazil suggests that the degree and scope of civic organization can also expand significantly as a result of strategic mobilization by bureaucrats. At the same time as a certain degree of civil society strength encouraged government AIDS officials to work with civic groups, these state actors were also motivated to play an independent and constructive role in political mobilization around AIDS policy—supporting the expansion of civic organization and mobilization in regions where mayors or governors were opposed to transparent and responsive policymaking.

I refer to these state actors—who support civic organization and advocacy as a means to achieving their policy goals—*activist bureaucrats*.[2] Activist bureaucrats have not yet been identified in the English-language academic literature on Latin American politics, yet they operate in a range of national political contexts.[3] In present day Latin America, they are often committed to leftist policy agendas, and they require mobilized constituencies among the working classes to circumvent entrenched conservative elites. Following the broad wave of social movement mobilization that accompanied Latin America's democratic transition in the 1980s, left-leaning activist bureaucrats have emerged in contexts as diverse as the environmental sectors in Brazil (Hochstetler and Keck 2007), Chile, and Mexico, the environmental and educational sectors in Mexico, the unemployment sector in Argentina (Schipani 2008), and the social development sector in Colombia.[4] Similarly, on the tails of the American civil rights

[2] I am grateful to Rebecca Abers, Javiera Barandiaran, and the members of the Latin American politics research seminar for helping me come up with the term "activist bureaucrats."

[3] See, for example, Abers and Von Bülow (2011).

[4] Personal communication with Javiera Barandarian on Chile, Brian Burke on Colombia, Shane Dillingham on the educational sector in Mexico, Gustavo García-Lopez on the environmental sector in Mexico, and Andrés Schipani on the unemployment sector in Argentina.

movement in the 1960s and 1970s, activist bureaucrats were present in economic development agencies (Greenstone and Peterson 1976 [1973]: 36-37) and in city planning departments (Needleman and Needleman 1974: 120). Nor is bureaucratic activism the sole domain of the political left. In Europe, for example, activist bureaucrats within the European Commission—the administrative arm of the European Union—have recently sought the support of right-wing interest groups in order to support a European integration policy agenda (Hooghe 1999, Schmidt 1998).[5]

### *3.2 The Mechanisms*

Activist bureaucrats expanded interest mobilization in Brazil's AIDS policy sector through two complementary and simultaneous mechanisms. On the one hand, they provided top-down support for demand-making with resources and with institutional opportunities for influencing policy. And on the other hand, they fostered mobilization from the bottom up by supporting political coordination among civic AIDS organizations.

*Resources and Opportunities*

Federal bureaucrats used resources to mobilize civic associations as AIDS policy allies through funding for civil society projects. In contrast to the corporatist era of governance in Brazil, when federal funding for nongovernmental groups was used to co-opt civil society organizations into silence, national AIDS bureaucrats began to use federal funding since the early 2000s explicitly to encourage them to shout louder. Not only did the federal bureaucracy distribute a large amount of money to nongovernmental AIDS groups, but it also allocated a significant portion of this funding to support projects that centered on political advocacy.

At the same time, federal bureaucrats provided opportunities for civic groups to influence AIDS policy through institutional channels. Nationally, Brazil had developed a new structure of policymaking, called participatory governance, that incorporated representatives of organized societal interests into government decision-making bodies. Within this national policy paradigm, federal bureaucrats pursued their strategy of mobilizing allies in civil society in part by encouraging the participation of civic AIDS organizations in these state policymaking institutions.

This combination of organizational resources and institutional opportunities allowed new types of civil society interests to make demands on the state. By providing funding for civil society projects, federal bureaucrats enabled the mobilization of societal interests that otherwise lacked the necessary resources. Project funding allowed organizations to hire staff members with expertise and with time dedicated to obtaining the information necessary to monitor government behavior, to file legal appeals, to lobby, and to participate effectively on policymaking committees. Material resources such as computers with internet connections not only facilitated information gathering, but they also reduced the cost of making appeals to the media. By opening access to government policymaking committees, federal bureaucrats enabled civic organizations to elicit important policy changes through inside channels. Within these participatory policymaking institutions, AIDS associations could broadly influence policy

[5] I am grateful to Christopher Ansell, Rebecca Chen, and Bartholomew Watson for pointing me to examples of bureaucratic activism within the European Union.

decisions and outcomes, from developing proposed guidelines to shaping decisions over the distribution of spending, to airing grievances about current policies.

*Skills and Motivation*

The way material resources and opportunities affect political mobilization also depends on an organization's skills and motivation. While material resources help civic organizations to be effective in the political arena, an association must be motivated to invest some of those resources into participating in the political process. While collaborative governance institutions open a new point of access to the state for civic groups, a civic association must possess political skills for it to be capable of pursuing its goals through this channel. It is largely because of this gap between resources and opportunities on the one hand, and skills and motivation on the other, that the vast amounts of global financial and technical support for NGOs across the developing world has largely failed to mobilize new civil society constituencies.

In Brazil's AIDS policy sector, however, federal bureaucrats helped to provide new civic organizations with the skills and the motivation to participate in the political arena at the same time as they provided new civic groups with the resources and opportunities to influence AIDS policy. They accomplished this second objective through an indirect strategy: supporting grassroots efforts by established civic advocacy groups aimed at these goals. Brazil's established AIDS advocacy groups, which had mobilized autonomously in the 1980s, possessed the same incentives to mobilize new civic AIDS groups as political advocates—to promote their policy goals in new states and regions of Brazil. However, like most not-for-profit associations, they lacked the organizational resources required to build a grassroots alliance across a geographically dispersed set of organizations. Brazil's national AIDS bureaucrats compensated for this resource challenge by providing civic AIDS groups with the resources to develop and sustain a national coalition of AIDS advocacy groups. By financing the development of a national coalition of AIDS advocacy organizations, federal bureaucrats provided the organizing structure that allowed experienced activist organizations build the skills and the motivation for new groups to engage in political advocacy.

## 4. Situating the Outcome in the Literature

This pattern of demand-making among AIDS associations in Brazil does not fit existing models of social movements and interest groups, or pluralism and corporatism—neither in the basic attributes of the organizations that have mobilized nor in the strategies they employ to influence policy.

### *4.1 Interest Mobilization in Latin America*

Most importantly, the Brazilian state does not repress or control the activities of AIDS associations, as it did to civil society during the long period of corporatism. At the turn of the 21st century, Brazil experienced a dual shift in its economic and political paradigms that disintegrated the corporatist structure of interest intermediation and produced a civil society "boom"—giving rise to striking growth in the size and heterogeneity of organized civil society (Collier and Handlin 2009). Specifically, the twin pressures of political democratization and economic liberalization severely limited the methods of control that the state could impose on labor and

business associations. At the same time, neoliberal reforms limited the capacity of labor-based parties to provide material benefits for union members in return for the guarantee of a loyal base of political support.[6] The global shift toward political democracy and neoliberal economics thus eroded both ends of the corporatist exchange.

By the same token, these same processes sparked the growth of a large and diverse body of civic associations as potentially new vehicles for channeling working-class interests. Politically, the democratic transitions of the 1970s and 1980s produced a surge in social movement activism that created a vast array of new civic associations and politicized existing cultural and neighborhood groups (Alvarez 1990, Alvarez, Dagnino, and Escobar 1998, Eckstein 1989). More recently, a "pink tide" of leftist political leadership swept the region, heightening the political and social salience of associations claiming to represent the interests of the popular majority (Levitsky and Roberts 2011). Fiscal and administrative decentralization provided new opportunities for interest groups to engage in local policymaking by empowering subnational politicians, who are more sensitive to civil society influence (Abers 2000, Goldfrank 2011, Wampler 2007). A decline in basic state services, resulting from both the economic crises and neoliberal government cutbacks, gave rise to new self-provisioning associations that distributed basic material resources throughout poor neighborhoods (Oxhorn 1998). The rise of the neoliberal economic paradigm also dramatically increased the flow of national and international financial support to NGOs for service provision (Alvarez 1999, Brysk 2000, Grindle 2004).[7]

The new diversity among civic organizations has complicated the academic task of characterizing the system of interest intermediation in Latin American democracies (Chalmers, Piester, and Segarra 1999, Collier and Handlin 2009, Friedman and Hochstetler 2002). In contrast to the broad national patterns of interest intermediation that were typical of the corporatist era, new patterns of interest intermediation vary across local political boundaries, policy sectors, and even across issues within policy sectors. The decentralization of political authority has given rise to variation in patterns of civic organization and engagement across local political boundaries by increasing the salience of subnational political arenas as centers of group interest intermediation. The disaggregation of the state has led to increased variation in interest intermediation across policy sectors. The decline of stable alliances between labor-based parties and grassroots organizations has produced a trend toward issue-oriented mobilization, with associational bargaining structures and participants in demand-making coalitions varying across different issues even within a single policy sector. In contrast to the corporatist era, interest intermediation in the era of the retrenched state tends to play out differently by local political region and by policy area.

This diversity has polarized academic debate around the mobilization and representation of interests in Latin America, producing two starkly contrasting characterizations. The first

[6] Specifically, the relative decline in formal-sector employment—particularly in the public sector and in medium to large sized firms—led to a significant decline in union power. Moreover, the debt crisis of the 1980s severely restricted the amount of social spending that political parties could promise, producing general political disaffection, particularly among labor unions.

[7] Alternately referred to as "civil society organizations" (CSOs) and "nongovernmental organizations" (NGOs), international lending institutions tends to regard civic associations as a cost-effective means to provide needed assistance to the poorest groups who cannot access social services through market mechanisms.

depiction portrays an ineffectual civil society that has been demobilized and fragmented by globalization and neoliberal reforms (Kurtz 2004, Oxhorn 1998/2006, Roberts 2005, Weyland 2004). Representing this viewpoint, Kurtz (2004) writes:

> Although market reforms have sometimes produced economic growth, they have simultaneously often been accompanied by worsening material hardship affecting broad swaths of Latin American society. And (…) despite this apparently heightened foundation for political grievances, mobilized and individual political activity have declined precipitously. Indeed, it seems that even as political channels have become more accessible to citizens during a time of democratic opening, they become ever-less utilized (255-256).

These authors argue that civil society in Latin America is unable to effectively articulate its interests politically because market reforms have weakened the structural bases of collective action. A strong decline in the size of the formal labor force has limited the capacity of unions to strike (Oxhorn 2006). The decentralization of authority over social programs has reduced the sense of shared political goals across organizations and has given grassroots associations a hard time with political access above the local level (Collier and Handlin 2009). The global growth of funding for NGOs contributed to the cooptation of the lower classes, legitimizing welfare cutbacks by paying community groups to fill gaps in public services (Alvarez 1999, Foweraker 2001). In other words, these authors argue that dual trend toward privatization and decentralization has diminished the capacity of civil society to mobilize mass protests that target the central government, where broad policy changes occur (Kurtz 2004, Oxhorn 1998/2006 Roberts 2005, Weyland 2004).

In the second depiction, new popular-sector associations have surfaced within society in response to modern challenges (neoliberal reforms) and new political opportunities (democratic institutions) to demand inclusion in the political interest arena (Avritzer 2002/2009, Chalmers et al 1997, Dagnino 1994/2002, Garay 2007, Hochstetler and Keck 2007, Smulovitz and Peruzzotti 2000). Representing this alternative viewpoint, Chalmers *et al.* (1998) identify:

> …a trend toward a reconstruction of popular participation—redefining the identities and issues around which the popular sectors organize—and a reconfiguration of popular representation—reordering the structures through which they gain a voice in centers of political power and through which others seek to shape and control them. Activists and poor people continue to 'imagine' new causes and identities (like indigenous rights or environmental protection), organize fitfully around them, and engage with public authorities in novel and proactive ways (544).

These authors argue that, paradoxically, at the same time as state retrenchment has posed challenges to traditional forms of organizing, new *opportunities* have also emerged for members of the popular majority to assert their collective rights by making demands on government. New national constitutions, setting out expansive definitions of citizenship rights and incorporating explicit social provisions in the text, have committed states to a set of new responsibilities with respect to social welfare and provided a legal foundation for popular associations to broaden their claims on the state (Dagnino and Panfichi 2006). Further, many of these constitutions opened the way for the creation of new state institutions with mechanisms to foster the direct participation of societal groups in the policy process (Abers 2000, Avritzer 2002/2009, Baiocchi

2005, Selee and Peruzzotti 2009). Moreover, Latin American activists have "penetrated" certain areas of the state, taking up posts in social sector bureaucracies as a way to reform the political system "from the inside" while advancing their careers—thus providing civil society with more sympathetic targets for their demand-making (Escobar and Alvarez 1992, Hochstetler and Keck 2007). At the same time, the trend toward decentralization has provided new incentives and opportunities for civic mobilization by empowering politicians who are more accessible to citizens and, consequently, more sensitive to local citizen influence (Abers 2000, Goldfrank 2011, Wampler 2009).

In contrast to the body of literature depicting civic fragmentation, the recent body of scholarship on the re-organization of civil society in Latin America lacks a unified set of causal explanations for the new forms of popular organization and political mobilization that have emerged. This literature can be divided, broadly, into two strains. First, a small set of descriptive studies has focused on identifying broad new patterns of civic organization and political engagement in Latin America (Chalmers *et al*. 1997, Collier and Handlin 2009, Roberts and Portes 2006). This body of scholarship has provided a foundation for conceptualizing the new Latin American interest regime by identifying two major shifts in civic organization and engagement. First, they suggest that locus of negotiation between civil society and the state has shifted from the national to the subnational level. Second, they suggest that alliances among civic actors have moved from formal federations (stable, long-term coalitions) to "associational networks" (loose, ephemeral alliances).

A second strain of this literature explains cases of expanded civic mobilization and engagement in policy at the local level by highlighting the development of new linkages between civic associations and political parties or individual politicians (Abers 2000, Goldfrank 2011, Wampler 2009). This literature offers an institutional approach to explaining changes in civic engagement, focusing on the capacity of new democratic institutions to expand civic engagement in the policy process. They argue, broadly, that institutional innovations can independently expand citizen participation (and, thus, deepen democracy), but that their success depends critically on the local political context. Explaining variation in the success of participatory governance institutions, these studies tend to look to the pre-existing presence of a strong and cohesive local civil society (Avritzer 2002/2009, Baiocchi 2004, Wampler 2007) or to the presence of progressive subnational governments (Abers 2000, Goldfrank 2011, Wampler 2007).

Yet across Latin America, there are newly organized constituencies that are engaging in the interest arena without developing partisan linkages (Collier and Handlin 2009). Civic associations are influencing policy not only through new participatory governance institutions, but through multiple arenas at once—both within and outside the formal institutional arena (Collier and Handlin 2009). In Brazil, new civic associations are organizing and mobilizing politically even in states and municipalities that are not governed by progressive subnational politicians (*IBGE* 2005). Some civic actors, such as Brazil's AIDS associations, have achieved forms of mobilization that scale up beyond the subnational level.

What, then, accounts for the failure of the academic literature to explain these significant new pockets of sustained civic mobilization in Latin America? I argue that it is because the literature on social movements and civil society has continued to focus narrowly on traditional models and agents of popular mobilization, underplaying the opportunities for novel organizing and demand-making strategies brought about by major changes in the relationship between

interest organizations and the state. By contrast, this research project focuses on the development of new alliances between civic organizations and actors within the state—highlighting new mechanisms that lead to popular organization and mobilization under the current political and economic regime in Brazil.

### *4.2 Rethinking Debates on Social Movement and Civil Society Mobilization*

This focus on the state as an agent of popular mobilization runs counter to a large body of literature on social movements and on civil society, which argues that autonomy from the state is key to political effectiveness. This scholarship assumes, broadly, that reliance on support from the state tends to turn associations away from organizing mass protest, which is where the most significant political gains for civil society emerge (Piven and Cloward 1979, 36). Earlier scholarship, which analyzed state corporatism in Latin America, showed that state funding for nongovernmental organizations was explicitly used to co-opt civil society organizations into silence (Collier and Collier 1979, 1991). More recent literature highlights how political demobilization occurs as an unintended consequence of well-meaning donor support (Bano 2008, Jalali 2005, Thayer n/d).

Within this broad proposition that autonomy from the state is key, recent scholarship has highlighted two different demobilizing mechanisms. The first represents a resource dependence approach, arguing that the more dependent nongovernmental organizations are on state support for survival, the more their survival depends on satisfying the demands of government (Dryzek 1996, Pfeffer and Salancik 1978, Walker 1991). In particular, government donors tend to prefer groups that favor inside political strategies (such as lobbying) over groups that favor outside political strategies (such as media campaigns or street protests), and they prefer groups with moderate goals over groups with more radical goals (Walker 1991, 106). Increased state support for civic associations should thus lead to a bias in the types of interest organizations that exist in a society, favoring groups that use inside strategies over the social movement organizations that rely on high-profile forms of political pressure.

The second set of demobilizing mechanisms represents a resource mobilization approach, centering on the unintended effects of donor funding on the organizational capacity of civic groups to engage in mass mobilization. Recent scholarship on NGOs argues that, as an organization relies increasingly on support from donors, its links to its grassroots supporters will weaken, thereby reducing its capacity to engage in the mass mobilization strategies that elicit broad policy changes (Bano 2008, Jalali 2005, Thayer 2003). Because donor constituents tend to have different goals and demands from member constituents, it is difficult for an organization to cater equally to both constituencies (McCarthy and Zald 1977, Piven and Cloward 1979). Consequently, the more a civic organization relies on funding from donor constituents, the greater the proportion of the staff's limited time and energy must be spent catering to the donor's demands and desires and the smaller the proportion is left to cater to the interests of its grassroots base. As civic organizations dedicate less time to the maintenance of their grassroots constituencies, the affective ties that bind organization to their particular constituents weaken (Thayer 2003, Jalali 2005). This is seen as problematic because strong ties between an organization and its constituents are key to the capacity of an organization to mobilize mass protests (McAdam 1986).

The dominant scholarship on social movements and civil society thus considers state involvement in shaping civil society a threat to interest representation: State support transforms

"unruly" social movements into tame lobbyists. This transformation diminishes the overall policy influence of interest organizations, because the largest political gains for civil society emerge from the disruption caused by mass protest.

I argue, instead, that the state can also play a constructive role in shaping civic mobilization. Whereas the dominant literature conceives of the state as a polity, in which the main division is between political insiders and political outsiders, this research project advances a portrait of the state as a pluralist entity, with various actors whose goals may conflict (Carpenter 2001, Chen 2009, Migdal 2001). Divisions among political elites can provide political opportunities for marginalized groups, by encouraging government insiders to mobilize support coalitions for their policy goals among constituencies outside the state in order to increase their leverage against opponents within government.

The recent trend, in Brazil and throughout the world, toward disaggregating and decentralizing the state has heightened divisions among political elites, making elite actors newly available to marginalized groups as political allies. At the international level, Keck and Sikkink (1998) point out that globalization, and specifically the development of new communication technologies, has made international human rights organizations available to local activist groups who seek to press claims against their domestic governments. In the face of unresponsive domestic politicians, local grassroots groups look further up the chain, to human rights groups in the developed world, who turn their vast human and financial resources back toward influencing policy in the Global South on behalf of their grassroots allies, in what the authors call a "boomerang effect." At the domestic level, scholars of China have recently highlighted cases peasants courting sympathetic national bureaucrats as allies in making claims against their local communist party cadres (Spires 2011). In China, market reforms have made villagers less dependent on communist leaders for mobilization and more aware of protest tactics elsewhere in the world, and legal reforms have given protesters a certain degree of protection and a stronger basis for demand making (O'Brien and Li 2006).

In this dissertation, I suggest that the impetus for alliances between elites and marginalized citizens can also come from the state, resulting in a reverse boomerang effect. In response to divisions within government, non-elected actors inside the state sometimes seek partners *outside* the state, within civil society in particular, to support their policy goals (Abers and Keck 2009, Evans 1996, Tendler 1997). Alliances of this kind are most likely when government bureaucrats and civil society actors share core policy objectives. Within Latin America, this is increasingly the case in social policy sectors. In social policy domains (for example, AIDS policy) activists have penetrated the state's bureaucratic structure through employment as a way of achieving reform "from the inside"—thus providing civil society with more sympathetic targets for their demand-making (Escobar and Alvarez 1992).

Civil society actors become particularly important allies for progressive bureaucrats who seek to hold politicians accountable, as a result of civil society actors' ability to both monitor government performance and to call public attention to policy failures. Bureaucrats are limited in their regulatory capacity, both by geography and by the boundaries of their legal purview. Civil society groups, however, are both able to keep tabs on local policy dynamics at a close distance and able to use "unruly" tactics for directing political behavior. Government bureaucrats are, therefore, motivated to mobilize civic groups who share their core objectives as allies, providing them with the capacity to exert strong influence over policy development. Thus, civic

mobilization does not necessarily emerge through a bottom-up process, and state intervention does not always lead to cooptation. Rather, under certain circumstances, state intervention can act as a key catalyst and guiding force for mobilizing civil society.

This broad phenomenon is manifested in the dramatic change over the last four decades in the popular definition of "societal control" (*controle social*)—one of the most prevalent terms in Brazilian political vocabulary. During the era of centralized, corporatist governance in Brazil, the concept of "social control" centered on *state* control of *society*, often through repressive tactics. At this time, federal bureaucrats used strategic partnerships with labor unions and political parties to control popular unrest through co-opting and fragmenting nongovernmental opposition to the regime (Collier and Collier 1991, Schmitter 1971). But democratization and the decentralization of political authority have presented drastically different challenges for the national government, which has been accompanied by the change in popular meaning of the term "social control." The term now connotes control by *society* over the *state*, describing the national government's new policy of utilizing organized civil society to monitor state agencies at all levels of government to ensure that bureaucrats and politicians represent the public interest.

This argument about the origins of civic mobilization, based on the strategic calculations of government bureaucrats as a key driving force, builds on a nascent body of literature highlighting the rise of new alliances between state bureaucrats and civil society groups to achieve shared policy goals (Evans 1996, Tendler 1997). Thus far, most studies of synergy have focused on the effects of cooperation between local bureaucrats and citizens on development outcomes, underplaying the political dynamics that drive these alliances and their implications for future policy development (Evans 1996, Ostrom 1996, Lam 1996). This research project contributes to explaining why synergy emerges in some policy areas and not in others, by analyzing the factors that drive bureaucrats to seek an alliance with civil society groups in the first place—as a solution to the challenge of increasing political accountability in the face of weak regulatory capacity.

## 5. Methodological Approach and Roadmap

This dissertation constitutes a study of a crucial case of civic mobilization under the current political and economic regime in Latin America—mobilization around AIDS policy in Brazil—because it modifies prevailing theories that focus on the state as an obstacle to political mobilization (Eckstein 1965; Gerring 2007). The prevailing literature argues that decentralization and privatization has fragmented popular interests in the neoliberal era, weakening the influence of civil society vis-à-vis the state. However, while Brazil is highly privatized and the most decentralized country in Latin America, Brazilian AIDS associations are among the most scaled up and politically influential popular nongovernmental organizations in the region. AIDS policy in Brazil is thus a case that goes against prevailing theories of mobilization. In closely analyzing this unexpected case of broad civic engagement, I identify new factors that shape popular organization and mobilization in the era of neoliberal democracies, centering on the resources and channels of access to political power provided by the state—factors of relevance beyond the AIDS policy arena in Brazil. In other words, this study contributes to the broad social scientific endeavor of theory-building by reformulating

theories of interest organizations so as to account for new cases of sustained civic mobilization in Latin America.

At the same time, I make many cases from few by examining this question over time. This allows me to isolate the effects of political and economic factors on patterns of popular mobilization while holding constant the influence of issue-specific variables. Other authors have underscored the crucial role of socioeconomic factors in facilitating AIDS advocacy in Brazil, centering on the initial concentration of AIDS in Brazil among urban gay men, who were wealthier and more socially and politically connected than average Brazilians. To be certain, these insights largely explain the strong grassroots response mobilized during the first phase of the AIDS epidemic in the 1980s. Overtime, however, AIDS spread from wealthy urban communities into poorer, more rural areas; and the AIDS associations that emerged in the 1990s and beyond reflect the new demographics of the epidemic, in that they are socioeconomically heterogeneous (Galvao 2000, Biehl 2007). While the insights of socioeconomic arguments are relevant for the study of grassroots movements in Brazil, and for the AIDS movement in particular, the change over time in the socioeconomic characteristics of AIDS associations has not led to the expected decline in grassroots mobilization. Paradoxically, the movement grew in some ways stronger and more highly coordinated at the same time as the socioeconomic profile of AIDS associations became more heterogeneous. Thus, comparing patterns of popular mobilization around AIDS *over time* enables me to argue that socioeconomic attributes of civil society are insufficient for explaining the dynamics of organization and political engagement, and that we must also take into account national political actors—specifically, the role of the state in shaping the incentives and opportunities for civic mobilization.

By the same token, examining variation in patterns of mobilization over time but *within* the area of AIDS policy in Brazil enables me to hold factors related to the nature of demands largely constant and to argue, therefore, that issue-specific factors are not sufficient to explain the broad range of popular mobilization around AIDS issues in Brazil—and that, rather, we must also examine the effects of resources and institutions on patterns of demand-making. More specifically, civic mobilization around AIDS, as around any policy, is shaped in part by the nature of the demands inherent to the issue. In the case of AIDS, access to ARV (anti-retroviral) drugs is a matter of life and death to the grassroots protagonists who are affected by the virus. Access to these medications must also be renegotiated constantly, as new drugs are developed by pharmaceutical research companies and as each generation of ARVs produces its own side-effects, which, in turn, require further treatments. In other words, AIDS advocacy centers on demands that are discrete and recurring, which facilitates sustained collective action and organizational coordination. Comparing temporal differences in patterns of mobilization within the area of AIDS policy allows me to hold constant the influence of issue-specific variables.

### *5.1 Data Collection*

The evidence presented in this dissertation draws on original data collected during nineteen months of fieldwork in Rio de Janeiro, Sao Paulo, and Brasilia, combining qualitative and quantitative methods of data collection. Qualitative interviews and observation provide richly detailed information about specific events, allowing for the discovery of unanticipated themes (such as the central role of federal bureaucrats in supporting grassroots mobilization). In this project, I conducted over one hundred in-depth, open-ended interviews with the civil society leaders, bureaucrats, politicians, and World Bank officials directly involved in AIDS policy

development in Brazil. I also engaged in participant observation of over forty policy-making meetings with AIDS-sector bureaucrats and civil society leaders from around Brazil. In addition, I conductive extensive archival research uncovering a wealth of unpublished government data, media reports, and activist memoirs. Given the descriptive richness of the accounts by Brazilians who were directly involved in constructing and upholding Brazil's path-breaking AIDS policies, I rely heavily on their own words throughout the chapters of this dissertation. Unless otherwise noted, all quotes have been translated from Portuguese by me.

Quantitative data allows for the testing of hypotheses on a larger population. To complement the various forms of qualitative data collection, I conducted a survey of one-hundred twenty-three civic AIDS organizations in the states of Rio de Janeiro and São Paulo. The survey generated a unique dataset of civic AIDS organizations in those states, with information from over one hundred questions on their constituencies, sources of income, organizational networks, political affiliations, and major political activities. I also compiled and analyzed a national dataset of civic AIDS organizations in Brazil, based on a 2002 questionnaire conducted by the Brazilian Ministry of Health—allowing for an even broader set of observations. (For more detailed information about the survey and the dataset, see Appendix A.)

### *5.1 Outline of the Dissertation*

The dissertation proceeds as follows: Chapter 2 examines the first stage of interest mobilization around AIDS policy in Brazil. The AIDS organizations that emerged in 1980s Brazil, based in the gay community, developed a new set of demand-making strategies that contrast with traditional conceptions of grassroots groups in two ways. First, they incorporated insider strategies into their demand-making repertoires. Second, they moved away from mass-based and toward small-scale, media-based protest. I attribute this new combination of demand-making strategies to two factors: (1) access to the state, via an innovative set of participatory institutions that structure policymaking in post-transition Brazil; (2) resources from international donors, due to a global rise in donor funding for nongovernmental groups. The opening of channels of access to the state encouraged associational leaders with prior histories of contentious political activism to incorporate institutional strategies for claim-making into their repertoires. Resources from international donor agencies gave rise to small, professionalized AIDS organizations that lacked a membership base to call upon in organizing mass protest but were awash in the technical resources necessary to collaborate and negotiate with government policymakers, as well as to organize small, media-oriented protests. Whereas the dominant literature on social movements and civil society focuses on resources as the major determinant of grassroots demand-making strategies, I show that their choice of strategy is a function of both the types of resources available and the structure of the state.

Chapter 3 argues that the broad shift in the Brazilian political and economic context that occurred in the 1990s laid the foundation for state-driven activism to emerge as an institutionalized national model for political organization and mobilization. First, I describe the dramatic transformation in the dominant model of governance in Brazil that took place in the 1990s, elaborating the major changes that occurred both in the general political arena and in the specific arena of AIDS policy. Then, I shift attention away from the broad outlines of this transformation in the political and economic context and toward the specific actors and institutions that would drive the development of state-driven activism within the AIDS policy sector. I both highlight the emergence of activist bureaucrats as new political *actors*, and also

describe the development of the new *institutions* that facilitated collaboration between activist bureaucrats and civic advocacy organizations.

Chapter 4 introduces the second stage of interest mobilization around AIDS policy in Brazil, when AIDS policy was decentralization to the state and local levels. Whereas interest mobilization around AIDS in the 1980s centered on a handful of urban groups that were richly endowed with material, human, and social resources, interest group engagement in AIDS policy expanded in the 1990s to a more diverse range of nongovernmental groups—cutting across class divides—in response to state inducements. This occurred because national bureaucrats, possessing only weak regulatory powers, mobilized political allies within civil society around the country to pressure subnational politicians into implementing national AIDS policy guidelines. Facing strong variation in state capacity and political will across subnational governments, national AIDS bureaucrats mobilized new interest organizations around the country through two key mechanisms: (1) providing material, human, and social capital for new civic AIDS groups and (2) opening access to institutional channels for AIDS policy collaboration.

Chapter 5 introduces a third mechanism by which interest mobilization expanded in Brazil's AIDS policy sector: the national alliance of AIDS associations. In contrast to the network model that recent authors have used to characterize grassroots organization in Latin America, in this chapter I suggest that permanent, multi-level structures of inter-associational collaboration may continue to play a key role in facilitating demand-making among nongovernmental groups. Similar to corporatist structures of interest intermediation, AIDS associations are integrated into a confederation that is vertically structured, enjoys formal recognition by the state, and constitutes a representational monopoly in articulating political demands. This coalition of associations has contributed critically to the national power of the AIDS movement by disseminating a single set of approaches, ideologies, and demand-making strategies across all states of Brazil. Moreover, this national organizing structure did not develop "organically" or from the bottom up. Rather, bureaucrats inside the state, in pursuit of "rationalizing" their system of collaboration with civil society organizations, played a key role in supporting the development of inter-associational coordination from a networked model into a more effective multi-level structure.

Chapter 6 brings together the previous two chapters by elaborating on the new pattern of demand-making among associations in Brazil, which does not fit neatly into the categories of related phenomena that have produced bodies of scholarly literature: corporatism, social movements, or interest groups—neither in the basic attributes of the organizations that have mobilized nor in the strategies they employ to influence policy. First, in stark contrast to the narrow range of interests represented under corporatism in Brazil, the wide range of organizations that influence AIDS policy cut across traditional cleavages such as class, race, gender, religion, and geography. Second, Brazil's AIDS organizations bridge the scholarly divide between social movement organizations and interest groups by relying equally on outside and inside strategies to make claims on the state, employing them as complementary demand-making tactics. This chapter both describes the strategies utilized by AIDS organizations and links these strategies to (1) the types of resources they command, (2) the institutional and extra-institutional channels available for making claims on the state, and (3) the alliance that integrates local associations into a coherent national lobby. This chapter utilizes data from a large-scale survey of civic AIDS organizations I conducted in the states of Rio de Janeiro and São Paulo.

Chapter 7 concludes the dissertation by examining the cross-national implications of this Brazil-focused argument for interest mobilization and representation in Latin America. I move from the particularities of the case of AIDS mobilization in Brazil to more general hypotheses about when the state play this kind of mobilization role, looking to other Latin American cases where my model may apply.

**Chapter 2**

## Collective Action by a Middle-Class Gay Community

Strong civic mobilization played a critical role in shaping the Brazilian government's response to HIV/AIDS in the 1980s. This observation is hardly novel. According to Richard Parker (2009), "The frequently highlighted role of civil society in shaping the Brazilian response to HIV and AIDS has been defined by researchers and politicians alike as one of the key ingredients of Brazil's relative success." Given the extensive coverage this topic has received, the primary purpose of this chapter is not to explain how civic mobilization affected the governmental response to AIDS in Brazil. This chapter departs from existing scholarship, however, by presenting a more rigorous and detailed analysis of the early timing and the politicized character of the national civic response to AIDS in Brazil.

Drawing from a combination of secondary sources and informant interviews, this chapter first shows that civic mobilization around AIDS was earlier in Brazil than in the rest of the developing world because the epidemic was concentrated among urban groups that were richly endowed with financial and political resources. AIDS arrived in Brazil characterized as a disease of international travelers in general, and of gay men in particular. The powerful social networks and extensive activist experience of gay men in 1980s Brazil facilitated rapid political mobilization in the face of the AIDS crisis. By highlighting the socioeconomic basis of the early response to AIDS in Brazil, this argument contrasts with Evan Lieberman's (2009) emphasis on weak racial cleavages in Brazil, while echoing a wealth of anthropological studies and monographs by activists themselves.

Second, in analyzing the political character of mobilization, this chapter shows that Brazil's AIDS organizations developed a new set of demand-making strategies, which contrasts with our traditional conceptions of grassroots mobilization. Specifically, Brazilian AIDS groups combined insider strategies with outsider strategies, including direct collaboration and negotiation with government officials as a complement to the more traditional political pressure tactics. By relying in equal measure on cooperative and unruly behavior, these organizations bridge the traditional scholarly boundary between interest groups, which rely on negotiation, and social movements, which rely on protest.

I attribute the new combination of demand-making strategies among Brazil's civic AIDS organizations to two primary factors: (1) open channels of access to the state, which was part of a series of early democratizing reforms in the health sector; and (2) the availability of resources from international donors, due to a global rise in funding for nongovernmental groups and the elite foreign connections of early AIDS activists. The opening of channels of access to the state encouraged associational leaders with prior histories of contentious political activism to incorporate institutional strategies for claim-making into their repertoires. Resources from international donor agencies gave rise to small, professionalized AIDS organizations that lacked a membership base to call upon in organizing mass protest but were awash in the technical resources necessary to collaborate and negotiate with government policymakers, as well as to organize small, media-oriented protests. Whereas the dominant literature on social movements and civil society focuses on solely resources as the major determinant of grassroots demand-

making strategies, I show that their choice of strategy is a function of both the types of resources available and the structure of the state.

I begin by presenting the three key dimensions of the AIDS policy challenge confronting Brazil in the 1980s, which reflect the principal dimensions of the challenge faced by countries across the world. Next, I explain the timing and the character of the civic response to AIDS in Brazil by highlighting the importance of three key factors: the individual and social capital of early AIDS movement leadership, open channels of access to the state, and the availability of donor funding for nongovernmental AIDS groups. I then describe the new repertoire of demand-making strategies utilized by the AIDS movement, which relies in equal measure on insider collaboration with state officials and outsider political pressure tactics. I conclude the chapter by briefly outlining the trajectory of AIDS policy development in 1980s Brazil, highlighting the influence of civic activists and progressive public health officials.

## 1. The Policy Challenge

The policy challenge presented by the AIDS epidemic can be divided into three principal dimensions: *HIV prevention*, *providing treatment and care* for the sick, and *combating AIDS-related stigma and discrimination*. In the following pages, I discuss these aspects of the AIDS policy challenge in the context of 1980s Brazil. These issues, however, represent common challenges across the world.

### *1.1 Preventing the Spread of HIV*

The first challenge was to stem the spread of infections, in order to prevent the escalation of Brazil's HIV problem from a concentrated epidemic, limited mainly to specific subpopulations, to an epidemic, spread diffusely throughout the general public. In contrast to Sub-Saharan Africa, where the AIDS epidemic is perceived to have spread through the population via heterosexual transmission, the epidemic in Brazil was initially concentrated among gay men.[8] At the same time, there was strong concern among the medical community that the HIV/AIDS epidemic in Brazil was poised to "explode" out of its niche communities and into the broad population, causing widespread devastation (Lieberman 2009: 114; World Bank 1998: 1; Trevisan 1986: 440-441). Whereas seven AIDS cases were reported nationally in 1982, the first year with official statistics (Castilho and Chequer 1997), 800 AIDS cases had been reported in the state of Rio de Janeiro alone by 1989. Moreover, these officially recorded numbers were generally acknowledged to represent less than 50% of the true number of AIDS cases (*Boletím ABIA 6*, February 1989: 13-14).[9] In turn, the number of AIDS cases in Brazil represented only a small fraction of the number of HIV-infected individuals in the population.[10] Among public

[8] See Castilho and Chequer (1997: 19); Daniel and Parker (1991: 17-18); Galvão (2000: 52-59, 173-174); Trevisan (1986: 429-475).

[9] This gross underestimate of AIDS cases in Brazil was generally acknowledged to be an outcome of faulty recording by public health workers, failures of communication between different health bureaucracies, and the stigma of the virus, which led infected individuals to avoid hospitals for fear of being publicly revealed.

[10] Because the HIV virus possesses the unusual characteristic of lying dormant in the human system for long periods—often years—before producing serious signs of illness, a significant number of recent infections go

health experts, the broad fear was that this fairly rapid increase in HIV infections represented only the gradual beginning of a steep exponential growth curve. By the late 1980s, the medical establishment in Brazil had produced a series of dire reports, such as the oft-cited prediction that by the year 2000, over two million people in Brazil would be infected with HIV.[11] Health officials and civic activists thus confronted the challenge of developing public campaigns tackling such taboo subjects as anal sex, prostitution, and drug use, with the goal of changing private behavior.

### *1.2 Providing Treatment and Care*

The second challenge was to care for the sick. Providing treatment and care for AIDS patients was a universal problem in the 1980s, given the lack of medical knowledge about how the virus spread within the body and the lack of public awareness about how the virus was transmitted between individuals. Access to diagnostic exams and treatment for AIDS-related illnesses was especially problematic, due to both a general crisis within healthcare systems and a particular reticence on the part of medical professionals to treat AIDS patients.

In Brazil, the challenge most commonly mentioned in published texts and among informants was a lack of hospital beds for AIDS patients. In the state of Rio, for example, only 75 hospital beds were available for the 800 officially-notified AIDS patients in 1989 (*Boletím ABIA*, February 1989: 17) This problem was exacerbated by lengthy average hospital stays. According to an interview with the director of Rio's state AIDS program, published in 1989:

> … [B]y taking so long to produce an [AIDS] diagnosis, by not making medications available [in clinics], patients stay in their hospital beds for a very long time, which aggravates the crisis... The length of an [AIDS] patient's stay in a hospital bed today ranges from 20 to 35 days, because diagnosis is slow and because there aren't medications." (*Boletím ABIA*, February 1989: 16, author's translation)

This lack of available hospital beds for AIDS patients left a strikingly large number of gravely ill individuals denied entrance into hospitals; they sometimes lay at emergency room doors for hours until someone intervened (Daniel and Parker 1991: 21). According to a founding member of *ABIA*, one of Brazil's first nongovernmental AIDS organizations: "[P]eople had nowhere to call. And so they used to call *ABIA* saying: 'Look, my husband is here at the door of the hospital, and he is dying of AIDS, and no one wants to attend to him, and the nurses don't want to come for him', and so on…"[12]

Moreover, even when AIDS patients were admitted, they were often treated poorly as a result of fear and prejudice among medical professionals. Among many examples, Trevisan (1986: 441) recalls a nurse reporting "how doctors made jokes in front of terrified patients, saying things like: 'You screwed around, didn't you? Now deal with it!'" In response to the

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undetected—especially in the early years of AIDS, when the methods of HIV testing were more complicated and therefore less accessible, and when individual incentives to get tested were low due to the nonexistence of an AIDS treatment.

[11] See, for example, *The Economist* July 28, 2005.

[12] Interview with Silvia Ramos, founding member and first director of the Brazilian Interdisciplinary Association for AIDS (*ABIA*), September 3, 2008.

frequency of such poor treatment, sympathetic doctors and nurses used to redirect hospital patients to civic AIDS associations where they would receive better palliative and psychological care.[13]

### *1.3 Combating Stigma and Discrimination*

The third challenge was to combat social marginalization and discrimination against HIV infected individuals, as well as against the groups associated with the virus in the public mind. Specifically, the scientific and public perception of HIV in 1980s Brazil was that it targeted the relatively wealthy group of Brazilians who belonged to the community of "out" gay men (Galvão 2000: 52-57; Parker and Daniel 1991: 17; Daniel 1991: 33-34).[14] This perception of HIV as concentrated among "promiscuous" gay "playboys" generated increased discrimination against homosexuals in Brazil—reversing recent achievements of a short-lived gay rights movement (Facchini 2005: 84).[15] Police raids on gay establishments were legitimated as public health operations; doctors would diagnose obvious homosexuals as HIV positive without performing exams; and public figures even proposed quarantining gays in their houses (Trevisan 2002: 441-442; Daniel and Parker 1991: 22). Trevisan (1984) highlights a particularly chilling newspaper report, recounting how "in [the state of] Pará, eighty miners who were considered to be homosexual had their hair, eyelashes, and eyebrows cut or shaved; afterward, they were taken by force from the place, thrown into two trucks, which displayed the sign 'Gay Transport', and left in the middle of the Transamazon [remote highway within the Amazon], in the middle of the jungle." (444)

At the same time, HIV carried its own stigma, independent of its association with taboo behavior. AIDS victims were thus socially ostracized even from the gay community. Herbert Daniel, author and founder of one of Brazil's first AIDS NGOs, coined the term "walking dead" to characterize the civil status of those with HIV, explaining:

> What [AIDS] does is divide the world into a new "minority": that of the mortals, who are the ones who are sick with AIDS, against a majority, who are all the "others" (the healthy, or the immortals)...
>
> The immortals impose on the mortals (I, for example, am now a mortal, so I know how it is) not only a physical, biological death. They [also] impose the constant and permanent presence of struggle around me, as if I were a walking cadaver. This is simply to say that you don't have any more rights, because you died. Now,

[13] Interviews with Queiroz, Director of External Relations, *Grupo PelaVIDDA, Niteroi*, August 13, 2008; Silvia Ramos.

[14] I distinguish here between gay men and MSM (men who have sex with men), a term popularly used in the global AIDS community. In contrast to a behavior, the term "gay" connotes a social and sexual identity. In 1980s Brazil, men who identified themselves as gay tended to hail from the middle to upper-classes. In contrast, a much larger percentage of men across a range of social classes in Brazil engage in sexual acts with other men but do not identify themselves as gay. (See Green (1999: 1-11); Parker (1999: 27-51, 1991: 53).

[15] For more information about the gay movement in Brazil, see Macrae (1990). For a description of the impact of the AIDS epidemic on gay men in Brazil, see Terto Jr. (1997).

> he who has died has no rights. Why care for or bother with someone who is dead?[16]

One manifestation of this social marginalization, or this social "death", was frequent public discrimination against people with HIV—similar to early rights violations in the United States and Western Europe. HIV positive children were barred admittance to schools, and basic health services were routinely denied to people known to have the virus—even in large cities such as Rio de Janeiro (Daniel and Parker 1991: 21-22; Galvão 2000: 177-181; Terto Jr. 1997, Trevisan 1986: 444). According to one informant from the city of Rio de Janeiro:

> Dentists were practically the last ones to agree to treat people with HIV. They were the most retrograde. Betinho (a famous social activist who was HIV positive) managed to find a dentist in Ipanema. And so everyone went to Betinho's dentist. But this clinic was too small, and the dentist was able to treat hardly any [of the people who needed him], you see, and so we lost teeth. We lost teeth. I lost a tooth because of that—because the line was too long! (laughter)[17]

Discrimination was even more severe in small towns. Public ordinances were passed banning people known to have HIV from the streets, and at least one incident was reported of an HIV positive boy being stoned and thrown out of town (Daniel and Parker 1991: 21).

### *1.4 Variation in National Responses to HIV/AIDS*

This complex combination of medical, political, and social dimensions to the AIDS policy challenge was common across the developing world. Yet in contrast to Brazil, where the civic response to AIDS was early and aggressive, in most countries civil society initially denied the existence of the problem.

Because the primary modes of transmitting the virus are associated with deviant behavior—drug abuse, "sodomy", and sexual "promiscuity"—marginalized groups have frequently countered the stigma of AIDS by disassociating themselves from the virus through denial. In the case of South Africa, Lieberman (2009) attributes the tragically drawn-out denial of a national AIDS problem, on the part of both state and society, to strong racial cleavages that led the black majority to deny the link as a way to preserve its newly achieved political and social status. (See also Gauri and Lieberman 2006.) Similarly, Cohen (1999) depicts the initial denial of an AIDS problem among African Americans to the black community's state of "advanced marginalization", whose need to emphasize a strong, coherent public image in order to strengthen their national social and political status led to a "secondary marginalization" of "deviant" black community members—including gay men and drug users. In most of Latin America, the response by the gay community was either weak and fragmented, or complete denial, in an attempt to preserve their fragile progress in the realm of gay rights (Frasca 2005).

Similar to the rest of Latin America, where HIV spread initially within the gay community, a significant portion of the gay community in Brazil initially responded to the news of AIDS with strong denial of an epidemic—interpreting the news as a medical strategy to

[16] Summary of a talk given by Hebert Daniel at ILDES in July 1990. (Source: unpublished document, accessed in the ABIA center for documentation.)

[17] Interview with Bruno Cattoni, Co-Founder of *Grupo Pela VIDDA*, September 5, 2008.

silence gays (Daniel 1991: 34) (Parker and Daniel 1991: 34).[18] The *Grupo Gay da Bahia* (*GGB*), for example, actively opposed HIV prevention campaigns for a short period.[19] *Triangulo Rosa* simply ignored the problem.[20] In São Paulo, a famous Argentine poet and gay activist who was contracted by a publisher to write a booklet titled "What is AIDS?" wrote an "anarchical" piece opposing the idea of condom use (Macrae 1997: 232).[21] This early denial of the epidemic was facilitated by the continued (though waning) presence of the military regime, whose reputation for disseminating political-motivated misinformation made it particularly easy to write off early warnings about AIDS in Brazil.[22]

However, in contrast to the rest of the region—and to most of the developing world—in Brazil there was *also* a large and vocal group of influential gay men who publicly recognized the threat of AIDS to their community. As I will describe in the following pages, these men, in collaboration with other individuals affected by the epidemic, launched what is arguably the most successful national case of grassroots mobilization around government AIDS policies.

Why, then, did civil society mobilize an early and politicized response to AIDS in Brazil, whereas in most of the developing world initial grassroots responses to the epidemic were absent or weak? What were the strategies civic AIDS organizations used in Brazil for pressuring government to invest in strong and progressive AIDS policies, and why did they succeed?

## 2. A Special Conjuncture of State and Society

The following sections will argue that the combination of three factors played a key role in determining the timing and the character of civic mobilization around AIDS in Brazil: the individual and social capital of early AIDS victims, open channels of access to the state, and the availability of donor funding for nongovernmental organizations.

### *2.1 The Economic and Social Profile of Early AIDS Victims*

Two primary characteristics of the groups who were initially infected with HIV in Brazil stand out as salient in shaping the national civic response to the AIDS epidemic. First, many of them were highly educated, upper to upper-middle class men with powerful social networks—some of whom were themselves influential public figures. Second, many of these early AIDS victims possessed extensive experience in political demand-making. This activist experience both

[18] Also: interview with Edward Macrae, founding member of *Somos* (Brazil's first gay rights group) and Professor of Anthropology at the Federal University of Bahia, December 13, 2008.

[19] Interview with Julio Simões, founding member of *Somos* and Professor of Anthropology at the University of São Paulo, November 13, 2008.

[20] Interview with Julio Simões. Simões attributed this decision to the involvement of the group's director, João Antônio Mascarenhas, in a political campaign to constitutionally ban discrimination against homosexuals in the Brazil.

[21] The publisher quickly withdrew the booklet from store shelves and commissioned a doctor to rewrite it.

[22] Interview with Edward Macrae.

facilitated rapid political mobilization in the face of the AIDS crisis and shaped their strategic approach to influencing policy.

*Individual and Social Capital*

While media reports about the wealth and glamour of those who had contracted HIV tended to be sensationalized (Galvão 2000: 48-60), a substantial proportion of early AIDS activists were in fact members of the social elite. Significant numbers were prominent intellectuals—some of whom are now professors in Brazil's top universities (Daniel and Parker 1990: 27-28).[23] Many had lived abroad in Europe, the United States, or Canada during periods of the military dictatorship.[24] Perhaps most importantly, at least two leaders of the early AIDS movement in Brazil, Herbert Betinho de Souza (know popularly as Betinho) and Herbert Daniel, were respected public figures. Betinho was an iconic Brazilian scholar and activist, who led several renowned national social movements in the 1980s and early 1990s, including: the Agrarian Reform Movement,[25] the Movement For Ethics in Politics, and the Movement to Combat Hunger.[26] Herbert Daniel was a prominent gay rights activist.[27] Before that, he had been a communist militant, who had participated in the famous kidnapping of the American ambassador (together with the current president of Brazil, Dilma Rousseff) and was the last political exile to return to Brazil under amnesty during regime transition. The individual and social capital of these early AIDS activists facilitated the development of a strong, rapid response to the public health threat.

*Activist Experience*

Moreover, because HIV had spread initially among homosexual men, experienced gay rights activists comprised a particularly large share of Brazil's early AIDS movement leadership (Galvão 2000: 58, 68; Parker 1997: 44, 2003: 147). This prior experience of grassroots AIDS activists with social movement mobilization shaped the timing and character of AIDS advocacy in two ways. First, strong social networks among gay men—an outgrowth of the gay rights movement—facilitated the mobilization of a rapid civic response when they finally decided the crisis was real. Second, the failure of radical political goals and contentious strategies in the context of the gay rights movement led these activists to adopt a moderate approach to demand-making in the AIDS policy arena.

[23] Examples include Jorge Beloqui, Professor of Mathematics at the University of São Paulo, Peter Fry, Professor of Anthropology at the Federal University of Rio de Janeiro, and Richard Parker, Professor of Anthropology at Columbia University.

[24] Numerous informant interviews corroborate this claim.

[25] This movement is perhaps more commonly known as the Landless Workers Movement, or *MST* (*O Movimento de Trabalhadores Sem Terra*).

[26] In contrast to most of the movement's earliest leaders, Betinho was himself not gay. Rather, he joined the AIDS movement because he was a hemophiliac who, along with his two brothers, had acquired HIV through blood transfusions. He was joined by a significant number of other AIDS movement leaders who were not gay themselves but, for other reasons, were affected by the epidemic.

[27] At one point in the 1980s, he was also a Green Party candidate for state representative in Rio de Janeiro.

Brazil's gay rights movement emerged in 1978 and lasted only five short years before ending abruptly in 1983-1984. Initially, the movement had materialized as a social support network—centering on semi-underground self-help groups, where gay men met clandestinely to discuss their personal challenges (Macrae 1990: 96; Trevisan 1986: 339). Quickly, however, these social support networks blossomed into an active political movement, taking energy from the waning power of Brazil's military regime and the widespread social mobilization that was accompanying its departure (Green 1999: 270-277, Macrae 1990: 97-100, Trevisan 1986: 343-350). During its brief life span, the gay rights movement achieved a few key advances in the realm of raising public consciousness. Yet by 1984, Brazil's early gay rights movement had essentially disintegrated, brought down by two external forces: the arrival of the AIDS epidemic, and the political transition to democracy.

First, the emergence of an epidemic that was driven by sexually transmitted disease had rendered the radical ideological frame around which activists had defined the gay rights movement suddenly obsolete. This ideology was defined as "homosexual liberation", and the overarching goal of the movement was to defend the right of all individuals to feel pleasure (Trevisan 1986: 339-340). With pleasure as their political goal, breaking sexual taboos took on a revolutionary character for gay rights activists. According to Trevisan, founding member of *Somos*, one of the first gay rights groups in Brazil:

> It was thought that the revolution should start inside the home, addressing great taboos – those such as monogamous lifestyles and possessiveness in love. Thus, group sexual relations were not uncommon....
>
> So we said: if we are going to study ourselves, why don't we start to know our bodies, the first and the most suppressed evidence that we are different from each other? We decided to gather with the only goal of getting naked, to touch each other indiscriminately and thus reveal the flesh that our activist relations insisted on camouflaging. Perhaps the intention was too naive, but at the time it made absolute sense, in the sense of a desire to insert everyday life into the turmoil of the transformations we dreamed about (Trevisan 1986: 349, this author's translation).

In 1983, the sudden appearance of AIDS as a "gay cancer" shattered the movement's core cultural ideology of homosexual liberation, leading gay men in Brazil to radically redefine their priorities over the next few years. According to Perlongher, "The party of the homosexual orgy ends, one could have said; and with it ended (…) the sexual revolution that rocked the West in the course of this accidental century." (Perlongher 1993: 40, cited in Facchini 2005, this author's translation). On an individual level, a significant number of the gay rights movement's leaders contracted HIV themselves. Nearly all members of the movement watched their closest friends and companions endure both extreme physical suffering and extreme social ostracization—even from the gay community itself.[28] In light of the public health emergency, fighting the AIDS epidemic seemed to many key activists a more important concern than homosexual liberation.

[28] Multiple informant interviews.

This group of activists broke away from their identity as members of the gay rights movement, adopting a new social and political identity in its place: People Living with HIV/AIDS (PLWHA) (Câmara and Lima 1991: 50).[29] Activating the social networks that remained among them as members of the gay rights movement (Facchini 2005: 71), they gave birth to a new movement, the Movement to Fight AIDS, and along with it, a new type of association: the AIDS NGO, which combined self-help and service-provision with political demand-making.

Second, the country's political transition to democracy had rendered the movement's radical goals and combative demand-making strategies obsolete. Politically, the gay movement in Brazil had taken on a much more radical tone than either the American or the European gay movements of the period. Even among Brazil's anti-regime movements of the 1970s, the gay movement was considered to be politically extreme—eschewing ties to opposition parties and calling themselves anarchists (Facchini 2005, Trevisan 1986).[30]

In the new context of an open political system, which presented real possibilities for reforming policy through institutional channels, movements with politically radical goals and confrontational strategies lost public support. Nationally, participation in mass protest had declined precipitously. At the same time, donor funding was increasing in importance as a mechanism to sustain Brazil's social movement organizations over time, as they developed into institutionalized civic groups (Facchini 2005). With an anarchist stance, attracting donor funding was all but impossible for gay rights groups. In fact, by the time AIDS had arrived in 1983, the gay rights movement was already disintegrating due to political and financial troubles (Green 1994: 51). According to records, by 1985 there were only six gay rights groups remaining in all of Brazil (cited in Facchini 2005: 81)—down from a high of approximately twenty at the beginning of the 1980s (Facchini 2002: 71, citing Macrae 1985).[31]

AIDS activists applied the lessons they learned from the failure of the gay rights movement to their new political endeavor. In stark contrast to the combative behavior that ran across Brazilian political movements in earlier decades, AIDS advocacy groups worked at times

[29] This founding group of AIDS activists continues to maintain their distance from the gay rights movement in Brazil to this day, despite the fact that the movement has been resurrected in a less radical, more inclusive form—and has made major political strides in recent years.

[30] Within the worker's movement—the strongest opposition movement of the 1970s, tied to the opposition political party—some members who were gay had experienced episodes of discrimination. These claims of discrimination led to vigorous debate within the gay movement about whether to align with the workers' movement and other party-linked movements, or to strike out on their own. This debate resulting in a split within the movement into two principal factions: an anti-authoritarian branch, which was aligned with the burgeoning workers' party; and anarchist or "autonomist" branch, which was unaligned with any party and viewed all forms of centralized power as oppressive (See: Green 1994, 1999: 271; Trevisam 1986: 348).

[31] These surviving organizations, anchored by the *Grupo Gay da Bahia* (*GGB*) in the Northeast capital of Salvador and *Triângulo Rosa* in Rio de Janeiro, had managed to adapt to the new political context, learning how to negotiate with government and how to attract funding—harbingers of a second wave of the gay rights movement. This new LGBT (Lesbian, Gay, Bisexual, and Trans) movement swept Brazil in the 1990s and, like the AIDS movement, was composed of organizations characterized by their pragmatism rather than the militancy of the earlier generation. This new movement was financed primarily by Brazil's National AIDS program. (See Facchini 2005.)

in close political partnership with government bureaucrats. They also lobbied Congress, petitioned the courts, and created their own media campaigns. At the same time, civic AIDS associations quickly developed into professionalized organizations, with their own headquarters and budgets, relying on foreign foundations to finance their activities. These tactical and organizational choices were critically facilitated by the opening of state institutions to civic influence, and by the availability of donor funding for NGOs.

### *2.2 Open Channels of Access to the State*

AIDS activists were incentivized to incorporate political collaboration and negotiation with governmental officials as a new component of their strategic repertoire because of an unprecedented opening of state institutions to civic influence. In general, Brazilian activists in the 1980s were wary of any form of cooperation with government, accustomed instead to protesting against an authoritarian regime. Yet in the health policy sector, a radical shift in the structure of the state had taken place in the 1970s—prior to Brazil's democratic transition—due to a combination of bottom-up pressure by public health activists and top-down reforms by military technocrats. From the bottom, public health activists had managed to penetrate the state, taking posts in health-sector bureaucracies in order to influence policy from the inside—which provided civic activists with allies within government who shared their policy goals. From the top, the military regime had made a series of reforms that empowered bureaucrats in the health sector to make autonomous policy decisions despite the broader context of authoritarian rule. Thus, the AIDS activists of the 1980s were operating in a context of wide access to inside channels for influencing policy; as a consequence, they included negotiation and collaboration with health-sector bureaucrats as a central strategy for influencing policy. In the 1990s, with the promotion of participatory governance as a new national democratic paradigm, this opening of state institutions to direct civic influence would replicate itself across a wide range of policy sectors in Brazil (Abers, Serafim, and Tatagiba n/d), as well as in certain social-policy sectors across Latin America (Abers and von Bülow 2011).

#### *Activist Health Bureaucrats*

These health reform activists, working inside the state bureaucracy with the goal of expanding access to public healthcare among the poor, formed part of a broad wave of policy-oriented social movements that emerged in 1970s Brazil. When the military government initiated its gradual political opening in the mid-1970s, hoping to stem domestic and international criticism by granting a limited number of political freedoms, a surge in anti-government mobilization arose and grew exponentially until the completion of the regime transition in 1985. As Brazil's AIDS epidemic took root in the early 1980s, an "unprecedented generation of social movements" (Hochstetler 2000) was engaging in oppositional politics. By actively opposing the military regime, a highly disparate set of organizations—from neighborhood associations to labor unions, student groups, environmental, gay rights, and black activist groups—took on a highly politicized character (Hochstetler 2000).

In the health policy arena, students, doctors, researchers, and other health professionals had mobilized the *sanitarista* (health reform) movement in the late 1970s and early 1980s as a political response to the extreme inequities of the healthcare system at the time—fighting on behalf of poor communities and seeking to expand access to healthcare. These movement leaders adopted a strategy of reforming policy from the inside because of the challenges they faced attracting mass support for their cause among the popular communities they claimed to represent

(Weyland 1995). Clientelistic ties between local politicians and voters are strong within impoverished and rural communities in Brazil, and local political "patrons" provide for many of the immediate needs of loyal citizens.[32] Health movement leaders thus found it difficult to convince poor Brazilians to mobilize around long-term national health reform goals in the face of opposition by their local politicians (Weyland 1995).

After the failure to attract mass popular support for their cause, Brazil's health movement leaders developed a new, state-centered strategy for effecting political reform. This approach constituted an explicit, coordinated strategy to push forward government reform from the inside by taking over key posts in state health agencies. The healthcare reform movement achieved significant success in penetrating the upper-echelons of bureaucracy, reaching positions of power within the main agencies in charge of healthcare at all three levels of government: national, state, and local by the late 1970s (Weyland 1995, Falletti 2010).

*Democratic Institutions*

These health reform advocates had been incentivized to adopt an inside strategy of furthering their policy goals because of major democratizing reforms within the structure of the health bureaucracy that had been undertaken by the military regime. At the state and local levels, these reforms were facilitated by democratic elections for political office, which were maintained at the subnational level throughout the period of military rule. In Brazil, a case of "strong federalism" (Samuels and Mainwaring 2004), state governors and local mayors have controlled national politics from behind the scenes since independence, when regional oligarchs overthrew the central monarchy.[33] The military regime that ruled Brazil from 1964 to 1985, in the quest to consolidate its national political control, was thus forced to make key concessions to subnational politicians. These included maintaining direct elections for mayor and re-introducing direct elections for governor a full decade before Brazil's complete transition to democracy (Samuels and Abrucio 2000, Abrucio 1998, Souza 2008, Arretche 2004). This underlying political decentralization aided progressive subnational policymaking during Brazil's military regime, by empowering politicians who responded to bottom-up, citizen demands for improved public services rather than to orders from above (Samuels and Abrucio 2000).

In the health policy arena in particular, mayors' electoral sensitivity to citizen's needs facilitated the development of relatively autonomous, progressive local bureaucracies. In the late 1970s, a national economic crisis had increased poverty and aggravated social tensions in poor neighborhoods throughout Brazil. Mayors, searching for immediate responses to the crisis, turned to expanding health services as one of the few policy measures they could implement easily (Faleiros et al. 2006). Consequently, mayors hired health bureaucrats based on merit rather than personal connections, and ceded them a significant degree of autonomy to implement local reforms.

National-level investment and reforms further facilitated the development of progressive health bureaucracies at the state and local levels. Beginning in the 1970s, the military regime had also invested in new training programs for public health workers, which produced a new pool of highly-qualified public health professionals in Brazil. In 1981, they created a new governing

[32] See Ames (2002).

[33] See Abrucio (1998); Souza (1997).

body over health services, appointing highly-trained, reform-minded public-health workers into key federal posts (Faleiros 2006).[34] In turn, these new bureaucrats within federal government furthered public health reforms by pushing for increased control by public bureaucracies over the distribution of health services, and for the decentralization of health program financing. The resulting fiscal decentralization of the healthcare sector, which nearly doubled state and local healthcare budgets from 1982 to 1983, allowed state- and municipal- health bureaucrats to play a stronger role in influencing the structure of subnational health services (Faleiros et al., 2006: 70-71).

By empowering state and local health bureaucrats, fiscal and administrative decentralization over policy encouraged many within the new pool of public-health professionals, and *sanitarista* activists, to join government—convincing them of the possibility to transform public health provision in Brazil from the inside (Weyland 1995). In this way, early democratizing and decentralizing reforms in the area of health governance led to the development of subnational cadres of activist health bureaucrats, who had the professional capacity and autonomy to generate rapid and aggressive responses to health threats. The presence of sympathetic figures on the inside encouraged civic AIDS activists to collaborate and negotiate with government officials.

### *2.3 Donor Funding for Nongovernmental AIDS Organizations*

Brazilian AIDS associations were capable of developing effective institutional strategies to reform policy due to the availability of resources from donor agencies. This influx of donor funding provided them with the technical and financial capacity to collaborate and negotiate with policymakers—even as their capacity to mount large-scale protests was limited due to the absence of a mass constituency of grassroots support. Most importantly, by the late 1980s, foreign foundations were furnishing Brazil's AIDS NGOs with sometimes strikingly large amounts of funding—allowing them to hire full-time staff, rent office space, and launch expensive campaigns. At the same time, while state agencies were only a minor source of financial resources for AIDS NGOs during the 1980s, subnational bureaucrats provided them with critical material and informational support.

*Foreign Resources*

Although the amount of public financing for AIDS in Brazil was minimal in the 1980s compared to the following decades, AIDS activist groups received large amounts of support from foundations and advocacy organizations in Europe and the United States. Foreign foundations played a particularly important role in providing Brazil's early AIDS groups with the capacity to launch effective political and social campaigns—furnishing them the money to purchase such critical items as computers, telephones, and fax machines, and to hire full-time employees. Apart from the occasional offers of money provided by interested state bureaucracies, there were few domestic sources of funding for nonprofit organizations in 1980s Brazil (Landim 1997). Brazilian AIDS organizations, however, quickly became international darlings, due to their ability to demonstrate that they were developing and implementing strong political and social campaigns (Raizer 1997). By the late 1980s, a handful of European and American foundations—

[34] The name of the new governing body over healthcare administration was, in Portuguese, *Conasp* (*Conselho Consultivo de Administração da Saúde Previdenciária*).

such as the Inter-American Foundation, The Ford Foundation, the Catholic Fund for Overseas Development, and Misereor—were providing the dozen or so AIDS groups in Brazil with large amounts of financial support (Galvão 2000: 64).[35] According to Silvia Ramos, Director of the Brazilian Interdisciplinary Association for AIDS (*ABIA*) during the late 1980s:

> The sense I had is that they were beating down the doors to finance *ABIA*. [...] [T]here came a moment when there wasn't any financial difficulty. On the contrary, my sense is that... they rang our bell, and I answered. Who is it? There, a European would arrive, an American, saying: 'I am here because I want to finance *ABIA*.'
>
> ...So it was like this: I [would say to my team]: 'Look, you need to do this (general reference to anything) don't you? Go ahead and do it. [ABIA has] money, do it. So we went ahead doing things; we went ahead buying equipment' we rented a big house there in Jardim Botânico (a wealth neighborhood of Rio de Janeiro).

Thus, while most early AIDS groups in Brazil were founded initially without financial support—built solely on the determination of private citizens to respond to the AIDS crisis—they quickly professionalized and became dependent on international support to implement their political and social campaigns.

Foreign AIDS advocacy organizations also served as key sources of information for Brazil's early AIDS NGOs, supporting Brazilian organizations both in developing HIV/AIDS prevention and support projects and in developing their political campaigns. In terms of practical support, Brazilians borrowed heavily from the work of early American and European AIDS organizations—which were significantly more developed than those in Brazil in the mid-1980s—in creating their own AIDS projects. For example, the idea for the first AIDS hotline in Brazil came from João Trevisan, who had seen one on a visit to Berkeley, CA (Teixeira 1997: 46, footnote 3).[36]

This strong international support for Brazilian AIDS organizations in the 1980s, both practical and financial, was facilitated by the wealth and social connections of Brazil's early AIDS leaders. Practical and technical collaboration tended to take the form of informal, personal exchanges between Brazilian and foreign activists, as Brazilian AIDS activists would take advantage of their vacation travel abroad to collect materials and ideas from foreign AIDS NGOs.[37]

By the same token, donor funding was also relatively uninstitutionalized and heavily dependent on personal connections between Brazilian NGO directors and international funders. According to one informant:

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[35] Galvão (2000) provides a list of international sources of support for Brazilian AIDS NGOs. Multiple informant interviews provided testimony about the strikingly large amount of funding offered—oftentimes unsolicited—to their small, emerging organizations.

[36] Also: informant interview with Paulo Teixeira.

[37] Informant interviews with Ranulfo Cardoso, member of the board of directors of *ABIA*, 1988 – 1991, September 9, 2008; Ezio Távora de Santos Filho, President of *Grupo Pela VIDDA*, late-1990s to 2006, August 29, 2008.

> Twice a year, Rubem [César Fernandes, then-Director of ISER] went to Europe with a folder of projects under his arm. Full of projects (…) for everything within *ISER*'s area of interest: (…) prostitution, human rights, AIDS, religiosity (…). He knew contacts [there], so he would arrive [in Europe] and meet with [various] groups. He would carry those projects in search of financing. And that is how fundraising work[ed].[38]

According to another informant, an early Ford Foundation representative in Brazil, the task of finding and choosing AIDS NGOs to fund was easy because everyone in the AIDS NGO community knew each other.[39] Several of the early Ford Foundation representatives in Brazil even worked at different periods within *ABIA* (Galvão 2000: 97).

These close personal connections between international funders and Brazilian AIDS activists—whereby donor representatives had intimate knowledge of the AIDS problem in Brazil and close personal connections to Brazilian AIDS organizations—translated into donor funding that supported activists' broad social and political approaches to combating AIDS and AIDS-related discrimination in Brazil.

*State Resources*

At the same time, government bureaucracies were early sources of critical support for AIDS activist organizations—both in the form of financial and material resources as well as information that assisted AIDS advocacy groups in their campaigns.

In particular, small financial and material donations from state-level public health bureaucracies played a crucial role in the foundation of Brazil's first AIDS activist organizations. Brazil's first AIDS NGO, *GAPA*, utilized the building of the state health secretariat in São Paulo for its meeting space (Raizer 1997).[40] The State AIDS program also provided these early AIDS organizations with small amounts of cash to purchase supplies, such as ink and paper for flyers. Soon after, government agencies began providing these groups with small government contracts to administer projects such as producing HIV prevention materials and running hospices (*Casas de Apoio*) for AIDS patients.

Federal bureaucracies, while a comparatively minor source of support for AIDS NGOs in the 1980s, also provided a few of Brazil's early AIDS NGOs with key financial assistance. For example, in 1987, the federal social security ministry donated five thousand US dollars for *ABIA* to rent a house, buy a telephone and typewriter, and hire a janitor (*ABIA* 2001).[41] In the same year, *FINEP*, the federal fund for research and projects, provided ABIA with a striking

[38] Interview with Milton Quintino, Assistant Coordenator of *ARCA* (Religious Support Against AIDS)1989-1992, Coordenator 1992-1994, August 20, 2008.

[39] Informant interview with Peter Fry, September 30, 2008.

[40] An informant interview with Paulo Teixeira corroborates this claim.

[41] Also: informant interview with Silvia Ramos.

US$100,000 – $200,000 contract to create and maintain a database of AIDS information (*ABIA* 2001).[42]

Perhaps even more important than such material support, government bureaucrats at the state and local levels also supported AIDS activist groups by providing them with critical information—not only with medical and epidemiological data to use in substantiating their complaints, but also with insider details about policy problems that AIDS activists could leverage in making demands on government. According to Paulo Teixeira, the architect of São Paulo state's AIDS program:

> We never withheld any information and, on the contrary, we took the initiative to inform NGOs when we detected some problems (for example, a lack of hospital beds or inadequate treatment because of the structure of our services). This was always done explicitly, authorizing the NGOs to identify the source (the state AIDS program).
>
> By the same token, when criticisms and protest from NGOs were broadcast through the press, we confirmed the information when it was correct and we recognized the criticisms when they made sense, even when it embarrassed our own state government.[43]

By filling in activists on the specificities of political and bureaucratic challenges that prevented them from developing a stronger state response to AIDS, and by confirming NGO allegations of government wrongdoing that were reported in the press, bureaucrats in Brazil's state and local AIDS programs provided critical support for the political campaigns of the early AIDS movement in Brazil.

The reason these state and local bureaucrats were so supportive of NGO efforts was not only that many felt a natural affinity with civic activists, as members of the *sanitarista* movement, but also because they *relied* on activists to push forward their AIDS policy goals from the outside. From an practical standpoint, state-level bureaucrats relied on activist leaders to educate "at risk" groups about HIV prevention. Stigmatized communities—in this case, gay men and intravenous drug users—tend to be particularly wary of government officials (Cohen 1999). Consequently, for bureaucrats to effectively encourage behavioral change among these stigmatized groups, they needed to delegate the implementation of educational campaigns community leaders. AIDS bureaucrats also delegated the design of educational materials to community leaders, utilizing activists' insider knowledge of community values and consequent knowledge of the type of message most likely to elicit a positive response.

State-level bureaucrats also relied on civil society activists to advocate for resources and legislation. Public pressure was particularly important in the development of state-level AIDS responses, because government investment in preventive health services was extremely low and, consequently, various public health problems were competing for a small pool of state funding. Moreover, in most cities other than São Paulo, state AIDS programs emerged as relatively

[42] The amount of funding was listed in the source text in dollars as a range, due to the hyperinflation that led to frequent and extreme fluctuations in the Brazilian exchange rate at the time.

[43] Email correspondence with Paulo Teixeira, first coordinator of the State AIDS Program in São Paulo *May 13, 2010*.

marginalized areas of the state bureaucracy, without the attention or the personal support of the state health secretary. Thus, to overcome the strong bureaucratic and financial hurdles to the development of AIDS prevention and treatment programs, bureaucrats used activist groups to call public attention to AIDS—giving health seretariats a political reason to support AIDS policy development. Brazil's AIDS activists of the 1980s were particularly adept at political advocacy because of their strong political connections, their high public profiles, and their extensive activist experience. In particular, these groups were known for their aggressive and clever use of the media to sway public opinion in favor of AIDS policy reform. Moreover, the public statements of a few AIDS activists like Betinho, one of Brazil's national political heroes, carried extra political weight—forcing public officials to pay attention. Consequently, state-level AIDS bureaucrats in the 1980s fostered strategic alliances with civil society groups to support AIDS policy development.

## 3. Insider and Outsider Strategies

The opening of channels of access to the state encouraged associational leaders with prior histories of contentious political activism to incorporate institutional strategies for claim-making into their repertoires. Resources from international donor agencies gave rise to small, professionalized AIDS organizations that lacked a membership base to call upon in organizing mass protest but were awash in the technical resources necessary to collaborate and negotiate with government policy makers. Whereas the influx of donor funding diminished AIDS associations' incentives to cultivate large constituencies of grassroots supporters, thereby limiting their capacity to engage in mass mobilization, the emergence of new policymaking institutions that were open to direct citizen participation had opened *new* paths toward policy change, allowing AIDS activist organizations to rely instead on expertise.

### *3.1 Insider Strategies*

The opening of channels of access to the state encouraged associational leaders with prior histories of contentious political activism to incorporate institutional strategies for claim-making into their repertoires. Resources from international donor agencies gave rise to small, professionalized AIDS organizations that lacked a membership base to call upon in organizing mass protest but were awash in the technical resources necessary to collaborate and negotiate with government policymakers, and to launch legal appeals for AIDS policy reform.

*Collaboration with State Officials*

One of the most striking new strategies pursued by AIDS NGOs to influence policy was through direct collaboration with bureaucrats on government commissions. At the state level, the first collaborative commissions were developed almost immediately after the inception of the first AIDS programs in São Paulo and Rio de Janeiro.[44] At the national level, collaborative working

[44] Multiple informant interviews.

groups were organized as early as 1986 to address specific dimensions of the AIDS policy challenge—including civil rights protections (Teixeira 1997: 56). Also in 1986, a collaborative national AIDS council (CNAIDS) was developed to create national AIDS policy guidelines (Spink 2003)—a precursor to Brazil's national health council, a international paradigm for participatory governance. In the broader realm of politics and policy in Brazil, it was not until the 1990s that participatory governance institutions took root. In the AIDS policy arena, however, collaborative policymaking commissions—comprising government bureaucrats, civil society activists, and university researchers—were emerging in the mid-1980s.

Given the recent experiences of activists with state repression and cooptation, AIDS advocacy groups were hesitant to collaborate with government officials. Due to this wariness of the state, it was actually government bureaucrats who initiated these early efforts to engage civil society leaders in AIDS policymaking commissions.[45] According to Teixeira:

> [T]hose initial principles (of state responsibility, citizen rights, the defense of rights, and nondiscrimination) were *proposed* by the secretariat, by activists in the secretariat. But they were *endorsed* by the community. So, when we [wrote] an AIDS policy proposal…, before [we sent it to the secretary for approval] we would present it before a commission that included activists…
>
> [We put together a large commission], and we called activists, researchers, and people from other areas of health to comprise it. So, my group would elaborate a proposal; we would present it before the commission, which would approve it; and from there the secretary would authorize us to implement it.[46] (author's italics)

In Rio de Janeiro, where activists were more hesitant to collaborate with state officials due to a local history of contentious relations with the state, the progressive state AIDS coordinator actually launched a campaign to convince AIDS activists to join a government policy commission.[47] According to Milton Quintino, director of *ARCA*, an AIDS NGO that was active in the 1980s but has since disbanded:

> Álvaro [Matida, Director of the State AIDS Program], [who was] active in the State AIDS Commission, want[ed] nongovernmental organizations to be represented.
>
> And so we [community of AIDS NGOs] held a meeting and the majority camp, dominated by *ABIA*, was against [the idea]. They thought it was a cooptation strategy by the state, and that we would end up reinforcing the structures we opposed and diminishing our power to criticize, blah blah blah… that type of conversation.

[45] Most scholarship on the AIDS movement in Brazil ignores early efforts by state bureaucrats to include civil society in policymaking committees—arguing instead that these collaborative policymaking spaces that emerged in the mid-1980s to the mid-1990s came about as a result of bottom-up civil society pressure for greater inclusion in the policymaking process.

[46] Interview with Paulo Teixeira *June 12, 2008*.

[47] Multiple informant interviews.

> ....So we made an agreement and I went to talk to *ABIA* and *PelaVIDDA*. And in the end, I was elected to represent [Rio's nongovernmental AIDS] organizations [on the commission], along with […] a [small] group of representatives from organizations like *ARCA*, *ABIA*, *PelaVIDDA*. Although the representative from *ABIA* was Betinho, and Betinho never went to a single meeting, because they were against the idea.[48] (author's translation)

These collaborative policymaking institutions, while most were not "participatory" in the sense of granting civil society formal veto power over policy guidelines, nonetheless constituted an important channel for AIDS activists to directly influence policy development at the subnational level. Perhaps most importantly, activist suggestions were often directly translated into policy guidelines (Parker 2003: 149, Spink 2003). In addition, collaborative commissions played a key role in legitimizing government policies by obtaining official civil society endorsement. At the same time, collaborative AIDS commissions facilitated a critical exchange of information between bureaucrats and civil society leaders about problems—both practical and political—that needed to be solved. Civil society leaders provided key information about service needs and service failure (interviews: Cattoni, etc.); and bureaucrats fed civil society information about political obstacles to AIDS program improvement.[49]

*Judicial Advocacy*

The AIDS movement also stands out for its use of the judicial system as a strategy for pushing forward policy (Galvao 2000: 170; Parker 2003: 160; Ventura 2003). Brazil's AIDS advocacy organizations were not only the earliest groups to take advantage of the new democratic legal framework in Brazil to promote their policy goals through court precedents, but they have also been among the most successful. (e.g., Rios 2003, Ventura 2003.) GAPA, Brazil's first AIDS NGO, included legal aid as a core component of its activities during the first year of its foundation in 1985, a pattern also followed by *Grupo PelaVIDDA* in Rio de Janeiro shortly thereafter (Ventura 2003: 242, Raizer n/d). By the late 1980s, nongovernmental AIDS organizations in several states had copied GAPA's model for legal assistance (Ventura 2003: 245).[50] These early AIDS organizations quickly developed into the foremost national legal experts in the field of AIDS policy, filing claims not only on behalf of the individuals who came to them directly for help, but also at the request of unions, state bureaucracies, and businesses (Raizer n/d). Together, they filed and won a wide variety of legal claims, ranging from making the state responsible for preventing HIV contamination through blood transfusion, to making health insurance companies cover the cost of AIDS treatment, to forcing businesses to rehire and pay damages to employees they had fired due to their HIV status (Ventura 2003: 245).

These court decisions played a critical role in AIDS policy development in Brazil by laying the legal groundwork for Brazil's most progressive policy guidelines. Moreover, because many of these judicial hearings received broad coverage by the media (often publicized

[48] Interview with Milton Quintino, former coordinator of *ARCA* (Religious Group Against AIDS) *August 20, 2008*.

[49] Informant interviews with: Maria Clara Gianni, Coordinator, São Paulo State AIDS Program, November 10, 2008; Álvaro Matida; Fátima Rocha; Paulo Teixeira.

[50] For an example of the spread of the legal-aid model to other states, see GAPA-BA 2000, which outlines the broad set of legal strategies used the branch of *GAPA* in the state of *Salvador da Bahia*.

intentionally by the AIDS movement as an explicit strategy to increase their public profile), they served as a model for other social movements in Brazil. In the following decade, filing civil lawsuits would be adopted broadly as a core activist strategy in Brazil. The legal advocacy of the AIDS movement benefited other contemporary social movements in Brazil directly as well. Because the claims of AIDS advocacy organizations centered on basic questions of social rights such as access to healthcare, education, and work, and equal treatment under the law, the legal precedents set by the AIDS movement advanced policy along a variety of social-sector issue areas. According to Ventura (2003): "No doubt these legal questions [in the area of AIDS] made a great contribution to public policies on health and assistance to carriers of deficiencies, and today there are more and more claims of the same nature presented before the judiciary" (245).

The strong focus of the AIDS movement on the judicial system, rather than the legislature, as a key avenue for pushing forward public policy was driven in large part by two aspects of the surrounding institutional context. First, the new legal framework set out by the 1988 constitution, which adopted a broad definition of citizenship rights and established access to healthcare as a universal right, provided a strong constitutional basis for making legal claims in the area of public health (GAPA-BA 2000: 146-147; Rios 2003; Ventura 2003). Second, the inefficiency of the Brazilian congress, in which legislative proposals often languished for years before coming up for debate, led AIDS activists to seek more efficient routes to securing human rights protections (Ventura 2003: 244).

*Lobbying*

Given the slowness of the legislative process, congressional lobbying remained a relatively weak component of the AIDS movement's strategic repertoire for influencing policy in the 1980s. However, on a few important occasions, early AIDS activists also pushed forward AIDS policy through directly appealing to congressional leaders. These lobbying efforts were relatively informal and unorganized, and they consisted mainly of personal appeals by the most high-profile activists—principally, Betinho—who in key moments traveled to Brasília to convince legislators of the need to pass (or block) AIDS policy legislation. For example, during the movement's campaign to develop national guidelines for controlling blood banks:

> …Betinho himself would go to Brasília to talk to deputies [and] senators […], to show them the insanity of the situation, of how the country had abandoned control over the blood supply. And he achieved their support to insert [a clause] into the constitution saying that Brazil would have to control blood, that blood control was a responsibility of the state and could no longer be commercialized… (author's translation)

This type of congressional lobbying by the AIDS movement was effective in large part because of the high personal regard for activists such as Betinho among congressional politicians.

*Research*

Activists used scientific research to support their other inside strategies for influencing AIDS policy development. AIDS activists conceptualized research as an explicitly political act, as fostering "the democratization of information", in response to government suppression of data under the prior military regime. According to a document detailing ABIA's organizational history:

> [The word] democratization [...] symbolized the importance of breaking governmental control over information as a fundamental question for civil society to take back control over the democratic regime. With respect to HIV/AIDS, that concept emphasized the importance of overcoming the general denial of the dimension, nature and impact of the epidemic, with the goal of developing more effective policies and answers in combatting it (Parker and Terto Jr. 2001).

AIDS NGOs thus developed cadres of trained researchers who would conduct scientific studies in areas such as the effectiveness of prevention strategies, access to AIDS services, and human rights violations against people with HIV—holding conferences to develop their findings into concrete AIDS policy recommendations, which they would both take to bureaucrats and publicly disseminate. (See Parker and Terto Jr. 2001: 96-99, GAPA BA 2000: 144.) In addition to the direct impact of scholarly research conducted by AIDS activists on policy development in Brazil, activist-led research indirectly increased their influence over AIDS policy development in Brazil as well. Through their dedication to research, AIDS activists in Brazil became leading national experts on AIDS prevention and treatment. National and state-level policymakers depended on civil society leaders for their expert advice, thus encouraging them to expand and deepen official state collaboration with civil society in drafting AIDS policy guidelines.

### *3.2 Outsider Strategies*

Yet this new repertoire of collaborative social movement strategies complemented, rather than replaced, the old repertoire of outside pressure strategies as a route to influencing policy. The legacy of state corporatism in Brazil—in tandem with the uneven nature of early governmental responses to AIDS—led activists to continue to utilize combative tactics for influencing policy as a core component of their strategic repertoire. By the same token, AIDS activists turned away from disruptive protests and toward small-scale, media oriented protests instead—a protest tactic that relies on dramatic imagery rather than on mass mobilization.

*Protest*

Street protests, for example, were a central political strategy of the AIDS movement in the 1980s.[51] Regularly, activists would take advantage of commemorative occasions to make broad political statements—such as on World AIDS Day in 1991, when activists covered an obelisk in downtown Rio de Janeiro with a gigantic condom to protest the Catholic Church's opposition to condoms as a method of HIV prevention (Parker and Terto Jr. 2001). Activists would also organize protests in response to specific challenges—such as in 1989, when HIV positive activists from the Group *Pela VIDDA* picketed the headquarters of *Varig* (a major Brazilian airline) for making negative HIV tests an employment requirement, and for secretly conducting HIV tests during job orientations (*Boletim ABIA 8*: August 1989, Parker and Terto Jr. 2001: 30). In 1988, activists descended on the national capital of Brasília to demand mandatory screening for blood donations, covering the Ministry of Health with banners and flooding the steps with fake blood (Massi 2009: 39, citing interview with Aurea Abbade, member of *GAPA São Paulo*).

Yet in contrast to prior waves of political protest under the military regime, which were strongly anti-state in character, AIDS protests were sometimes organized in *collaboration* with state officials. In the case of the campaign to ban the sale of blood in the state of Rio de Janeiro

[51] Multiple informant interviews.

(the first stage of what would develop into a major national campaign), the government official in charge of the health surveillance department actually instigated public protests—calling both the press and AIDS activist organizations to join his team as they shut down illegal blood suppliers.[52] Protests organized by Brazil's AIDS organizations also differed from typical protests of prior decades because they were often small in scale, geared more toward attracting media attention than toward producing mass disturbance.

*The Media*

More generally, the media—both print and television—was a key channel used by AIDS organizations used to influence policy, beyond simply as a means to publicize protests.[53] One major use of the press was to directly denounce government misdeeds and pressure the government to invest more in AIDS (Parker and Terto Jr. 2001: 25). According to Ramos, "We used to go on TV and speak poorly of the health secretary, and then the secretary had to come over and invite us in for a meeting. And the secretary knew what the game was [we were playing]."[54]

At the same time, AIDS organizations used the media proactively, in particular to combat the negative national discourse on AIDS, which was fostered by the national program's fear-based prevention campaigns, through developing their own media campaigns.[55] Again according to Ramos:

> So then, *Globo* [Brazil's largest television network] starts to produce the first media campaigns about AIDS based on our principles, and not on the government's principles. The principles of the government were: "Be careful, AIDS kills." And our principles were: "It is possible to prevent AIDS", "You can't get AIDS like this", "Stay away from AIDS, but not from the ill", "Create an epidemic of solidarity"…[56]

AIDS NGOs' strategy of influencing policy through the media was effective in large part because of the political prominence and public reverence for a handful of Brazil's early AIDS activist leaders, whose statements both captured the public's attention and forced politicians to respond (Parker 2003: 159-160, interviews Rocha, Cardoso). AIDS activists also relied heavily on personal connections with members of the media industry to publicize their AIDS prevention campaigns and political demands. In particular, a founding member of *Pela VIDDA Rio* worked (and continues to work) as a journalist for *TV Globo*, the premier television network in Brazil. Through him, activists substantially increased their media presence—via "infiltrating" the press.[57] Moreover, because NGOs had developed into premier authorities on AIDS in Brazil

[52] Informant interviews with Álvaro Matida; Silvia Ramos; Fatima Rocha, bureaucrat in Rio de Janeiro State AIDS Program, 1989 – 2005, Coordinator of program, 2003 – 2006, July 29, 2008.

[53] Multiple informant interviews.

[54] Informant interview with Silvia Ramos.

[55] Informant interviews with: Ranulfo Cardoso; Bruno Cattoni; Silvia Ramos; Veriano Terto Jr.

[56] Informant interview with Silvia Ramos.

[57] Informant interview with Bruno Cattoni.

through their investment in research, members of the press themselves sought out AIDS NGOs to transmit information to the public via interviews—thus increasing their control over the public discourse (Parker 2003: 159, Parker and Terto Jr. 2001).[58]

## 4. An Innovative State Response

While the objective of this chapter is not to explain the state response to AIDS in Brazil, there exists near universal agreement among key Brazilian policymakers and scholars alike that the power of the AIDS movement, together with activist bureaucrats in state and municipal health programs, drove the development of progressive AIDS policies and capable government AIDS programs from the mid-1980s to the early 1990s (Biehl 2007: 1087; Galvão 2000: 35-112; Parker 2003; Teixeira 1997: 56).

### *4.1 Policy Development*

The first government AIDS responses in Brazil emerged at the state and municipal levels, due to the initial concentration of the epidemic in a handful of cities. As in all cases of new public health threats, the earliest AIDS policies in Brazil focused on emergency management. These emergency response efforts centered on building systems for monitoring the epidemic, developing guidelines to treat AIDS patients, passing legislation to safeguard the blood supply, and educating the public about HIV prevention.[59] Yet almost immediately, the strong influence of grassroots activists over policy development began to color government AIDS policies as well. Specifically, unlike the fear-based responses to AIDS across the developing world that included a wide array of discriminatory policies (such as quarantining AIDS victims), governmental responses to AIDS in Brazil emphasized instead the human rights dimension (Galvão 2000: 167-173). State and local AIDS policy commissions adopted the concept of social justice as one of their core guiding principles, and they explicitly highlighted human rights violations as a force in perpetuating the spread of HIV (Galvão 169).

While national policy development lagged behind state and municipal responses to AIDS (Parker 2003: 146), Brazil achieved a few significant advances in national policy development and investment in AIDS during this period as well. In particular, the National AIDS Program adopted the basic ideological emphasis on human rights and nondiscrimination that had been developed at the state and local levels (Parker 2003: 149, Teixeira 1997: 56-57. (See Figure 1.) These guiding norms of the National AIDS Program led to policy advances such as national decrees outlining explicit human rights protections for AIDS patients, and a national law extending benefits to people with AIDS suffering from other diseases (Parker 2003: 149, Teixeira 1997: 61). While these AIDS policy advances resulted from complex and varying combinations of government and civil society forces, all informant interviews and written accounts about the period suggest that the AIDS movement influenced each of these policy debates.

[58] Also, informant interview with Ranulfo Cardoso.

[59] Informant interviews with Ranulfo Cardoso, Álvaro Matida, Fátima Rocha, and Paulo Teixeira.

### *4.2 Bureaucratic Development*

The development of bureaucratic infrastructure for government AIDS responses followed the same basic trajectory as that of AIDS policies and guidelines in Brazil—progressing first at the state and local levels, and then scaling up to the national level. The AIDS program in the state of São Paulo served as the Brazilian model, copied not only by state AIDS programs across Brazil but also by the national AIDS program itself (Parker 2003: 148-149). This diffusion of the basic organizational structure and guiding norms of São Paulo's AIDS program was driven by the shared perspectives and ideals of progressive state and municipal health officials. According to Paulo Teixeira (the key architect of São Paulo's AIDS program and a key architect of Brazil's National AIDS Program), because most bureaucrats who founded AIDS programs at the state level were from the *sanitarista* movement, an *a priori* trust existed among them that facilitated the establishment of dialogue between states.[60] In 1983, Rio Grande do Sul was the first state-level AIDS program to seek out São Paulo for help in designing its AIDS program, and it adopted Sao Paulo's model exactly, including both its organizational structure and its guiding norms; Minas Gerais, Paraná, and other states soon followed.[61] During this period of early bureaucratic development, officials from São Paulo's AIDS program were both invited to and hosted frequent meetings and conferences to present their AIDS program model for AIDS program development across the affected state of Brazil.[62] By 1985, state AIDS programs had been established in at least eleven of Brazil's twenty-six states, in addition to a significant number of municipal AIDS programs (Parker 2003: 148; Teixeira 1997: 52). Civic influence was also felt in the design of these subnational AIDS programs; as noted above, civic activists were integrally involved in developing the AIDS program in São Paulo from the start.

At the national level, the Ministry of Health also adopted the major guidelines of São Paulo's AIDS program when it established the National AIDS Program in 1986 (Galvão 2000: 121).[63] At the same time, the Ministry contracted AIDS NGOs as consultants in the design of the program—thus lending activists a significant degree of influence over the structure for AIDS policy development in Brazil.[64] Most strikingly, a National Advisory Committee was created to incorporate civil society voices in national AIDS policy discussions (Galvão 2000; Parker 2003: 149; Spink 2003; Teixeira 1997: 58). While the National AIDS Commission offered civic associations no formal decision-making power over policy, it served in practice as a powerful opportunity for policy input: not only was it presided over by the key figures that drafted AIDS policy guidelines, but it was also relatively small in size, thus fostering deep discussion and deliberation. This institution, later renamed the National AIDS Commission, stands as a

[60] Interview with Paulo Teixeira.

[61] Interview with Paulo Teixeira.

[62] Interviews with Ranulfo Cardoso, Álvaro Matida, and Paulo Teixeira.

[63] Interview with Paulo Teixeira.

[64] Interviews with Pedro Chequer, Paulo Teixera.

precursor to the participation governance institutions that have swept through Latin America and dominated the discourse over global development policy.[65]

## 5. Conclusion

The early and aggressive civic response to AIDS in Brazil stands out as a striking exception to the weak and reactionary initial responses that emerged across the developing world. The AIDS movement in Brazil was even more unusual given the new set demand-making strategies utilized by AIDS advocacy organizations—bridging the conceptual boundary between interest groups and social movement organizations by relying in equal measure on negotiation and outside pressure tactics. In this chapter, I attribute the extraordinary timing and character of civic mobilization around AIDS in Brazil to the combination of three factors.

First, unlike in the rest of the developing world, AIDS initially affected a wealthy group of "out" gay men in Brazil who had already been organized. Across most of Sub-Saharan Africa, the AIDS epidemic was driven through heterosexual contact—affecting a diffuse population that lacked a collective identity. In most of Latin America, where the epidemic was first spread through sexual contact among men, gay communities were politically repressed. By contrast, the gay community in Brazil was socially marginalized but economically well-off and politically well-connected, with recent activist experience. As I describe in the following chapter, poorer communities did not mobilize around AIDS in significant numbers in Brazil until the mid-1990s, when progressive state bureaucrats intervened to expand civic activism into new groups through targeted resources and training.

Second, AIDS activists in Brazil encountered an unusual opening in the state. During a period in which military dictatorships continued to rule not only Brazil but most of Latin America, Brazil's health policy sector had developed into a bastion of transparent and democratic governance, populated by progressive, civic-minded bureaucrats. In general, civic activists in 1980s Brazil were wary of any form of cooperation with the state. Yet AIDS activists, operating in a political environment of open access to state officials who were sensitive to citizen needs and demands, were led to collaborate and negotiate with sympathetic state and local bureaucrats—even as they organized political pressure campaigns targeted at politicians.

Third, AIDS associations in Brazil gained early access to large pockets of international donor money, which further increased their capacity to develop institutional strategies for influencing policy. In general, the amount of domestic funding available for nonprofit organizations was low in 1980s Brazil. Yet, as Brazil's AIDS NGOs developed reputations for efficacy and political moderation, international donors sought them out as test cases for launching broader global HIV prevention initiatives. With the large influxes of donor funding

[65] Given that Brazil has been used as a model for global AIDS policy, based largely the close dialogue between state officials and civil society representatives, one could also argue that the National AIDS Commission is also the model on which the National Coordinating Mechanisms that have been mandated for all recipient countries of the Global AIDS Fund are based.

that resulted, AIDS NGOs developed into professionalized organizations, with full-time staff members, technology such as computers and fax machines, and budgets for travel to national and international meetings. The sudden availability of donor funding facilitated the use of insider strategies by allowing social movement organizations to develop the professionalization and expertise necessary to collaborate and negotiate with government officials, and with the technical capacity to file legal appeals.

By using international donor funding to simultaneously fill gaps in states services and adopt central roles in the political process, Brazil's AIDS movement of the 1980s serves as the harbinger of a new paradigm for civic advocacy across the developing world. Since the 1990s, the amount of global funding for nongovernmental organizations has ballooned. At the same time, donor priorities with respect to grassroots organizations have expanded from a strict emphasis on promoting service provision to a broader emphasis on building their capacity for advocacy. Now, millions of "civil society organizations" operate across the developing world, receiving contracts to deliver social services in poor communities while claiming to represent the public interest in the policymaking sphere from within donor-mandated participatory governance committees. Due to the early emphasis of Brazil's AIDS organizations on combining service provision with political advocacy, global development organizations have touted Brazil's AIDS movement as an example of the ideal form of civic organization and mobilization in the era of the minimal state, and as a guiding model for their grassroots promotion efforts.

Yet this early case of AIDS mobilization in Brazil departs in two ways from the model of state-driven activism that I will develop in the following chapters. First, in the case of 1980s Brazil, access to the state was uninstitutionalized and concentrated at the state and local levels. Moreover, access to donor funding was limited to a narrow range of elite organizations with international connections, reflecting traditional class biases in civic organization and mobilization. It was only in the 2000s, once the federal government intervened to shape civic organization and mobilization in Brazil, that the AIDS movement spread to a wide range of groups that cut across traditional cleavages such class, race, gender, religion and geography.

**Chapter 3**

# Institutional Transformations

Chapter 2 foreshadowed the development of state-driven activism as a new model for interest intermediation by showing how an early opening of state institutions and of access to donor funding gave rise to new strategies for political demand-making around AIDS policy in the 1980s. This chapter argues that the broad shift in the Brazilian political and economic context that occurred in the 1990s laid the foundation for state-driven activism to emerge as an institutionalized national model for political organization and mobilization.

Chapter 3 is divided into two parts. First, I describe the dramatic transformation in the dominant model of governance in Brazil that took place in the 1990s, elaborating the major changes that occurred both in the general political arena and in the specific arena of AIDS policy. Then, I shift attention away from the broad outlines of this transformation in the political and economic context and toward the specific actors and institutions that would drive the development of state-driven activism within the AIDS policy sector. I both highlight the emergence of activist bureaucrats as new political *actors*, and also describe the development of the new *institutions* that facilitated collaboration between activist bureaucrats and civic advocacy organizations.

## 1. The 1988 Constitution and A New Model of Governance

Over the course of the 1990s, many countries in Latin America experienced a regime shift that radically transformed the structure of incentives and opportunities for organized society to make demands on the state. At the broadest level, democratic institutions replaced authoritarian institutions, which made it possible for wide swaths of society—that had been excluded from the formal political arena since the beginning of modern statehood in the region—to make political demands. But in addition, this Latin American version of democracy was built on a new philosophy of governance that combined the socialist principles of state intervention in order to create a more just and equal society with a neoliberal emphasis on the minimal state. This broad regional transformation in the principles of governance that undergird politics has manifested itself in major institutional changes to national political systems across Latin America.

### *1.1 General Institutional Transformations*

In Brazil, this new philosophy of governance has manifested itself in two broad institutional changes that have been particularly important in transforming national patterns of interest intermediation. First, Brazil drafted a new national constitution in 1988 that set out an expansive definition of citizens' rights. In contrast to the minimalist constitution embraced by countries such as the United States, which focuses narrowly on civil and political rights, the new Brazilian constitution not only enumerates a wide range of social rights but it also includes specific actions and policies that comprise the state's obligations to its citizens in protecting their social rights. Article 196, for example, declares that: "Health is the right of all persons and the duty of the State and is guaranteed by means of social and economic policies aimed at reducing the risk of

illness and other hazards and at universal and equal access to all actions and services for the promotion, protection and recovery of health." By adopting an expansive definition of the state's obligations to its citizens, the new Brazilian constitution provided the legal basis for a wide range of political demand-making.

Second, in an effort to deepen democracy, Brazil adopted a new policymaking structure that incorporates representatives of societal interests into government decision-making bodies. Under this new policymaking structure, known as participatory governance (PG), social policy is governed by councils that allot equal numbers of seats to representatives of government, service providers, and civil society organizations. Since the 1990s, institutions that promote participatory governance have been adopted widely across Latin America, driven in part by leftist politicians and in part by international lending institutions (Fung 2011, Nylen 2011). Brazil was the earliest and the most aggressive adopter of the participatory governance paradigm for policymaking, and in the area of healthcare alone, participatory councils now function in more than 5,000 of Brazil's 5,507 municipalities (Coelho 2004).

The introduction of a new national constitution and a new, participatory governance model for policymaking were both radical developments that transformed the institutional foundations of the Brazilian state. These institutional transformations had a profound effect on the incentives and opportunities for political organization and mobilization around national social policies.

### *1.2 Institutional Transformations in the AIDS Policy Sector*

On the ground, however, national political reformers have been constrained in their pursuit of social democratic goals by two main factors: the legacy of past political institutions, and global economic pressures for neoliberal reform. Consequently, progressive policymakers have been forced to develop political strategies that allow them to circumvent political and economic obstacles to achieving their goals. One of these strategies has been to engage the political and economic support of organizations outside the state—in both the international and the domestic arenas. The society-centered strategies that national administrations have used to circumvent political and economic barriers to pursuing particular social agendas have also shaped the incentives and opportunities for political demand-making in Brazil.

The use of new state-building strategies in the 1990s was concentrated among sectors of the state that had been targeted as priorities by the national administration. The social sectors—including "new" social sectors such as the environment—were a particular focus, given the negative effects on social service provision of the recent "second generation" market reforms that had accompanied Latin America's broad transition from state-run economies to market economies in the late 1980s. AIDS policy was one of these priority sectors in the 1990s and, thus, exemplifies this trend in governance.

*Background: The Redevelopment of a National AIDS Bureaucracy*

While the national AIDS program in Brazil now stands as one of the wealthiest and most efficient sectors of Brazil's federal bureaucracy, until the early 1990s it was a relatively neglected and underfunded area of the healthcare bureaucracy. In the mid-1980s, AIDS programs were under-funded through the national healthcare funding system, *INAMPS* (*Instituto Nacional de Assistencia Médica da Previdencia Social*), which had determined that AIDS in Brazil was

primarily a subnational problem, and that the responsibility for responding lay with state-level health programs (Teixeira 1997). Thus, as described in Chapter 2, AIDS policy in Brazil was developed initially at the state and local levels, beginning in 1985, with progressive subnational bureaucrats in some states and municipalities collaborating with local AIDS activists to form rapid, aggressive, and innovative responses to the epidemic (Parker 2003: 148).

By contrast, the development of a national-level AIDS program in Brazil was a slower and more belabored process. By the late 1980s, the epidemic was spreading across a significant number of Brazilian states. However, funding and bureaucratic development for a national AIDS coordination developed in fits and starts, characterized by sometimes contentious relations between state officials and grassroots AIDS activists. National AIDS program development reached a nadir in 1990, when the national AIDS program nearly disintegrated under the Fernando Collor administration (Galvão 2000: 123-125; Parker 2003: 150-152). Under Collor, funding for the program was cut, international cooperation agreements were cancelled, new officials were appointed as program directors, and the program's collaborative activities with civil society were cancelled (Parker 2003: 150-151).

Between 1992 and 1994, however, Brazil's AIDS program metamorphosed suddenly and dramatically from an underfunded area of the national healthcare bureaucracy to the "rich cousin of healthcare", characterized by capable bureaucrats and a strong, collaborative relationship between the national government and civil society organizations. This unexpected decision to develop a strong national AIDS bureaucracy has been attributed to a variety of factors. On the one hand, AIDS activist groups certainly played an important role. During the Collor period, from 1990 to 1992, the AIDS movement had been particularly active in its criticism of the administration, launching a strong public opinion campaign to pressure the federal government into reinvesting in AIDS programs and into changing its nationalistic, heavy-handed approach toward AIDS policy development (Raizer 1997). AIDS activists pushed forward this campaign in both the domestic and international arenas, utilizing their social connections within Brazil to garner a strong presence in the national media,[66] and utilizing their global networks to generate criticism within the international media and among international human rights organizations (Parker and Terto Jr. 1997, Raizer n/d). And on the other hand, the officials within the national political administration lent strong support to the decision to develop a strong national AIDS program (Nunn 2008: 56-60; Solano 2000: 83-84). Certainly, it was a combination of factors that led to the sudden national investment in AIDS as a national priority among social-sector programs.

Analyzing and evaluating the causal weight of the different factors that led Brazil to target AIDS as a national priority among social-sector programs is a worthwhile endeavor, and as such it has already been the subject of numerous articles—predominantly in Portuguese, but also in English.[67] This chapter does not set out to reinvent the wheel, and interested readers can find richly detailed descriptions of Brazil's sudden AIDS policy transformation within these other texts. Rather, this chapter departs from existing scholarship by explaining how the structure and dynamics of the new national AIDS bureaucracy shaped later opportunities for political organization and mobilization around AIDS.

[66] Interviews with Silvia Ramos, September 3, 2008; Bruno Cattoni, September 5, 2008.
[67] For analyses in English, see Gauri and Lieberman (2006); Nunn (2008); Parker (2003). For analyses in Portuguese see, among others, Galvão (2000); Teixeira (1997).

Specifically, the new national AIDS program director, Lair Guerra, rebuilt the national AIDS bureaucracy in 1992 through two key strategies that reflect broader trends in Latin American governance beginning in the 1990s. First, Guerra relied on international technical and financial support to develop the infrastructure for a powerful and autonomous AIDS bureaucracy. Second, she integrated civil society organizations into the policy process, hiring many of them to work for the state and contracting even more to administer HIV prevention programs. This chapter thus looks to the redevelopment of Brazil's national AIDS bureaucracy as an example of new state-building strategies in the social sectors. In doing so, I lay the foundation for an examination, in the chapters that follow, of the ways in which new dynamics within the state have shaped the incentives and opportunities for political demand-making among previously marginalized segments of civil society.

*International Organizations as a Resource for Institutional Development*

Bureaucracy in Brazil has long suffered a reputation for corruption and inefficiency as a result of the Brazilian political tradition of distributing government posts as political favors. While various presidents throughout modern history have set out to develop the Brazilian state, generations of political reformers have faced overpowering opposition by the powerful provincial oligarchs who benefit from the system of pork-barrel politics. As a result of the political constraints to bureaucratic modernization in Brazil, no presidential administration has succeeded in fundamentally modernizing the system of bureaucracy. Instead, national executives have built state capacity in what they consider to be high-priority policy areas through strategies known as parallel administration or, alternatively, bureaucratic insulation. Rather than overhauling the bureaucratic system, they create new state programs to govern key policy areas and surround them with special rules and protections to insulate them from partisan politics. This tradition of institutional layering has imbued the Brazilian state with a split personality: corrupt and inefficient in some domains, while progressive and effective in others.

In the 1990s, Brazil implemented a version of parallel administration that reflects the new salience of global organizations in shaping domestic policy: using international agencies to insulate key social-sector programs from domestic politics. In the AIDS policy sector, the national administration pursued this state-building strategy primarily through cooperation with the World Bank, acquiring a loan in 1994 for US$140million in AIDS policy assistance (World Bank 2004).[68]

This international assistance from the World Bank played a key role in transforming Brazil's national AIDS program from a relatively weak sector of the bureaucracy into a model sector of the Brazilian state. At the most fundamental level, this infusion of resources radically expanded the capacity of the national AIDS program. Whereas the national AIDS budget in 1991 was a meager US$2,9 million, in 1995 the budget ballooned to US$160 million (Parker 2003: 154-155). Yet perhaps even more important than the direct financial impact of the loan were the administrative ways in which it supported the development of an effective and autonomous AIDS bureaucracy. Through the loan agreement, Brazil outsourced responsibility for managing

[68] Brazil had cooperated with several other international organizations during its first push to develop a national AIDS program beginning in 1988, including with the Pan-American Health Organization (PAHO) and the World Health Organization (WHO). However, the magnitude of this early international cooperation paled in comparison to Brazil's later cooperation with the World Bank.

the national AIDS program's operations to various United National programs (World Bank 1998). While national bureaucrats determined all substantive aspects of Brazilian AIDS policy, programs such as UNESCO[69] determined the rules governing spending, hiring, and salaries (Stern 2005). Currently, all but nineteen of the 219 national AIDS program bureaucrats work through contracts with United Nations organizations, having been hired as National AIDS Program "consultants" (Arnquist, Ellner, and Weintraub 2011). This outsourcing of bureaucratic management allowed the AIDS program to bypass the complex bureaucratic machine that has historically limited the Brazilian state's policymaking effectiveness (Câmara and Lima 2000: 59, Stern 2005).

*Civil Society Organizations as a Resource for Institutional Development*

At the same time, Guerra relied on nongovernmental organizations to design and administer HIV prevention projects (World Bank 2004: 7). Outsourcing social service provision to civil society groups is a core element of the neoliberal paradigm for social-sector reform. Across the developing world, governments have ceded a significant degree of responsibility for social-service provision to non-state actors, using them to "fill gaps" in social service provision, provide "social safety nets" during times of economic liberalization or hardship, and helping to "streamline" the public service sector. As a result, the number of not-for-profit nongovernmental organizations (NGOs) in the developing world grew exponentially, with one study estimating over 1 million organizations in India alone (McGann and Johnstone 2006). Brazil is an exemplar of this phenomenon, where the state has now institutionalized the practice of funding grassroots organizations to manage health and development projects across a wide array of policy areas.

In the AIDS policy sector, Brazil implemented a neoliberal strategy for developing social-sector programs by outsourcing HIV prevention services to nonprofit organizations. Using a logic that centered on the "competitive advantage" of civic organizations in reaching marginalized communities[70], the World Bank loan delegated responsibility to "non-governmental organizations and civil society organizations (NGOs/CSOs) … for carrying out projects covering a range of activities, including: prevention, human rights, care and treatment." (World Bank 2004: 5) Civic AIDS organizations were looked to by those in charge of the new national AIDS program as the core actors responsible for managing the HIV prevention component. Correspondingly, an entire ten percent of the HIV prevention budget was earmarked for civil society projects, which amounted to a total of US$25.5 million in funding for civic AIDS groups between 1994 and 2001 (World Bank 2004: 53). Given that the Brazilian government had never before instituted the practice of contracting civil society groups to implement social service projects, this constituted a dramatic jump in the amount of money available for civil society organizations in Brazil.

The development of a well-funded, politically autonomous, and administratively efficient national AIDS bureaucracy translated into striking policy advances. AIDS treatment emerged as Brazil's flagship service sector, touted by politicians as an example of great post-transition strides in social sector development. In contrast to Brazil's beleaguered healthcare system, the

[69] The United Nations Educational, Scientific, and Cultural Organization

[70] Interviews with three anonymous World Bank officials, November 14, 2006, November 14, 2006, January 7, 2007.

national AIDS program is known popularly as "the healthcare system gone right." And while the effect of Brazil's AIDS policy model on the national incidence of HIV has not been rigorously assessed,[71] assessment of AIDS treatment services compare quite favorably to the overall quality of national healthcare services in Brazil. This outcome has been widely documented in international academic and policy literatures.[72]

## 2. Implications for Mobilization

Certainly, an important outcome of the reform of the National AIDS Program was an immediate improvement in bureaucratic quality and efficiency. Yet another important outcome, which has been broadly overlooked in the abundant literature on AIDS policy in Brazil, is that it lay the foundation for state-driven activism to emerge as an institutionalized national model for political organization and mobilization in the AIDS policy sector.

### *2.1 Activist Bureaucrats*

As I explained in Chapter 1, three factors in particular encourage bureaucrats to support political activism among civil society groups: (1) a commitment to advancing policy, (2) a dependence on outside support to achieve their policy goals, and (3) a belief in the capacity of civil society groups to support them in pursuing their policy objectives. Due to the new organizational structure of the bureaucracy, these three factors obtained in the new national AIDS program.

*Committed Public-Sector Workers*

Perhaps most importantly, the reform brought in a cadre of new bureaucrats with a strong commitment to pushing forward a progressive AIDS policy model. In the 1980s, reform-minded government officials had been spread among a handful of state and local health secretariats. By the mid-1990s, however, a large proportion of these early AIDS protagonists could be found in the national capital of Brasília, utilizing their collective experience innovating Brazil's first AIDS responses to build a comprehensive, national-level AIDS program. These experienced and dedicated public-sector workers were joined in Brasília by dozens of the activists, doctors, and scientists from around the country that had led Brazil's early AIDS policy successes. According to one account, more than half the bureaucrats employed by the national AIDS program in 2011 had worked previously in AIDS NGOs—including the vice-director (Arnquist, Ellner, and Weintraub 2011). In contrast to the popular image of the Brazilian bureaucrat as either corrupt or disinterested, Brazil's national AIDS program was suddenly populated by dedicated workers who had uprooted their comfortable lives in Brazil's more cosmopolitan centers for the purpose of building a path-breaking national AIDS program.

[71] The inability to assess the impact of policy on HIV outcomes is an important yet global problem, which is one of the reasons why the global AIDS community is still copying national policy models from countries that seem to have had success in reducing their incidence of the virus in the somewhat blind hope that the policies are indeed the causal factors. However, the causal impact of national policy models versus other epidemiological factors in reducing AIDS incidence has already come into question in several renowned success cases, such as Uganda.

[72] See, for example, Flynn (2008); Gauri and Lieberman (2006); Nunn (2009); Parker (2009); Stern (2003); World Bank (2005).

These AIDS-policy experts were lured into working for the federal bureaucracy by the promise of effecting far-reaching changes in Brazil's national AIDS policy. During the reconstruction of the national AIDS program, Lair Guerra, the program director, had invested heavily in encouraging AIDS activists and researchers to partner with the state—convincing them that they would be considered as partners on equal footing with career bureaucrats. At the same time, Guerra was only able to bring these outside experts into the state because of the international "technical cooperation" agreement that placed UNESCO in charge of hiring AIDS program employees. Whereas most state employees in Brazil are subject to a rigorous public-sector exam and chosen on the basis of their scores, UNESCO freed Guerra to recruit and hire individuals with specialized expertise such as lawyers, epidemiologists, and anthropologists, who may not have been selected through a standardized procedure—or may not have been willing to invest the time and energy required to study for the more than four-hour exam. UNESCO also offered higher salaries than the standardized public-sector wage, providing a financial incentive to lure some of these highly qualified individuals into making the sacrifice of moving to the remote desert outpost that is Brazil's capital city (Nunn 2009, Stern 2005).

*Dependence on Outside Support*

Despite their comparatively high level of decision-making autonomy and authority, these committed bureaucrats relied on outside political pressure to further their policy objectives. In the domestic political arena, it was the inherently polemical nature of AIDS policy that initially forced the newly empowered national AIDS bureaucracy to seek outside political support. As I described in Chapter 2, AIDS strikes at the heart of core religious taboos: promiscuous sex, and drug use. Brazil is a particularly religious country—nominally Catholic, with a powerful and growing Evangelical presence in the legislature. Consequently, developing progressive new national AIDS policies—such as those promoting condoms, needle exchanges, or even human-rights protections for HIV positive Brazilians—involved the constant threat of opposition from conservative political forces. In the early 2000s, as we will see in Chapter 4, the decentralization of AIDS policy administration introduced a new governance challenge for federal AIDS bureaucracy—how to ensure the implementation of national AIDS policy guidelines at the subnational levels—which drove federal bureaucrats to expand their sources of outside political support to push forward their AIDS policy objectives.

In the international political arena, it was the radical nature of the AIDS bureaucrats' particular goals that initially brought about their need for outside political support. As I describe in the final section of this chapter, Brazil introduced in 1996 a national policy of guaranteeing life-saving anti-retroviral medication to everyone with HIV. This policy led Brazil into conflict with powerful economic forces in the international political arena—specifically, with transnational pharmaceutical companies and with the United States government, which was beholden to the pharmaceutical industry's interests. At the time, Brazil lacked the international political and economic clout to win this international negotiation by relying solely on direct bargaining with World Trade Organization member countries. Consequently, the support of Brazil's AIDS advocacy organizations—who could vouch for the Brazilian government's good intentions, thus throwing the weight of international public opinion behind Brazil—was key.

*Strong Civic Capacity*

Bureaucrats in Brazil's national AIDS program thought to seek out civic organizations as their main source of outside political support due to the proven capacity of Brazilian AIDS NGOs as

activists. As I described in Chapter 2, local civic organizations had played key roles in almost all of Brazil's early successes in progressive AIDS policy development. By the mid-1990s, Brazil's civic AIDS groups had garnered national and international accolades for their technical expertise and for their political effectiveness. Because the new bureaucrats in the National AIDS Program had worked together with civic organizations on most of Brazil's early AIDS policy initiatives at the state and municipal levels, they were familiar with the political capabilities of Brazil's nongovernmental advocacy groups.

### *2.2 Institutions that Facilitate State-Society Collaboration*

At the same time, the reform of the National AIDS Program facilitated the development of state-driven activism by building institutions that promoted cooperation between state and society. Two institutional innovations were particularly important in this regard: the development of permanent state institutions centered on collaboration between national bureaucrats and AIDS activists, and the institutionalization of the practice of providing government funding for civil society projects. While these new institutions were designed initially according to a technocratic logic, they also lay the foundation for political collaboration between bureaucrats and activists. As the remaining chapters will show, both of these institutions took on a politicized character beginning in early 2000s, as federal bureaucrats faced increasing political challenges to the sustainability of their national AIDS policy achievements.

*Collaborative State Institutions*

Perhaps most importantly, Guerra built a new sector of the federal bureaucracy that was dedicated solely to developing the relationship between the national AIDS program and civil society groups. Created in 1993, the Sector for Engagement with NGOs (now called the Unit for Engagement with Civil Society and Human Rights) is one of the seven core units of the federal AIDS bureaucracy, with 12 employees and commanding a large percentage of the national budget for HIV prevention.[73] Their main programmatic objective is to monitor and support the activities of civic AIDS groups across Brazil.

By institutionalizing national-level communication between bureaucrats and activists, the Civil Society unit provided the structural backbone for what would later develop into an explicit political alliance. While the original goal of the unit was more practical than political, the CSHR unit had an immediate impact on interest mobilization around AIDS in Brazil. On the one hand, AIDS activists suddenly had the names and phone numbers of key decision-makers to contact with political concerns or requests for clarification about new policy directions. In this way, the new lines of communication with national bureaucrats helped activists to influence the design of a national AIDS policy framework through back channels. And on the other hand, the presence of the CSHR unit made it easy for bureaucrats to call on the expertise of NGO leaders for advice and assistance in developing new policy frameworks. This new ease of communication with civic groups encouraged national AIDS bureaucrats to initiate their own collaboration with activists in drafting national AIDS policy legislation and guidelines.

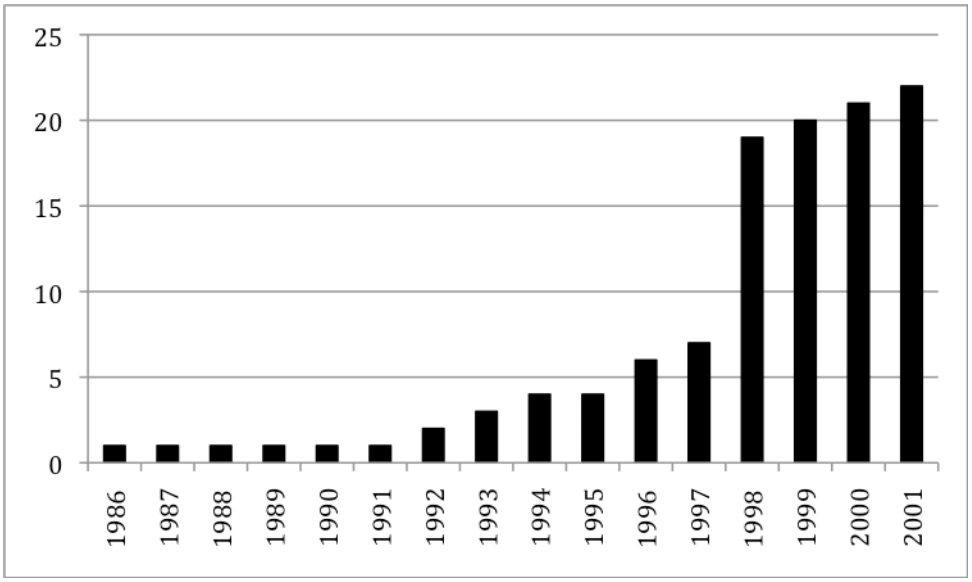
At the same time, the new National AIDS Program administration built new structures for collaboration with civil society groups through specific commissions, committees, and working

[73] Personal communication with Rubens Duda, bureaucrat in the Unit for Engagement with Civil Society and Human Rights, July 26, 2010.

groups. While the first national-level AIDS commission (*CNAIDS*) bringing together state and society had been created in 1986, as an ad hoc response to the public health emergency, the number of participatory governance institutions within the national AIDS bureaucracy expanded dramatically after 1994. (See Figure 1.) By 1998, participatory governance institutions had been created to oversee almost every area of AIDS policy, from the highest level challenges to the most minor of issues. At the highest level of policy, for example, *CNAIDS* debates national AIDS policy priorities and the national AIDS budget (Spink 2003). The Commission for Engagement with Social Movements (*CAMS*) was developed to discuss the role of different social movements in Brazil's national AIDS policy. Other participatory AIDS policy institutions include the Vaccine Commission and the Commission for Inter-sectoral Monitoring of STD/AIDS policy. At the same time, a changing array of informal "working groups" structure state-society collaboration over specific policy concerns; these include the Committee on Therapeutic Consensus, the Committee on Pharmaceutical Assistance, the Committee for Adherence to Medical Regimens, the Committee on Epidemiology, the Committee for Ethics in Research, the Committee on Men who have Sex with Men, and the Committee on Lesbians.

This wide range of participatory AIDS policy institutions dramatically expanded the number of points of access to the state for civic AIDS groups—once again providing opportunities to influence AIDS policy through inside collaboration and negotiation with state officials. These national-level participatory governance bodies also increased the capacity of AIDS associations to act as government watchdogs; by institutionalizing the flow of communication between associations and state officials, participatory commissions and committees made it easy for state officials and civil society representatives to rapidly exchange information about on-the-ground problems they detected or about government misbehavior, and to develop problem-solving strategies together.

**Figure 1: Number of National AIDS Councils and Commissions 1986 – 2001**

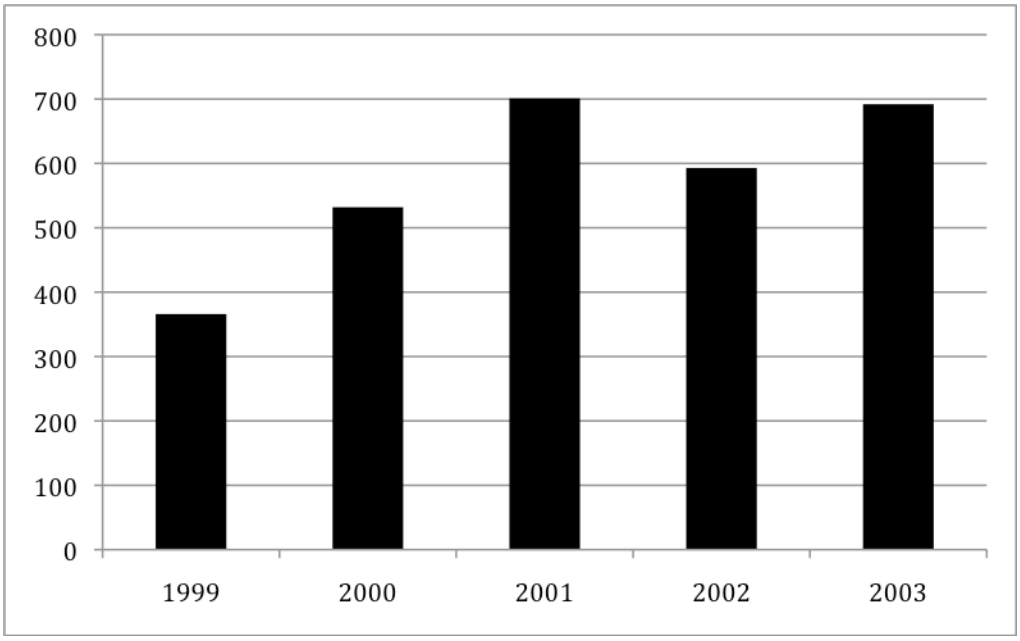



Data source: Spink 2003

*Federal Funding for Civil Society Projects*

The reform of the national AIDS program also dramatically expanded and institutionalized the flow of state resources to civil society groups, by contracting out HIV prevention projects to civic organizations. While no budgetary data are available for years prior to 1994, it is widely acknowledged that federal funding for civil society was essentially non-existent in these years, and what little money was distributed was based largely on personal connections between elite activists and government insiders (Nunn 2008: 55). Between the years 1994 and 1998, the number of federally-funded civic AIDS projects was already quite large: Whereas the Bank loan had projected funding for 261 projects, they estimated the real number of civic projects to be "500+" (World Bank 1998). In an even more striking contrast to pre-1994 numbers, Brazil's national AIDS program funded an astounding 2,884 civil society projects between the years 1999 and 2003, with an average of 577 projects per year. (See Figure 2.)

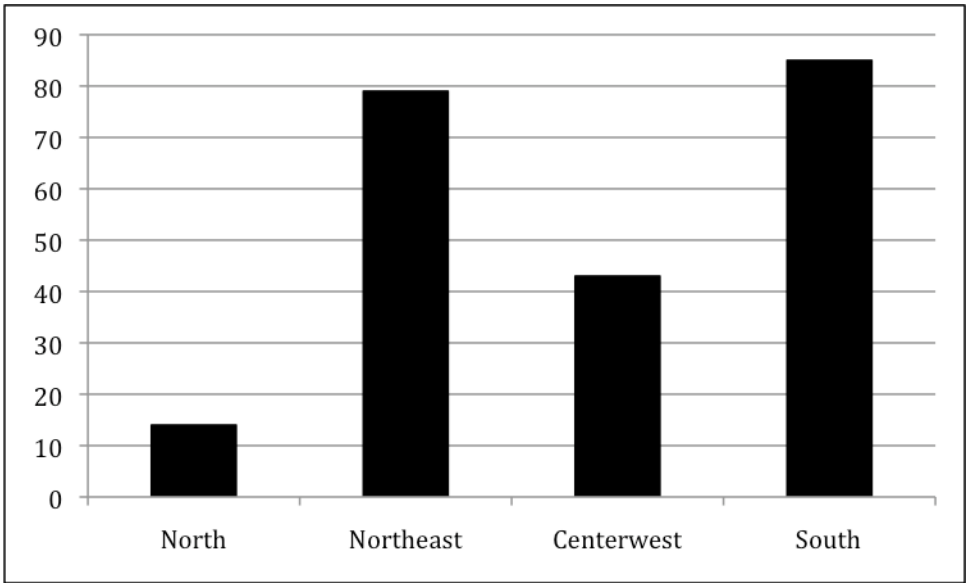
**Figure 2: Federally-Funded Civic AIDS Projects 1999 – 2003**




Data source: internal government document.

This massive influx of resources for nongovernmental groups dramatically transformed the scope and character of civic organization in the AIDS policy sector. First, the number of AIDS associations in Brazil ballooned dramatically after 1994. Whereas several dozen nongovernmental organizations in Brazil worked on AIDS in the late 1980s (Galvão 2000: 60-84), 508 AIDS associations were officially registered with the National AIDS Program by 2002 (Ministério da Saúde 2003). This growth in the number of AIDS associations was most dramatic in Brazil's underdeveloped regions (the North, Northeast, and Centerwest), due to the National AIDS Program's particular focus on mobilizing civic associations in underserved areas. In the late 1980s, AIDS associations had been almost entirely concentrated in the four industrialized states of São Paulo, Rio de Janeiro, Porto Alegre, and Bahia. By 2002, however, AIDS associations existed in all twenty six states of Brazil—including in the North and Northeast, Brazil's two most impoverished regions, which are covered largely by jungle and desert, rank lowest nationally on levels of education and income, and have been dominated politically until recently by land barons. (See Figure 3.)

**Figure 3: Number of AIDS Associations outside the Southwest, 2002**




Data source: Ministério da Saúde 2003

Federal funding for nongovernmental groups also expanded the number of AIDS associations within already-established centers of civic AIDS mobilization, such as the Southeastern states of Rio de Janeiro and São Paulo. In 2009, in those two states alone, I personally counted 231 officially registered "AIDS associations", an additional 100 community-based organizations belonging to an AIDS prevention network, and approximately 1,000 associations distributing government-provided condoms.

As the previous section described, the development of competitive grants for civic AIDS groups was not in its original intent a political act. Rather, it was broadly viewed as a neoliberal strategy for developing HIV programs by outsourcing the administration of prevention projects to nonstate, nonprofit organizations. Yet the progressive bureaucrats in Brazil's national AIDS program opened space for political activism among federally funded civil society groups by shaping the rules that governed the process of transferring resources to civil society organizations. According to Teixeira, a key participant in the negotiations:

> For us, we wanted [to fund] civil society [groups] with a community base, not tied to governments, not-for-profit, and who shared our vision of public health. The Bank, as a neoliberal institution, worked a lot more with large institutions, professionalized, most of them [with strong ties to] the American government… directly or indirectly connected to the American government. [74]

By providing resources for hundreds of new civic associations to invest themselves in the fight against AIDS, while protecting their political autonomy, the Brazilian government's new

[74] Interview with Paulo Teixeira, November 26, 2008.

practice of contracting civic organizations as service providers thus introduced significant new opportunities for political organization and mobilization in the AIDS policy sector.

## 4. The Treatment Access Campaign

In 1996, Brazil's Health Minister made a sudden announcement that Brazil would guarantee access to the new life-saving ARV drugs for everyone in need. This announcement dramatically altered the context of mobilization in Brazil's AIDS policy sector by providing a strong legal basis for political demand-making in the area of AIDS treatment.[75] It also provided a new challenge for federal bureaucrats, as they scrambled to figure out how to finance this policy.

This new AIDS policy challenge of lowering the cost of ARVs led to the first major political collaboration between federal bureaucrats and civic advocacy groups in the AIDS policy sector. The national AIDS program needed international pharmaceutical companies to lower their prices in order to afford to buy a sufficient quantity of drugs. However, Brazil lacked the international political and economic clout to win this international negotiation by relying solely on direct bargaining through the World Trade Organization. In response to this challenge, federal bureaucrats looked to AIDS advocacy organizations to build outside political pressure in favor of Brazil by engaging with international human rights groups and vouching for the Brazilian government's good intentions.

The way in which they mobilized AIDS advocacy groups as political allies was through the two new institutions that had developed during the 1990s: (a) participatory AIDS policy committees, which bureaucrats used to engage civic advocacy groups in dialogue about the international campaign, and (b) federal funding for civil society projects, which bureaucrats used to send activist groups to mobilize political support abroad and to rabble rouse at international trade negotiations. The AIDS treatment campaign that the Brazilian government launched in the international arena is thus an important example of how new institutions in the AIDS policy sector facilitated political collaboration between bureaucrats and civic advocacy groups.

The development of Brazil's AIDS treatment program is also extremely important from a policy perspective. Brazil was the first country in the developing world to guarantee access to ARVs for its citizens, making the availability of treatment a centerpiece of its national AIDS policy. In doing so, Brazil went against the international policy consensus of the time that purchasing anti-retroviral drugs was an inefficient use of limited funds for AIDS programs. Holding fast to its promise of providing universal access to AIDS treatment in the face of opposition by transnational corporations, and showing a significant national reduction in HIV prevalence as a result, Brazil paved the way for a new global AIDS policy consensus to emerge in the 2000s.

Due to the global importance of Brazil's ARV program, the overwhelming majority of English-language scholarship on AIDS in Brazil focuses narrowly on the production and distribution of ARVs. However, as this study has shown, ARV drug provision is only one among several important dimensions of Brazil's national AIDS policy model. Moreover, from the

[75] See Nunn (2009).

perspective of civic mobilization around AIDS policy—the focus of this study—the national AIDS treatment campaign serves as only one particularly salient example of broader changes in political organization and mobilization around AIDS policy that began in the early 2000s, which the following chapters will explore. I have thus excluded an independent discussion of AIDS treatment activism from this stage of the study—leaving a more elaborate discussion to be included in the book.

**Chapter 4**

# Implementation Problems: National Bureaucrats versus Local Politicians

Chapter 3 cast into the foreground the dramatic transformation of political and economic institutions in Brazil that lay the foundation for state-driven activism to emerge. The following two chapters trace the implications of the regime change in Brazil for the actions and strategies of two specific actors—bureaucrats and activist organizations—as they confronted challenges to the sustainability of Brazil's progressive AIDS policy model. Here we have two very different groups who were both motivated to mobilize Brazil's new service-providing NGOs as political advocates. This chapter highlights the motivations and strategies of federal bureaucrats in helping to mobilize new AIDS advocacy groups, while the next chapter focuses on the contributions of Brazil's experienced activist organizations. This chapter thus deals primarily with the influence from above on political mobilization, and Chapter 5 addresses the influence from below.

Specifically, Chapter 4 shows how a new AIDS policy challenge, decentralization, led activist bureaucrats in Brazil's national AIDS program to mobilize the new population of service-providing AIDS organizations as local-level political advocates. In the context of decentralized governance, in which local politicians administer most social-sector programs, reform-minded bureaucrats often find they have little control over the implementation of their progressive policies. In Brazil's AIDS policy sector, activist bureaucrats attempted to ensure the successful implementation of their policies by mobilizing new advocacy organizations to monitor the actions of local politicians in politically corrupt or conservative states and pressure them to conform to national policy guidelines. AIDS bureaucrats launched this top-down mobilizing campaign through two key mechanisms: providing *resources* for civil society that centered on political advocacy, and providing *opportunities* for new civic AIDS organizations to become active in AIDS policymaking institutions as well as in the judicial and legislative arenas.

## 1. More Money, More Problems

*[W]e are facing the following paradox: on the one hand, there is access to anti-retroviral treatment, falling mortality rates, and a decrease in hospitalizations; but on the other hand, it is hard to get a [hospital] bed, a laboratory exam, and medication for opportunistic infections.*

Raxach 2005

In the 2000s, the AIDS policy challenge could still be divided into three main dimensions: providing *treatment and care* for the sick, *HIV prevention*, and *combating stigma and discrimination*. However, the broad political and economic context of the AIDS policy challenge in Brazil had changed dramatically from the 1980s. In the 1980s, the national AIDS program had been a marginalized and underfunded sector of the healthcare bureaucracy. In stark contrast, by the 2000s the national AIDS program was regarded by many as the best AIDS program in the world due to its heavy financial investment in combating AIDS, its promise of universal access

to anti-retroviral medicines (ARVs), and its collaborative relationship with civic advocacy groups. In the area of AIDS treatment, the transformation of the AIDS policy regime in Brazil had dramatically altered the nature of the AIDS policy challenge. Yet in the areas of hospital care, HIV prevention, and combating discrimination, the nature of the policy challenge remained strikingly similar to that of the 1980s. In the following pages, I discuss these aspects of Brazil's AIDS policy challenge in the 2000s.

### *1.1 Treatment and Care*

From the 1980s to the 2000s, the challenge of providing treatment and care for AIDS patients had increased enormously in its complexity. In large part, this new complexity resulted from the discovery of ARVs and, subsequently, the national political promise to provide free access to all Brazilians. As a consequence of these medical and political advances, a central AIDS policy question became how to acquire, pay for, and distribute each ARV drug. This challenge was constantly evolving as resistance built to existing medications and new drugs were developed as a result—and Brazil's national AIDS treatment guidelines were frequently having to be re-written (Beloqui 2007).

Another complicating factor in the challenge to provide adequate treatment for AIDS, closely related to the first, was the constant discovery of new medical ailments that resulted from HIV, as well as from the drugs used to treat it. Because HIV is a virus that infects the immune system, it dramatically increases the likelihood that an individual will suffer from what are called "opportunistic infections", which take advantage of the body's weakened ability to protect itself. Tuberculosis is the most prominent among opportunistic infections and is now the number one cause of death among AIDS patients. Yet the number of opportunistic infections that threaten AIDS patients extends far beyond TB, ranging from Hepatitis C to viral infections that lead to blindness. At the same time, the ARV drugs developed to combat HIV each carry their own side effects, from ailments such as excess fat deposits in the face and stomach, to life-threatening problems such as cancer, heart disease, and the increased likelihood of stroke.

Because these medical ailments affect a population that is broader than AIDS patients, treatment for them tended to be financed and administered by other health-sector bureaucracies that possessed neither the financial endowment nor administrative capacity of the national AIDS program (World Bank 2010). According to the president of the Network of People Living with HIV/AIDS in the state of Rio de Janeiro:

> The Ministry of Health spends an absurd quantity of resources to treat HIV/AIDS, to buy anti-retroviral…
>
> …but it doesn't spend a single cent to treat opportunistic infections. It's that old story: the body's covered but the ass is hanging out.[76]

As a result, access to treatment for the co-infections and collateral effects that went along with HIV tended to be poor—in striking contrast to the high-quality provision of treatment for combating the direct effects of HIV, which set Brazil apart as a global model for AIDS treatment (World Bank 2010).

[76] Interview with Willian Amaral, President of *RNP+* Rio de Janeiro and President of the AIDS NGO Forum of Rio de Janeiro, August 6, 2008.

At the same time, many of the old AIDS policy challenges persisted. Strikingly, while medical knowledge about how the virus was transmitted and could be treated had advanced dramatically since the 1980s, providing adequate clinical and hospital care for AIDS patients continued to be a major challenge in the 2000s. Echoing the quote in Chapter 2 by the founding member of *ABIA* who had reminisced about coming to the aid of desperate individuals turned away by hospitals, in 2005 a newer member of *ABIA* lodged the following complaint:

> Every day more people are getting in touch with ABIA looking for help getting medical attention, or simply [for help] figuring out what the fastest way to get their HIV test results would be... (Raxach 2005)

One of the principal problems with patient care that continued to plague AIDS officials and activists was late diagnosis, which in the 2000s was still a major cause of AIDS-related deaths. In 2008, a study commissioned by the Ministry of Health found that 44% of AIDS patients had begun their treatment later than recommended, 67% of whom had failed to start treatment until their CD4 cell count had shrunk to less than 200 (Barbieri 2008: 18). Delays of up to several months in processing CD4 and viral load tests, which are necessary to prescribe drug therapy for HIV carriers, similarly prevented Brazilians from accessing AIDS care (*Valor Econômico* 2006).

Hospital beds for AIDS patients were also still in short supply through the 2000s, as were trained doctors. In one of the main AIDS clinics in the city of Rio de Janeiro, for example, there were only three infectologists in 2010 to attend to 1,500 AIDS patients (Baldioti 2010). Finally, AIDS clinics themselves were also in short supply. According to a 2007 study conducted by the state health secretariat of São Paulo, the municipalities with centers for AIDS testing and counseling (CTCs) covered only 49% of Brazil's population and 69% of AIDS cases; and among these CTCs, 30% lacked the basic infrastructure necessary to provide adequate clinical services (Barbieri and Ferrari 2007).

### *1.2 HIV Prevention*

As HIV spread nationally over the course of the 1990s, from a few urban epicenters into a range of underdeveloped areas, national AIDS bureaucrats also faced increasingly strong barriers to developing and implementing effective HIV prevention campaigns. Whereas AIDS had spread initially in Brazil among circles of gay men who were relatively well-off, by the 1990s, infections began to shift to much poorer subpopulations—and more broadly, to women and children (World Bank 1998: 1). Geographically, the virus was spreading from the wealthy zones of the Southeast into the poorer states of the Northeast and beyond (World Bank 1998: 1).

The economic marginalization and diffuseness of the diverse set of communities that were affected by AIDS beginning in the mid-1990s posed new challenges to developing and disseminating effective HIV prevention messages. While gay men in 1980s Brazil were wary of government messages, due to the state-sanctioned discrimination they had suffered during the military regime, they were easy to reach by civic AIDS activists, many of whom were themselves members of the gay community. In the 1990s, however, the number of subpopulations affected by AIDS had ballooned, and the list of "high risk" groups grew to include not only IV drug users and sex workers, but also miners, truck drivers, indigenous groups, women, and the poor (World Bank 1998: Annex). Gay men lacked cultural inroads into these new communities. Moreover, these subpopulations were often dispersed and fragmented. Whereas HIV prevention messages in the gay community could be disseminated efficiently,

often through word-of-mouth, disseminating HIV prevention messages among miners truck drivers, and other groups required new strategies that were tailored to the cultural and social codes of each different subpopulation. National AIDS Program officials thus faced the new challenge of reaching a wide swath of communities that existed at the margins of society and the economy.

The problem of reaching economically marginalized subpopulations was exacerbated by the stronger presence of religious institutions within poor communities. Brazil is both highly religious and religiously diverse, with Catholic, Evangelical and Afro-Brazilian religions blending to form a wide array of belief systems that vary regionally. Each of these religious traditions posed different potential obstacles to HIV prevention. Some considered AIDS to be a punishment from God for immoral behavior; others opposed the use of condoms; and still others proposed that AIDS could be cured through prayer alone. Developing HIV prevention messages that resonated within a diverse set of religious communities required new strategies (Oliveira 2006, Souza 2008). It also required building relationships of cooperation with organizations that tended to differ greatly in their values, culture, and philosophies from the leftist activists—many of whom were gay—who were in charge of AIDS policy development.

### *1.3 Combating Stigma and Discrimination*

At the national level, many advances had been made in policies that protect people from AIDS-related discrimination. But at the local level, AIDS-related discrimination and stigma persisted in the 2000s. In some cases, enforcement of anti-discrimination policies was weak. In other cases, political leaders in socially conservative states were actually proposing discriminatory policies and legislation. A 2009 legislative proposal in the state of Rio de Janeiro, for example, would have required the health secretariat to publish the names and information of all residents with HIV. (*O Globo* 2009) And in poor and rural communities outside the reach of the state, egregious human rights violations still occurred. In 2008, for example, drug traffickers in the state of Rio were escorting *favela* residents to AIDS clinics, forcing them to take rapid-result HIV tests, and expelling those with positive results from their communities (*O Globo* 2008).

## 2. Implementation in a Federal System: Obstructive Governors and Mayors

Exacerbating these challenges was the mandate to decentralize authority over AIDS policy management to both state and municipal governments, where there is wide variation both in bureaucratic capacity and in the political will to invest in AIDS treatment and prevention programs.

Decentralization was pushed forward by both Brazilian AIDS bureaucrats and the World Bank, in agreement on the goal. For the World Bank, decentralization was (and remains) one of their guiding principles of good governance, and the Bank had been involved in pushing forward decentralization of the public health system in several Latin America countries (Kaufman and Nelson 2004). For Brazil, the tenets of decentralized governance are enshrined in its 1988 national constitution—the outcome of a broad push against the centralization of the authoritarian regime, as well as of a specific lobbying effort by public health activists during the Constitutional convention of 1988, who held up decentralized governance as a way to democratize the state and as a way to circumvent entrenched elite interests at the national level.

Moreover, the Brazilian government had already decentralized the public health system without the involvement of international lenders (Arretche 2004).

Federal AIDS bureaucrats also considered decentralization to be a practical necessity for the national expansion of AIDS programs into new regions and states (*Valor Econômico* 2006). As AIDS penetrated new areas, national-level bureaucrats—based in the remote capital of Brasilia—found themselves unable to make effective policy decisions for the increasingly diverse set of community needs.[77] Moreover, national bureaucrats detected a need to institutionalize the flow of federal funding to states and municipalities for AIDS program implementation,[78] given that seventy subnational bureaucracies had already been implementing AIDS programs since 1994, and one hundred seventy seven since 1998—although without the autonomy to determine the distribution of AIDS funding in their own jurisdictions (Barboza 2006).

Finally, the administrative separation between Brazil's AIDS programs and its public health programs had become increasingly inefficient and costly (World Bank 2010).[79] Prior to the 2000s, the AIDS bureaucracy had developed in isolation from Brazil's public health bureaucracy, with its own management and service infrastructure, which was governed by independent administrative staff at every level from the national program all the way down to local bureaucracies and AIDS clinics. During the initial development of Brazil's national AIDS program, this division was important in light of the extreme organizational problems with Brazil's healthcare system. However, the lack of coordination between AIDS programs and public health programs also resulted in a redundancy of government investments and in various inefficiencies of operation—problems which were exacerbated as AIDS care technologies advanced and became increasingly complex. Consequently, the decentralization of authority over AIDS programs was broadly viewed among federal bureaucrats as an inevitable stage of national policy development.[80]

Brazil thus decentralized AIDS policy management to the state and municipal levels in 2005, after a series of pilot programs in the early 2000s. While the national AIDS program remained the primary source of AIDS funding, it implemented a system for automatically devolving a significant portion of the national AIDS budget to all states and a large number of municipalities to manage autonomously. Specific responsibilities for administering AIDS programs were divided between states and municipalities, with municipalities carrying most of the implementing responsibility and states taking on monitoring and coordinating responsibilities. In addition, states were tasked with distributing ten percent of federal AIDS

[77] Informant interviews with Pedro Chequer, Coordinator of the national AIDS program 1996–2000, November 26, 2008; Paulo Teixeira, Coordinator of the national AIDS program 1992–1993, 2000–2003, December 12, 2008 (with followup on May 5, 2009); Alexandre Grangeiro, Coordinator of the national AIDS program 2003–2004 and Adjunct Coordinator 2001–2003, December 16, 2008.

[78] Informant interviews with Pedro Chequer, November 26, 2008; Paulo Teixeira, December 12, 2008 (with followup on May 5, 2009); Alexandre Grangeiro, December 16, 2008.

[79] Also: interview with Alexandre Grangeiro, December 16, 2008.

[80] Informant interviews with Pedro Chequer, November 26, 2008; Paulo Teixeira, December 12, 2008 (with followup on May 5, 2009); Alexandre Grangeiro, December 16, 2008.

transfers to civil society organizations for developing AIDS-related projects. The National AIDS Program remained responsible primarily for determining national priorities and guidelines, for coordinating across states and regions, for monitoring state and municipal implementation of national guidelines, and for supporting civil society AIDS networks (Portaria Nº 2.313, 19 de dezembro de 2002).

On paper, the design of Brazil's decentralized AIDS policy system seemed watertight. Because the decentralization of AIDS policy was instigated by federal bureaucrats themselves, rather than by politicians looking for easy ways to cut government spending, it was designed specifically to strengthen capacity within the national AIDS bureaucracy to sustain Brazil's national AIDS policy. Rather than downsizing the national AIDS program as an outcome of AIDS policy decentralization, those in charge instead redefined the role of the federal AIDS bureaucracy around the dual mission of oversight and national policy development. Throughout the decentralization process, the national AIDS program had retained its staff and its comfortable budget; and what it lost in control over resources was matched by a decrease in the administrative burden for federal bureaucrats.[81]

In particular, the design of the decentralized AIDS policy system, called by its authors the "policy of incentives" (*política de incentivos*), was targeted to overcome gaps in local political accountability and bureaucratic capacity that have plagued public programs in Brazil's through its modern history, including in its decentralized public health system.[82] As a condition for receiving federal transfers, the national program required each state and municipality to develop its own, detailed annual AIDS policy goals. In theory, this stipulation promoted effective subnational planning by allowing local authorities flexibility in setting their AIDS program goals—accounting for vast regional differences in bureaucratic capacity and in population needs. At the same time, this stipulation served a political purpose, by providing national bureaucrats with an irrefutable baseline to use in evaluating and holding subnational politicians to account for their AIDS program development.[83] Another mechanism the national AIDS program used to maximize subnational is that federal AIDS transfers were deposited into special accounts that were separate from other public health accounts and accessible via internet by the national bureaucrats in charge of monitoring AIDS funding. National bureaucrats checked the flow of money out of these accounts daily.[84]

In practice, however, the federal AIDS bureaucracy continued to face strong challenges in directing subnational policy implementation, mirroring the challenges faced by federal bureaucrats in other social service sectors. In fact, regulatory mechanisms are so weak in Brazil that even collecting basic information about subnational spending behavior has been highlighted as a problem—both in evaluations of Brazil's public health program and in evaluations of Brazil's AIDS programs (USAID 2007, World Bank 2005/2007). In other words, information—the basic foundation for accountability—is missing in the Brazilian service sector, suggesting

[81] Multiple informant interviews.

[82] On the challenges of public health reform, see Arretche (2004).

[83] Interview with Alexandre Grangeiro, December 16, 2008.

[84] Interview with bureaucrat in the planning division of the national AIDS program.

that the national bureaucracy had almost no direct control over program management at the state or local levels.

In the absence of an empowered government watchdog, significant numbers of state and local politicians misappropriated federal transfers for social service programs to use for personal and political purposes. For example, the former health secretary of the state of Rio de Janeiro was indicted for having stolen 700 million Brazilian reals (US$350 million) from the public health system in 2005 (*O Globo* 2008, *Saúde Business Web* 2008). In the area of AIDS, while federal mechanisms for monitoring spending had achieved more success in preventing politicians from misappropriating federal transfers, a significant number of governors and mayors chose to leave federal AIDS funding sitting in their bank accounts rather than diverting local resources from other, more politically popular programs to provide the matching funds required for AIDS program implementation. In the state of Goiás in 2009, for example, the state-level health secretariat had spent only 57% of its federal transfers earmarked for AIDS services since 2003. Not a single *real* of federal AIDS transfer money had been withdrawn from its bank account for thirty two months (unpublished government document).

Low subnational investment in AIDS program infrastructure translated into serious state and municipal policy problems that threatened Brazil's reputation as a global AIDS leader. Empty stocks of antiretroviral drugs not only threatened the individual health of AIDS patients but also threatened to foster drug-resistant strains of the virus in Brazil (*Estado de São Paulo* April 28, 2010). Delays of up to several months in processing CD4 and viral load tests, which are necessary to prescribe drug therapy for HIV carriers, similarly prevented citizens from accessing AIDS care (*Valor Econômico* 2006). In fact, weak investment in AIDS policy at the subnational levels underlay nearly all the AIDS policy challenges described in the previous section.

Both national authorities and published documents attribute the failure of subnational authorities to spend federal AIDS funding to a combination of weak bureaucratic capacity and an absence of political will to invest in AIDS (World Bank 2010). According to one national bureaucrat, expanding on the challenge posed by subnational politicians:

> Despite [national] resource limitations, the Brazilian government has invested in STD/AIDS policies. But we can't forget that authority is decentralized, where states and municipalities have their own responsibilities. And unfortunately, not all of them comply with their responsibilities. So it's not enough to have the Ministry of Health transferring [sufficient] resources [to states and municipalities]. Frequently, those resources simply sit in their accounts because there is no political will [to move them]…[85]

According to the director of the national AIDS program:

> It's not money that we need now. We need a new vision. We need to alter the state and municipal agenda so that we can plan better. To encourage and

[85] Interview with Gilvane Casimiro, bureaucrat in the Unit for Engagement with Civil Society and Human Rights, March 16, 2010.

strengthen this type of structure is a long-term process. It will not happen during my lifetime, but it gets at the soul of the Brazilian government.[86]

## 3. Beyond Implementation: Politicizing Civil Society

Without effective oversight mechanisms, national AIDS bureaucrats were forced to look outside the state for methods of ensuring that governors and mayors implement national policy guidelines. Nongovernmental associations stood out as a logical source of resource for regulating subnational political behavior due to the close, collaborative relationships that had formed between AIDS bureaucrats and activists during the initial development of the federal AIDS bureaucracy, and due to the nation-wide profusion of AIDS NGOs that had organized as a result targeting federal funding from the World Bank loan.

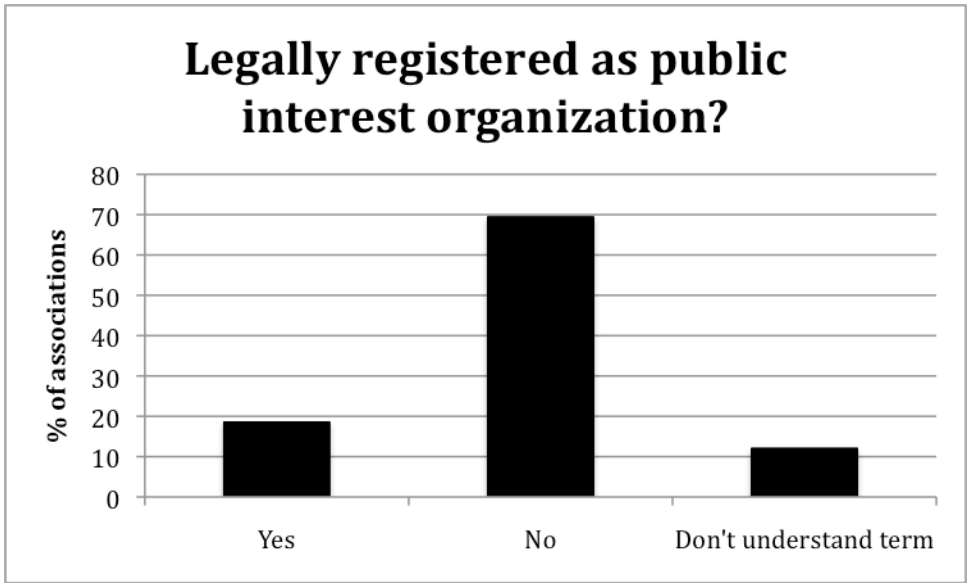
### *3.1 The Challenge of Mobilizing New Political Allies Among Civil Society*

This massive influx of government funding had not at first expanded or strengthened political mobilization around AIDS policy. Whereas the AIDS associations that had organized from the bottom up in the 1980s were focused on political advocacy, the associations that had organized around AIDS in response to the influx of federal funding tended to be relatively apolitical with respect to AIDS, prioritizing service provision over making claims on the state. In part, this was because the two new types of civic associations that had engaged in HIV prevention in response to top-down inducements possessed neither the resources nor the political opportunities to influence AIDS policy development or implementation.

First, federal funding for civic AIDS projects had given rise to a large number of "poor" organizations who were dependent on a single donor, often the state (Galvão 2000, 93). Whereas the small group of organizations that had mobilized in the 1980s continued to rely primarily on international foundations for support, by 2003 the overall degree of reliance on state funding was quite high among AIDS associations. (See Figures 1 - 3.) The leaders of these AIDS associations tended to come from poorer socioeconomic backgrounds and had little political experience.

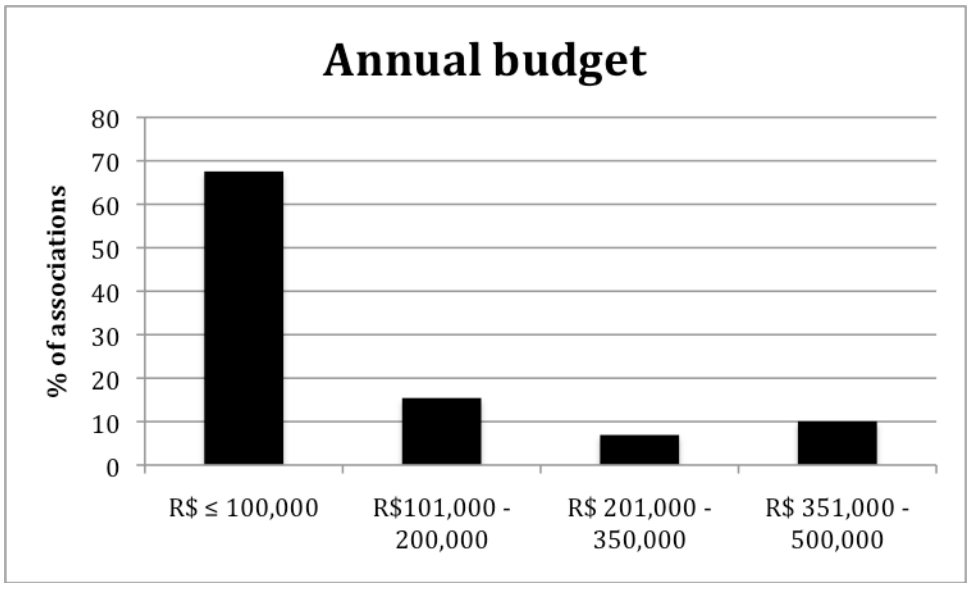
[86] Mariângela Galvão Simão, Director, National Department of STD, AIDS, and Hepatitis, cited in Arnquist et al (2011).

**Figure 1: Weak professionalization of new civic AIDS organizations**



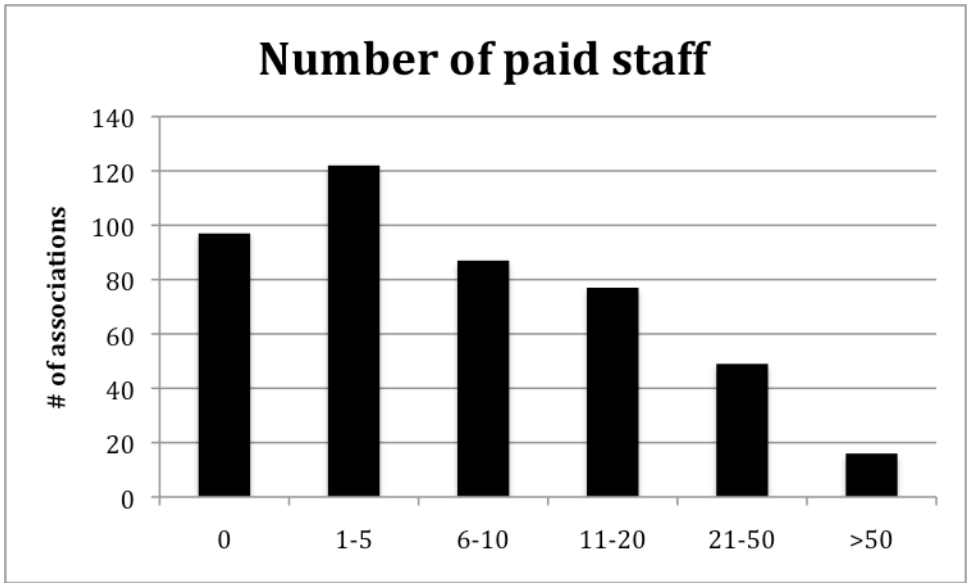

Data source: 2002 National Catalog of AIDS Organizations

**Figure 2: Relatively small budgets of civic AIDS groups**




Data source: 2002 National Catalog of AIDS Organizations

**Figure 3: Large number of associations with little or no paid staff**




Data source: 2002 National Catalog of AIDS Organizations

Second, federal funding for AIDS projects had also encouraged civic organizations that were focused primarily on other issues to take on HIV prevention as a way of expanding or diversifying their sources of income. As one informant from the state of Rio explained:

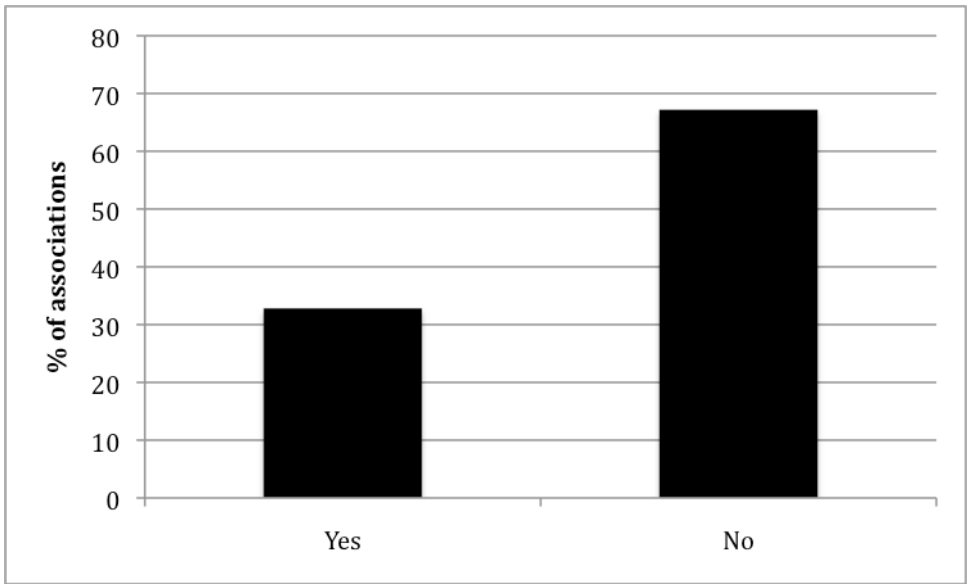
> What happened is that we needed to get project resources, and [simultaneously], in the community [we worked with] there began to emerge a demand for work with sexuality in the two units for adolescents.
>
> And so one fine day in the middle of that story there was a competition for consultants to develop an [HIV education] project. And my team… they had various ideas… everyone in my team knew about [the project competition] and was talking about it. We were between projects, and so we needed to do something … [we were] in a moment without money coming in. And so everyone said: Let's apply for the consultancy (…) And I took one look at [the announcement] and said: 'I'm not going to [do that].' But they bothered me so much about it.
>
> I was the last one to apply, and I handed in the application fifteen minutes after the deadline, but I was the only one to be chosen. I went. [87]

While Kátia is now a major AIDS movement activist, she first engaged her civic association in HIV prevention work out of pure financial expediency. These new "AIDS associations" included

[87] Interview with Kátia Edmundo, Executive Coordinator of *CEDAPS* (Center for the Promotion of Health), September 6, 2008.

core members of other social movements, such as the Afro-Brazilian movement and the feminist movement. (See Figure 4.) Thus, in response to the expansion of federal funding for nongovernmental groups, the population of associations working on AIDS issues in Brazil also grew to include a large number of groups that merely *incorporated* AIDS into their agendas, sometimes as one among many issues (Galvão 2000: 101-103). (See Figure 4.)

**Figure 4: Percent of AIDS associations dedicated exclusively to the issue of AIDS**




Data Source: 2002 National Catalog of AIDS Associatons

These new AIDS associations possessed fewer resources and opportunities to participate in the AIDS policy arena than the earlier generation of AIDS associations in Brazil. Organizing effective political campaigns, requires a significant amount of time and energy. Yet managing short-term service-provision projects, preparing reports for funders, and applying for new sources of funding also takes a great deal of time and energy. Because these new associations took on their first AIDS projects in response to the incentive of (and often the desperate need for) organizational funding, they had been focusing their scarce human resources on completing their service projects and renewing their contracts. At the same time, political demand-making requires the capacity to assign blame for policy failures, which also requires resources—in the form of a staff member with the training and the dedicated time to gaining an understanding of the complicated technical and medical aspects of AIDS policy in Brazil. These new AIDS associations, which were dedicated to multiple issues at once and were often primarily focused on other key social issues, lacked the time and resources to gain such in-depth knowledge about the mechanics of AIDS policy development and implementation.

Therefore, federal bureaucrats interested in progressive policy reform aimed to mobilize the new population of AIDS service organizations as political advocates by providing them with the resources and the opportunities to engage in the political arena. This effort to cultivate nongovernmental associations as political allies for AIDS policy development has been a relatively overt strategy of the federal AIDS bureaucracy, alluded to by AIDS bureaucrats not

only in private conversations, but also in the public arena. In a recorded speech, the director of Brazil's national AIDS bureaucracy from 1996–2000 and 2004–2006 observed: "We need to create conditions to sustain the [overall AIDS policy development] that we [have] experienced. If we don't have a solid social movement, established at the local level, it is going to be very difficult to achieve this."[88] At the same event, a bureaucrat in São Paulo state's AIDS bureaucracy noted: "From inside the state machine, you often cannot, do not manage to, or are not in a position to propose things. This is why it is fundamental for society to be together with us pressuring [government].[89]

### *3.2 Resources for Political Advocacy*

One strategy federal bureaucrats used to mobilize AIDS policy allies within civil society was to target federal funding to civil society projects. In contrast to the corporatist era of governance in Brazil, when federal funding for nongovernmental groups was used to co-opt civil society organizations into silence, national AIDS bureaucrats began to use federal funding since the early 2000s explicitly to encourage them to shout louder. Two sources of evidence show this.

First, the national AIDS program retained a significant amount of control over how to distribute federal money, despite the formal decentralization of AIDS policy management. State-level bureaucrats distributed only slightly over half of the earmarked funding for nongovernmental AIDS associations[90] (R$12 million, or US$7.1 million), while the national AIDS program continued to distribute R$10 million (US$5.9 million) directly to local civic groups (unpublished government document). The national AIDS program also set aside additional pockets of money each year for civil society support, summing to a total of R$25 million (US$11.5 million) in direct federal funding for local AIDS associations in 2006 (unpublished government document)—despite the ostensible decentralization of fiscal and administrative authority over AIDS policy.

Second, the federal AIDS bureaucracy allocated a significant portion of this funding for civil society to support projects that centered on political advocacy.[91] (See Figure 5.) This political usage of project funding for nongovernmental AIDS groups is unexpected given that the World Bank provided the vast majority of funding for nongovernmental AIDS projects. As described in the previous chapter, the World Bank initially promoted targeting funding for civic AIDS associations by using a technocratic logic that highlights the relative "expertise" of nongovernmental groups in reaching "marginalized populations." However, the World Bank left near total discretion to Brazilian bureaucrats to determine the allocation of funding for AIDS associations. Federal bureaucrats, driven by the strategic need to cultivate political support for AIDS policy development outside the state, began to use the earmarked funding to support political advocacy and activist training projects in the 2000s.

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[88] Pedro Chequer, Director of Brazil's federal AIDS program 1996-2000, 2004-2008. Quoted from a public address at the seminar "Social Control and AIDS in the State of São Paulo," March 2007.

[89] Artur Kalichman, Adjunct Director of the State STD/AIDS Program, São Paulo. Quoted from a public address at the seminar "Social Control and AIDS in the State of São Paulo," March 2007.

[90] While a significant degree of AIDS policy authority is decentralized to the municipal level, the *fundo-a-fundo* budget for nongovernmental organizations is still controlled by state-level governments due to concerns about variation in municipal-level bureaucratic capacity.

[91] Information on project funding for recent years available at www.aids.gov.br.

**Figure 5: Federal Direct Spending on Civil Society Groups in 2006**

| Federal Direct Support for Civil Society Orgs. | (2006 Dollars) | (% Total) |
|---|---|---|
| | | |
| **Political Advocacy and Events** | **1,421,250** | **13%** |
| Advocacy Projects | 82,957 | |
| Legal Aid Projects | 566,091 | |
| Strengthening Civil Society Networks | 59,340 | |
| Gay Pride Parades | 363,182 | |
| Other Events | 349,675 | |
| | | |
| **Discretionary Funding** | **2,701,230** | **24%** |
| | | |
| **Funding for Research** | **6,320,028** | **55%** |
| Innovation and Technology | 103,078 | |
| General Research | 6,216,950 | |
| | | |
| **Funding for Service Projects** | **500,675** | **5%** |
| | | |
| **Funding for Work with Specific Communities** | **87,650** | **1%** |
| The Afro-Attitude Project | 612,766 | |
| Children and Adolescents | 26,374 | |
| | | |
| **Total** | **11,481,100** | **100%** |

Source: Unpublished budgetary document from the CSHR unit of the National AIDS Department.

Federal projects encouraged a broad array of political activities through project funding. For example, the national bureaucracy used "legal aid" project funding[92] to encourage AIDS associations to use the courts to denounce human rights abuses. Despite the strong legal basis for social rights litigation in Brazil, access to the court system was weak among the lower classes

[92] In Portuguese: *Assessoria Jurídica em Direitos Humanos e DST/HIV/AIDS*.

and varied strongly across states (Hoffman and Bentes: 111). State-level prosecutors (*Ministérios Públicos*) were often overburdened, underpaid, and under political pressure not to play too active a role in bringing cases against the state (129). Pro bono and other alternative judicial services for the poor were scarce (112). Looking for ways to overcome this obstacle to AIDS policy promotion, federal bureaucrats created in the early 2000s a fund for legal aid projects, which provided the resources for civic AIDS groups to develop the organizational infrastructure for making claims through the courts on behalf of their constituents. According to one federal bureaucrat:

> If you don't have action on the part of states that respond to the magnitude of discrimination, of prejudice, of social exclusion that exists—or even recognizing these as factors that exacerbate the epidemic—you have to offer alternatives, right? If states don't offer support, you have to… offer alternatives.
>
> …[So] the [National AIDS Program] launched this legal aid grant, which offers financial support for a nongovernmental organization to develop a basic infrastructure [to prosecute human rights violations] with a professional in the legal area, a lawyer, who can attend people who are victims of AIDS-related discrimination and aren't able to get help in the formally established spaces.[93]

This new source of financial support for legal advocacy campaigns encouraged a wide swath of AIDS associations across Brazil to use the courts. In 2007, for example, the National AIDS Program funded thirty-seven local legal aid groups, across all five regions of Brazil, with the largest number of funded groups in the Northeast, a region notorious for human rights violations and gender-related violence.[94] Funded groups were required to register human rights violations against citizens in their area, collect and file complaints, and conduct legal education courses to train community leaders in human rights promotion. Qualitative interviews and observational research corroborate government data. For example, Ernandes, the activist from the state of Pará, described the followed sources of support for efforts to enter into litigation:

> We have, for example, that institution I told you about: *GAPA* Pará.[95] They have a project called Dignity and Rights. Dignity and Rights is precisely a group of lawyers who help, together with the federal government, with the demands of people living [with HIV/AIDS] and of the [AIDS] movement. [96]

Similarly, an activist from the Northeastern state of Bahia, in a city six-hours by bus from the state capital, offered:

> When there are [problems] with medicines or prejudice against people who live with AIDS, or with questions related to social security, we enter into the justice

[93] Interview with Barbara Barbosa, federal AIDS bureaucrat, Sector for Engagement with Civil Society and Human Rights, March 17, 2010.

[94] Information also available at www.aids.gov.br.

[95] An acronymn for, in English, The Group for the Support and Prevention of AIDS: Pará branch.

[96] Interview with Antonio Ernandes Marques da Costa, Coordinator of the AIDS NGO Forum of the state of Pará, April 29, 2011 (via skype).

> system. We used to have a project supported by the national department of AIDS, which paid for a lawyer to support our judicial actions.[97]

In other words, National AIDS Program bureaucrats provided the resources for civil society organizations to enter into judicial action against the state.

Federal AIDS bureaucrats also used project funding to support political leadership training. In the 2009 budget, for example, the national AIDS program initiated project funding for "the formation of young leaders in STD/AIDS." This project, run by the federal AIDS bureaucracy, trained youth across the country as AIDS advocates, for a total of eleven months.[98] This training centered on a three-phase internship: First, the selected youth spent four months in their state-level governmental AIDS programs, participating in policy meetings and learning about how bureaucracy functions. Second, the youth spent four months in AIDS clinics and laboratories, to learn about the AIDS services that are (or should be) offered and about how the AIDS service provision system works. Third, the youth spent three months participating in community mobilization, interning in a local civil society organization to learn about the scope and process of AIDS activism in their home state. Similarly, funding for "networks", inaugurated in 2009, supported NGOs that trained smaller civic groups to participate effectively in at least one of four priority "political spaces": state and regional AIDS NGO umbrella networks (known as "NGO forums"), health policy councils, municipal AIDS policy councils (called "AIDS commissions"), or congressional AIDS caucuses (government document).[99]

By using federal funding for civil society projects to support political advocacy, national bureaucrats were targeting funding to civil society groups with the explicit purpose of supporting and expanding political mobilization among local civic groups—and, consequently, strengthening outside pressure on state and local-level politicians to improve AIDS policy management.

### *3.3 Opportunities for Participation in Policy Discussions*

Federal AIDS bureaucrats also mobilized constituencies of political support within civil society through non-financial mechanisms. Specifically, federal AIDS bureaucrats utilized Brazil's participatory governance model of policymaking to strategically develop personal relationships with civil society leaders throughout the country. They then utilized these relationships not only to gain information from civil society, but also to mobilize their participation in the political arena.

Institutionally, the national AIDS program began using the Sector for Engagement with Civil Society to expand its relationships with grassroots leaders at the local level. Or in the words of the director, the primary mission of the at the time of our 2008 interview was to:

(1) "maintain an independent and coherent civil society response to AIDS";

(2) "provide civil society information so that they have the tools to do advocacy"; and

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[97] Interview with Fábio Ribeiro, Member of the NGO Forum of the state of Salvador da Bahia, representing the organization *GLICH* (Grupo Liberdade Igualdade Cidadania Homosexual), April 29, 2011, via facebook chat.

[98] One young leader from each state is selected for the program. In 2009, youth from all but three Brazilian states participated in the project.

[99] See also Biancarelli 2012.

(3) "strengthen local AIDS movements so they can have local political influence, monitoring government and promoting progressive AIDS policies"[100]

In other words, the sector's key objective became to mobilize nongovernmental AIDS interest groups to support their AIDS policy goals. Moreover, the sector—by that time called the Civil Society and Human Rights Unit (CSHR)—had become the largest and most highly financed sector of national AIDS program, reflecting its central importance to the overarching goals of the federal AIDS bureaucracy.[101]

Federal bureaucrats in the CSHR unit pursued their mobilizing objective in large part by engaging civil society participation in committees for collaborative governance. As I describe in the previous chapter, Brazil had given civil society groups an official seat at the table in policy debates by constitutionally mandating that social policy priorities be set not by government officials but by participatory councils that alloted equal numbers of seats to representatives of government, service providers, and civil society organizations. The explicit goal of these councils was to broaden the representation of interests in policy design across social classes. In the area of AIDS policy, however, federal bureaucrats began in the early 2000s to use national participatory councils for strategic political purposes as well: to maintain a regular flow of communication and foster trust between federal bureaucrats and local civil society groups, which bureaucrats utilized to gather information from nongovernmental associations about local AIDS policy challenges.

For example, during the pilot stage of AIDS policy decentralization in 2003, the federal AIDS bureaucracy created a new participatory policy group called the National Council of Engagement with Social Movements (CASM).[102] Multiple sources of evidence suggest that a main impetus behind the council's creation in 2003 was to strengthen collaboration with civil society groups in response to the challenges that decentralization posed to sustaining Brazil's AIDS policy success. For example, Article II of the CASM bylaws describes one of the council's principal objectives as "promoting the technical, ethical, financial, and political sustainability of [Brazil's national AIDS policies]" "in the context of a decentralized national health system."[103] Moreover, a review of the minutes (from 2004 through 2009) shows that problems directly related to AIDS policy decentralization were discussed in nineteen out of twenty one recorded CASM meetings. In these meetings, civil society representatives frequently raised concerns about government misbehavior in their states or regions, and government representatives often raised discussion about ways to foster more organized civil society involvement in monitoring and controlling government behavior. In other words, CASM served as an important tool to monitor decentralized AIDS policy administration by institutionalizing information sharing and collaboration between national bureaucrats and local civil society groups. Moreover, CASM was only one of many participatory AIDS councils that structured collaboration between the state and civil society groups at the national level.

In addition, federal AIDS bureaucrats cultivated civil society allies through meetings and events that took place outside the purview of participatory policymaking institutions. On the one

[100] Interview with Eduardo Barbosa, Adjunct Director of Brazil's National AIDS Program and former director of the Civil Society Unit, November 18, 2008.

[101] In-person and email communication with multiple bureaucrats in the National AIDS Program.

[102] In Portuguese, called the *Comissão de Articulação com Movimentos Sociais* (*CAMS*).

[103] Internal bylaws Article ii, found within the text of *CAMS* meeting minutes from March 25, 2004.

hand, the federal AIDS bureaucracy flew local civil society leaders to the national capital of Brasília for an endless array of additional conferences, workshops, training sessions, and rallies. And on the other hand, AIDS bureaucrats themselves traveled regularly to all twenty-six states in Brazil to attend events that involved local civil society groups. These events often served multiple purposes. On the surface, they addressed specific national AIDS policy challenges. But in addition, these events and meetings deepened collaborative relationships between bureaucrats and nongovernmental leaders (and among civil society leaders) through the experience of collective problem solving and through extended periods of intense interaction. These events also constituted opportunities for civil society leaders to share detailed information about local policy failures with national bureaucrats—helping national AIDS bureaucrats determine where, when, and how to intervene in the policy process.

According to the director of the CSHR unit, reflecting the opinions expressed to me by all of his colleagues:

> …[participating in local events] is fundamental. I try to accept almost all event invitations…. because there I get a sense of what is going on, whether it be about a patient that is not being attended well or about the relationship between government and local civil society. There, I get that signal of how the local government is viewing the actions of civil society, how civil society relates to government….
>
> … and I believe that those spaces also end up strengthening ties when you are present. You establish channels of confidence, so you end up getting information—[and] you end up acting as an advocate and a mediator for some [difficult local] situations.[104]

Federal bureaucrats used these personal relationships with civic AIDS leaders to mobilize them as state and local political advocates. For example, federal AIDS bureaucrats recently played a key role in encourage civic associations to participate in the legislative arena of politics. Prior to the mid-2000s, civic AIDS activists had broadly viewed the legislature as a den of corruption and inefficiency. Moreover, because AIDS associations had direct contact with the National Program—whose budget was decided outside of Congress—they had no immediate need to build ties with members of parliament. AIDS bureaucrats, however, had by the late-1990s perceived a crucial need to build legislative support for the advancement of AIDS policy. Working inside government to design and promote AIDS policies, they witnessed directly the general lack of interest within Congress in dealing with AIDS and its negative consequences. In particular, the lack of congressional support to bring AIDS policy proposals to a vote had meant that few legislative proposals promoted by the National AIDS Program had yet become law. By 2003, there were approximately seventy AIDS-related legislative proposals languishing in Congress, in need of support to bring them to a vote.[105] Because AIDS policy management had

[104] Interview with Eduardo Barbosa, November 18, 2008.

[105] *Dossier Frente Parlementar: 2001-2007*. An unpublished history of the National AIDS Caucus, written by bureaucrats in the National AIDS Program. (December 2007.)

been centralized until the mid-2000s, the lack of AIDS awareness of interest among members of congress was even more acute at the subnational level.[106]

Unable to rally broad legislative support for AIDS programs on their own, federal bureaucrats looked to civil society groups around the country to convince their individual senators and representatives to join the AIDS caucus. Yet instead of providing financial resources to civic AIDS groups as they had done to mobilize grassroots legal advocacy campaigns, federal bureaucrats promoted legislative lobbying by encouraging civic associations to take up the effort on their own. To convince civic AIDS groups to organize congressional lobbies, federal bureaucrats traveled personally to every state—conducting awareness campaigns and instructional programs about the legislature with state-level activist leaders, and providing advice and technical support to civil society groups once they agreed to take on a congressional caucus project.[107] (See Figure 5.) According to the bureaucrat currently responsible for congressional caucus development:

> At the local level, we don't have that… we aren't so much of a presence there. So it is important that civil society strengthens those ties with the legislative power. At the local level, we incentivize civil society to build a direct channel of communication with the legislative power. And we sit back as a rearguard—for when they need, when they ask, when they have a question, when there is some event that's important for us to go to, for when they need orientation… We give every kind of support; but we try to avoid being too [much at the head of the effort] because then it would turn back into a relationship between us here in Brasília and the people inside the [subnational] state, and not civil society working with those inside the state, you see? So that is our strategy: try as hard as possible for [civil society] to identify [congressional allies], for *them* to go in pursuit. We give all the support possible, but so that it is a relationship developed by them.[108]

Underlying this practical logic, a more explicitly political reason may also have driven federal bureaucrats to encourage civil society to lead congressional caucuses efforts at the subnational level. Because local political lobbying clearly lies outside the purview of the federal bureaucracy, a state attempt to build congressional constituencies around AIDS runs the risk of a political backlash. By deploying civil society groups to lead the effort, federal bureaucrats could lobby for progressive AIDS legislation without seeming to overstep their jurisdictional boundary.

Results from the Brazilian survey of AIDS NGOs support these federal bureaucrats' claims about the frequency of their contact with civil society leaders. (See Figure 5.) 83% of the directors of local AIDS groups reported some form of personal contact with a federal AIDS bureaucrat at least a few times a year, and an impressive 24% of respondents reported personal

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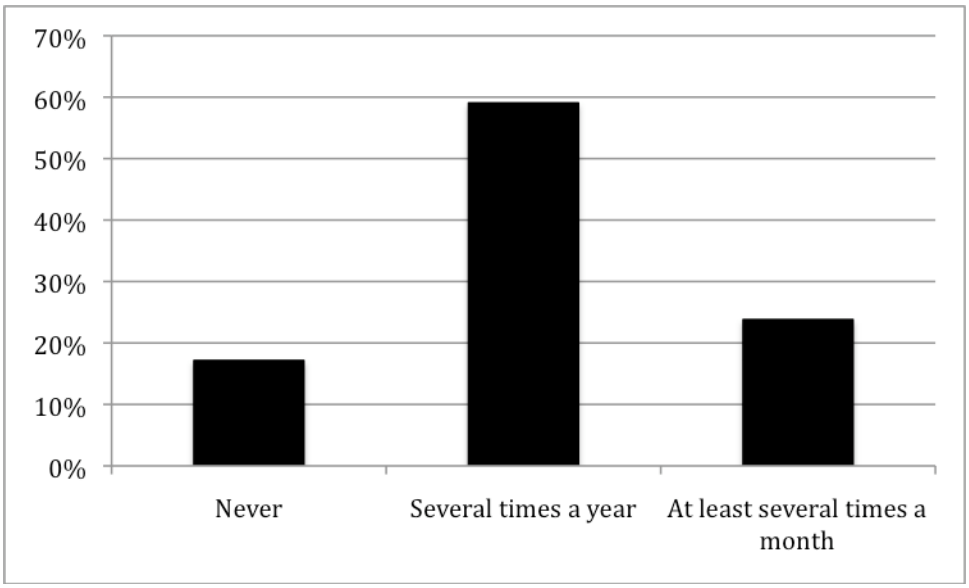
[106] Interviews with Rubens Duda, National AIDS Program, June 21, 2007; Roberto Pereira, General Coordinator of CEDUS and Founding President of the AIDS NGO Forum of Rio de Janeiro, August 25, 2008.

[107] Interviews with Rubens Duda, Noemia Lima, Barbara Barbosa, bureaucrats, National AIDS Program, Sector for Engagement with Civil Society and Human rights, March 17 – 19, 2011; *Dossier Frente Parlamentar 2001 - 2007*.

[108] Interview with Noemia Lima, bureaucrat in the National AIDS Program, Sector for Engagement with Civil Society and Human Rights, March 19, 2011.

contact with a national bureaucrat several times a month or more, despite the fact that AIDS policy authority was concentrated among state and municipal officials. In qualitative interviews, civil society informants from five states reported their relationships with national AIDS bureaucrats to be excellent; and most leaders who began working with AIDS before 2005 claimed that their relationship with federal bureaucrats had not weakened post-decentralization.

**Figure 5: Frequency of Contact between Civic AIDS Associations and Federal Bureaucrats**




Data source: Brazilian Survey of AIDS NGOs

Given these bureaucrats' goals of mobilizing and sustaining local AIDS movements in support of their policy goals, we should expect them to have traveled most frequently to policy laggard states, or to states with weaker AIDS activist networks. In practice, however, federal AIDS bureaucrats seemed to travel most frequently to industrialized regions with stronger pre-existing civil society networks—paradoxically, given their stated mission to strengthen and spread civil society mobilization around AIDS policy nationally.

Yet the lesser degree of frequency with which they traveled to regions such as the North and Center-West, with weaker civil society networks in general, does not equate to less attention paid to these states, for three reasons. First, more region-wide and national conferences tended to be held in the states with the most civil society mobilization around AIDS, giving bureaucrats additional reasons to travel there—and opportunities to meet civil society leaders from all over the country while at these conferences. Second, the areas with weaker civil society networks were often difficult to reach, involving multiple modes and many hours of travel—and amounting to a very high cost, in terms of both money and time, for bureaucrats to travel there. Anecdotally, bureaucrats recounted multiple stories of extreme efforts to travel to remote "policy laggard" states in response to specific AIDS policy problems—for example, to areas deep in the jungle, reachable only by small, propeller-engine planes or by a multiple day journey via bus and boat. By the same token, federal AIDS bureaucrats were relying increasingly on digital

technology, including video conferencing, to maintain regular contact with local civil society and bureaucrats in hard-to-reach areas.

At the same time, as we will see in the next chapter, federal AIDS bureaucrats relied on the strongest regional activist networks for multiple purposes. One the one hand, these stronger, more experienced activist networks served as key sources of political support for federal AIDS bureaucrats in influencing AIDS policy debates in the national and international arenas. Therefore, maintaining contact with them was critical to promoting Brazil's AIDS policy development at the highest level of government. And on the other hand, federal bureaucrats also relied on these experienced AIDS organizations to help spread of AIDS activism into new regions.

This chapter thus identified a new strategy utilized by national bureaucrats to regulate the behavior of subnational politicians: mobilizing civil society as government watchdogs and as political advocates. Due to fiscal and administrative decentralization, federal officials had lost their capacity to directly control the behavior of subnational politicians. As a consequence, the federal AIDS bureaucrats sought alternative strategies to rein in control over the administration of state and local social programs. The strategy emphasized by national AIDS bureaucrats was to mobilize local grassroots movements to act as watchdogs and policy advocates by providing them *resources* for political advocacy projects and *opportunities* to access the state by participate in government AIDS policy discussions.

**Chapter 5**

## Expanding the Constituency from Below

Political opportunities and material resources are necessary for a civic association to be able to participate effectively in the political arena. But the way opportunities and material resources affect political participation depends on an organization's skills and motivation. While collaborative governance institutions open a new point of access to the state for civic groups, a civic association must possess political skills to be capable of pursuing its goals by participating through this channel. While material resources help civic organizations to be effective in the political arena, an association must have a compelling reason to be willing to invest some of its resources in participating in the political process. It is likely because of this gap between opportunities and material resources on the one hand, and skills and motivation on the other, that the vast amounts of global financial and technical support for NGOs across the developing world has largely failed to mobilize new civil society constituencies. How, then, do civil society organizations acquire the skills and the motivation to do participate in the political arena?

This chapter shows that Brazil's new service-providing AIDS organizations acquired the skills and the motivation to participate effectively in politics not from federal bureaucrats but, rather, from the experienced civic advocacy organizations that had mobilized around AIDS in the 1980s. In the context of a participatory governance model of policymaking, an influx of politically ineffective and uninterested civic AIDS groups threatened to obstruct the goals of the national AIDS movement through their participation in policy development discussions. Brazil's experienced AIDS advocacy organizations responded to this threat by providing the diverse array of new civic AIDS organizations in Brazil with the political skills and the progressive ideologies to effectively promote their broad policy agenda through these new channels of access to the state. Brazil's experienced AIDS activist organizations pursued this grassroots mobilizing campaign by building a national confederation of AIDS advocacy organizations and engaging the participation of these new civic groups in the confederation. As a result, there was a dramatic expansion of the types of civic AIDS organizations that mobilized to make demands on the state. This chapter thus focuses on the contribution of bottom-up forces to the political mobilization of new advocacy organizations—examining both why and how Brazil's experienced activist organizations incorporated newer service providing groups into the fold of the political AIDS movement.

A secondary contribution of this chapter is to describe the structure of collaboration between experienced advocacy organizations and new civic organizations in Brazil's AIDS policy sector. In contrast to the network model that recent authors have used to characterize social movement organization at the start of the Twenty-First Century, Brazil's AIDS associations collaborate in a permanent coalition that bears a strong resemblance to a labor confederation. Brazilian AIDS associations coordinate among themselves in an institutionalized, multi-tiered national alliance, which plays a key role in mobilizing new civic groups as effective political actors by facilitating the flow of information, resources, and values across organizations.

This chapter unfolds as follows. First, I highlight the motivation for Brazil's experienced advocacy organizations to mobilize new service-providing groups as political activists, focusing

on the incentives provided by the participatory governance structure of the Brazilian state. Next, I provide a detailed description of the national AIDS advocacy coalition, showing that despite its seemingly informal quality, the national coalition effectively functions as a permanent confederation of AIDS associations. I then show how the institutionalized and centralized structure of the coalition helps experienced activist groups spread both political skills and the motivation to participate in politics to new civic AIDS organizations. Finally, I turn to how they were able to do this. In contrast to the resource challenges that prevent most nonprofit organizations from building strong national alliances, advocacy organizations in Brazil's AIDS policy sector were able to build an institutionalized national coalition by relying on financial support from the federal AIDS bureaucracy.

## 1. The National AIDS Advocacy Coalition

Brazil's experienced AIDS advocacy organizations were motivated to mobilize the new array of service-providing associations as political advocates because of the participatory governance structure of the Brazilian state. In a context of unregulated access to the state, such as under the pluralist model, Brazil's AIDS activist groups could have ignored these newer nongovernmental organizations altogether; with their strong social and political capital, they could easily have crowded out these relatively unskilled groups from the political arena. However, the participatory governance structure of policymaking in Brazil imposed a level of political relevance on these new civic AIDS organizations that they would not have achieved on their own; by opening space for insider access to the state, collaborative policymaking bodies provided opportunities for political influence to civic organizations that lacked advocacy skills, or even political goals. This opening of access to inside influence over policy decisions by politically unskilled and uninterested "civil society representatives" threatened to reverse the past political and policy achievements of Brazil's established AIDS advocacy organizations. AIDS activist groups responded to this threat by mobilizing new the generation of civic AIDS organizations as political allies.

This threat occurred at both the subnational and the national levels of government. At the subnational level, the principal problem was that spaces were set aside on local-level policymaking committees for nongovernmental organizations even in states without an AIDS movement presence. By allocating spaces in local AIDS policy arenas for participation by civil society groups in regions without an organized AIDS movement, the state gave a political voice to groups who lacked the motivation and skills to engage in AIDS policy debates on their own initiative. This incorporation of unskilled, apolitical civic organizations as AIDS movement representatives on government policymaking bodies threatened to enable conservative government officials to make policies that conflicted with the core human rights principles of the AIDS movement—helping them to legitimize their policy proposals by claiming that the AIDS movement was represented in their policy decisions.

The participatory governance model of policymaking also posed a challenge for the AIDS movement at the federal level. Because spaces for civil society representatives within national-level AIDS policy bodies were distributed evenly by region, inexperienced leaders of new AIDS service organizations from underdeveloped regions were brought into national AIDS

policy debates. Bringing these unskilled civic groups into national political discussions diminished the coherence of the AIDS movement's representation within national policymaking bodies—which, in turn, threatened to weaken the AIDS movement's ability to influence national policy development through inside channels. Diminishing the coherence of the AIDS movement within national policy arenas also threatened to weaken the national political reputation of AIDS activist groups as highly skilled, rational, and politically stable actors.

Thus unable to crowd new civic AIDS groups out of the political arena, the older generation of AIDS activist organizations in Brazil chose instead to mobilize them as political allies: providing them with advocacy skills and encouraging them to adopt the established groups' broad political vision of AIDS policy.

### *3.2 Attributes and Dynamics*

The way that Brazil's experienced AIDS activist groups mobilized the newer generation of civic organizations as effective political advocates was by developing a national AIDS advocacy coalition. Similar to a confederation of unions, AIDS associations are integrated into a multi-tiered national confederation of advocacy groups that enjoys formal recognition by the state and a monopoly of authority to make demands on behalf of the AIDS movement.

*Core Attributes*

The institutionalized, hierarchical nature of coordination among AIDS associations in Brazil is striking because, like most Twenty-First-Century social movement activists, they tend to reject authoritative leadership on principle. Moreover, at first glance, Brazil's AIDS movement seems to embody network-based activism. In my research, nearly all the activists I interviewed emphasized the central importance of social movement networks to the past and future success of the movement. In practice, a dizzying array of activist networks contribute in various ways to the AIDS movement, from the National Network of People Living with HIV/AIDS (*RNP+*) and the Network for Action on AIDS, International Policy and Development (*UMUL*), to entities such as The Brazilian Network for the Integration of Peoples (*REBRIP*), dedicated in part to intellectual property rights, and *Comunicaids*, a network dedicated to the politics of communication about the AIDS epidemic in Brazil.

Paradoxically, however, the national AIDS advocacy coalition that encompasses all these AIDS activist networks flouts these principles of informality and consensual decision-making in its core features. While the national political alliance of AIDS NGOs is still not a formal entity, without even a label or name to describe it, the activist alliance now effectively functions as an institutionalized organizing structure with hierarchical lines of authority and a complex system of rules and procedures. Strikingly similar to the core features of a labor confederation, Brazil's national coalition of AIDS advocacy organizations is (1) a permanent alliance that (2) centralizes authority in the hands of elected delegates who represent the interests of AIDS movement in local, national, and international policy negotiations.

First, Brazil's coalition of AIDS advocacy organizations exhibits many of the core characteristics of an institutionalized organization. Although the coalition lacks most of the formal structures that define an organization, such as a board of directors or a statute, in practice it operates according to many of the same institutionalized rules and procedures as labor confederation: it is governed by formal bylaws, managed by elected commissions, and overseen

by what is essentially an executive board.[109] This informal executive board, created in 2003 and called the National Articulation of AIDS (*ANAIDS*), is composed of about forty organizations from across Brazil, and it meets regularly to guide the implementation of the coalition's political agenda.[110] Moreover, with its regular meetings, one could hardly describe the national coalition as a temporary alliance.

Second, in contrast to the decentralization of authority that is seen as a core feature of social movement networks, Brazil's national AIDS advocacy coalition consolidates authority among its members by electing individual organizations to represent the movement in official arenas for political negotiation. It does this through a three-tiered pyramid structure, whereby representational authority is delegated upward from twenty-seven state-level "NGO Forums", to five "Regional Encounters of NGOs" (*ERONG*s) and, finally, to a single "National Encounter of NGOs" (*ENONG*).

The "NGO Forums" that bring together AIDS organizations at the state level function essentially like umbrella associations, although the legal status of these groups varies by state. They are all governed by similar statutes and rules; they all represent the common interests of member organizations in public fora and on government commissions; and they are all officially recognized by state-level AIDS bureaucracies and delegated authority to make decisions on behalf of the AIDS movement. Moreover, NGO Forums maintain a certain degree of (loose) control over membership, which empowers the forum to make credible promises to government officials by assuring compliance by member associations. Since 2006, AIDS NGO forums have existed in all 26 states, and in the national capital of Brasília.[111]

The peak of the pyramid structure, the National Encounter of NGOs (*ENONG*), brings together hundreds of voting delegates from all regions of Brazil in semi-annual conferences to develop the national political agenda of the AIDS movement and to elect AIDS movement delegates to national and international policy commissions. Like the General Membership of labor federations, this pattern of hierarchical integration is formalized, in that nationally-elected delegates are explicitly empowered to represent "the AIDS movement" on their commissions. In turn, the Brazilian government recognizes the *ENONG* as the official national embodiment of the AIDS movement. The bridge between the base level and the national-level of the coalition is the Regional Encounter of NGOs (*ERONG*) which serves the purpose of coordinating state-level priorities into coherent regional political proposals before bringing them up for debate at the national level and of electing regional delegates to represent each region at the national *ENONG*.

*Mechanisms for Spreading Political Skills and Motivation to New Groups*

Through the structure of the national AIDS advocacy coalition, Brazil's experienced activist organizations provided a significant portion of the new population of service-providing AIDS organizations with the skills and the motivation to promote AIDS policy advancement in the

[109] Unpublished internal document titled "Carta de Princípios da Articulação Nacional de Luta Contra a AIDS."

[110] Also, interview with Rubens Duda, August 24, 2011 (via skype). See also Biancarelli (2012: 15) for a brief mention of *ANAIDS*).

[111] Unpublished internal document titled "Carta de Princípios da Articulação Nacional de Luta Contra a AIDS."

political arena. The permanent and centralized structure of the AIDS advocacy coalition factored critically into their ability to do this.

The national AIDS advocacy coalition helped Brazil's experienced activist organizations to spread political *skills* to younger AIDS groups by bringing them into frequent and extended periods of contact with each other through the coalition's regular cycle of conferences and meetings.

At the state level, the extended monthly meetings of the NGO forums—which last anywhere from an entire morning up to an entire day in some states—were essential in mobilizing new civic AIDS leaders as political advocates. According to Mário Scheffer, a long-time AIDS activist from the state of São Paulo:

> The forum was always a space for learning, a big school of activism and militancy. A space for political capacity-building, but also for technical capacity-building. The NGO that knew how to access a certain population passed its knowledge to another. The NGOs that had experience with a certain kind of action, that had accumulated knowledge about a certain issue, shared it with everyone."[112]

According to the leader of a community-based group from a poor neighborhood of Rio de Janeiro:

> …[W]e are learning a lot because the Forum has NGOs that work only with people living with HIV. And we… we do everything. (…) Now that [the Forum has] a working group [on AIDS in poor communities] it has gotten even better, because we learn a lot from their experiences… because they have only one area of work. And seeing that work helps us a lot.[113]

While much of this exchange of skills and expertise occurred spontaneously, during the course of discussions about particular challenges, skill-building was also often an explicit theme of Forum and Forum-related meetings. According to Biancarelli, author of a recent history of São Paulo's NGO forum: "In that exchange of experiences, many NGOs associated with the Forum took the initiative to organize conferences and seminars about themes that had to do with their specialty and their actions." (Biancarelli 2012: 21)

Skill-building was also an important focus of the coalition's regional-level and national-level meetings and conferences, which often offered workshops designed to train new grassroots leaders as political advocates and as effective organizational leaders. These "capacity building" or "breakout" sessions covered such political topics as how to obtain greater representation in policy arenas, how to promote progressive policies at the local level, and how to confront specific political challenges, in addition to organizational issues such as how to apply effectively for funding, and how to achieve financial sustainability. According to a newly minted AIDS activist from the Northeastern state of Bahia, the most important benefit of spending time with

[112] Interview with Mario Scheffer, member and former President of *Grupo PelaVIDDA* São Paulo, December 11, 2008.

[113] Interview with Márcia Helena de Souza, President and Founder of *Centro Comunitária Raiz e Vida*, September 25, 2008.

NGOs from other regions was that it allowed him to "multiply what has worked in other states, as a model for us to reproduce."[114]

At the same time, by integrating new civic AIDS groups into a stable and institutionalized activist alliance, the national AIDS advocacy coalition also provided new civic AIDS groups with social capital to leverage in making demands on government. Information, for example, was one important social capital resource that civic AIDS groups acquired through their membership in Brazil's AIDS advocacy coalition. According to the leader of another community-based organization from the state of Rio, "The Forum is very important, because through [the Forum] we know what is happening. The information that doesn't get passed to us, the Forum knows, and the Forum passes [that information] to the institutions."[115] At the regional and national-level meetings of the coalition, information exchange is also important and happens in both formal and informal contexts. For example, important information exchange occurs during the deliberative process of constructing the list of movement priorities for the upcoming two years. But at the same time, critical information is also passed among associations informally, during casual conversations that take place over meals or during other breaks. The extensive array of formal and informal opportunities for information exchange that occur over the course of these bi-annual five-day conferences is one reason that older AIDS activists consider the *ENONG* and *ERONG*s an essential element in their capacity to build a compelling national political agenda.

Another important social capital resource that civic AIDS groups acquire through their participation in the national coalition is powerful political allies, who can support their demand-making efforts or intervene on their behalf. Even simply having their demands included in the movement's national activist agenda gives these newer civic organizations political leverage by bringing them into the national political spotlight. According to an AIDS activist from the state of Pernambuco:

> [The Forum] is a space where we strengthen each other collectively, to agitate politically, to act and to pressure government trying to minimize the lacunae that exist… And it's a political space… a political space where we also heighten the visibility of [how well the movement is organized] to society. Because in Brazil, all the states have forums…so that strengthens us a lot. It even helps us get government to listen to us, to take us seriously.[116]

The institutionalized attributes of the coalition also helped experienced AIDS activist groups to *motivate* the new generation of AIDS associations to participate in politics, both by inculcating them with new political values and by giving them career incentives to invest themselves in political advocacy.

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[114] Interview with Fábio Ribeiro, Member of the NGO Forum of the state of Salvador da Bahia, representing the organization *GLICH* (Grupo Liberdade Igualdade Cidadania Homosexual), April 29, 2011, via facebook chat.

[115] Interview with Tânia, Director of Associação de Mulheres de Edson Passos, September 25, 2008.

[116] Interview with Jair Brandão, Member of the NGO Forum of the state of Pernambuco, representing the organization *GESTOS*, November 22, 2008.

The national conferences and meetings that structured the alliance facilitated the development of shared political values the same way as it facilitated the development of political skills: by bringing new organizational leaders into extended periods of close contact with experienced activists. One way in which the meetings of the national advocacy coalition inspired new potential leaders to participate in AIDS advocacy is through the AIDS movement's compelling frame, and through the personal stories of leading activists. Another important lesson that came from attending national AIDS movement gatherings is that the label "AIDS activist" carried a strong degree of cachet, garnering admiration and respect both in Brazil and around the world.

The structure of the national AIDS advocacy coalition also motivated the leaders of new civic AIDS organizations to invest themselves in political advocacy by providing significant opportunities for career advancement among AIDS activists. As associational leaders from new regions of Brazil moved up the career ladder from state to national AIDS movement representatives, the professional training they received, in tandem with their increasing immersion in professional networks, inculcated them with values and norms that are similar to that of older AIDS leaders. The effect of this type of assimilation among associations is particularly dramatic in regions such as the North of Brazil, where there were strong opportunities for career advancement due to the region's small population and, nevertheless, its parity with other regions in terms of civil society representation on many national AIDS councils and committees.

The following narrative from an AIDS movement leader in the northern state of Pará represents stories I heard many times during interviews with leaders who had become involved in AIDS advocacy since the 2000s. This leader had harbored earlier ambitions of becoming a career diplomat, only to end up working with drug prevention in the nonprofit sector. His involvement in the AIDS movement, beginning in his early forties, opened a surprising new career path that aligned with his earlier ambitions. Describing his process of engagement with the national AIDS movement, he wrote in an email to me:

> It was as Coordinator of the AIDS NGO Forum of Pará that I paved my way in the movement. In 2001, when I participated in the *ENONG* in the [state of] Recife, I was a neophyte. I didn't know anyone, and it was my first incursion into the [AIDS] movement, as I had previously worked with the movement for drug prevention. (…) But as time passed, I conquered my space. In August of 2008, I [was elected] Representative from the State of Pará to The [National] Commission for Engagement with Social Movements (*CAMS*); and that was [quite] a learning experience. In 2009, I was elected Representative for the Northern Region to the National AIDS Commission (*CNAIDS*). (...) Due to these other roles, I ended up participating in the elaboration of the three documents Brazil produced for the United Nations UNGASS Special General Assembly Session on AIDS.[117]

In sum, Brazil's established AIDS advocacy groups helped to politically mobilize Brazil's new civic AIDS organizations by building a national coalition with rules and procedures

[117] Interview with Antonio Ernandes Marques da Costa, Coordinator of the AIDS NGO Forum of the state of Pará, April 29, 2011 (via skype).

that allowed them to delegate authority to individual members of the AIDS movement that had proven themselves to be capable of effectively representing the interests of the broader coalition. They were motivated to build a confederation-style alliance by the new participatory governance structure of policymaking in Brazil. In contrast to the pluralist model of governance, which provides unregulated access to the state, the participatory governance model concentrates access to the state within formal policymaking committees. Under a pluralist model of governance, the key to avoiding divisive power struggles among ideologically diverse organizations within a social movement coalition is to preserve the autonomy of each alliance member. By contrast, under a participatory governance model, the key to avoiding conflict is to develop rationalized procedures for delegating authority to represent the movement on national policymaking committees. Even though Brazil's AIDS activists tend to reject authoritative leadership on principle, Brazil's new state structure in Brazil incentivized civic AIDS organizations to develop a centralized structure for demand-making by concentrating access to the policy arena among officially sanctioned organizations.

## 2. Federal Support for Coalition-Building

But national advocacy coalitions are not built on motivation and dedication alone. Perhaps even more importantly, building a strong national coalition across a geographically dispersed set of organizations requires resources—in terms of funding to cover the cost of regular meetings, and in terms of time to coordinate events and other common activities. When resources are abundant, organizations are able to divert some of their resources to cooperate and achieve shared political goals, but when resources are scarce, organizations face a stronger need to capture the resources necessary for their individual organization to survive (McCarthy and Zald 1977). Most nonprofit organizations—with small operational budgets and a lean, often-volunteer staff—have few if any resources to divert toward supporting collaboration with other associations. This resource mobilization challenge has been highlighted by some academics as a key reason why recent social movements have failed to come together at the national level in anything more than loose networks (Phillips 1991: 768; Weir 1999).

In Brazil's AIDS policy sector, however, the state mitigates the resource mobilization challenge to inter-organizational collaboration by providing the resources that sustain the national organizational coalition. Not only does the national AIDS Program finance all *ERONG* and *ENONG* meetings, but it also provides financial or material support for most of the twenty-seven state-level forums. By paying for the space, food, lodging, and transportation to state-level, regional, and national meetings, Brazilian national AIDS program provides critical assistance in helping nongovernmental associations overcome otherwise insurmountable costs to the development of formalized, regularized structures for inter-associational coordination. In the words of a key informant, "The participation of the national AIDS program was fundamental [in the institutional development of the national advocacy coalition], because without those resources nothing would have happened. It would have remained at the level of good intentions." (Duda 2008)

At the state level, the national AIDS bureaucracy supports the month-to-month operation of most NGO forums by subsidizing travel expenses for representatives of member organizations

and, in some cases, by paying for other operating expenses such as the rental of forum headquarters. The state provides direct support for the forums that are legally registered, while it provides indirect support for the forums that are informally incorporated by channeling funding or material resources, such as computers, through a "host" association that participates in housing and coordinating monthly meetings.

At the regional and national levels, the national AIDS bureaucracy finances the semi-annual *ERONG* and *ENONG* meetings through its "events" budget. At the regional and national levels, federal travel subsidies are particularly important to the operation of the national coalition, given the relatively high cost of transportation in Brazil, the large geographic area covered by each state (similar to in the western United States), and the relatively low incomes of associational leaders living outside capital cities. The national AIDS bureaucracy has automatically approved funding for all ENONGs since 1993 and for all ERONGs since they first emerged in 2001 (through a contract with the AIDS movement). This year's *ENONG* was financed with approximately R$1.5 million (about US$ 1 million) of federal funding.

### *2.1 Motivations of Federal Bureaucrats to Support a National AIDS Advocacy Coalition*

Like Brazil's established AIDS advocacy organizations, federal bureaucrats in the AIDS policy sector were also motivated to support cooperation and coordination among AIDS activists by the participatory governance structure of the Brazilian state. Three problems in particular led them to support the development of a strong structure for grassroots cooperation.

First, federal bureaucrats faced the same incentives to support the development of a nationally organized activist coalition as the established AIDS advocacy groups in Brazil: to increase the capacity and the motivation of the new generation of civic AIDS organizations to support their policy goals through political advocacy. While federal bureaucrats could encourage the organization of new nongovernmental AIDS organizations by providing them with financial and material resources, and while they could open institutional opportunities for them to influence AIDS policy decisions, they could not themselves ensure that the new generation of civic AIDS organizations would utilize these new channels for influencing local AIDS policy, nor that they would be effective political advocates.

Second, the diverse array of associations claiming to represent the interests of the AIDS movement had led to confusion for federal bureaucrats that were looking to incorporate civil society representatives into collaborative policy committees. According to one former National AIDS Program director, in the early 2000s even a "simple decision" such as which grassroots leader will represent Brazil in UN Special Assembly on AIDS led to conflict within the movement. By contrast, the presence of clear, singular movement representatives makes communication and collaboration with associations significantly more efficient. According to the official who directed the National AIDS program in the mid-2000s:

> …We felt the need to interact with a forum. Or [rather, we felt the need] to interact with the movement, but (…) we in government [had] problems achieving this; we [would] go to talk with civil society, and there we [would] have twenty

> organizations [to choose among]. If they are organized in a forum, it is a lot better for dialogue [between state and society], understand? We see this clearly.[118]

In the words of a current federal AIDS official, referencing one particular group from the Amazon:

> Before, we had no reference ... no one who was coordinator. Today they have a coordinator, José Raia, from Manaus, Amazonas. Today we can talk directly to him… He does the channeling of communication… He leads discussion among member organizations there in Manaus and then comes to us with a decision agreed upon among them. This pertains to any partnership we may propose and to any discussion we take up ... It facilitates the relationship [between us and the movement].[119]

Third, the sudden increase in competing claims to represent the AIDS movement threatened to weaken the political boost gained by federal bureaucrats through incorporating civil society representations into policy decisions. For AIDS associations to effectively legitimate the agendas of federal AIDS bureaucrats, these associations must have some claim to their own legitimacy as a national movement. When associations come together in a loose, "networked" structure of collaboration, competing agendas may coexist within a movement—detracting from the legitimacy of any single spokesperson. Once the state opens institutional spaces of access for popular associations, the coexistence of competing agendas may lead to prolonged power struggles over participation in government policymaking bodies. Consequently, any policy decision made with the support of one movement representative may simultaneously contain significant factions of dissenters—thus detracting from any state claims to represent broad societal interests in their policy guidelines.

However, when bureaucrats develop policies in collaboration with clear, all-encompassing interlocutors, they can make strong claims that their policy recommendations were developed in consensus with civil society and thus represent the public interest. This ability to make policy that represents the "public interest" protects bureaucrats from national politicians who may not otherwise support their decisions. Federal AIDS bureaucrats discovered they were only able to harness the power of the AIDS movement to push forward their objectives if the nongovernmental groups with whom they collaborated carried the political weight of all the member AIDS associations. Consequently, federal AIDS bureaucrats financed the efforts of Brazil's established AIDS activist groups to develop an institutionalized national advocacy coalition.

[118] Alexandre Grangeiro, Coordinator of the national AIDS program 2003–2004 and Adjunct Coordinator 2001–2003, December 16, 2008; followup interview on May 5, 2009.

[119] Interview with Rubens Duda, bureaucrat in the Unit for Engagement with Civil Society and Human Rights, August 24, 2011.

## 3. Conclusion

This chapter examines how service-providing associations acquire the motivation and the skills to participate in the political arena. In general, the global development community has focused narrowly on institution-building and on NGO funding as twin strategies to encourage the growth of civil society in the developing world. By contrast, this chapter suggests that access to institutional opportunities and resources are insufficient for a civic association to be able to participate effectively in the political arena. While participatory governance institutions open a new point of access to the state for civic groups, a civic association must possess political skills to be capable of pursuing its goals by participating through this channel. While financial and material resources help civic organizations to be effective in the political arena, an association must have a compelling reason to be willing to invest some of its resources in participating in the political process.

Civic associations in Brazil's AIDS policy sector acquired the skills and the motivation to participate effectively in politics not from federal bureaucrats but, rather, from the experienced civic advocacy organizations that had mobilized around AIDS in the 1980s. In the context of a participatory governance model of policymaking, the influx of politically ineffective civic AIDS groups that had emerged in response to federal funding opportunities threatened to obstruct the goals of the national AIDS movement through their participation in policy development discussions. Brazil's experienced AIDS advocacy organizations responded to this threat by providing the diverse array of new civic AIDS organizations in Brazil with the political skills and the progressive ideologies to effectively promote their broad policy agenda through these new channels of access to the state. Brazil's experienced AIDS activist organizations pursued this grassroots mobilizing campaign by building a national confederation of AIDS advocacy organizations and engaging the participation of these new civic groups.

By the same token, this grassroots coalition did not emerge autonomously. AIDS associations, like most nonprofit associations around the world, lacked the resources to support a strong structure for inter-organizational collaboration. Rather, it was progressive bureaucrats in the federal AIDS bureaucracy who, in pursuit of streamlining and strengthening their collaboration with civil society organizations, financed the development of Brazil's AIDS advocacy coalition from a loose social movement network into an institutionalized civil society alliance.

**Chapter 6**

# State-Driven Activism

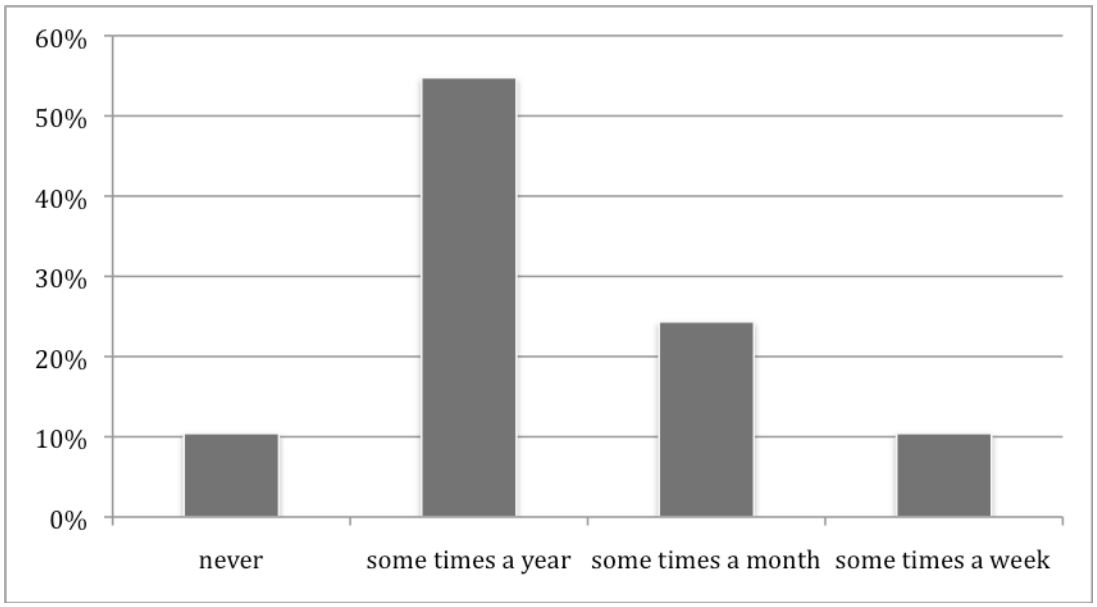
Chapter 6 describes the model of state-driven activism in Brazil. This chapter is divided into two parts. First, I describe the *types of associations* that influenced AIDS policy in the mid-2000s. Here, I provide evidence that AIDS advocacy groups in Brazil cut across traditional social and economic cleavages. Second, I describe the *kinds of strategies* utilized by AIDS advocacy groups to make demands on government. In this section, I show that AIDS advocacy groups utilized a wide combination of tactics to influence policy. They used insider tactics to influence policy by working through government institutions such as participatory governance committees, the courts, and the legislature. At the same time, they used outsider tactics to influence policy through pressure, using they media and street protest.

## 1. Bridging Social and Economic Cleavages

In contrast to state corporatism, state-driven activism encompasses a wide range of groups that cuts across traditional cleavages such class, race, gender, religion and geography. In Brazil's AIDS policy sector, civic advocacy groups are from the industrialized regions of the South and Southeast, as well as from the poorer and rural areas of the North and Northeast. Within each region, these AIDS organizations hail from both middle-class communities and poor neighborhoods (known as *favelas*). They claim to represent a number of distinct identities, in addition to people living with HIV/AIDS (PLWHA) including: gays, lesbians, and transgendereds; prostitutes; injection drug users; the disabled; women; children; AfroBrazilians; and indigenous Brazilians. Taken together, Brazil's AIDS movement reaches a wide swath of communities that exist at the margins of society and the economy.

The sheer number of organizations belonging to Brazil's AIDS movement is perhaps most striking. At the 2011 conference of the national AIDS advocacy coalition, for example, two hundred voting delegates participated (forty from each region of Brazil, and each representing a different association), and an additional three hundred activists attended the conference as observers. Nearly ninety percent of associational directors who responded to the Brazilian Survey of AIDS NGOs in the states of Rio de Janeiro and São Paulo identified themselves as political activists, and the same percentage reported that they made demands on government at least a few times a year. (See Figure 1.)

**Figure 1: Frequency of Demand-making on Government by AIDS Groups in RJ and SP**




Source: The Brazilian Survey of AIDS NGOs

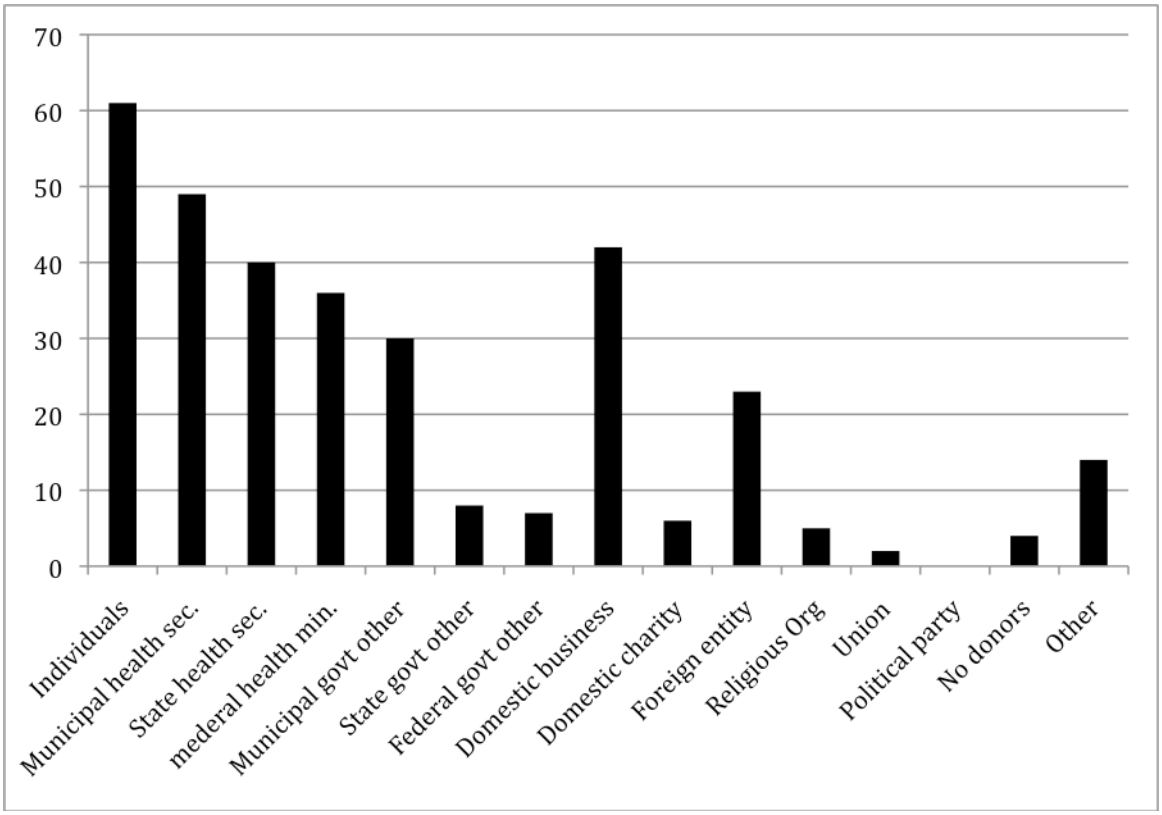
Unlike the rather elite community of AIDS activists that mobilized in the 1980s, the new generation of AIDS activists in Brazil also bridges the class divide. While approximately thirty percent of organizational directors in the survey had a postgraduate degree, another twenty percent had completed only highschool or less. Moreover, over ten percent of them earned less than the minimum wage, with nearly fifty percent earning less than five times the minimum wage (a lower income category in Brazil).

The new generation of AIDS activists in Brazil also bridges other traditional cleavages in Brazil, such as gender and religion. For example, approximately ten percent of organizational directors in the survey became involved in political activism initially through the Afro-Brazilian movement, and around another ten percent became activists initially through the feminist movement. Moreover, nearly forty percent of associations in the survey dedicated themselves to other social issues in addition to AIDS.

The new generation of AIDS advocacy groups in Brazil is also more diverse in terms of resources. In contrast to the wealthy AIDS advocacy organizations that emerged in the 1980s with support from multiple international agencies, Brazil's AIDS movement now includes many groups that operate with limited resources—relying on few donors and small budgets. (See Figure 1.) Most AIDS associations in the survey had only between one and five employees; only forty percent had an institutional website; and only about twenty percent received funding from a foreign donor. At the same time, most AIDS associations in the survey possessed at least a basic organizational infrastructure. Nearly all associations in the survey were legally registered entities; over ninety percent had their own bank account; over eighty percent had an institutional headquarters; and over seventy-five percent had paid staff. (See Figure 2.) Moreover, nearly ninety percent of respondents identified their organizations as NGOs, which are commonly thought of as more professionalized organizations than community-based groups. This suggests

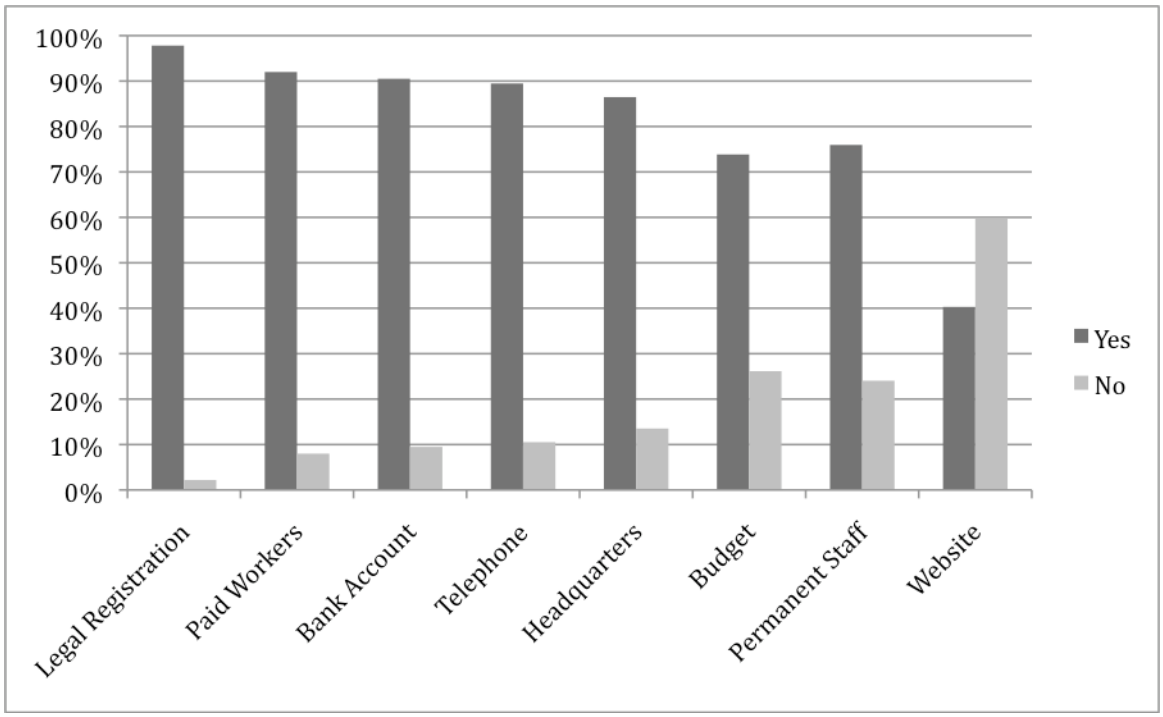
that state funding had provided new groups with just enough resources for them to develop a basic institutional structure. (See Figure 3.)

**Figure 2: Number of AIDS Associations with Donor Funding, by Type of Donor**




Source: The Brazilian Survey of AIDS NGOs

**Figure 3: Indicators of Professionalization among AIDS Associations in RJ and SP States**




Source: The Brazilian Survey of AIDS NGOs

## 2. Insider and Outsider Strategies

Under state-driven activism, civic advocacy groups employed a broad array of demand-making strategies, utilizing multiple political arenas to achieve their policy objectives. By the mid-2000s, civic AIDS organizations had expanded their use of institutional channels for making demands on the state to include all three branches of government: the executive (through participation on government policymaking committees), the judiciary (through class action suits), and the legislature (through congressional lobbying). At the time same, civic AIDS groups continued to rely on extra-institutional channels for pressuring government such as the media and the street.

### *2.1 Institutional Strategies*

Under state-driven activism, civic advocacy associations looked to government institutions as central channels for influencing policy. On the one hand, as Chapter 3 described, this was because democratic reformers had opened the state to civic influence in the executive, judicial, and legislative arenas of politics. And on the other hand, these new institutional opportunities for influencing policy in Brazil complemented the types of demand-making resources commanded by the new generation of civic AIDS associations in Brazil. Whereas Brazil's social movement organizations of the 1960s and 1970s had commanded large grassroots followings, which they could use to mobilize mass protests, the semi-professionalized organizations of the 2000s commanded instead caches of expertise, which they could use to argue and negotiate with political leaders. Thus, whereas civic AIDS activists in the 1980s were hesitant to employ any

form of negotiation or collaboration with the state, AIDS activists in the mid-2000s were using a broad array of institutional strategies for influencing policy.

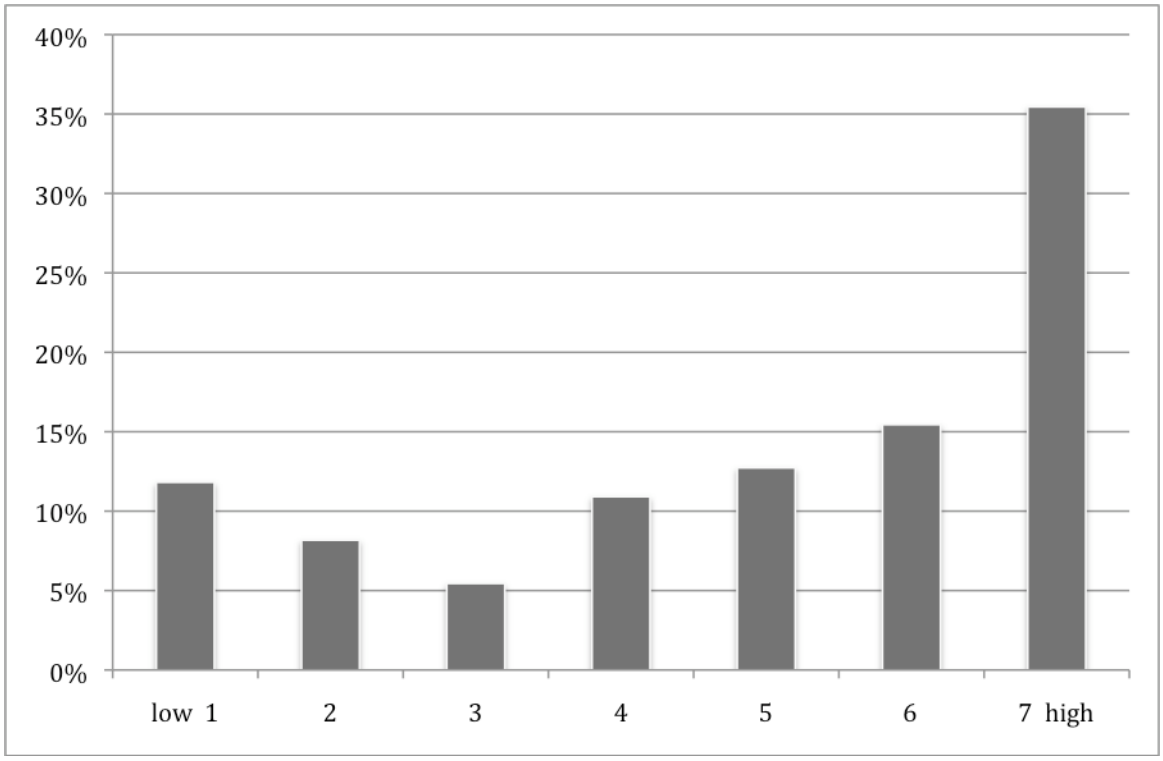
AIDS advocacy groups distributed their institutional strategies for influencing government policy among three arenas of government: participatory governance committees, the courts, and the legislature. As a growing literature has suggested, participatory governance institutions have become important venues for non-elite groups to exert influence over social and development policies.[120] Similarly, in the AIDS policy sector, participatory governance institutions were the most frequently used channels for civic advocacy groups to influence policy development and implementation. Yet participatory governance committees were just one among several important strategic venues for civic AIDS groups to influence government policy, and their success as a channel for demand-making was, in important cases, predicated on the simultaneous use of these other channels for influencing policy.

*Participatory Governance Institutions*

According to both survey responses and semi-structured interviews, a primary strategy used by Brazil's AIDS advocacy organizations to make demands on government in the 2000s was to participate on government policy commissions and committees. In the states of Rio de Janeiro and São Paulo, over 60% of associational leaders in the sample considered taking part in participatory AIDS policy committees and commissions to be an important strategy for achieving their organization's goals. (See Figure 4.)They also reported a strikingly large amount of regular contact with AIDS-sector bureaucrats, which further supports the claim that they participated broadly in government policy discussions. (Figure 5.)

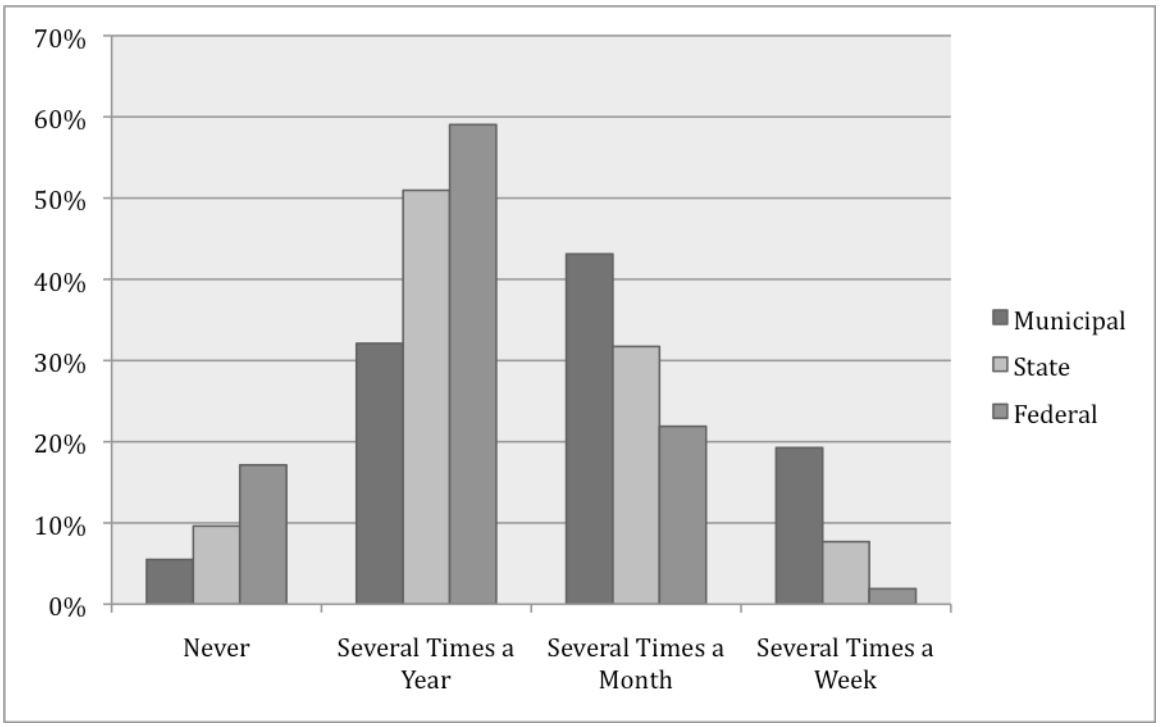
[120] See Abers (2000); Avritzer (2002, 2009); Baiocchi (2004); Goldfrank (2011); Wampler (2007).

**Figure 4: "How important for your group is it to serve as a consultant or counselor for a government body?"**




Source: The Brazilian Survey of AIDS NGOs

**Figure 5: Frequency of Contact between Civic AIDS Groups and Government Bureaucrats**




Source: The Brazilian Survey of AIDS NGOs

Semi-structured interviews show that it was civic groups not only in Rio de Janeiro and São Paulo, but also in the more far-flung regions of Brazil that looked to participatory governance institutions as a preferred channel for influencing policy. For example, Ernandes from the state of Pará noted, "the most common political strategies we use are activities on government health councils—both state-level and municipal level."[121] Similarly, a grassroots leader from the Northeastern state of Pernambuco reflected:

> There are a lot of strategies [that we use]. But before anything you have dialogue. Before we do any of these other things that we do, we call in a state representative for a discussion. I believe that dialogue is indispensible.[122]

Brazil's AIDS advocacy groups used the venue of participatory governance institutions in multiple ways to influence AIDS policy. First, they used these government commissions to influence the initial formulation of AIDS policy proposals. The policy formulation stage is a particularly important part of the policymaking process because it is when the broad terms of the policy debate are set; these discussions over the formulation of new policies tend to determine the scope and boundaries of all subsequent policy discussions. Participatory governance

[121] Interview with Antonio Ernandes Marques da Costa, Coordinator of the AIDS NGO Forum of the state of Pará, April 29, 2011 (via skype).

[122] Interview with Jair Brandão de Moura Filho, staff member of GESTOS, an AIDS NGO in the state of Pernambuco, November 22, 2008.

institutions served as a new channel for AIDS advocacy groups to participate in this critical stage of policymaking. In semi-structured interviews, government bureaucrats repeatedly stressed repeatedly the strong degree of civil society influence over AIDS policy formulation through this channel. For example, an AIDS-sector bureaucrat from the state of São Paulo stressed:

> AIDS policy, here in the state of São Paulo, isn't made vertically. These policies… they don't come from the state, imposed. They come as a product, which is discussed, pacted; and decisions are taken in the collective. There doesn't exist any imposition; there exists a *construction* of policy.[123]

AIDS advocacy groups also used participatory governance institutions to point out flaws in existing AIDS policies and, sometimes, to demand their reform. During the regularly scheduled meetings of government AIDS commissions, committees, and working groups, AIDS activists voiced the various concerns that had emerged in the past month. Often, AIDS-sector bureaucrats immediately addressed the problems that were raised by civic advocacy groups during these informal discussions. Thus, one likely result of participatory governance institutions in the AIDS sector is that activists raised concerns more frequently, and with more success, than they would have without this forum for dialogue with the state. By the same token, participatory governance institutions enabled civic organizations to seek solutions to new AIDS policy challenges before they developed into more serious problems.

At the same time, Brazil's AIDS advocacy groups used participatory governance institutions to organize demand-making campaigns in other political arenas. Sometimes, AIDS advocacy groups were unable to influence policy through their direct participation in participatory governance institutions. Often their success was dependent on the political proclivities of the governor and health secretary, who could refuse to take up the policy recommendations of AIDS-sector bureaucrats. In these cases, AIDS advocacy groups turned to other forms of political persuasion. The same grassroots activist from Pernambuco who had earlier stressed the importance of dialogue with AIDS-sector bureaucrats added, "If we fail to resolve the problem with dialogue, we have to turn to those other instruments, those other means, those mechanisms [for getting things done]…"[124]

Participatory governance committees served as important strategic venues for planning these other types of political campaigns. I personally witnessed an instance of political organizing during one meeting of a participatory AIDS policy commission, in a state in which the AIDS bureaucracy had suffered a significant loss of decision-making autonomy at the hands of a new governor and his appointed health secretary. In this case, the director of the AIDS bureaucracy himself suggested mobilizing a political pressure campaign. Closing the door of the meeting room—located within the building of the state health secretariat—the state's AIDS program director suggested to the AIDS advocates in attendance that they independently address the problem with the governor, using their bargaining power to negotiate a change in policy. A subsequent "extraordinary" meeting of the AIDS policy commission was then arranged to plan the campaign, held this time at a location away from the state health secretariat building but attended by bureaucrats and civic advocates alike.

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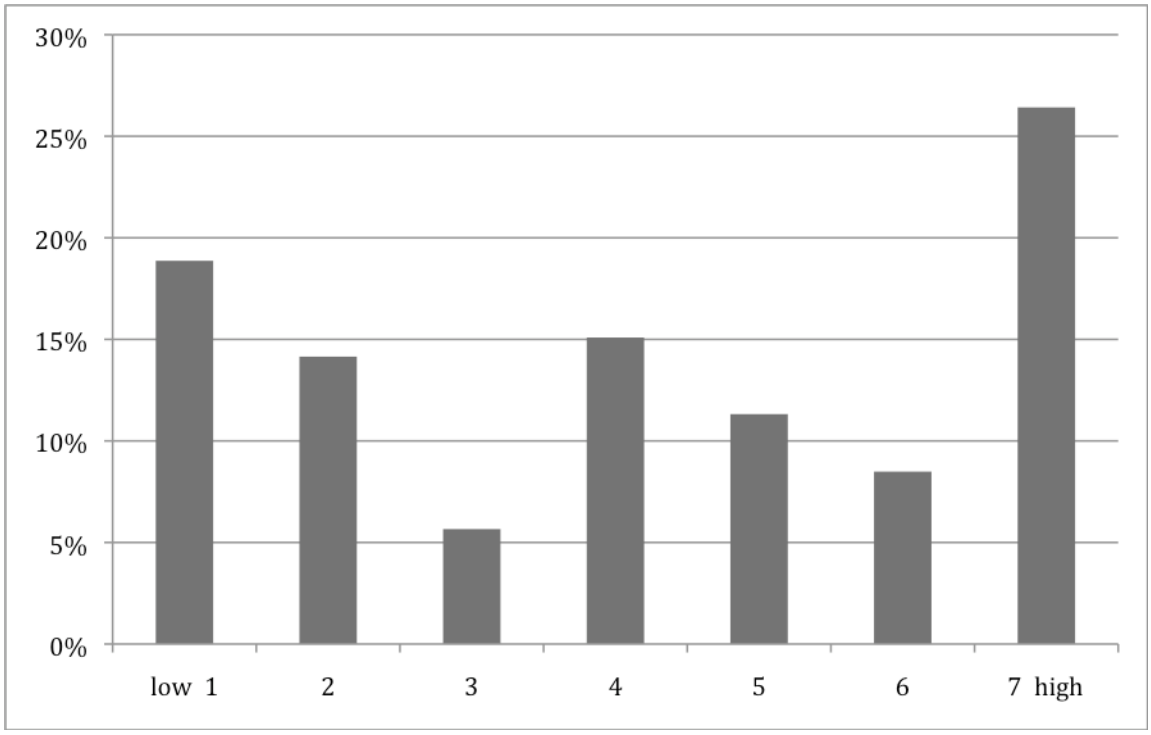
[123] Interview with Jean, bureaucrat in the AIDS program of the state of São Paulo, November 10, 2008.

[124] Interview with Jair Brandão de Moura Filho.

*The Courts*

One of these alternate strategies for influencing AIDS policy development was to use the courts. Marginalized groups in Latin America have turned to the judicial system to advance social policies and programs since the late 1980s and 1990s, when several countries introduced new constitutions with expansive definition of citizenship rights, (Courtis 2006, Hoffman and Bentes 2008, Wilson and Cordeiro 2006). As Chapter 2 highlighted, Brazil's AIDS advocacy groups were pioneers in using the courts as strategic venues for advancing AIDS policy (Hoffman and Bentes 2008: 113, 125-126). By the mid-2000s, the use of the judicial system as an AIDS advocacy strategy had expanded to new regions of Brazil, and the number of legal claims filed at the state and municipal levels had increased dramatically. According to one count, over 3,000 health-related cases—mostly AIDS-related—were brought to court in just four state-level tribunals alone (Hoffman and Bentes 2008: 117) According to survey responses, nearly half of AIDS advocacy groups in Rio de Janeiro and São Paulo perceived the courts to be a key channel for making claims on government. (See Figure 6.)

**Figure 6: "How important for your group is it to enter the legal system through class action suits or other legal means?"**




Source: The Brazilian Survey of AIDS NGOs

Qualitative interviews provide further evidence that a wide range of civic AIDS groups in Brazil were using litigation as a strategy in the mid-2000s. Nearly all of my informants, in all states, cited judicial action as a key recourse when dialogue with bureaucrats failed to produce

positive results. According to an activist in the Northern state of Pará, for example, "When a situation isn't resolved via council, or with the bureaucrats in the AIDS sector directly, or with the health secretary through that initial dialogue with the bureaucrats, we go to the public prosecutor's office, and from there we enter into judicial action."[125] According to an activist in Rio de Janeiro, "We use the public prosecutor's office to force the state to give us what is rightfully ours."[126] According to an activist in the state of Rio Grande do Sul:

> Another strategy we have used a lot, and that has been effective, is partnering with legal aid groups[127] and public prosecutors[128] [For example], in the municipality of Porto Alegre, the health secretary had a vision of politics and a vision of AIDS that was very different from the national AIDS policy in Brazil (which is what civil society works with). [He] didn't want to make policies on behalf of the groups we saw as priorities (who were mainly gays, trans, and prostitutes, because in Brazil the epidemic is still very concentrated among gays and transvestites). And [the health secretary] didn't want to make any policies [that benefitted them]. Because he thought that gays were freaks of nature, he didn't see the need for policies directed toward gays. So [in Porto Alegre], we succeeded in advancing [AIDS policy] mainly through the prosecutor's office.

My observation in the state of Rio de Janeiro was that legal aid groups filed a significant portion of their complaints against government agencies to enforce existing policies such as providing worker benefits. Yet AIDS advocacy groups also used the courts to advance *new* policies using class-action suits.

*The Legislature*

Together, the courts and participatory governance institutions provided two significant new channels for civic advocacy groups to influence AIDS policy across Brazil. However, there were important limitations to the use of the executive and judicial branches to advance AIDS policy in Brazil. While the judicial branch could advance structural reforms by interpreting the meaning of the social rights guarantees within Brazil's constitutional framework, many judges saw it as the role of the executive and the legislative branches to define the specific way in which policy should be shaped to protect these rights (Hoffman and Bentes 2008: 106). While the executive-branch bureaucracy could develop new policies, these policies were harder to enforce and easier to overturn than policy that had been made through legislation.

At the time of this writing, congressional caucuses were emerging gradually but steadily across Brazil. As of March 2010, eight states and two municipalities had inaugurated AIDS caucuses.[129] While the AIDS policy leaders of the industrialized Southeast and South were

[125] Interview with Antonio Ernandes Marques da Costa.

[126] Interview with Willian Amaral.

[127] *procuradorias*

[128] *promotorias públicas*

[129] In 2010, the states with congressional causes were: Amazonas, Ceará, Minas Gerais, Paraná, Rio de Janeiro, Rio Grande do Norte, Rio Grande do Sul, and São Paulo. The municipalities were Alfenas, in the state of Minas Gerais, and Santos, in the state of São Paulo (unpublished government document). While some of these caucuses focused

among the earliest states to inaugurate the congressional caucuses, underdeveloped AIDS policy laggards such as Amazonas and Rio Grande do Norte were also included. Qualitative interviews revealed initiatives to develop AIDS-related caucuses in the states of Salvador da Bahia and Pará as well.

While the ostensible purpose of developing congressional caucuses was to pass new AIDS legislation, qualitative interviews suggest that AIDS advocacy groups were using the caucuses primarily to help them enforce existing laws and policies. Even with congressional caucuses, advancing AIDS legislation was a belabored process. Members of congress had to balance a large number of competing priorities in determining which legislative proposals to bring to a vote; generally, they favored proposals that appealed more directly to their core voter constituencies. By contrast, sympathetic members of congress could easily help to enforce existing policies or legislation. By summoning politicians or their appointees to a public hearing[130], legislators could quickly call governors and mayors to account for bad behavior. Thus, at the time of my fieldwork, AIDS activists were looking to the legislature primarily as a means to increase political pressure on governors to comply with existing AIDS policy guidelines.

The activists I interviewed offered many examples of using the legislature as a source of political pressure on governors and mayors. Marcia, an activist from the state of Rio Grande do Sul, provided a particularly illustrative example of how AIDS advocacy groups use the congressional caucus to enforce the implementation of current AIDS policy guidelines. In this case, the state health secretary of Rio Grande do Sul had failed to publish vaccine guidelines for people with HIV during the H1N1 "swine" flu epidemic of 2010. Marcia provided the following description of how civic advocacy groups used the congressional AIDS caucus in pressuring the health secretary to correct this AIDS policy failure:

> We went to the health council to demand a solution to the [problem], and the state didn't comply with the order. Then we went to the AIDS commission, [and the state still didn't do anything]. Beforehand, we had already sent an official letter [to the health secretary] on behalf of the NGO forum, and nothing. So what did we do then? We arranged a meeting with the coordinator of the congressional AIDS caucus, [asking him to help us]. Immediately, he managed to put a discussion of the vaccine guidelines problem on the agenda of the next general assembly meeting of congress; and from there, congress scheduled a public hearing for eight days later. The state AIDS coordinator, the director of the health department, and the adjunct secretary of health all showed up to this public hearing. Obviously, in front of all those congressional members confronting him, and [with everybody witnessing] civil society telling him that he needed to publish vaccine guidelines, the adjunct health secretary had to comply.
>
> The health secretary left there guaranteeing that the next day, *the next day*—it was four o'clock in the afternoon by the time he left the hearing—vaccine guidelines

specifically on AIDS, others addressed both AIDS and TB, and still others addressed public health in general. All of these caucuses were development by AIDS movement leadership, and whether to incorporate other public health causes as a central focus of the congressional caucus was the subject of internal debate.

[130] *audiência pública*

> would be published. And the next day, vaccine guidelines appeared in all the newspapers in circulation in the state, (…) from *Zero Hora* (the newspaper with the largest circulation here) to *Correio do Povo*, *Jornal do Comercio*, in addition to all the other types of media outlets [like radio, television].

AIDS advocacy groups thus looked to the legislature as an efficient and effective means to pressure governors and mayors, and their appointees, into complying with national policy guidelines.

### *2.2 Extra-Institutional Strategies*

Yet their embrace of institutional channels for promoting AIDS policy did not replace extra-institutional forms of demand-making, for at least three reasons. First, legislative lobbying and legal advocacy were not efficient means to solve urgent problems. Second, institutional strategies were not always successful. While the goals of AIDS-sector bureaucrats were often aligned with those of civil society, the relationship between bureaucrats and civic advocacy groups in some states and municipalities was combative. More commonly, sympathetic AIDS-sector bureaucrats lacked the capacity to respond to civil society demands, due to obstructionist politicians. Third, the success of institutional strategies for advancing policy in the AIDS sector often depended on the simultaneous use of—or on the implicit threat of—public pressure tactics. Securing a meeting with a recalcitrant governor or health secretary to discuss a crisis or complaint, for example, was sometimes predicated on the threat of public action should their request be denied.[131] Thus, civic AIDS groups continued to look to the media and to the media-oriented street protests as key avenues for advancing AIDS policy.

*The Media*

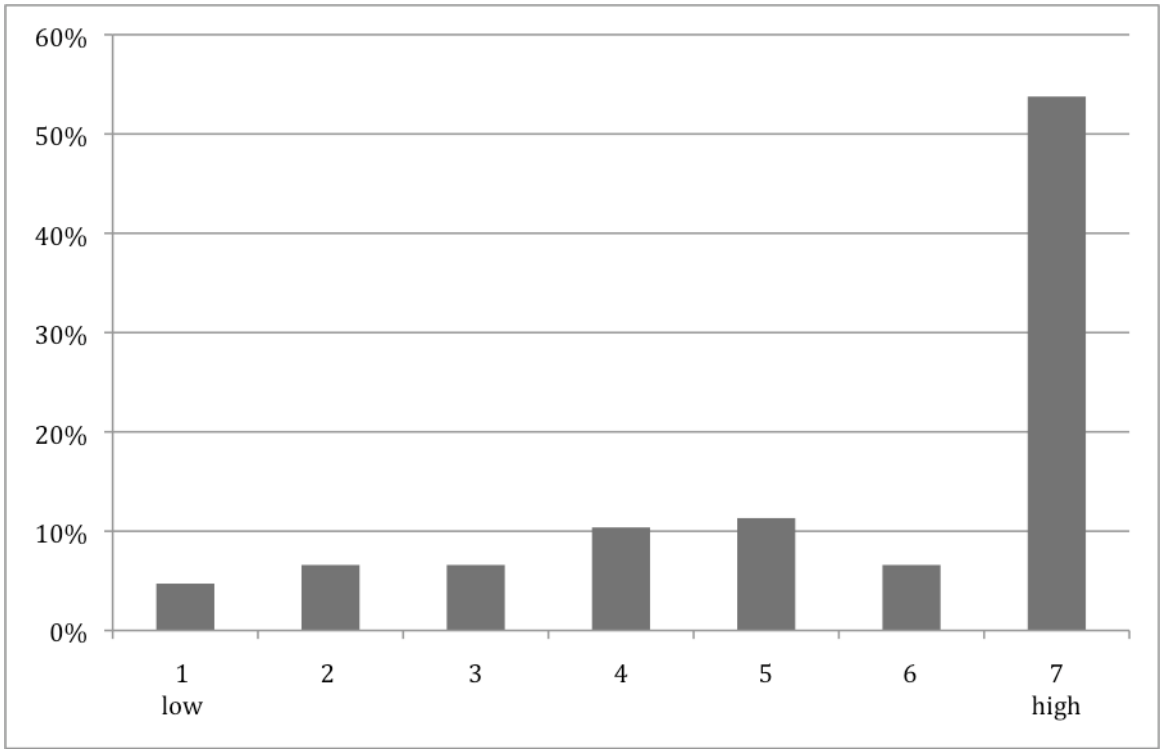
Both survey responses and qualitative interviews show that civic AIDS activists in the 2000s continued to look to the media as an important channel for publicizing their grievances and political demands. In the Brazilian Survey of AIDS NGOs, the majority of associational leaders considered use of the media to be an important strategy for achieving their organization's goals. (See Figure 7.) According to an activist from the state of Pernambuco, representing a commonly expressed view of the media, "if we don't manage to get anything out of the council, the media is a strategy [that we use] to give visibility to our demands."[132] Similarly, an AIDS activist from the state of Salvador da Bahia emphasized, "Every time we have problems and the municipality fails to resolve it or creates impasses, we engage the local media; it is a way to win popular support."[133] Activists also provided me with many specific examples, often unprompted, of how they used the media to criticize government.

[131] Multiple informant interviews.

[132] Interview with Jair Brandão de Moura Filho.

[133] Interview with Fábio Ribeiro, Member of the NGO Forum of the state of Salvador da Bahia, representing the organization *GLICH* (Grupo Liberdade Igualdade Cidadania Homosexual), April 29, 2011, via facebook chat.

**Figure 7: "How important is it to your group to call the attention of the press to existing problems?"**




Source: The Brazilian Survey of AIDS NGOs

Like in the 1980s, AIDS activists relied on close contacts with journalists to garner media attention. By the 2000s, however, these contacts had broadened significantly to include a diverse range of journalists and media outlets. Moreover, they were based on professional relationships rather than on personal friendships. According to the founding president of Rio's NGO Forum, Roberto Pereira:

> I have the email addresses of a lot of [journalists] who do interviews. For example, there is a journalist from [the newspaper] *O Dia*, Pamela de Oliveira, who has done a lot of reports on AIDS. She even received a prize in 2006 for a series of materials she did in collaboration with the AIDS NGO Forum about people with HIV who were being expelled from *favelas*, and those reports were awarded a prize. (…) So I have a [good] relationship with press contacts, and we [AIDS associations] pass on these contacts to each other. People even joke: 'You talk [to journalists] almost every week—two, three times a week.' There is always some sort of [report on AIDS]. (…) The others [AIDS associations] (…) , all of them, they have these relationships with the press too.[134]

By the 2000s, the AIDS movement had thus developed extensive ties to the press.

[134] Interview with Roberto Pereira, founding director of the AIDS NGO Forum in the state of Rio de Janeiro, August 25, 2008.

At the same time, the effectiveness of AIDS advocacy groups in garnering media attention was no longer based on the prominence of individual members of the movement, but rather exclusively on the general reputation that the AIDS movement had developed as ethical, dependable, and a source of expertise. In the same interview, Pereira also noted:

> We also have a certain degree of credibility, which is to say we don't get involved in scandals… We always have a very ethical position on things. So… [our reputation] doesn't help us with *everything*, but it helps us a lot. [It means that] people usually listen to us when we denounce something or someone…"

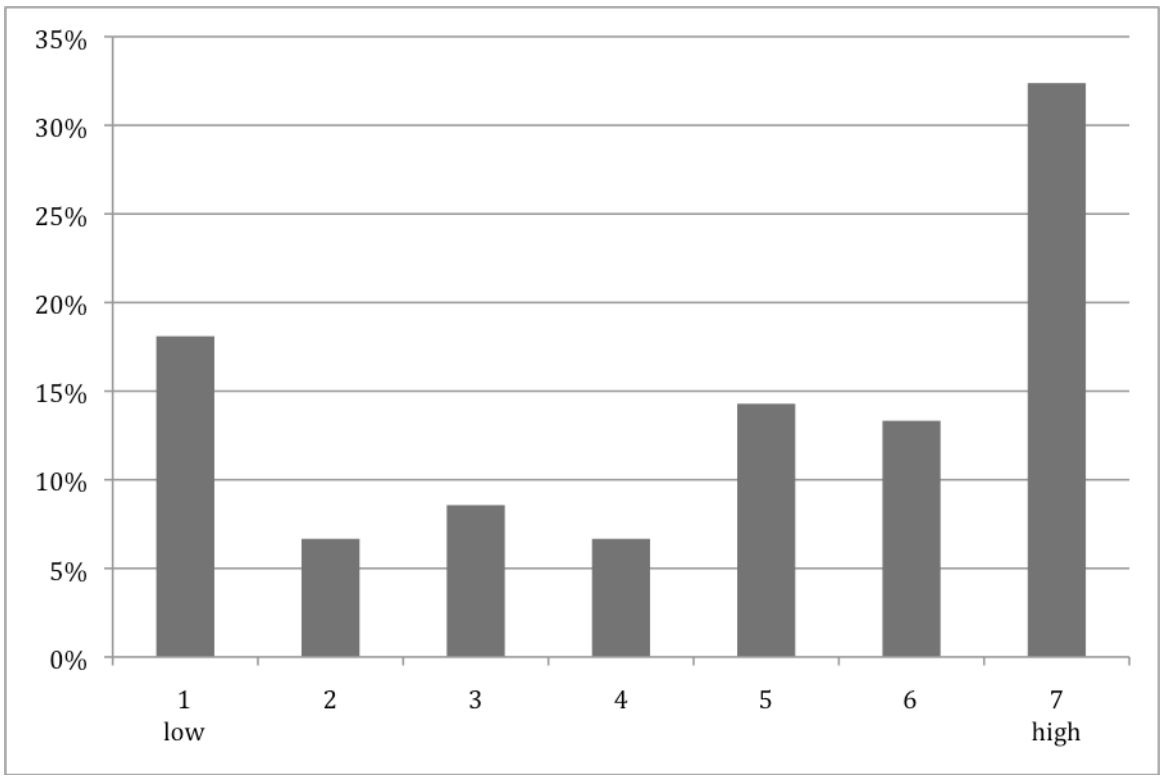
The good reputation of Brazil's AIDS NGOs thus helped them capture public attention when criticizing government through the press.

*Protest*

AIDS advocacy groups in the 2000s also continued to use protest as a central strategy for criticizing the government. On the surface, this is not obvious. In casual conversation, older AIDS advocates frequently complained that the new generation of activists was disinclined to protest. Because these newer activists came of age with participatory governance committees and other institutional channels for influencing policy, protest seemed to them to be an inefficient and unnecessary method of demand-making.

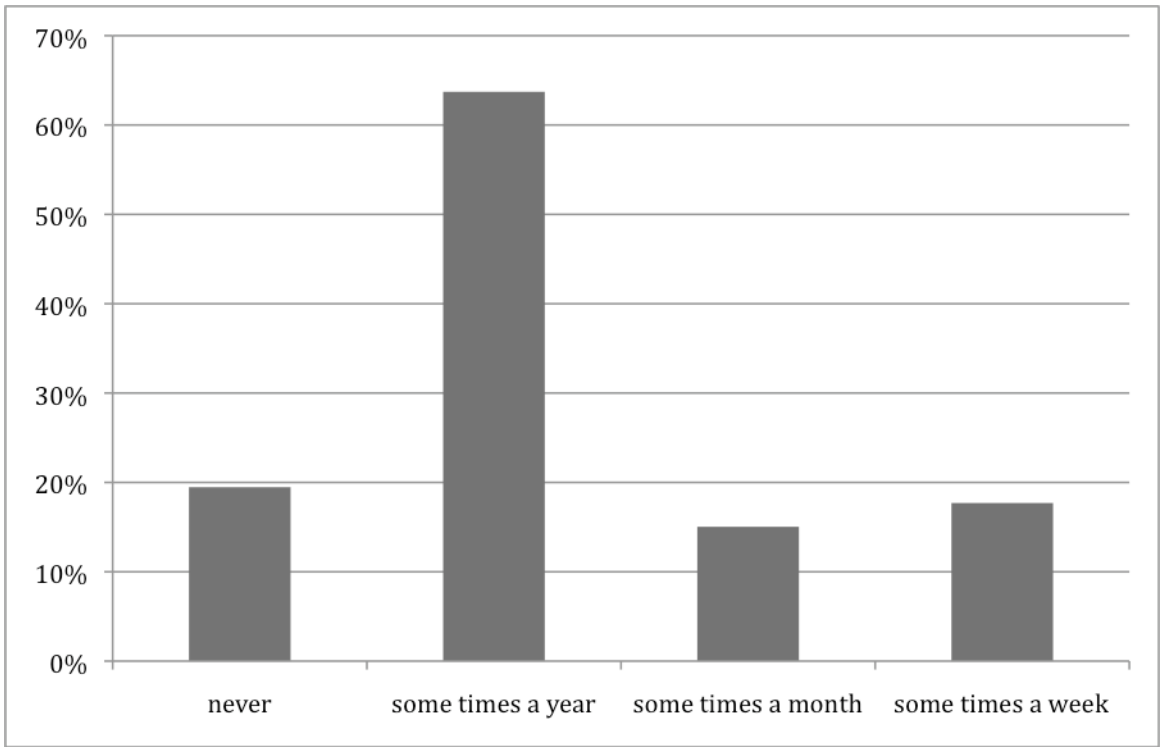
Yet in semi-structured interviews, activists revealed numerous and varied examples of using protest to criticize government. For example, an activist from the state of Rio Grande do Sul described the following response to a recent decrease in state-level spending on AIDS programs: "We had to return to using social movement intervention: taking to the street, calling the media, using bullhorns, going to the public." Similarly, the president of Rio de Janeiro's NGO Forum reported having organized three protests in the past year. Media reports from 2010 highlight a series of protests against empty stocks of ARV medications; included in these protests were not only the well-established AIDS activist centers of São Paulo and Rio de Janeiro, but also the Northeastern states of Maranhão, Pernambuco, Ceará, and Paraíba (*Agência Lusa* 2010, *O Estado de São Paulo* 2010, *Gazeta do Povo* 2010). While survey responses reflected a somewhat weaker preference among civic AIDS leaders for protest than for other types of political strategies, respondents also reported frequent participation in marches and protests. (See Figures 8 and 9.) Qualitative evidence thus suggests that in crisis situations, AIDS activists were still disposed to and capable of taking to the street to pressure government.

**Figure 8: How important to your group is it to organize or participate in public marches or protests?**




Source: The Brazilian Survey of AIDS NGOs

**Figure 9: How frequently does your group protest or march with other groups?**




Source: The Brazilian Survey of AIDS NGOs

Like in the 1980s, the protests organized by AIDS advocacy groups were generally small in scale and designed specifically to capture news coverage. Rather than using disruptive tactics such as street blockages or building occupations, advocacy groups used media-oriented tactics such as provocative signs and clever costumes. Rather than numbering in the hundreds or thousands, AIDS protests generally numbered in the dozens.[135] Willian, from Rio, provided an illustrative example of developing protest tactics aimed at a media audience. Recalling a protest that criticized the state government for failing to maintain sufficient stocks of ARVs, he told me:

> I took part in a protest on World AIDS Day in the central train station, in which we [used bags of empty viles as props]. It took a long time. Together there were three large trash bags, filled with empty viles. We threw them off the balcony [of the central train station]—that whole mountain of viles. And that gave us a lot of visibility for photographers.[136]

[135] Despite the general tendency toward small-scale protests, qualitative interviews revealed that AIDS advocacy groups in some states organized mass marches as well. Márcia from Rio Grande do Sul noted: "[Our protests and marches] vary [in size] (…) depending on the type. For example, the march we did last World AIDS Day involved two thousand people." Jair from Pernambuco also alluded to mass marches. Analyzing state-by-state variation in the capacity of AIDS and other advocacy groups for mass mobilization is a potential avenue for further research.

[136] Interview with Willian Amaral, Director of the AIDS NGO Forum of the state of Rio de Janeiro, May 1, 2010.

According to Marcia, the activist from Rio Grande do Sul:

> When we organize political protests, the kind where you blow whistles while circling the building of the [governor or the health secretary], fewer people participate. (…) For one, we don't call as many people [to these kinds of protests], because otherwise they wouldn't let us in.
>
> For example, we organized a protest [recently] in the health secretary's building, with all the governor's cabinet; and it ended up being was a protest with forty people. That was the maximum number of people that we were able to fit inside. If you start to enter with a big gang, the building security [will notice, and they] will shut the door and refuse to let you in—because it's a big pain for them to have a protest in their building. And that citizen's right to protest… that applies to the street, not inside a public building. The government isn't obligated to let you blow whistles inside his own office, right?




Activists protest against poor state-level AIDS policy performance: April 2010 in the state of Rio de Janeiro




Activists march in favor of a recent national decision to issue compulsory licenses for ARVs, February 2007 in the state of São Paulo.

In addition to using protests to criticize government, AIDS advocacy groups also used street marches to maintain the high public profile of AIDS and of the AIDS movement. While commemorative marches were not always used to criticize government, they nonetheless served a political purpose. During these marches, AIDS activist leaders would publicly comment on the major AIDS-related problems facing Brazil. Publicizing these AIDS policy challenges provided political incentives for politicians to invest in solutions. According to the bureaucrat in charge of São Paulo's state AIDS program, responding to a question about whether the program used civil society for political purposes:

> I don't know if we are *using* civil society. But in a certain way,… if issues are raised, then of course… (pause) Look, here's [an example of] a civil society demand: [The hospital] Emilio Ribas just built a new wing to perform corrective surgery for lipodystrophy. And of course, the fact that civil society had protested about [the problem of lipodystrophy] on December 1st helped us get the new surgical area built. It helped me in my negotiations with the [health] secretary to get the surgical area built. So when the social movement puts [demands] on the agenda, I think that is very… it ends up being… I can't say that we *use*, right, it's

> not a mechanism that is so intentional. But it ends up happening, right? We managed to implement several of the issues raised on the last World AIDS Day [march] during the course of this year.

Even in states where activist groups discounted the use of protest as a political strategy, activists marched regularly to commemorate occasions such as World AIDS Day. According to Ernandes, from the state of Pará:

> We have two or three marches that we do during the year, that are planned in advance; they're regular commemorative marches—like the march for World AIDS Day, the march for Health Day…[137]

By publicizing AIDS-related issues, street marches thus went hand-in-hand with more targeted protests to give political leverage to the AIDS movement.

More broadly, by using different strategic venues to achieve their policy objectives, AIDS activists significantly expanded their opportunities for success. When activists failed to achieve a government response through one channel, such as participatory governance institutions, they turned to another approach. Often, AIDS activists employed several tactics at once. Frequently, they would strategically use one political arena (such as the street or the media) to increase their leverage in another political arena (such as participatory governance committees, the courts, or the legislature). In contrast to Brazil's social movements of prior decades, the AIDS movement of the 2000s used a broad combination of international and extra-institutional strategies to influence government policy.

[137] Interview with Antonio Ernandes Marques da Costa.

**Chapter 7**

# Conclusion

## 1. Overview

This study has characterized a new and unanticipated form of political mobilization in Brazil. Historically, political mobilization and representation in Brazil had shown a sharp division between insiders and outsiders. Insiders, such as state-sanctioned labor unions, could influence policy through lobbying; and outsiders, such as informal-sector workers, could only achieve policy influence through mass protest. Yet in the area of AIDS policy, we have seen the emergence of a type of interest association that bridges the traditional divide between insiders and outsiders. Brazil's AIDS advocacy organizations rely as much on contentious strategies for making demands on government as they do on insider lobbying strategies—despite deep financial ties to the state. They also cross traditional social and economic cleavages—bringing together the rich and poor, the urban and rural, and members of different gender, ethnic, and religious identities.

This new model of interest intermediation, which I call "state-driven activism", developed in two phases. In the 1980s, the AIDS movement in Brazil first arose. This early AIDS movement represents an important transformation of social movement repertoires in Brazil. In contrast to the social movements of the 1970s, which relied strictly on contentious behavior, the AIDS movement was willing to work through inside channels to achieve political and policy reform. However, the model of interest intermediation that developed during the early AIDS movement in Brazil departed from the model of state-driven activism in two ways: political mobilization was concentrated among a small handful of middle to upper-class associations; and the movement's relationship with the state was *ad hoc* and unstable.

In the 2000s, state-driven activism emerged as a national model for political organization and mobilization around AIDS policy. In the 2000s, the AIDS movement expanded from a small handful of elite associations to include a wide range of the working classes. At the same time, the AIDS movement adopted a dual strategy of demand-making: relying on both insider and outsider strategies. On the one hand, AIDS activists expanded their use of inside channels for influencing policy to all three branches of government. They had also developed a strong and steady relationship with state bureaucrats. And on the other hand, AIDS activists continued to criticize government frequently through the media and through protest. This model of interest intermediation that developed in the AIDS policy sector had never before been seen in Brazil.

This study has argued that the development of state-driven activism as a national model for political mobilization in the AIDS policy sector resulted from the strategic interests of two key actors: federal bureaucrats and social movement leaders. In the context of decentralized governance, reform-minded federal bureaucrats have found themselves unable to ensure that governors and mayors implement the policy reforms they developed. In Brazil's AIDS policy sector, federal bureaucrats responded to this challenge by mobilizing political allies for state and local AIDS policy development within civil society. They pursued this objective through two mechanisms: (1) by providing the resources and institutional opportunities for new civic

associations to participate in the political arena, and (2) by supporting the endeavors of social movement leaders to mobilize new civic AIDS associations as political actors.

Social movement leaders in the AIDS policy sector were also motivated to mobilize new civic associations as political actors. In the context of a participatory governance model of policymaking, apolitical civic associations threaten the objectives of social movement leaders through their ineffective participation on policymaking committees. In Brazil's AIDS policy sector, activist leaders responded to this threat by engaging new civic AIDS leaders in a national AIDS advocacy coalition. AIDS activists used this alliance to provide the leaders of new civic AIDS associations with the skills and motivation to participate effectively in the political arena. Paradoxically, AIDS activists were only able to build this national advocacy coalition due to funding from the state. Like most nonprofit organizations, AIDS advocacy groups lacked the budgets to build a strong national advocacy coalition with their own resources. However, federal AIDS bureaucrats shared their objective of mobilizing new AIDS policy advocates within civil society. Consequently, the federal AIDS bureaucracy provided social movement leaders with the funding to build and sustain a national advocacy coalition.

## 2. Addressing Alternative Arguments

The central argument in this study presents both the state and elite organized interests as constructive forces in popular mobilization. Together, federal bureaucrats and professionalized activist organizations provided the resources, opportunities, and encouragement for new constituencies of the poor to organize and to engage in the political arena. But are these new AIDS advocacy groups *autonomous* political actors, who may later turn to other issues and other areas of government in making political demands? Or are Brazil's new AIDS associations *dominated* by the actors who mobilized them, serving mainly to further the agendas of these political elites.

### *2.1 Domination by the State*

This depiction of a virtuous relationship between the state and social movements contrasts not only with the dominant academic literature, but also with the perceptions of many Brazilians—including some core members of the AIDS movement. While AIDS activists in Brazil hold a universally positive view of the national AIDS program, many continue to share the broader view that the state serves mainly to co-opt or repress the working classes.

In particular, some AIDS activists expressed the view that their close relationship with federal bureaucrats has weakened the movement's capacity for demand-making. On the one hand, activists pointed to the personal friendships between activists and bureaucrats that had emerged. According to them, these friendships had made activists too "understanding" of the challenges bureaucrats faced in addressing policy problems, causing them to forget that their role as activists was to force policy solutions to critical problems through public pressure. And on the other hand, activists pointed to the AIDS movement's financial dependence on the state. They argued that these financial ties had weakened activists' capacity for criticism—that, for fear of losing project funding, AIDS activists were hesitant to criticize the projects and programs involving state contracts for civic organizations. These activists claimed, in other words, that the

national AIDS program had unintentionally co-opted the AIDS movement through its human and financial support.

AIDS activists tended to express this general sentiment by making some combination of two empirical arguments: that activists in the 2000s were less willing than before to make aggressive demands, and that they were less willing to use combative tactics when confronting the state. The following paragraphs will address each of these arguments in turn.

*Has the state moderated the AIDS Movement's demands?*

When compared to the radical demands made in the 1980s—for strong human-rights protections, and for guaranteed access to AIDS treatment—the AIDS movement's demands in the 2000s certainly appear to be less aggressive. There are two reasons, however, to question the claim that it is the state that has moderated these demands. First, the substance of social-movement demand-making necessarily changes over time. As government policies develop, certain demands are met and become irrelevant, while other demands emerge out of the new policy challenges that arise. In Brazil's AIDS policy sector, the demands of the 1980s were particularly far-reaching, or "radical", because they centered on building the core tenants of a national AIDS policy. Now that Brazil has already built a cutting-edge AIDS policy paradigm, social movement demands center on the important but more prosaic challenge of ensuring its sustainability and implementation.

Second, when compared cross-nationally, Brazil continues to develop cutting-edge AIDS policies. In 2011, UNAIDS named Brazil a model country (Deutsche Welle 2011). In the same year, an English-language newspaper article declared that Brazil was currently "intensifying its actions, at home and abroad" (Inter Press Service 2011). In 2010, Brazil gave 21 million dollars in aid for Mozambique to build the first public factory for ARV drugs in Africa (Agence France Presse 2010). These anecdotes suggest that Brazil continues to forge pathbreaking AIDS policies. One could further interpret this anecdotal evidence to suggest that civic activists in Brazil continue make more aggressive demands on the state than in nearly any other country in the world.

*Has the state moderated the AIDS movement's strategies?*

It is also empirically true that AIDS activists in the mid-2000s were somewhat less disposed to using combative tactics such as protest than they were in the mid-1980s. Activists in the 1980s strongly favored protest as a demand-making strategy and only reluctantly incorporated insider negotiation. By contrast, activists in the 2000s relied on insider negotiation and tended to incorporate protests only when other strategies failed on their own. However, this study has presented two strong pieces of evidence to refute the claim that this shift in the balance of demand-making tactics signals a taming of the movement by the state. First, this study has shown that protest is no longer the only way for the AIDS movement to make aggressive policy demands on government. As described in Chapter 3, the introduction in the late 1980s of a social rights constitution and of a participatory governance paradigm for policymaking opened new points of access to the state for AIDS associations in the 1990s and beyond. Now that mass protest is no longer the only option for effecting large-scale reforms, we should not expect AIDS activists to rely on street protest as a preferred strategy for influencing government policy. Protest is a rather costly and unreliable method of demand-making. They require a significant investment of time and effort to organize; and while they may lead to major policy gains, they

may also lead to government repression. By contrast, insider strategies such as lobbying and participation on policymaking committees are relatively efficient and effective means of influencing policy. For this reason, protest is generally thought of as a political strategy of the poor, who have no other available option for effecting change (Piven and Cloward 1979). By the 2000s, a variety of insider strategies for influencing AIDS policy were available to civic activists. As a result, they used combative tactics with less frequency than before.

Second, AIDS activists in the mid-2000s continued to organize protests regularly to criticize government behavior—even if they did so with less eagerness than in the 1980s. As described in Chapter 6, activists frequently turned to public pressure tactics to force policy reform when governors or mayors obstructed AIDS policy progress. Civic activists even continued to organize protests criticizing the national AIDS program, despite their close personal and financial ties to the federal government. In February of 2012, for example, AIDS activists across Brazil launched an "SOS NGOs" campaign, protesting cutbacks in federal funding for civil society projects (Agência AIDS 2012, Agência Estado 2012a). After direct appeals to government bureaucrats failed to achieve an increase in funding, the AIDS movement looked to media appeals and street protests to publicly pressure the federal government for reform. Earlier that same month, AIDS activists had criticized a decision by the Minister of Health to withdraw an HIV prevention commercial that featured a gay couple (Agência Estado 2012b). Arguing that the Health Minister had withdrawn the television spot in response to political pressure by evangelicals—and not, as the Ministry had claimed, due to technical problems—AIDS activists launched an aggressive media campaign to publicize their disapproval. In other words, in the 2000s, the AIDS movement still attempted to influence policy through outside pressure tactics—publicly criticizing even the national AIDS program itself.

### *2.2 Domination by Elite Civic Associations*

In addition to depicting a virtuous relationship between the state and social movements, this study has highlighted a virtuous relationship between wealthy and poor associations. This presentation of professionalized NGOs as a potentially constructive force in the political mobilization of popular associations contrasts with a prominent tradition of "mobilization of bias" theories that critique the interest group system for merely replicating pre-existing economic and social inequalities (Mills 1956, Schattschneider 1960). With respect to Brazil's AIDS movement, one could point out that the more professionalized, wealthier AIDS associations that mobilized in the 1980s tend to drive the political agenda of the AIDS movement—thus maintaining the political domination of the rich over the poor that existed previously.

It is true that wealthier, more experienced AIDS associations are more likely than poorer, less experienced associations to hold leadership positions within the movement, and to organize political campaigns. However, this is not *always* the case. On the one hand, in the states that were centers of early mobilization around AIDS, older AIDS organizations occupy most social movement leadership positions. Their comparative expertise makes them natural leaders. But on the other hand, as Chapter 5 described, in the states and regions where few civic associations existed prior to the 1990s, newer organizations have emerged as regional and even national AIDS movement leaders.

In addition, the elite AIDS advocacy groups that sit at the helm of the movement are making an intentional effort to cultivate new political leadership. As described in Chapter 5, activists organizations and NGO forums in the developed centers of AIDS movement

mobilization have used federal funding to launch several projects aimed at building capacity for political advocacy among new grassroots leaders. At the same time, the national coalition of AIDS advocacy organizations now employs a proportional system of representation—giving a greater voice in national AIDS movement decisions to the new activist leaders in Brazil's underdeveloped regions. As of 2012, each region of Brazil elects equal numbers of delegates to the *ENONG*. This change has strengthened the involvement of new civic leaders in making decisions over the movement's political agenda and over the movement's leadership.[138] These efforts to mobilize new activists as political leaders are relatively recent—and developing new leadership takes time. And as Chapter 4 described, hardly any popular associations were organizing, or even participating in, AIDS advocacy campaigns prior to these efforts.

## 3. Theoretical Implications

In Chapter 1, I showed how the argument advanced in this study relates to the broader literatures on social movements and interest groups. In the following paragraphs, I highlight the implications of this study for two more audiences: scholars of participatory governance, and the policymaking community.

### *3.1 AIDS-Sector Mobilization and the Literature on Participatory Governance*

This study builds on recent scholarship that has identified participatory governance (PG) institutions as new channels for the working classes to influence social policy in Latin America, and particularly in Brazil. The literature on participatory governance emerged as a response to a pessimistic strain of scholarship claiming that market reforms in the 1980s and 1990s had weakened traditional forms of popular mobilization, and that civil society in Latin America was demobilized and fragmented as a result.[139] By contrast, scholarship on participatory governance showed that new institutional opportunities had also developed for the working classes to make demands on government. They showed that by focusing exclusively on politics at the national level, these prior studies had missed new pockets of civic organization and mobilization at the local level.

According to the most recent literature on participatory governance, three conditions are necessary for PG institutions to succeed in expanding popular access to local politics: decentralized fiscal authority, committed local politicians, and a robust local civil society.[140] Decentralized fiscal authority is key because it empowers the politicians who are interested in implementing participatory governance.[141] Politicians who want to expand popular participation

[138] Interviews with Antonio Ernandes Marques da Costa, Coordinator of the AIDS NGO Forum of the state of Pará, April 29, 2011 (via skype); Rubens Duda, bureaucrat in the National AIDS Program, Sector for Engagement with Civil Society and Human Rights, August 24, 2011 (via skype).

[139] See, for example, Kurtz (2004); Oxhorn (1998/2006); Roberts (2005); Weyland (2004).

[140] See Fung (2011) and Nylen (2011) for syntheses of the literature on participatory governance.

[141] See Abers (2000), Avritzer (2002, 2009), Baiocchi (2005), Fung (2004), Fung and Wright (2003), Golfrank (2007), Selee and Peruzzotti (2009), and Wampler (2007).

are more likely to govern at the local level, because local politicians are more sensitive to civil society demands than national politicians. Fiscal decentralization thus empowers local-level political reformers who want to promote citizen participation in governance, and it weakens national legislators who may oppose the expansion of democratic political participation and representation.

Commitment by local executives is important because the guidelines for participatory governance in Brazil are vague and enforcement mechanisms are weak. Without detailed guidelines or strong national oversight, governors and mayors who do not support participatory governance enjoy broad leeway to determine the "rules of the game", such as who participates and who controls agenda-setting. Because participatory governance institutions take discretionary power out of the hands of subnational politicians and give it instead to organized civil society constituencies, politicians without strong bases of popular support often attempt to weaken the power of participatory governance institutions. Due to their discretionary powers, local politicians can accomplish this easily: by biasing participation on councils in favor of their supporters, by shutting them down, or by simply ignoring their rulings. Recent scholarship thus argues that in order for participatory governance institutions to work, governors and mayors need to believe that delegating decision-making authority to citizens will benefit them politically (Goldfrank 2007, Wampler 2007).

By the same token, civil society must be capable of taking advantage of participatory governance institutions, and of engaging in contentious politics when politicians fail to implement them. Political capacity is important to overcome the threat of cooptation within participatory governance committees. A willingness to engage in combative behavior such as public protest is important because it puts critical pressure on the government to delegate real authority to citizens through participatory governance institutions (Wampler and Avritzer 2004, Wampler 2007). Even leftist governors and mayors, who are ideologically oriented to empowering the working classes, face pressures to retain control over state and local budgets. In some cases, they face clientelistic incentives to retain control over how they reward their political supporters. In other cases, opposition parties in the legislature resist their attempts to implement participatory governance (Goldfank 2007). Pressure from civil society, through contentious politics, plays a key role in ensuring that politicians implement participatory governance institutions that actually influence policymaking. Accordingly, Wampler and Avritzer (2004) to conclude that PG institutions are more likely to succeed where contentious civic associations were present prior to their implementation.[142]

This study advances the literature on participatory governance by implying that the scope of new working class mobilization in Brazil is actually broader than these existing studies suggest. By focusing narrowly on civil society influence within the forum of local PG institutions, existing studies miss a broader range of new institutional and extra-institutional channels that popular associations use to make demands on the state. By focusing exclusively on politics at the subnational level, the existing literature misses national-level political factors that facilitate popular mobilization. By contrast, this study takes into account the wider context of political mobilization in Brazil.

[142] See also Wampler (2007).

First, I show that local-level PG institutions are just one new strategic venue for civic associations to influence policy in Brazil. In Brazil's AIDS policy sector, popular interest organizations are making claims on the state not only through institutional spaces constructed explicitly for them, but also through the courts, the legislature, and the media. In some cases, failure to influence policy through PG committees was followed by success in other arenas. In other cases, civic associations were effective in influencing policy through PG committees only because they worked simultaneously through other channels. This study thus shows that the dynamics of participation within PG institutions depends in part on what happens within *other* political arenas.

Similarly, AIDS advocacy organizations use participatory governance institutions not only at the local level, but also at the national level to influence policy. As I described in Chapter 3, in the AIDS policy sector there are an abundance of national-level policy commissions, councils, and working groups that incorporate civil society participation. Whereas the literature on participatory governance focuses on civic participation at the local-level, this study shows that participatory governance institutions provide popular access to the political arena at higher levels of government as well. Popular access to influence over national-level politics is particularly important because it is at this level where the most far-reaching policies are made.

Second, I show that committed local-level executives are not necessary for popular associations to succeed in accessing the political arena. I show, instead, that committed executives at the *national* level can also open opportunities for popular participation in politics, even in a context of opposition by local politicians.[143] In doing so, I account for the political mobilization of new popular associations in policy laggard states. In the AIDS policy sector, new popular associations, mobilized by federal bureaucrats, influence the policy process even in states and municipalities governed by obstructionist governors and mayors. In these regions, popular associations are likely to locate their political campaigns outside the arena of PG institutions—looking instead to a combination of the judicial system, the legislature, the media, and the street. This study thus shows that local political participation continues to be intertwined with politics at the national level—both in its origins and in its overall policy impact.

Third, I show that civil society can grow stronger and more combative as a result of strategic mobilization by federal bureaucrats. The literature on participatory governance shows that a strong and active civil society is necessary for the working classes to achieve policy influence through participatory institutions (Avritzer 2009, Wampler 2007). This is an important insight, and it suggests serious limitations to the potential for institutional reforms to open access to democratic politics for the poor and otherwise marginalized. Yet it leaves unanswered an important question: How do you get a robust and active civil society? In Brazil's AIDS policy sector, federal bureaucrats played an independent and constructive role in political mobilization around AIDS policy—supporting the expansion of civic organization and mobilization in regions where mayors or governors were opposed to transparent and responsive policymaking. This dissertation thus contributes existing theories of participatory governance by showing how the strength and the characteristics of organized civil society can change over time.

[143] Theories that account for the emergence of popular mobilization in areas dominated by conservative politicians are especially important because traditional elites remain in power in many regions of Brazil. For further information on the political power of Brazilian oligarchs, see Abrucio (1998), Samuels and Abrucio (2000), Montero (2001), Souza (1997).

### *3.2 AIDS-Sector Mobilization and Good Governance Promotion*

The argument presented in this study also speaks to crucial themes in the promotion of democracy and good governance. First, it holds important implications for efforts to promote democratic participation and representation. A key element of the current democracy promotion paradigm centers on helping to build a strong and independent civil society through financial and organizational support for grassroots organizations. This study suggests that in addition to providing support for individual associations, supporting a structure for *collaboration* among civil society organizations may be key.

Second, the findings of this study have important implications for the international development community, which has invested vast amounts of resources in monitoring and evaluation of local development programs. Specifically, this study suggests that rather than trying directly to monitor and control development programs in far away places, figuring out how the incentives of local actors can be mobilized to promote good policy, and how in turn they mobilize others, is fundamental. This recommendation also applies to AIDS policy, which as one of the most important global development challenges of this generation, is a substantively and normatively important topic of research.

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**Appendix**

# Survey and Catalog of Associations

## 1. The Brazilian Survey of AIDS NGOs

The Brazilian survey of AIDS NGOs was carried out between February and May 2010 via the internet in the states of Rio de Janeiro and São Paulo. Two hundred thirty-one organizations were included in the sample, and one hundred twenty-three organizations responded—yielding a response of fifty-three percent.

### *1.1 Sample Design*

I drew the sample from three registries of AIDS-related organizations in each state: the list of NGO forum, members, the list of organizations that received state funding at any point over the four years prior to the survey, and the list of government-funded AIDS hospices.

My sampling procedure likely produced a selection of organizations that was more politically active than a random sample would have produced. Drawing such a sample was not possible, since no reliable registries existed from which to determine a population. At the same time, my analytic goal was not to make generalizations about the population of NGOs in Brazil but, rather, about the population of civic groups that are involved in political demand-making. At the same time, the bias of the survey toward more politically mobilized organizations supports some of my claims. For example, the survey shows that *even among* the most political connected AIDS associations, the level of professionalization is fairly low and the level of financial dependence the state remains quite high.

### *1.2 The Survey Instrument*

I conducted the survey via the internet. My response rate of fifty-three percent was high relative to the typically low returns on internet-based surveys.

## 2. The National Catalog of Civic AIDS Organizations

I constructed a national database of civic AIDS organizations in the years 2001 and 2002, using information from The National Catalog of HIV/AIDS Civil Society Organizations. This catalog of organizations is the product of an effort by the Ministry of Health to construct a comprehensive registry of AIDS associations in Brazil. The end result of this national questionnaire was a thick, hardcover book that contained two-pages of information on every organization in their national sample. The responses of each organization was printed word-for-word, some of which were open-ended, and some of which were answers to multiple-choice questions. The focus of the questions was on their missions, activities, leadership, and organizational attributes. No electronic version of the catalog was available.

I constructed the database by hiring a data entry company, Digital Divide, to enter all the information contained with the catalog into a spreadsheet that I could use to perform quantitative analyses of the survey responses.

This catalog serves two analytic purposes. First, the catalog data provide evidence to support claims about civic mobilization in the AIDS policy sector that extend beyond the Southeastern states of Rio de Janeiro and São Paulo, where I conducted the survey and where I conducted most of my interviews. Second, the data in the catalog provide a snapshot of civic organization and mobilization around AIDS in 2002, after federal funding for civic AIDS projects had produced a boom in the number of service-providing AIDS organizations across Brazil but before the federal AIDS bureaucracy had begun to focus their resources on mobilizing these organizations as political advocates. Thus, the data in the national catalog provides evidence to support claims about the effect of donor funding on interest mobilization when it is *not* combined with other forms of support.