HIV/AIDS Policy in Brazil: State / Society Partnerships in an 'Island of Excellence'

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ACCOUNTABILITY RESEARCH CENTER

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Contents

Introduction

Brazil's sustained success on AIDS treatment and prevention policy highlights the ways in which a powerful, autonomous social movement can enable the state to sustain transformative social policies over time. Following the movement's initial political success in bringing AIDS onto the policymaking agenda, the movement did not disintegrate as expected, but instead expanded to thousands of organizations across all twenty-six states of Brazil. The movement's expansion depended crucially on financial support from state actors, who subsidized the movement in order to promote their own policy goals. Yet AIDS activists maintained relative political autonomy despite their deep ties to the government, using protest as a central strategy for influence even as they used established channels of access to government for lobbying. This unexpected trajectory raises a question of relevance to social scientists and policymakers alike: How can nongovernmental organizations maintain influence over policy formulation and implementation without falling prey to state cooptation?

This sandwich-strategy case study explains why government bureaucrats sometimes support independent forms of civic organization and mobilization in pursuit of policy objectives. In contrast to traditional perspectives on state-society relations that focus on state control over rebellious civil society, I show through the case of AIDS policy in Brazil that reform-minded bureaucrats often encounter obstacles from actors within the state opposed to progressive social policy change; and that they must also control these actors in order to achieve their objectives. When the broad policy goals of civil society groups align with those of bureaucrats, they offer bureaucrats key sources of political leverage to advance their goals over opponents inside government. In these contexts, reform-minded bureaucrats will support relatively autonomous forms of civic mobilization in the broader pursuit of policy implementation. This argument fills an important gap in our understanding of civil society by revealing contexts in which state actors—and, by implication, international agencies—can help to cultivate civic advocacy, while it enhances our understanding of policy success by revealing the hidden roles of activists outside the state in supporting progressive health and other social policies over time.

The case study proceeds in four sections: First, I describe the initial trigger of the sandwich strategy: social-movement mobilization from below in the 1980s. Here, I show how social-movement pressure from below led to the development of a new national AIDS program, populated by bureaucrats who shared common goals with civic activists, and who encountered opposition to these common goals from other actors inside the state. Next, I analyze the opening from above, showing how bureaucrats in the National AIDS Program cultivated an "enabling environment" for autonomous collective action by providing financial resources for political advocacy, by opening opportunities for civic activists to participate in government policy discussions, and by providing financial resources to help activist organizations build a national coalition. I show, moreover, that bureaucrats provided this support for autonomous collective action in order to strengthen their own political leverage over government actors who opposed their policy goals. Third, I analyze the outcome of government support on the composition and character of social movement mobilization. I show how such support led the movement to become more diverse, cutting across traditional class, ethnic, and geographic cleavages. I also show how government support enabled the movement to employ a hybrid strategy for influencing policy, relying in equal measure on inside collaboration with government policymakers and contentious behavior. Ultimately, I argue,

this sandwich strategy—mutually reinforcing mobilization by reformers in state and society—led to important episodes of pro-accountability institutional change in Brazil's AIDS policy sector. In the fourth and final section, I discuss the broader conclusions and policy implications of this case study.

The evidence presented in this case study draws on seventeen months of fieldwork in Brazil, conducted between 2007 and 2010, with three follow-up fieldwork visits conducted between 2013 and 2017. This research centered on three methods of data collection. First, I conducted over 200 semi-structured interviews with civil society leaders, bureaucrats, politicians, and World Bank officials. Second, I observed more than fifty policymaking meetings, which brought together bureaucrats and civil society leaders from around Brazil. Third, I completed the in-depth information gained from interviews and observations with an Internet-based survey (containing over 100 questions) of the directors of 123 AIDS-related associations in two states: Rio de Janeiro and São Paulo. These 123 completed surveys represent a fifty-two percent response rate. In the book upon which this case study is based, I offer cases of the sandwich strategy across three additional policy sectors: waste picking, urban housing, and environmental protection for indigenous communities.

Triggers of Opening from Above: Pressure from Below

The initial trigger of the sandwich strategy was a social movement that had mobilized from below throughout the 1980s. It was this initial social-movement pressure that led to an opening from above: the development of a new national AIDS program, populated by bureaucrats who shared common goals with civic activists, and who encountered opposition to these common goals from other actors inside the state.

The first wave of Brazil's AIDS movement occurred during the period of democratic opening in the early 1980s. When Brazil's military regime 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-to-mid 1980s, an "unprecedented generation of social movements" (Hochstetler 2000) was engaging in oppositional politics. By actively opposing the military regime, a 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 and united under a common frame (Hochstetler 2000).

At this early point, the AIDS movement was concentrated in a handful of Brazil's largest cities among activist leaders who were stigmatized and suffered from discrimination, but who were also relatively well-educated and experienced in political advocacy. These early AIDS activists – motivated by grievances, leveraging their socioeconomic resources, and taking advantage of new political opportunities associated with democratic transition – successfully prompted the national government into building an effective national AIDS program, and into changing what was an

initially fear-based, stigma-inducing approach toward HIV prevention to a human-rights based approach that emphasized solidarity and care for the afflicted (Biehl 2007, 1087; Galvão 2000, 35-112; Parker 1997, 2003, 2009; Teixeira 1997, 56).

In 1980s Brazil, the immediate threat posed by the sudden arrival of the AIDS epidemic first brought together gay men, hemophiliacs, and public health experts. Shortly thereafter, the government's lackluster initial response to the epidemic also engendered two shared grievances among this diverse community of concerned citizens – inadequate medical services for the sick, and government-sanctioned discrimination against people suspected of carrying HIV. Ultimately, these grievances inspired those who were affected by the epidemic to transform their collective action into political advocacy campaigns.

AIDS activists also had resources to draw on in organizing their campaigns. Resources for social mobilization can come in the form of money or manpower, but also as political experience or social connections. Brazil's early AIDS activists started out with social connections and activist skills based on prior experience with political demand-making.

This experience came in part from the participation of many AIDS activists in the broad wave of social mobilization that accompanied Brazil's protracted transition to democracy from the late 1970s through the 1980s. But many of these early AIDS movement leaders also had gained activist skills and experience through their participation in a short-lived gay rights movement (Galvão 2000, 58, 68; Parker 1997, 44, 2003, 147). Initially, Brazil's gay 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). Between 1978 and 1983, activists in Brazil's gay rights movement had achieved a few key advances in raising public consciousness. In 1984, however, the sudden arrival of a public health epidemic that was driven by sexually transmitted disease forced gay rights activists to radically redefine their priorities over the next few years. In light of the public health emergency, some of these activists turned their attention from mobilizing gay rights campaigns to organizing AIDS policy campaigns, using the lessons from their experience fighting for gay rights to inform their new activist mission.

Beyond political experience, Brazil's early AIDS activists also had powerful social connections to leverage in pushing forward their campaigns and in organizing their movement. Although the early media reports about the wealth and glamour of those who had contracted HIV were sensationalized, playing into existing stereotypes about gay men (Galvão 2000, 48-60), a substantial proportion of early AIDS activists were in fact highly educated individuals with powerful social networks. A number were university professors (Daniel and Parker 1991, 27-28). Many had lived abroad in Europe, the United States, or Canada during periods of the military dictatorship. And at least two leaders of the early AIDS movement, Herbert Daniel and Herbert Betinho de Souza (known popularly as Betinho), were famous political figures.

Later, these skills and connections helped AIDS activists attract international financial resources to build professionalized social-movement organizations. For example, the director of ISER, a human rights organization that was also a founding organizational member of the AIDS movement, would fundraise by travelling to Europe to meet with his personal contacts in large foundations. Beyond the director of ISER, activist leaders across the spectrum of the first generation of AIDS organizations

had close personal connections with international funders, as well as with each other. By the late 1980s, a handful of European and American foundations – 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). These foreign foundations were furnishing Brazil's AIDS NGOs with enough funding for them to hire full-time staff, rent office space, and launch expensive campaigns

An opening in the political opportunity structure helped Brazil's early AIDS activists make effective use of their resources. Although Brazilian political institutions had not fully democratized when the AIDS epidemic arrived in 1983, the health policy sector had already developed into a bastion of transparent and democratic governance in the 1970s. In the arena of public health, policy experts had already mobilized a movement to take over government health agencies with the explicit purpose of helping the poor and marginalized gain access to healthcare. As a result, state and local government health agencies were run by bureaucrats who were committed to improving policy, and who were sympathetic to civic activism. Sympathetic health-sector bureaucrats provided AIDS activists with allies inside government who were receptive to their demands, and who could provide them with insider information to use in organizing public pressure campaigns for AIDS policy reforms.

Brazil's early AIDS activists thus leveraged their resources and political opportunities to launch a broad AIDS policy campaign that took place both in the halls of government and on the streets. As more democratic institutions were reinstated, activists took increasing advantage of the favorable political opportunity structure by using institutional channels to influence government – collaborating with local public health officials, arguing cases in the courts, and lobbying politicians. But they also organized street marches and protests, designed to bring media attention to their cause and their criticisms of government policy.

There exists near universal agreement among key Brazilian policymakers and scholars alike that the power of the AIDS movement, together with supportive bureaucrats in state and municipal health programs, drove the gradual 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 1997, 2003, 2009; Teixeira 1997, 56). During each period of AIDS policy and program development, civic influence was felt. For example, the federal Ministry of Health adopted the major guidelines of São Paulo's AIDS program, which had been designed in collaboration with civic activists, when it established the National AIDS Program in 1986 (Galvão 2000, 121). The Ministry also directly contracted AIDS NGOs as consultants in designing the program – lending activists a significant degree of influence over the structure for AIDS policy development in Brazil. Most strikingly, a National Advisory Committee was created to incorporate civil society voices in national AIDS policy discussions (Galvão 2000; Parker 2003; Spink 2003; Teixeira 1997, 58). According to multiple informants, this national advisory committee was later adopted by the World Bank as a model for its approach to promoting civil-society participation in AIDS policy around the world, which required countries to build such commissions as a conditionality for receiving AIDS funding.

Opening from Above: Transforming the National AIDS Program into an Island of Excellence

Between 1992 and 1994, Brazil's National AIDS Program made its final leap from an underfunded area of the national healthcare bureaucracy to the "rich cousin of healthcare." Thanks in large part to sustained social-movement pressure, the National AIDS Program was redeveloped in the early 1990s into one of Brazil's "islands of excellence." This new AIDS program enjoyed a larger budget than other public health programs; it was run by capable and committed policy experts, and it incorporated an institutional structure for collaboration relationship between national bureaucrats and local civil-society organizations.

The AIDS program budget increased in large part through a US$140 million World Bank loan agreement, signed in 1994 and one of the largest for AIDS at the time. Whereas the national AIDS budget in 1991 had been a meager US$2.9 million, in 1995 the budget ballooned to US$160 million (Parker 2003: 154-155). Moreover, because it was the World Bank that provided the AIDS program's revenue and not Congress, its funding was not included in the national budget and did not require congressional approval. Consequently, the National AIDS Program was protected from political interference by national legislators, and it was spared from cutbacks during the economic crises of the 1990s. This insulation from interference by politicians also strengthened the National AIDS Program's policymaking autonomy, by allowing bureaucrats the freedom to use their budgets to develop controversial HIV prevention programs such as needle exchanges.

World Bank assistance also allowed Guerra to recruit policy experts and activists to run the National AIDS Program. Whereas most state employees in Brazil are subject to a rigorous public-sector exam and chosen on the basis of their scores, the involvement of the World Bank helped to free the National AIDS Program director 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. The World Bank also helped the AIDS program director to offer 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).

By the mid-1990s, dozens of activists, doctors, lawyers, and scientists had been lured to Brasília to work for the National AIDS Program. 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 uninterested, Brazil's National AIDS Program was suddenly populated by dedicated policy experts who had uprooted their comfortable lives in Brazil's more cosmopolitan centers for the purpose of building path-breaking national AIDS policies.

The transformation of Brazil's National AIDS Program into a well-funded, politically autonomous, and administratively efficient national bureaucracy translated into striking policy advances. Free condoms were made widely available in public facilities and distributed in abundance during events such as Brazil's famous Carnival. Needle exchange programs were developed that offered

clean syringes to tens of thousands of injection drug users. While the effect of Brazil's AIDS policy model on the national incidence of HIV has not been rigorously assessed, assessment of HIV/AIDS services compare quite favorably to the overall quality of national healthcare services in Brazil. Brazil's broader public health system, also a policy outcome of social-movement mobilization, was once just as successful as Brazil AIDS program. By the late 1990s, however, most other areas of public health fared much worse over time than the AIDS program on almost all major indicators – such as access to care, quality of services, and government investment (World Bank 2005, 2007). AIDS policy thus emerged as Brazil's flagship social-sector program, touted by politicians as an example of great post-transition strides in social-sector development. In contrast to Brazil's beleaguered healthcare system, the National AIDS Program was known popularly as "the healthcare system gone right."

Building the institutional foundations of a Sandwich Strategy

Participatory governance institutions

In addition to its new policies and services, the redesign of Brazil's AIDS Program laid the institutional foundation for a political alliance to emerge between national bureaucrats and civic activists. First, the new National AIDS Program incorporated various mechanisms for cooperation between bureaucrats and civic organizations. Beginning in 1994, the leader of the new AIDS program, Lair Guerra, offered civil society organizations institutionalized mechanisms for participating in the policy process by basing policymaking procedures on the principles of participatory governance. 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. 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.

In addition, 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 (later renamed the Unit for Engagement with Civil Society and Human Rights, or CSHR unit for short) was one of the seven core units of the federal AIDS bureaucracy, with twelve employees and commanding a large percentage of the national budget for HIV prevention. Their main programmatic objective was to monitor and support the activities of civic AIDS groups across Brazil.

While these new institutions were designed initially according to a technocratic logic, focused on technical problem-solving and justified using apolitical terms, they also laid the foundation for future political collaboration between bureaucrats and activists. Suddenly, AIDS activists had the names and phone numbers of bureaucrats to contact with political concerns, or for clarification about new policy decisions or issues. In this way, the new lines of communication with national bureaucrats helped activists to influence national AIDS policy through back channels. Participatory governance committees also made it easy for bureaucrats to call on activist leaders for advice and technical assistance in developing new policy frameworks. National AIDS bureaucrats were encouraged by this ease of communication with civic groups to engage activists in drafting national AIDS policy legislation and guidelines. At the same time, participatory governance committees helped civic AIDS organizations to serve as government watchdogs by providing an institutionalized structure for bureaucrats and civic activists to exchange information about policy developments and about government malfeasance. By providing a regular forum for civic groups and government bureaucrats to interact, participatory policymaking bodies allowed bureaucrats and citizens to rapidly exchange

information about on-the-ground problems they detected or about government misbehavior, and to develop problem-solving strategies together. Participatory governance institution in Brazil's AIDS sector, thus, provided the structure for future political alliances.

Outsourcing public-service delivery to NGOs

Guerra also instituted the practice of outsourcing the design and administration of HIV prevention projects to civic organizations. The development of competitive grants for civic AIDS groups was not in its original intent designed to support civic advocacy. Rather, it was broadly viewed as a neoliberal strategy for developing HIV programs by outsourcing the administration of prevention projects to non-state, nonprofit organizations. But by providing government funding for hundreds of new civic associations to invest themselves in the fight against AIDS, national AIDS bureaucrats introduced a significant new flow of funding to support grassroots political organization and mobilization around AIDS policy.

The budget for funding civic AIDS groups was at first provided by the World Bank, framed as an apolitical, technocratic strategy for "outsourcing HIV prevention services to nonprofit organizations" (World Bank 2004, 7). Using a logic that centered on the "competitive advantage" of civic organizations in reaching marginalized communities,[1] 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). Correspondingly, ten percent of Brazil's national 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.

This practice also institutionalized the flow of state resources to civil society groups in Brazil's AIDS policy sector. 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). By contrast, over 500 civil society projects were funded between the years 1994 and 1998 (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.

While the World Bank was the source of funding for nongovernmental groups, Brazilian bureaucrats determined how the money was distributed. According to Paulo Teixeira, who was a key participant in Brazil's negotiations with the World Bank over civil-society participation:

> "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. [By contrast], the Bank, as a neoliberal institution, worked a lot more with large institutions [that were] professionalized, most of them [with strong ties to] the American government. (…) [When] the Global Fund and the American delegation [from the World Bank], refer to civil society, they're talking about pharmaceutical companies, health provider companies, medical technology companies. It's a totally different political vision [from ours]."

> "So some of the consultants from the World Bank pressured us to focus our engagement with civil society on those kinds of groups, and they wanted us to pick them a priori as our policy

partners. And we imposed a different format on the [loan] agreement… we imposed a public selection process instead."[2]

Numerous accounts corroborate his claim that Brazil's designed the system of providing project funding for NGOs. What's more, several civic activists themselves participated as consultants in designing the World Bank loan, playing an especially central role in areas related to funding for civil society.[3]

Although the development of competitive grants for civic AIDS groups was not in its original intent designed to support civic advocacy, it unintentionally provided a new source of funding that bureaucrats could later use to support activism. Initially, such project funding was broadly viewed as a neoliberal strategy for developing HIV programs by outsourcing the administration of prevention projects to non-state, nonprofit organizations—just as it was around much of the rest of the world. Yet, this new flow of state funding for civic AIDS organizations provided the financial basis for bureaucrats in later years to support grassroots advocacy projects. As I show in the following section, beginning in the late 1990s bureaucrats in Brazil's National AIDS Program intentionally opened space for political activism among federally funded civil society groups by shaping the rules that determined how funding for civil society would be distributed.

A motley crew of activist bureaucrats

In contrast to many older state agencies, the new National AIDS Program was thus run by bureaucrats who were dedicated to policy reform, and who had close, institutionalized relationships with NGOs outside the state. Yet, while bureaucrats who populated Brazil's National AIDS Program were unified around the same basic set of AIDS policy principles and goals, they were also a heterogeneous crew. As I described above, some were activist-types; some were doctors or public-health specialists; others were career bureaucrats. All of them were ultimately driven to strengthen independent activism in order to help sustain their AIDS policy achievements, albeit with different degrees of enthusiasm and for somewhat different specific reasons.

On the frontline of grassroots mobilization were bureaucrats who had been directly plucked from the AIDS movement to join the government's National AIDS Program. These bureaucrats had obvious sympathies with activists outside the state, and most of them worked in the CSHR unit, specifically tasked with supporting social-movement activism. They were the type of bureaucrats that Jonathan Fox calls "radical reformers" (1993, 163)—those with strong beliefs in social justice and links to community organizers. These bureaucrats were key players in cultivating civic activism because of the value they placed on independent social movements and because of their ability to work with activists. But at the same time, none of these bureaucrats expressed a direct interest in supporting activism during their interviews with me. Rather, all of them framed their goals vis-à-vis civil society in terms of helping them promote the policy goals of the National AIDS Program.

The support of other types of bureaucrats was key to the sandwich strategy as well. Without the support of a larger number of bureaucrats within the National AIDS Program, the Civil Society and Human Rights unit would never have existed or been given such a strong degree of independent authority within the National AIDS Program. These other bureaucrats in the National AIDS Program were supporting players in the sandwich strategy. Some of these bureaucrats had personal connections to activists through their prior experiences working to combat HIV but had never been AIDS-movement activists themselves. Some were career bureaucrats and had no experience with the AIDS movement prior to entering the National AIDS Program. These bureaucrats were motivated to support grassroots activism in order to promote their own policy goals.

Mobilization from Above

When this motley crew of AIDS-sector bureaucrats began encountering obstacles to directly achieving their policy goals, they called on allies within civil society to support them from outside the state. Bureaucrats in the National AIDS Program cultivated an "enabling environment" for autonomous collective action around AIDS policy by providing financial resources for political advocacy, by opening opportunities for civic activists to participate in government policy discussions, and by providing financial resources to help activist organizations build a national coalition.

Emergence of the alliance

By the late 1990s, a nascent political alliance between bureaucrats and civic advocacy groups was already emerging as bureaucrats in the National AIDS Program began to confront opposition to their program-building goals from other actors in government. In a state composed of multiple branches and dozens of agencies, in national and subnational levels of government, bureaucrats in the National AIDS Program encountered numerous and varied obstacles to advancing their policy preferences from within the state, both from the legislative branch and from other executive agencies. The most blatant source of opposition was from religiously conservative legislators, who opposed policies promoting condom use, needle exchanges, or in some cases even human-rights protections for HIV-positive Brazilians. One example of such opposition in Congress was a legislative bill from 1999 that proposed to quarantine "aidetic" prisoners in special jail cells. But AIDS-sector bureaucrats also faced more subtle opposition to their goals – especially, after 1996, in promoting AIDS treatment access, which involved relatively large and long-term investments of government money. As these bureaucrats developed their program, designing increasingly elaborate national AIDS policy guidelines, the more they found themselves in a situation that Abers and Keck (2013, 6) call "institutional entanglement" – forced to confront a complex array of institutions where power is distributed among many heterogeneous organizations and actors.

Bureaucrats in Brazil's AIDS policy sector, lacking the power to successfully confront such obstacles to their policy goals on their own, mobilized civil society groups—with whom they had already developed close and cooperative relations—as political allies. One of the most important areas of political cooperation during this time period was around access to anti-retroviral medications (ARVs). In 1996, after the global announcement of effective antiretroviral therapy and following a long series of legal appeals by AIDS activists, President of the Senate José Sarney introduced a bill guaranteeing all Brazilian citizens access to AIDS treatment. (See Nunn 2009: 87–91) Known as Sarney's Law (a Lei de Sarney), this piece of legislation stands as one of the major turning points in the development of Brazil's National AIDS Program. This was a pathbreaking commitment; at the time, most other countries were trying to shirk any obligation to paying for treatment given its high cost, in addition to the stigma surrounding AIDS. At the same time, the law provided new challenges for federal bureaucrats, as they scrambled to figure out how to administer and finance this policy.

Bureaucrats in Brazil's National AIDS Program looked to civic advocacy groups for crucial support in confronting the challenges engendered by Sarney's Law. In 1997, for example, bureaucrats used the support of civic activists to help them overcome opposition from the health minister

to increasing the national budget for ARVs. After access to ARVs was guaranteed by law, more Brazilians began to get tested for HIV. With the increase in demand for ARVs, the congressionally approved national budget for ARV medications that year was inadequate to keep stocks from going empty. Health minister Fernando Albuquerque, however, was opposed to increasing national spending on ARV medication, commenting that "it was unjust that the government was obligated to spend $428 million reais on a disease that only affects 55,000 people" (cited in Nunn 2009: 99). In response, national AIDS bureaucrats and civic activists coordinated on public pressure campaigns. The National AIDS Program director, Pedro Chequer, took to the media himself to publicly lobby Congress and the health minister for increased funding (Nunn 2009: 98). AIDS activists complemented the national program director's advocacy by taking to the streets. According to Nunn (2009), "NGOs such as Pela VIDDA and ABIA, and others nationwide threatened to flood the courts if the health Ministry cut drug expenditure. NGOs protested in the streets for a week, followed the Health Minister to each of his speaking events, protesting loudly each time Albuquerque spoke" (Nunn 2009: 99). These NGO lobby and protest campaigns were not only coordinated with the National AIDS Program staff but also financed by the National AIDS Program, by cleverly repurposing CSO project funding to support advocacy. As Chequer described to me in an interview, he actively subsidized their advocacy campaign by funding their research on ARVs, by paying for their travel to the capital city of Brasília, and by feeding them insider information.

Expansion of the alliance

In the early 2000s, as bureaucrats in Brazil's National AIDS Program succeeded in developing an increasingly elaborate national policy framework, the sustainability of their success depended more and more on the cooperation of actors outside their control. When AIDS policy was decentralized in 2004 to match the structure of the rest of the healthcare system, which had previously been decentralized, federal AIDS officials found themselves particularly limited in their capacity to control the behavior of subnational politicians. To ensure the implementation of their national policies, activist bureaucrats in Brazil's National AIDS Program sought to develop new allies outside the state: mobilizing civil society groups across new regions of Brazil to monitor the actions of local politicians and pressure them to conform to national policy guidelines.

Policy implementation in a decentralized system

The decision to decentralize AIDS policy authority was pushed forward by both Brazilian AIDS bureaucrats and the World Bank, in agreement on the decentralization goal. In the 1990s, national governments across Latin America devolved responsibility for managing social-sector programs to state and municipal governments – part of the second wave of market reforms in the region, and promoted by international development experts as a way to increase government transparency and accountability. Thus, beginning with a series of pilot programs in the early 2000s, AIDS policy management was decentralized to the state and municipal levels in 2004, funded primarily through federal transfers.

Yet at the same time, decentralization reduced the amount of control that reform-minded national bureaucrats had to ensure that the new policies they designed were actually implemented. Both national authorities and published documents attributed 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, Gilvane, 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]…"[4]

Joel, another bureaucrat, shared a similar viewpoint on decentralization. As he described:

"There are some public health officials who don't manage to implement AIDS policies, for N number of reasons (…) You can see some of this on our internal website. [Here he shows me the current balance of special municipal bank accounts set up to receive federal AIDS transfers. He points to the municipality of Rio de Janeiro, which has been receiving transfers for 56 months—four years—without having spent any of it on AIDS services.]

It's difficult to propose a solution to the balance sitting in the accounts of some municipalities, because the different structures of the public health system—the federal, state, and municipal spheres—are autonomous, independent. Which is to say that one doesn't control the other. There's no hierarchy."[5]

In spite of their efforts to innovate an institutional design for decentralized policy management that included mechanisms for monitoring subnational activity, bureaucrats in the National AIDS Program were unable to ensure state and municipal compliance with national AIDS policy guidelines.

Looking outside the state for support

Without effective oversight mechanisms, national AIDS bureaucrats looked outside the state for methods of ensuring that governors and mayors correctly implemented national policy guidelines. Nongovernmental associations stood out as a logical source of support 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 federal budget for subsidizing AIDS NGOs that had been included in the World Bank's loan package. In the words of a bureaucrat who worked in the National AIDS Program's Unit for Engagement with Civil Society and Human Rights, "What this unit sees is that where civil society is well organized, like the state of São Paulo, everything happens efficiently, and the public administrators that aren't efficient don't stay in office. That doesn't happen where civil society isn't well organized." (Arnquist, Ellner, and Weintraub 2011, 16) Whereas pre-established civic groups could help national bureaucrats in the AIDS policy sector confront opposition at the national level of government, they were often unable to help federal bureaucrats face challenges at lower levels of government – as such challenges were most prevalent in states without an already strong and active civil society mobilized around AIDS policy.

Therefore, federal bureaucrats interested in progressive policy reform aimed to mobilize new AIDS service organizations around Brazil as policy watchdogs 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 in 2007, 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."[6] 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].[7]

National AIDS Program bureaucrats thus attempted to ensure the successful implementation of their policies by mobilizing the new population of civic AIDS organizations to monitor the actions of local politicians in politically corrupt or socially conservative states and pressure them to conform to national policy guidelines.

The mechanisms of support

National bureaucrats helped to expand Brazil's AIDS movement through a combination of direct and indirect forms of support. Bureaucrats directly provided grassroots organizations in new communities and regions of Brazil with a combination of resources and opportunities that would facilitate their participation in the AIDS policy process. They indirectly helped new grassroots groups to acquire the capacity and the incentives to engage in advocacy by promoting the development of national coalitions that brought them into regular contact with already established civic advocacy groups. As a combined strategy, by providing a combination of resources and political opportunities for new grassroots groups and by supporting bottom-up efforts at coalition building, national bureaucrats played a key role in helping Brazil's AIDS movement to expand and endure over time.

Financial Resources for Political Advocacy:

Federal bureaucrats used resources to mobilize AIDS policy allies within civil society by targeting federal funding to civil society projects. While national bureaucrats distributed some of this funding to established AIDS groups to support their ongoing work, they also used this project funding to encourage grassroots groups working with new communities, and in new regions of Brazil, to incorporate AIDS into their mission. AIDS-sector bureaucrats particularly favored civil society groups in more rural regions of Brazil, where HIV-based discrimination was stronger and where the AIDS movement tended to be weaker. They also favored LGBT rights groups and sex-worker advocacy organizations for project funding.

Federal bureaucrats were able to employ this strategy by retaining a significant amount of control over how to distribute earmarked money for civil society projects despite the formal decentralization of AIDS policy management. In dividing AIDS policy responsibilities across levels of government in the system of decentralization, federal bureaucrats strategically maintained responsibility for "supporting civil society networks" (Portaria No 2.313, 2002). This meant that federal bureaucrats continued to distribute nearly half of the earmarked funding for civil society groups, or R$10 million (US$5.9 million) [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] – again, despite the ostensible decentralization of fiscal and administrative authority over AIDS policy. While these were relatively small amounts of funding, they were able to fund a large number of civic AIDS organizations.

More strikingly, the federal AIDS bureaucracy allocated a significant portion of this funding for civil society to support projects that centered on political advocacy. Whereas five percent of the budget for civil society was earmarked for service projects, thirteen percent – more than twice that amount – was set aside for what was explicitly called political advocacy projects. Informant interviews further revealed that much of the money listed as "discretionary funding" (a further twenty-four percent of the total budget) was often used to support political advocacy. In total, then, we might estimate that thirty-seven percent of the National AIDS Program budget for civil society projects was in fact used to support political advocacy.

Federal project funding was used to encourage and support a broad array of political activities. For example, the national bureaucracy used "legal aid" project funding to encourage AIDS associations to use the courts to denounce human rights abuses. 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. This new source of financial support for legal advocacy campaigns was used to help a wide swath of AIDS associations across Brazil gain access to 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, an impoverished region notorious for human rights violations and gender-related violence.

National AIDS bureaucrats also used project funding to help sustain and expand political mobilization on a more general level – leaving it to activists to independently determine their own strategies and campaigns. For example, they opened a line of funding in 2009 for training new AIDS activists, called "the formation of young leaders in STD/AIDS." As described by the bureaucrat in charge of the initiative, the project essentially served as an internship in advocacy. One young leader from each state was selected for the program each year, and the training involved a three-phase paid internship that lasted eleven months: First, participants spent four months in their state-level governmental AIDS programs, attending policy meetings and learning about how bureaucracy functions. They then 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. They capped off their training by spending 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.

Another line of funding paid established AIDS advocacy organizations to train newer civil-society organizations in how to participate more effectively in political spaces. In this project, the National AIDS Program identified four priority "political spaces" they sought to encourage civic AIDS organizations to participate in: 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.

These examples constitute just a few of many lines of project funding the National AIDS Program used to support social-movement mobilization—projects that changed from year to year. Broadly, by using federal funding that was set aside for civil-society projects to encourage and support political advocacy, national bureaucrats were explicitly purpose of mobilizing local civic groups as political advocates – and, consequently, strengthening outside pressure on state and local-level politicians to improve AIDS policy management.

This project funding led vast numbers of new civic organizations in all twenty-six states to start working on AIDS. Although project funding typically involved meager amounts of money, it

helped small grassroots organizations – who often suffered a precarious existence – to keep their doors open. Project funding also brought awareness about AIDS as an issue to new groups. As a result of these funds, the number of civic AIDS organizations in Brazil ballooned from a few dozen organizations in the late 1980s to over a thousand organizations in 2003. 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 traditionally been dominated by land barons. The population of grassroots organizations working on AIDS projects also expanded to a more diverse range of groups – cutting across class, gender, ethnic, and regional divides.

Opportunities for Participation in Policy Discussions:

Federal AIDS bureaucrats also used non-financial mechanisms to mobilize policy allies among civil society. Institutionally, beginning in 2003 the National AIDS Program dedicated the bureaucratic unit called the Sector for Engagement with Civil Society to the endeavor of cultivating grassroots political advocates. In doing so, to reflect this more political mission, the unit changed its name to the Civil Society and Human Rights Unit (CSHR). In the words of Eduardo Barbosa, the former director of the CSHR unit, its mission was to "maintain an independent and coherent civil society response to AIDS; provide civil society information so that they have the tools to do advocacy; and strengthen local AIDS movements so they can have local political influence, monitoring government and promoting progressive AIDS policies." In other words, the key objective among bureaucrats in the CSHR unit of the National AIDS Program became to mobilize nongovernmental AIDS interest groups to support their AIDS policy goals.

One way they pursued this objective was by offering new opportunities for grassroots AIDS organizations access to policymaking circles. 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 Commission of Engagement with Social Movements (CASM). 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, 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.

Bureaucrats also used the structure of participatory governance meetings and AIDS policy events to pass information to activists about budgets, incipient policy challenges, and the like (multiple informant interviews). According to an informant who was once second-in-command of the National AIDS Program:

> "Those [participatory spaces] serve to help civil society get the information they need to hold government accountable. Once civil society gets information from government, then civil

society can take action. The result [of getting information from government] could be more effective demand-making in policy spaces; it could be criticizing government through the media; it could be participation in working groups ... whatever interventions they believe to be best.[8] (Barbosa 2008)"

In other words, bureaucrats valued these participatory policymaking spaces because they allowed bureaucrats and citizens to rapidly exchange information about on-the-ground problems they detected or about government misbehavior, and even to develop problem-solving strategies together.

Federal AIDS bureaucrats also cultivated civil society allies through meetings and events that took place outside the purview of participatory policymaking institutions. On the one hand, the bureaucrats in the National AIDS Program 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. 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.

By opening space for grassroots groups to participate in AIDS policy discussions inside government, bureaucrats granted new organizations with a significant and previously unheard-of opportunity to influence AIDS policy from the inside. Grassroots groups, by participating in these policymaking fora, earned a direct channel for voicing their policy preferences to the government. They also received privileged information about new policy directions. Bureaucrats were thus providing new civic organizations in Brazil with an opportunity to influence the state's AIDS policy.

Yet, on their own, these direct forms of support had only a limited effect in terms of mobilizing new grassroots groups to join the political arm of the movement. 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 inducements by state actors tended to be relatively apolitical with respect to AIDS, prioritizing service provision over making claims on government. One reason this top–down support was insufficient to mobilize new groups to participate in AIDS advocacy was because these organizations lacked the political capacity and the incentives to invest themselves in AIDS advocacy. Most of these new AIDS NGOs had small budgets and limited staff. What time and energy they did have was largely dedicated to managing their service provision projects, preparing reports for funders, and applying for new sources of funding. Moreover, these new AIDS NGOs typically worked on multiple issues at once and had often organized initially to confront some other key social issue. In other words, they lacked incentives to dedicate their precious human resources to gaining the in-depth knowledge about the mechanics of AIDS policy development and implementation that would be required to make them effective policy advocates. Brazil's AIDS NGOs, in other words, faced many of the same barriers to advocacy as NGOs everywhere.

Support for Civic Coalition-building:

However, after 2003, national bureaucrats also began providing less visible, but crucial, indirect forms of support to expand the AIDS movement into new regions of Brazil by supporting established AIDS

advocacy groups in their efforts to develop these new grassroots AIDS associations into political advocates. They did this by providing funds for established advocacy organizations to expand and institutionalize a national coalition of AIDS NGOs. They also provided additional funds to established organizations to train the leaders of new grassroots groups in political advocacy. This horizontal/bottom=up effort to expand the AIDS movement was both incentivized and shaped by government bureaucrats. It also, in turn, had an independent effect on the movement.

Ultimately, established activist groups turned these new AIDS organizations into active and effective policy advocates by imbuing them with the capacity and the incentives for advocacy. Established AIDS advocacy groups did this by adding new institutional layers to the existing structure of the AIDS movement and engaging new service-providing groups to participate in it. First, beginning in 2003, activists from São Paulo and Rio de Janeiro attempted to increase local-level coordination among activists by encouraging activists in other states to build umbrella organizations, called "NGO forums." They did this by organizing training sessions to explain the process of building a forum and by providing organizational materials for activists in other states to copy. Later, after NGO fora had begun to flourish, activists added a regional-level layer to the coalition, called the Regional NGO Meeting (ERONG). This regional-level tier constituted a conference held every two years just prior to the national-level conference, in which activists from each region would coordinate among themselves before they came together for the national-level meeting of the movement. The idea, in essence, was to build outposts in new states of Brazil and knit them together into regional-level and national-level umbrella organizations. This structure accommodated regional diversity, but it also encouraged coordination and a certain degree of assimilation.

This new multilayered national coalition played a key role in providing new grassroots AIDS organizations with both the capacity and the incentives to dedicate themselves in part to AIDS policy advocacy. These groups gained the capacity to do advocacy through their participation in the many meetings and conferences that formed the backbone of the coalition, through their interactions with established AIDS advocacy groups. At the state level, forum members frequently organized conferences and seminars about themes related to explaining policy process. At regional and national conferences, workshops were offered to train new grassroots leaders as political advocates and as effective organizational leaders. For example, "capacity building" or "breakout" sessions frequently 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 long-time AIDS activist from the state of São Paulo:

> "The [NGO] forum has always been 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 [political] action, that had accumulated knowledge about a certain issue, shared it with everyone."9

While much of this exchange of skills and expertise occurred spontaneously during casual conversations that occurred over meals or coffee breaks, skill-building was also an explicit emphasis of coalition meetings at all levels of the movement.

Through this national coalition, experienced AIDS activist groups also provided the new generation of AIDS associations with incentives to participate in political advocacy, both by giving them opportunities for career advancement and by inculcating them with new political values. The structure of the national AIDS advocacy coalition also gave the leaders of new civic AIDS organizations

incentives to invest their time in political advocacy by providing them with significant opportunities for career advancement as AIDS activists. Although most positions within the movement were unpaid, the structure of the coalition provided ample and increasing opportunities for state, regional, and especially national leaders to network, travel, and otherwise build their professional reputations. National movement leaders travelled regularly to the capital of Brasilia and abroad, met with politicians and global AIDS policy leaders, and made appearances in the national and international press.

The national conferences and meetings that structured the alliance also facilitated the development of shared political values by bringing new organizational leaders into extended periods of close contact with experienced activists. Through these interactions with experienced AIDS activists, new grassroots leaders were often moved by the movement's compelling narrative of successful opposition to oppression and through the personal success stories of overcoming fear and discrimination that the older generation of activists shared. 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.

While the effort to mobilize new grassroots organizations as political advocates was led by established AIDS advocacy organizations, it was in response to encouragement by government bureaucrats. At first, this encouragement was unintentional. The policies that had been designed to engage new groups in AIDS policy discussions were perceived by established activist groups as a threat to the coherence and strength of the movement. This had the unintended consequence of encouraging the established AIDS organizations to incorporate these new groups into a political coalition. Later, government bureaucrats intentionally encouraged established AIDS advocacy groups to strengthen their coalition with these more diverse range of grassroots groups by supporting their efforts with financial and material resources.

In the case of Brazil's AIDS movement, experienced activist groups were motivated to reach out and engage Brazil's new service-providing organizations as allies and fellow political advocates because of the perceived threat that the influx of grassroots AIDS groups that had taken on AIDS projects in response to state inducements would detract from the goals of the national AIDS movement. It was not project funding itself that posed a threat to established AIDS social movement organizations (SMOs). If a large number of new groups had begun to work on HIV prevention while staying out of policy discussion, then the relatively small group of established advocacy organizations could have continued to drive the political arm of the movement just as they had been doing before. However, by extending access to policymaking fora to grassroots groups from all over Brazil, bureaucrats in the National AIDS Program had provided a level of political relevance to these new grassroots AIDS organizations that they would not have achieved on their own. This opening of access to inside influence over policy decisions by politically unskilled and narrowly self-interested "civil society representatives" threatened to reverse the past political and policy achievements of Brazil's established AIDS advocacy organizations and to diminish the coherence of the movement.

But at the same time as the threat that incentivized these established AIDS organizations to build the coalition came from federal AIDS bureaucrats, the financial support that allowed them to build the alliance also came from federal AIDS bureaucrats. A principal challenge to building and maintaining an encompassing coalition of civic AIDS organizations was the continuous out-flow of resources required to cover the costs of regular meetings and conferences—expenses that were typically not allowed with donor funding. Yet significant amounts of funding were needed to cover costs such as event space, food, and conference materials; and transportation and lodging had to be purchased for grassroots leaders to be able to attend them. Whereas for-profit business had large budgets for

discretionary spending and labor unions could rely on membership fees for such expenses, civic AIDS organizations had little to no flexible income of their own to use for coalition building.

In response to this funding challenge, activist groups sought financial support from bureaucrats in the National AIDS Program. When activists came up with the idea to develop NGO fora in new states, they turned to federal bureaucrats to pay for the expense of travelling around the country to conduct training sessions. As new state-level forums were created, the National AIDS Program supported their month-to-month operation 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 National AIDS Program provided direct support for the forums that were legally registered, while it provided indirect support for the forums that were informally incorporated by channeling funding or material resources, such as computers, through a "host" association that participated in housing and coordinating monthly meetings. Mirroring the support of the National AIDS Program, some state-level AIDS programs—those with sympathetic bureaucrats, who similarly depended on grassroots activism to pursue their AIDS policy goals—also provided financial and material support for these NGO forums.

At the regional and national levels, the National AIDS Program financed the semi-annual ERONG (regional) and ENONG (national) meetings through its "events" budget. At the regional and national levels, federal travel subsidies were 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 the western United States), and the relatively low incomes of associational leaders living outside capital cities. The national AIDS bureaucracy had 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). The 2011 ENONG was financed with approximately R$1.5 million (about US$1 million in 2011) of federal funding.

Evidence suggests that the National AIDS Program provided similar support for activists from adjacent movements to build national civic coalitions. For example, the National AIDS Program began subsidizing national LGBT movement encontros [gatherings] in 1995, and it was as a result of this funding that participation in these national meetings ballooned from a small handful of organizations to become a large event on the scale of the AIDS movement encontros (Facchini 2005; De la Dehesa 2010). The National AIDS Program also subsidized the monthly meetings of statewide LGBT forums, paying for activists' travel and lodging.[10] Moreover, until 2011 the National AIDS Program provided project funding for the Brazilian Prostitute Network, a national coalition of thirty-two sex-worker advocacy organizations (Murray 2015, 128).

Bureaucrats in the National AIDS Program were willing to provide such funding because they shared an interest in building a strong and cohesive national movement, and because they also confronted new challenges stemming from the sudden ballooning of the number of AIDS NGOs. First, federal bureaucrats faced the same incentives to support the development of a nationally organized activist coalition as did 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 AIDS activists had led to confusion for federal bureaucrats who were looking to incorporate civil society representatives into collaborative policy committees. In the absence of NGO fora, government officials used to have to invest a significant amount of effort simply in figuring out which AIDS movement representative to select for negotiation or collaborative problem-solving. According to one former National AIDS Program director, in the early 2000s even a "simple decision" such as which grassroots leader would represent Brazil in UN Special Assembly on AIDS led to conflict within the movement. According to the official who directed the National AIDS Program in the mid-2000s:

> "…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."[11]

Selecting a single AIDS movement representative would lead to complaints from other associations left out of the process. By contrast, the organization of the movement into NGO fora facilitated government efforts to involve the AIDS movement in policymaking decisions by eliminating the effort and potential controversy involved in choosing which interlocutors to represent the movement.

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 developed policies in collaboration with activists who clearly represented a broad activist base, these bureaucrats could make strong claims that their policy recommendations were developed in consensus with civil society and thus represented the public interest. In the words of one bureaucrat: "[a scaled-up movement is important] to us, government (referring to the National AIDS Program), because it allows civil society to present us with much more organized demands."[12] In the words of another bureaucrat, "representatives [to participatory policymaking bodies] have to be legitimated by organized civil society."[13] This ability to claim that their policy decisions represented the public interest protected bureaucrats from opposition by politicians who may not otherwise have supported their policy goals and strategies. Federal AIDS bureaucrats thus discovered they were able to more fully harness the power of the AIDS movement to push forward their objectives if the nongovernmental groups with which 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.

Mobilization from Below

The outcome of this combination of top-down and bottom-up dynamics was a new type of nationwide social movement coalition in Brazil. In contrast to the urban labor movements that dominated in the twentieth century, by 2010 Brazil's AIDS movement was a diverse movement that cut across class, ethnic, and geographic cleavages. Moreover, the AIDS movement employed a hybrid strategy for influencing policy, relying in equal measure on inside collaboration with government policymakers and contentious behavior. The privileged access to government circles that AIDS activists enjoyed, as well as the hierarchical and centralized structure of the movement, helped activists incorporate insider strategies – such as lobbying and negotiation – into their repertoire. But AIDS activists also used government resources to simultaneously pursue contentious strategies for policy influence – sometimes even with the explicit encouragement of bureaucrats themselves.

The AIDS movement in Brazil also included a melting pot of socially and economically diverse communities that were disparate in style, substance, and experience. In contrast to the more homogenous community of AIDS movements leaders that had mobilized in the 1980s, these newer AIDS movement leaders represented a wide swath of interests and communities that had historically been excluded from the political arena in Brazil. By 2010, the leaders of Brazil's AIDS movement came from the poorer and rural areas of the North and Northeast, as well as from the industrialized regions of the South and Southeast. Within each region, AIDS advocacy groups hailed from both middle-class communities and poor neighborhoods (known as favelas). They claimed to represent a number of distinct identities, in addition to people living with HIV/AIDS (PLWHA) including gay, lesbian, and transgendered individuals, sex workers, injection drug users, the disabled, women, children, and a variety of different races and ethnicities. In contrast to the era of corporatism in the mid-20th Century, when civic organization and mobilization centered on a narrow slice of urban workers, the AIDS movement in the 2000s encompassed a wide range of groups that cut across traditional cleavages such as class, race, gender, religion, and geography.

Brazil's AIDS movement further stood out from earlier generations of social movements by employing a hybrid set of strategies to achieve its policy objectives. The movement used traditional social-movement strategies to influence policy through public pressure, yet it also attempted to influence AIDS policy by working through a variety of government institutions. While public pressure tactics were crucial for the movement's capacity to assert influence in times of crisis or conflict with government, working through government institutions was particularly important to the movement, as a way to influence the design and enforcement of the national laws and policies that govern AIDS programs in Brazil.

On the one hand, protest remained a key component of the AIDS movement's strategies for influencing policy. This propensity to use protest was revealed in numerous informant interviews. For example, an activist from the state of Rio Grande do Sul described the following response in 2010 to a recent decrease in state-level spending on AIDS programs: "We had to [use] social movement intervention: taking to the street, calling the media, using bullhorns, going to the public."[14] One activist leader from the state of Rio de Janeiro reported having organized three protests that same year. Eighty percent of survey respondents also reported frequent participation in marches and protests.

While the social movement marches often furthered the agendas of policy-committed bureaucrats inside government, the AIDS movement sometimes even organized protests against the National AIDS Program itself—or, in other words, against the very bureaucrats who funded them. 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 AIDS2012a; 2012b). 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. That same year they launched a public campaign criticizing the National AIDS Program for allowing stocks of anti-retroviral medication to dwindle.

Similarly, the AIDS movement used the media to influence policymakers. According to an activist from the northeastern state of Pernambuco, "The media is a strategy [that we use] to give visibility to our demands."[15] 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 suppor.t"[16] Seventy percent of respondents to a survey of 123 AIDS NGOs in the states of Rio de Janeiro and São Paulo also reported that they considered the media to be a very important channel for achieving their policy goals.

But on the other hand, public pressure was by no means the AIDS movement's dominant strategy for influencing policy. Behind the scenes, the same civic associations that organized these protests also played central roles in the negotiation, development, and implementation of nearly every AIDS policy decision at both the national and the subnational levels. In the executive branch, for example, the AIDS movement collaborated with government officials on nearly all AIDS policy decisions through participatory state policymaking institutions—known typically as "councils," "commissions," or "committees." As a grassroots leader from the 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 indispensable."[17]

In addition, sixty percent of survey respondents considered taking part in participatory AIDS policy committees and commissions to be an important strategy for achieving their organization's goals.

Another strategy for influencing AIDS policy development was to use the courts. In the 1980s and 1990s, Brazil's AIDS advocacy groups were pioneers in using the courts as strategic venues for advancing AIDS policy. In the 2000s, the courts gained prominence in the 2000s as strategic venues for enforcing policy. Given the weak regulatory capacity of Brazilian bureaucracy, prosecution was a particularly important tool for ensuring that victims of discrimination were compensated, and that people living with HIV were provided adequate services and treatment. Thanks in part to the National AIDS Program funding for legal aid projects, AIDS activists' use of the judicial system as an AIDS advocacy strategy had expanded by the 2000s to new regions of Brazil, and the number of legal claims filed at the state and municipal levels had increased dramatically. In the year 2004, for example, over 3,000 health-related cases—mostly AIDS-related—were brought to court in just four state-level tribunals alone (Hoffman and Bentes 2008). According to an activist from the rural, northern state of Pará, "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."[18] Nearly half of survey respondents perceived the courts to be a key channel for making claims on government.

The AIDS movement also looked to the legislative branch as an important channel for advancing its policy goals. Most prominently, the AIDS movement developed congressional caucuses to build constituencies of support for their AIDS policy goals among elected representatives at the national, state, and municipal levels of government (Rich 2013). As of March 2010, eight states and two municipalities had inaugurated AIDS caucuses.

Brazil's AIDS movement thus employed a hybrid set of strategies to achieve its policy objectives. Moreover, Brazil's AIDS movement used this dual tactic – contentious behavior in addition to collaboration with government – despite deep financial and personal ties to state actors. The vast majority of the nearly 1,000 non-governmental AIDS groups in Brazil in 2010 relied on some form of governmental financial support for organizational survival. Smaller associations often depended 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 relied on government to finance key meetings and conferences. In addition, the personal ties between grassroots AIDS advocates and bureaucrats were extensive.

One might have expected these friendship bonds to dampen the criticisms leveled against the government. Instead of co-opting these activists into silence, however, the strong linkages that tied the leaders of Brazil's AIDS movement to state actors actually encouraged them to shout louder. Even in the instances when activists protested against the National AIDS Program itself, AIDS-sector bureaucrats continued to support the movement. As the National AIDS Program director in 2017, Adele Benzaken, expressed to me during one of my follow-up fieldwork visits:

> "Our relationship with the AIDS movement is one of respect. When they want… (here she mimics them protesting that stocks of ARVs are low), I have to respect their position. [In protesting,] they're performing their role. That's their role."

> "But when there are things like legislative bills to confront, we work in total synergy. And whenever we design public policy we always call them."[19]

What Adele was expressing to me in this statement—reflecting the views of many other bureaucrats I interviewed—was that even though the preferences and of activists and bureaucrats sometimes diverged, in times of crisis they put aside their differences and came together in support of their shared goals. Because bureaucrats and activists shared overarching objectives, the National AIDS Program continued to help sustain the movement despite the fact that activists sometimes criticized and put pressure on them. In other words, national AIDS-sector bureaucrats depended on the support of a mobilized AIDS movement to combat threats to their program-building goals from inside government, even if such social-movement mobilization was sometimes a thorn in their sides.

The degree to which national bureaucrats depended on civil-society support was brought home to me during a final follow-up visit to Brazil in 2017. This was a time of national political turmoil, after then-president Dilma Rousseff had been impeached on dubious grounds, and the unelected sitting president, Michel Temer, was attempting to reverse many of the social policies and programs that had been introduced by earlier administrations. Expecting to discover that the pioneering AIDS program of the early 2000s had collapsed, what I witnessed instead was a surprisingly well-functioning bureaucracy. Despite serious new challenges and threats, AIDS bureaucrats had maintained both their budgets and their decision-making autonomy. In conversations, these bureaucrats attributed the survival of their agency in part to civic mobilization, and to the positive international reputation that such mobilization had helped them to cultivate. National AIDS-sector

bureaucrats, therefore, continued to financially subsidize civic organization and mobilization, and they continued to incorporate AIDS activists into policy discussions. Relations between bureaucrats and activists had in fact improved since the last Dilma administration: they seemed to be in more frequent contact with each other, and AIDS-sector bureaucrats had even created new participatory institutions. What I found, in other words, was the same pattern of mutual support between state and society that I had discovered in my earlier fieldwork.

Conclusion

This case study offers a broad new perspective on the relationship between democracy and the state. It shows how increased diversity within the state alters the motivations of state actors in confronting civil society. Intra-state conflict motivates state actors to look outside the state for political leverage—and to support relatively independent forms of civic mobilization in pursuit of that goal.

Increased diversity within the state is not only a product of the neoliberal reforms that have fragmented existing institutions. Rather, diversity has also come from an expansion of the state. Democracy—and the civil liberties it entails—allowed citizens whose interests had long been neglected by government to demand inclusion through social-movement mobilization. Democratically elected politicians responded to their demands by creating new government programs. The bureaucrats who were recruited to administer these programs thus held objectives that differed fundamentally from the objectives of bureaucrats in the pre-democratization period: to build national policies that supported formerly marginalized interests. These bureaucrats form what we might think of as a new political class in Brazil—a new set of interests inside the state. As the size of this new policymaking elite grew, so did the likelihood of intra-state conflict—as well as the likelihood of new state-social movement alliances.

By calling attention to new state agencies and actors, this case study also helps us understand the potential (and limitations) for democratic transitions to expand political participation. For most of its modern political history, Brazil was known as a country of extreme political and economic inequality. Even among South American countries, Brazil was distinguished by its political conservatism. Whereas the rest of the region had important episodes of populism in the 20th Century, which "incorporated" segments of the lower classes into the political system (as well as legalized and regulated unions), in Brazil the lower classes continued to be largely excluded from the political system (Collier and Collier 1991). Yet in 1988, as if to make up for the past, Brazilian legislators forged the most progressive new constitution in Latin America at the time—committing the state to a set of new responsibilities just at a time when neoliberalism was spreading globally, and when states were in retreat. Similar to Mexico's historic 1917 document, Brazil's new constitution placed a strong central focus on social rights, with explicit social provisions incorporated into the text. Even further, Brazil's constitution opened the way for the creation of new political institutions with mechanisms to foster the direct participation of societal groups in the policy process. Far from its old reputation as a bastion of conservatism, Brazil began to be lauded by the international development community as a global model for civil-society participation in policymaking. What is clear about this transition is that for the first time in history, Brazil's formal political institutions

were opening access to citizens beyond the elite minority. Less clear, however, has been whether, and under what conditions, Brazil's new participatory governance institutions have expanded participation in practice.

The case of AIDS policy in Brazil suggests that we cannot understand whether or how participatory governance institutions expand political participation to include new sectors of society without examining the motivations of the people who run them: bureaucrats. To be sure, the interests of politicians and political parties matter. Yet, the majority of participatory institutions in Brazil correspond to new government programs, driven by social movement demands for political inclusion. These institutions are run not by politicians but by Brazil's new political class of mid-level bureaucrats. More broadly, the most fundamental transformation of the Brazilian state was not just the electoral system and the structure of government institutions, but also the unelected actors who populate them.

NGOs and international development

In practice, civic corporatism does not happen in an international vacuum, and international non-governmental organizations, not just domestic movements, play a vital role in policy making. In this context, the case of AIDS policy in Brazil also speaks to broader debates in good governance and democracy promotion. The international development community has touted civil society participation as fundamental to promoting good governance for two reasons: because civil society groups fill gaps in state capacity, and because they mobilize pressure on politicians. Much has been written about the first function of civil society groups; relatively little has been written about this second function.

Bureaucrats often depend on civic groups to implement social welfare or public works projects in poor and otherwise marginalized communities. A trend that goes hand-in-hand with the global trend toward shrinking the state, governments have delegated responsibility for delivering a wide array of key social services to civic organizations. Through government and international contracts, non-profit civic organizations across the developing world are now central players in managing social-sector programs in areas such as education, public health, human rights, and environmental protection. In richer countries, the choice to outsource public-service provision to nongovernmental organizations has been based on a logic of efficiency. In the Global South, however, there is often no state alternative to NGO service provision. Despite vast differences in the social, political, and economic makeup of developing countries, one commonality is the challenge of weak state capacity. Bureaucrats who lack the infrastructure and the resources to provide key public services in all communities often depend critically on societal groups to fill gaps in public goods provision.

Bureaucrats in the developing world may also depend on civil-society groups to help them design effective social policies. Project funding has allowed civic organizations to hire highly educated issue experts, attracting them with salaries and working conditions that far exceed those in the public sector. As a consequence, social-policy expertise in the developing world is often concentrated within civic organizations. Bureaucrats who lack the time and resources to develop a command of a particular issue area have thus come to depend on the staff of nongovernmental organizations for guidance in designing national and local policies (Brass 2016, 10-13). In Brazil, NGO expertise can serve as critical support to bureaucrats in the planning phase of social policy design (Abers and Keck 2009).

Yet civic organizations can also strengthen a bureaucracy's capacity to achieve its goals by mobilizing political pressure on politicians. In federal systems, for example, civic groups can help bureaucrats to ensure local compliance with national policies by monitoring policy implementation and publicly denouncing misbehavior (Amengual 2016); Rich 2013). Similarly, civil society can use political pressure to help bureaucrats advance new social-sector policies. Bureaucrats may have a hard time convincing politicians to pass new social-policy legislation that threatens the interests of the economically and politically powerful, or that requires increased government spending. As Evans (Evans 1996, 1128) suggests, the best way for bureaucrats to circumvent the power of entrenched elites may be to seek allies in civil society. Civic groups can mobilize political support for policy reform that threatens powerful interests by organizing public opinion campaigns, and by lobbying the legislature. Certainly, the argument that civil society plays an important political role in promoting good governance is not new. What this study shows, however, is that bureaucrats within the state—and, by implication, in international agencies—can encourage NGOs to play this role through well-targeted financial and technical support.

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Notes

1   Interviews with three anonymous World Bank officials, November 14, 2006, November 14, 2006, January 7, 2007.

2   Interview with Paulo Teixeira, Director of the National AIDS Program 2000 – 2003, November 26, 2008.

3   Multiple interviews.

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

5   Interview with Joel Nunes, bureaucrat in the Strategic Planning Unity (ASPLAN), March 19 2010.

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

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

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

9   Interview with Mario Scheffer, member and former president of Grupo Pela VIDDA São Paulo, December 11, 2008.

10 Interview with Lula Ramires, Coordinator of Corsa and a founding organizer of the São Paulo pride parade, December 13, 2008.

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

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

13 Interview with Adele Benzaken, Director of the National Department of IST/AIDS/Hepatitis, August 2, 2017.

14 Interview with Marcia Leão, activist from the state of Rio Grande do Sul, April 5, 2011.

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

16 Interview with Fabio Ribeiro, April 29, 2011, via Facebook chat.

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

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

19 Interview with Adele Benzaken, Director of the National Department of IST/AIDS/Hepatitis, August 2, 2017.