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Source: *Latin American Politics and Society*, Summer 2019, Vol. 61, No. 2, Special Issue: State Transformation and Participatory Politics in Latin America (Summer 2019), pp. 45-67

Published by: Distributed by Cambridge University Press on behalf of the Center for Latin American Studies at the University of Miami

Stable URL: https://www.jstor.org/stable/10.2307/26779168

Making National Participatory Institutions Work: Bureaucrats, Activists, and AIDS Policy in Brazil

Jessica A. J. Rich

ABSTRACT

What are the conditions under which participatory institutions increase the voice of marginalized groups in policymaking? Existing studies of local participatory institutions highlight the role of leftist politicians and a strong civil society in determining outcomes, yet they fail to explain significant variation among participatory institutions at the national level. Examining the case of Brazil's AIDS policy sector, this article argues that to fully understand the dynamics of national participatory governance, we must consider the role of bureaucrats. As studies of state-society synergy have shown, bureaucrats may seek outside political support from civil society when other actors inside the state prevent them from advancing their policy preferences. National bureaucrats may create new participatory institutions, and even help civil society delegates coordinate their engagement in such institutions, as strategies to strengthen their policy alliances with civil society.

Keywords: Brazil, bureaucracy, civil society, HIV/AIDS, participatory governance, state capacity

Participatory governance has been a core component of efforts to make democracy more inclusive in posttransition Brazil. Advocates have presented these institutions as opening access to government for historically marginalized groups. By the same token, politicians who are threatened by the transformative potential of these practices have sought either to block the implementation of these institutions or to reduce their political influence. This article explores, broadly, the conditions under which Brazil's system of participatory governance succeeds in increasing the voice of marginalized groups in policymaking.

Existing studies of local participatory institutions claim that these institutions' implementation and outcomes for policy depend on a combination of partisan politics and civil society strength. Leftist executives implement such institutions as a strategy to empower the historically marginalized groups who support their reformist policies (Abers 2000; Chávez and Goldfrank 2004; Wampler 2007). In cities or states governed by recalcitrant executives, an organized and combative civil

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DOI 10.1017/lap.2018.80

society can force its political leaders to adopt participatory governance (Donaghy 2011; Heller 2001; Wampler 2007). At the national level, however, the outcomes of participatory governance for political inclusion in Brazil have varied significantly across policy areas, even when the leftist Workers' Party was in power. What, then, explains such variation in the success of national participatory governance?

This study shows that whether national participatory institutions are effective in including formerly marginalized groups depends in part on an actor that heretofore has been understudied in the literature on participatory governance: bureaucrats. Participatory institutions not only provide new opportunities for civil society to access the state, they also enable bureaucrats to gain access to civil society. As studies of state-society synergy have shown, bureaucrats may seek outside political support from civil society when other actors inside the state prevent them from advancing their policy preferences (e.g., Abers and Keck 2013; Evans 1996; Tendler 1998; Rich 2013).

This study demonstrates that participatory governance provides an institutional structure for bureaucrats to use in cultivating civil society allies. It further shows that national bureaucrats create new participatory institutions, and even help civil society delegates coordinate their engagement in such institutions, as strategies to strengthen their own policy alliances with civil society. In this way, bureaucrats—driven by nonelectoral political motivations—expand opportunities for historically marginalized groups to play a meaningful role in policymaking processes.

This argument is advanced through a case study of participatory governance in Brazil's AIDS policy sector from 2001 to 2017. During this time, civil society organizations gained a strong voice in all stages of national policymaking on AIDS issues, across a wide variety of institutions. Through their participation in these policymaking forums, activists influenced key national debates. AIDS activists also coordinated their demands such that the civil society representatives who took part in participatory governance bodies articulated broad national interests. As an extreme case of success in increasing civil society influence over national policy, Brazil's AIDS policy sector provides a particularly good lens for hypothesis building—for identifying potential factors and mechanisms through which national participatory institutions offer meaningful political inclusion to new groups in society.

The findings reveal that civic engagement in participatory AIDS policy institutions was determined in part by national bureaucrats, who engaged civic organizations both inside and outside of formal government institutions as part of a broader strategy to cultivate allies in civil society. The study uses qualitative data from more than 200 interviews, participant observation of more than 50 AIDS policy meetings involving bureaucrats and activists, and original survey data to show that national bureaucrats strengthened allies through two mechanisms. They created additional participatory institutions to increase the number of venues they could use to strengthen their civil society ties, and they helped AIDS advocacy groups scale up into a national coalition, to increase the power of civil society organizations with kindred policy interests in participatory governance venues. As a result, participation

by AIDS activists in national policymaking was extensive, and the civic delegates who took part represented broad, nationally organized interests.

This argument builds on existing studies of participatory governance by highlighting the bureaucrats' role in determining who participates and how interests are represented. At the same time, by highlighting the role of financial support from bureaucrats, it presents a surprising solution to the question of how civil society can scale up to the national level in the twenty-first century.

In contrast to existing scholarship that focuses primarily on the importance of left-wing parties for participatory success, this argument suggests that the effectiveness of participatory governance is intertwined with state capacity. It builds on recent studies of "institutional activism" in Brazil, which have analyzed the origins and objectives of new, policy-oriented actors who have entered the democratic state (e.g., Abers and Keck 2013; Abers and Tatagiba 2015; Abers and von Bülow 2011; Hochstetler and Keck 2007; Paschel 2016). Thus far, studies of institutional activism have focused primarily on the consequences of such strategies for bureaucratic autonomy and capacity rather than on their implications for civil society. This article contributes to identifying and explaining the outcomes of such strategies for political representation, civic organization, and meaningful participation.

The article proceeds in three sections. The first situates the argument about the role of bureaucrats in relation to the dominant literature on participatory governance in Brazil. Specifically, it argues that existing approaches are unable to explain variation across policy sectors in the implementation and outcomes of participatory governance because they fail to incorporate the motivations and strategies of the government actors most directly involved in participatory governance: bureaucrats. The following sections illustrate the argument in the context of Brazil's AIDS policy sector, using fine-grained data to analyze the trajectory and dynamics of participatory governance. The article concludes by outlining the broader implications of the argument about the role of bureaucrats as political actors for theories of participatory governance in Brazil and in other developing democracies.

The Role of Bureaucrats in Participatory Governance

The first generations of scholarship on participatory governance focused on how local politics drove the success of local institutions. Some studies in this vein highlighted the role of partisan politics, showing how party competition was important in driving leftist mayors to adopt and implement participatory governance institutions (Abers 2000; Chávez and Goldfrank 2004; Goldfrank and Schneider 2006; Wampler 2007). Others pointed to the importance of a strong civil society in pressuring politicians to grant participatory institutions authority (Avritzer 2009; Coelho 2004; Donaghy 2011; Heller 2001; Wampler and Avritzer 2004; Wampler 2007) and in helping to engage citizens in participatory institutions (Houtzager et al. 2003). This early scholarship convincingly showed that institutional design alone did not guarantee civil society meaningful access to policy decisions. At the same

time, however, the emphasis on local politics and policy led some skeptics to argue that participatory governance had only a limited transformative potential because it could not be effective as a national policymaking system.

Yet recent scholarship has revealed that in Brazil, participatory governance is, in fact, widespread at the national level. By 2010, participatory councils governed policy in 83 percent of national government ministries, covering 59 different areas of public policy (Mayka 2019; Mayka et al. 2019). Between 1995 and 2010, 78 national participatory conferences were held (Avritzer and Souza 2013). At least on paper, Brazil's system of national participatory governance promises to enable civil society groups to influence national policy, and thereby to make political representation more inclusive (Avritzer and Souza 2013; Mayka 2019; Mayka et al. 2019). Less clear, however, is whether, and under what conditions, Brazil's national participatory institutions expand access to the policy arena in practice. As the first generations of scholarship on local participatory governance demonstrate, the mere creation of participatory institutions does not guarantee that they will actually work to expand political inclusion.

Recent attempts to assess whether national participatory governance has actually included new civic organizations in policymaking have focused on institutional design. Some evidence indicates that the institutional structure of national participatory governance in Brazil has expanded civil society influence over policy decisions (Pogrebinschi 2012; Pogrebinschi and Samuels 2014). Scholarship that has asked, instead, who in civil society gains influence through participatory governance paints a somewhat more complicated picture, suggesting that participatory rules and operating procedures can perversely reinforce some preexisting socioeconomic inequalities, even while ameliorating others (Avritzer 2002; Avritzer and Souza 2013; Teixeira et al. 2012).

Beyond institutional design, most scholarship has attributed the spread of national participatory governance partly to leftist control of national politics by emphasizing how the number of participatory institutions ballooned under Workers' Party president Luis Inácio Lula da Silva (e.g., Avritzer and Souza 2013). However, few scholars have rigorously examined the role played by political actors in shaping the implementation and outcomes of national participatory governance.

Drawing on research from the state-building literature, which has made recent advances in analyzing the motivations and actions of bureaucrats, this study finds that civil society can be an important political resource for bureaucrats who lack the authority to achieve policy goals independently (Abers and Keck 2013; Amengual 2016; Carpenter 2001; Evans 1996; Fox 1993; Hochstetler and Keck 2007; Rich 2013; Tendler 1998). Bureaucrats can cultivate alliances with civil society in order to gain information about failures in policy implementation and to apply outside pressure on recalcitrant politicians in order to overcome obstacles to policy reform.

Bureaucrats employ various methods to use participatory institutions as a structure for cultivating allies in civil society. The most basic is to create new institutions. When bureaucrats develop an expansive array of participatory institutions, they

broaden their points of contact with potential civil society allies. Whereas existing studies focus narrowly on two types of national participatory institutions—councils and conferences—in practice, bureaucrats in Brazil have created a vast array of participatory policy commissions, committees, and working groups that operate within government ministries, sometimes using government resources.

Bureaucrats who are interested in leveraging participatory governance for political support may also help civic organizations grow and expand into national alliances. When social movements and interest groups are coordinated at the national level, bureaucrats can claim that the policy proposals they support are also supported by a national coalition of civil society organizations, and thus the wider public. With the support of a national coalition, bureaucrats can enhance their legitimacy—and their power against politicians who oppose their policy initiatives.

AIDS policy in Brazil exemplifies bureaucrats' active role in promoting participatory governance as a strategy for advancing their policy objectives. Federal bureaucrats in the national AIDS program created a large assortment of participatory policymaking groups to provide means of regular communication and collaboration with civic activists. These bureaucrats then increased their political leverage by subsidizing the efforts of local AIDS advocacy organizations to scale up and establish a centralized, national coalition. As a result of these efforts, Brazil's system of national participatory governance provided AIDS activists with extensive and meaningful access to the policymaking arena. Moreover, the individual activists who took part in national participatory governance represented broad national interests, as opposed to territorial or narrower sectoral interests.

A History of State-Society Collaboration on AIDS Policy

Initially, national government bureaucrats sought the support of AIDS activists primarily for their policy expertise. When AIDS began to spread in Brazil in the early 1980s, the first actors to organize a response were grassroots activists. Beginning with the emergence of the epidemic in Brazil in 1983, civic activists quickly organized to bring attention to alarming death rates, denounce emerging forms of discrimination, carry out AIDS prevention, and spur the Brazilian government to provide treatment. Among these early AIDS activists were highly educated, upper-middle-class men with powerful social networks—some of whom were themselves influential public figures.

Many of the early activists also possessed extensive experience in organizing and demandmaking, having previously been in Brazil's gay rights movement in the late 1970s. These gay rights activists—together with other cosmopolitans, such as hemophiliacs who were affected by the early epidemic—turned their attention to AIDS policy. The new Movement to Combat HIV/AIDS launched a broad campaign over the next decade that made effective use of Brazil's new democratic institutions, together with its members' own personal connections to political and social elites, to shape the government response.

Activists quickly accumulated more AIDS policy expertise than state bureaucrats during the early days of the epidemic in the mid-1980s. In fact, AIDS activists conceptualized research as an explicitly political act, as fostering "the democratization of information," in response to the suppression of data during the military regime. AIDS NGOs developed cadres of trained researchers who conducted scientific studies on the effectiveness of prevention strategies, access to support services, and human rights violations against people with the infection, holding conferences to develop their findings into concrete policy recommendations, which they would both take to bureaucrats and publicly disseminate (see Parker and Terto 2001, 96–99). Through their dedication to research, activists in Brazil became leading national experts on prevention and treatment.

Consequently, state actors depended on civil society leaders for their expertise to develop a government infrastructure to manage the epidemic, and they collaborated with civil society in drafting policy guidelines in the 1980s. At the state and local levels, activists' suggestions were often directly translated into policy (Parker 2003, 149; Spink 2003). At the national level, the Ministry of Health adopted the guidelines of the state programs that had been designed in collaboration with civic activists (Galvão 2000, 121). At the same time, the ministry contracted NGOs as consultants to design the national AIDS program in 1986—thus lending activists significant influence over the structure for policy development. A participatory national advisory committee was also created to incorporate civil society voices in national AIDS policy discussions (Galvão 2000; Parker 2003, 149; Spink 2003; Teixeira 1997, 58).

These institutional origins led to the development of a national AIDS program—a semiautonomous bureaucracy within the Ministry of Health—populated by a heterogeneous group of bureaucrats who were unified around the same basic set of AIDS policy principles and goals. Some of these bureaucrats had been directly plucked from the AIDS movement to join the program. Others had personal connections to activists through their previous experiences working to combat HIV but had never been activists themselves. Still others were career bureaucrats who had no experience with the AIDS movement before entering the program.

The national AIDS program was thus populated by a combination of career bureaucrats and government workers who were dedicated primarily to careers in public health policy. This crew of bureaucrats had a shared vision of AIDS policy priorities and a commitment to advancing policy objectives that emphasized universal access to treatment, destigmatization, and human rights protections. This was a new type of bureaucracy in Brazil—one that incorporated committed activists and policy experts into its ranks—but it was not unique. As Abers and von Bülow (2011) note, the development of such bureaucracies was a common trend during the 1990s among policy sectors that were new to the political agenda in Brazil (see also Abers and Tatagiba 2015; Hochstetler and Keck 2007, 104–5; Paschel 2016, 175).

As the national AIDS program developed into a functioning national bureaucracy, government workers found themselves growing more politically dependent on activist organizations to accomplish their goals. This political dependency grew

as bureaucrats encountered opposition from within the state, exacerbated by Brazil's highly fragmented state apparatus. During the 1990s and early 2000s, policy devolution and decentralization, which went hand in hand with the democratic transition, gave rise to a bewildering array of semiautonomous secretariats, departments, programs, agencies, and institutes. In such a disaggregated and decentralized state, the number of actors and agencies with independent power and with potentially opposing policy preferences was quite large. Actors inside the national AIDS program were thus forced not only to coordinate many different parts of government, but also to overcome potential opposition from many parts of government in order to accomplish their policy objectives.

Bureaucrats in the AIDS policy sector encountered particularly strong opposition to their policy goals from inside the state because, at a fundamental level, AIDS strikes at the heart of core religious taboos: promiscuous sex, homosexuality, and drug use. Consequently, developing aggressive new national policies—such as promoting condoms, needle exchanges, or even protecting HIV-positive Brazilians from discrimination—involved the constant threat of opposition from conservatives in the state and national legislatures, as well as from governors and mayors. At first, obstacles came most often from the Evangelical caucus in the national legislature, known as the bulls, bullets, and bibles (BBB) block. In the early 2000s, when responsibility for AIDS policy was decentralized to the state and local levels, recalcitrant governors and mayors—particularly those who belonged to the BBB block—also began to pose significant obstacles to federal bureaucrats.

As previous research has shown (Rich 2013), national AIDS sector bureaucrats increased their political leverage over opponents by mobilizing grassroots allies outside the state. They relied on civic groups to monitor local policy implementation and to develop effective interventions. They also relied on civic groups to pressure politicians using strategies, such as protests, that lay outside the scope of the legal authority that federal bureaucrats possessed. AIDS sector bureaucrats supported allied grassroots organizations by offering resources and by facilitating their participation in the policy process.

Spreading Participatory Institutions

The first strategy national bureaucrats used was to create as many participatory institutions as possible. Because every participatory institution provided bureaucrats with a discrete point of access to civil society, bureaucrats could expand their opportunities for regular communication and collaboration with activist groups by creating new institutions.

Bureaucrats in the national AIDS program developed a diverse array of institutions to engage civil society delegates—creating additional councils, committees, and working groups to bring policymakers and activists together to discuss AIDS policy. In Brazil, these spaces are usually referred to as "consultative" spaces, to distinguish them from "deliberative" spaces, which offer civil society a formal vote over

Table 1. Types of Participatory Spaces in Brazil

Deliberative	Consultative
Policy council	Policy commission
Policy conference	Policy committee
	Policy working group

policy proposals (see table 1).[1] However, the activists interviewed for this study routinely mentioned that these spaces were a more important venue for accessing government officials than "deliberative" spaces.

The National Health Council, which had been created before the national AIDS program, was the highest-profile institution that provided activists with a seat in policymaking discussions. Established in its current form in 1991, this health policy council is the oldest and most ingrained participatory institution in Brazil. Brazil's AIDS movement enjoyed a permanent seat on the National Health Council, and through this membership, movement leaders voted on high-level national health policy decisions. In addition to influencing policy in this way, the movement kept AIDS issues at the forefront of the council's policy agenda through a "working group" on the council that was dedicated to policies on AIDS and other sexually transmitted diseases (STDs). By 2015, the movement was working through a broader "commission" that was dedicated to all disease policies but coordinated by leaders of the AIDS movement (multiple informant interviews).[2]

Yet by the early 2000s, bureaucrats in the national AIDS program had also created a host of other types of participatory policymaking groups that incorporated civil society representatives—groups that specifically focused on HIV/AIDS policy. One such type was the participatory policy commission, which included civil society representatives in discussions over the broadest national AIDS policy issues. For example, the National Commission on STDs and AIDS (CNAIDS), which included five representatives from the AIDS movement, set the government's official policy priorities and determined national budget allocations (Spink 2003). The Commission for Intermediation with Social Movements (CAMS), which included ten representatives of the AIDS movement and one representative from each of nine other social movements (movements representing populations affected by the epidemic; e.g., the sex workers' movement), was developed explicitly to discuss the role of different social movements in Brazil's national AIDS policy (CAMS *Histórico*). Other participatory commissions included the AIDS Vaccine Commission and the Cross-Sectoral Commission for Monitoring STD/AIDS policy.

A second type of participatory space in the national AIDS program was the participatory policymaking committee, which incorporated civil society representatives into more specific AIDS policy discussions. Examples of such committees included the Committee on Therapeutic Consensus, the Committee on Pharmaceutical Assistance, the Committee for Adherence to Medical Regimens, the Committee on Epidemiology, the Committee for Ethics in Research, the Committee on Men Who Have Sex with

Men, and the Committee on Lesbians. A third type of participatory space was the participatory working group, which operated similarly to committees but was intended to be only temporary. Working groups were organized around similar themes. According to a 2001 study, the national AIDS program included more than 22 participatory councils, commissions, committees, and working groups (Spink 2003).

What, then, drove AIDS sector bureaucrats to create so many participatory institutions in the first place? In interviews, these bureaucrats almost always mentioned three distinct motivations for increasing the number of participatory institutions for AIDS policy. Bureaucrats pointed first to normative democratic principles, emphasizing that the national AIDS program was obligated by the guiding principles of Brazil's national healthcare system, enshrined in the constitution, to involve civil society in decisionmaking.

Second, bureaucrats offered technical, policy-oriented motivations. In nearly all interviews, national bureaucrats mentioned that they highly valued the expertise of AIDS activists and relied on their advice to improve policy design. But meetings and interviews with government participants revealed a third motivation as well, which is that federal bureaucrats viewed participatory institutions as a strategic opportunity to cultivate political alliances with civic activists. In almost all the interviews with bureaucrats, they emphasized the importance of civil society's role in performing *controle social* (social control), a concept that has been defined as holding government accountable and has been promoted widely by international development organizations, such as the World Bank.

These informants further explained that participatory institutions were essential for helping civil society to perform *controle social* because they provided a structure for bureaucrats to pass information to activists about budgets, incipient policy challenges, and the like (multiple informant interviews).

In interviews, bureaucrats were fairly explicit about using participatory institutions as spaces to strengthen independent civic mobilization. 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 demandmaking 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 (Barbosa 2008).

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

Directly observing such political collaboration between bureaucrats and activists at the national level was challenging, given that these councils met infrequently and such arrangements could come under legal scrutiny. However, I did witness instances of political collaboration in state-level participatory governance

meetings, which bolsters my informants' claims about such collaboration at the national level. One particularly dramatic instance occurred during a meeting of a participatory AIDS policy commission in a state where the AIDS program had suffered a significant loss of decisionmaking autonomy at the hands of a new governor.

Closing the door of the meeting room—located in the building of the government health secretariat—the AIDS program director suggested to the activists in attendance that they independently address the problem with the governor, using their bargaining power as a social movement to negotiate a change in policy. Together, the AIDS program director and activists then arranged a subsequent "extraordinary" meeting of the AIDS policy commission to plan the campaign. This "extraordinary" meeting (which I also attended) was held in a location several hours away from the state health secretariat. Several AIDS program bureaucrats joined the activists at this meeting, and they used a government van as transportation. This was a clear example of activists and interested bureaucrats jointly using the venue of participatory governance committees to plan a broader political advocacy campaign. I either witnessed or heard about many examples of participatory governance institutions facilitating this kind of political collaboration during my time in the field, although most cases did not involve such an overt role by government bureaucrats.

For activists, the vast array of participatory governance institutions in the AIDS policy sector opened up new mechanisms—both formal and informal—for influencing national AIDS policy. Activists were able to use these commissions for their formal purpose: to directly influence the design of AIDS policy proposals. For example, one of the terms that was used repeatedly in my interviews was the word *pact*. Government bureaucrats and activists alike explained that AIDS policy was not created from above but was "pacted" with civil society, meaning that AIDS policies were created through deliberation and negotiation with civil society. Others used similarly direct statements, such as the bureaucrat who told me, "Whenever we design policies, we always engage activists" (Givisiez 2017). According to an activist from Rio de Janeiro, reflecting sentiments expressed by many activists,

> Participation on these government committees helps us confront the most challenging AIDS issues. . . . When we participate in these spaces, we denounce the problems we see, but we also try to bring proposals for how to solve these problems.
>
> *Interviewer:* So would you say these spaces give you a channel for directly influencing policy?
>
> Yes, yes, for direct influence. (Terto 2017)

But in addition, the structure of participatory governance provided AIDS activists with new informal opportunities for influence over policy. For example, activists gained useful contact information through their involvement in participatory spaces. Suddenly, AIDS activists had the names and phone numbers of bureaucrats, whom they could call when they had political concerns or needed clarification about new policy decisions. In this way, the new lines of communication with national bureaucrats helped activists to influence policy through back channels.

Activists gained informal influence inside the space of official meetings of participatory governance institutions as well. During the regularly scheduled meetings of government AIDS commissions, committees, and working groups that I attended, AIDS activists typically voiced various concerns that had emerged in the past month and sometimes demanded a response. AIDS sector bureaucrats would often listen to the problems that were raised by civic advocacy groups during these informal discussions and then talk about potential solutions.

In fact, participatory institutions offered the AIDS movement such a strong degree of informal influence over policy that activists tended to discount the value of wielding a formal vote over policy design. According to an informant who, at the time of our interview, represented the AIDS movement on Brazil's National Health Council, most AIDS activists tended to prefer working through AIDS policy commissions and committees than through the council. In his words,

> The AIDS movement is very present, effectively participating in consultative spaces, but it's not so present, so active in the [formally designated] deliberative spaces. . . . Why? Because whereas I'm alone on the National Health Council, on the National AIDS Commission I'm with 40 colleagues. . . . In deliberative spaces you operate in isolation . . . why do I say isolation? Because you can't bring 30 people there with you. You only get one organizational representative, get it? So that makes each representative feel theoretically isolated. Because, for example, I represent the AIDS movement in a space that has 44 other representatives. These guys aren't 44 representatives from the AIDS movement; they're 44 representatives from other social movements. . . . Which is to say that I am in that lion's den trying to convince them of the importance of AIDS policy. (Oliveira 2008)

This informant clearly regarded the National Health Council as important for AIDS activists to influence the Brazilian health policy agenda. Yet although health councils were the only type of participatory institutions that gave activists a formal vote over policy design, the informant was suggesting that AIDS activists preferred the consultative spaces that were specific to AIDS policy—bringing multiple activists into contact with AIDS sector officials—and that through such "consultative" spaces, activists wielded real influence.

Helping to Scale up Civic Organizations

AIDS sector bureaucrats also enhanced the civil society's capacity to influence policy through participatory institutions in less visible ways. Most important was that they used government subsidies to help AIDS activist organizations expand into a national alliance. Whereas the AIDS movement was initially composed of a loose alliance of advocacy groups, national AIDS program subsidies in the 2000s helped the movement develop state and regional branches, as well as a national coordinating structure. By forming a national coalition, activists gained significant political leverage in participatory governance venues.

AIDS sector bureaucrats supported civic coalition building for the same reason that they created a large number of participatory institutions: to support their strategy of using Brazil's system of participatory governance to cultivate political allies in civil society. A more powerful and nationally coordinated AIDS movement increased the policy authority bureaucrats gained by collaborating with civil society.

AIDS activist organizations led efforts to scale up the movement, transforming it during the 2000s from a loose alliance of advocacy groups (Galvão 2000) into an institutionalized national coalition with a federal structure that mirrored the Brazilian state. By 2012, AIDS NGO forums—state-level umbrella organizations—coordinated civic advocacy groups in all 27 Brazilian states. These forums were then aggregated into regional NGO conventions called ERONGs (*Encontros Regionais de ONGs*), held biennially, which brought together delegates from groups of four or five states to set regional movement platforms and to elect regional delegates to a national convention. The national AIDS NGO convention, called the ENONG (*Encontro Nacional de ONGs*), was the highest-level instance of movement leadership. Some 350 voting delegates attended this convention, in addition to 120 official observers (ENONG 2009).[3]

This national convention created the movement's political platform and elected delegates to all national and international participatory governance bodies (ENONG 2007). During the periods between conventions, a body called ANAIDS (*Articulação Nacional de Luta Contra a AIDS*)—the functional equivalent of a national secretariat—implemented the movement's platform, setting new agendas in response to political developments and speaking to the government and to the public on behalf of the movement (e.g., Agência AIDS 2012).

Paradoxically, AIDS activists were motivated to build such a national organization because they perceived that the spread of participatory governance threatened their political influence. Participatory institutions in the AIDS policy sector reserved seats for representatives from each region of Brazil, yet before the 2000s, active and experienced advocacy groups were not spread throughout Brazil. Instead, they were organized into territorial enclaves in major cities like Rio and São Paulo. By opening access to politically unskilled "civil society representatives," the spread of participatory governance threatened to reverse the past achievements of Brazil's established AIDS advocacy organizations and to diminish the coherence of the movement.

In reaction to this threat, established groups reorganized the structure of the AIDS movement as a way to incorporate new groups and, in doing so, develop them into active and effective policy advocates who shared a common understanding of AIDS priorities. With a nationally organized movement, advocacy groups could use participatory institutions as channels for spreading their influence over policy.

Yet national advocacy coalitions are not built on motivation alone; instead, they require a constant outlay of resources. AIDS activists acquired the resources to grow into a national alliance through bureaucrats in the national AIDS program, who subsidized their coalition-building efforts strategically to support their own broader efforts at promoting participatory governance. At the regional and national levels, federal travel subsidies were particularly important for building a national coalition,

given the high cost of transportation, Brazil's large geographic territory, and the low incomes of association leaders—especially those living outside capital cities.

The national AIDS bureaucracy had approved funding for all national conventions since 1993 and for all regional conventions since the first ones in 2001. The 2011 national convention was financed with approximately R$1.5 million (then about US$1 million) of federal funding; aggregate data on AIDS program funding for "civil society events" from 2013 through 2016 suggest that such federal contributions remained relatively constant over time. This was a significant subsidy for activist organizations, which typically struggle to find a stable base of resources. In the words of one federal bureaucrat who was involved in the initial effort, "The participation of the national AIDS program was fundamental [in the institutional development of the national advocacy coalition], because without those resources, nothing would have happened. It would have remained at the level of good intentions" (Duda 2008).

Bureaucrats offered several reasons that helping the AIDS movement to form a national coalition helped them to achieve their goals. First, it made collaboration with civil society more efficient. When the movement was unorganized, bureaucrats were forced to hand-pick civil society representatives to join participatory policy spaces. This not only took time and energy but also threatened to fragment the movement. In interviews, bureaucrats recalled the substantial effort required simply to figure out which activist would be best positioned to contribute to national policy discussions around a particular theme. They also recalled how selecting a single movement representative would inevitably lead to complaints from other associations left out of the process and would create conflict. According to a former National AIDS Program director from the early 2000s, even a "simple decision," such as which grassroots leader would represent Brazil in the UN Special Assembly on AIDS, had led to conflict (Grangeiro 2008, 2009).

While handpicking activists to represent civil society in government spaces is a time-honored strategy for co-opting social movements, the bureaucrats in Brazil's national AIDS program were seeking instead to strengthen the political capacity of civil society to challenge other actors in the state. Fragmenting the movement by inviting individual social movement organizations into government policymaking circles hindered their broader policy efforts. But by helping the movement scale up into a federative coalition, national bureaucrats eliminated the effort and potential controversy involved in choosing advocacy organizations. In the words of the same former official,

> 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 20 organizations [to choose among]. If they are organized, it is a lot better for dialogue [between state and society], understand? We see this clearly. (Grangeiro 2008, 2009)

By 2017, federal bureaucrats were unable to imagine dialogue with civil society without a nationally organized movement. For example, when I asked the national

AIDS program director in 2017 why the program continued to subsidize a national civic coalition, she said,

> The ENONG is where the AIDS movement chooses their representatives to participate in the national AIDS commission (CNAIDS), and it's also where they develop the policy platform they will promote in CNAIDS. If the ENONG didn't exist, how would CNAIDS function? . . . How? Like, I myself am going to choose who's going to represent the movement in CNAIDS? No! For the love of God! (Benzaken 2017)

According to national AIDS bureaucrats, in other words, the presence of clear, singular movement representatives made communication and collaboration with civil society significantly more efficient.

By helping the AIDS movement construct a national coalition, bureaucrats strengthened the political leverage they gained through participatory institutions. With a scaled-up movement, participatory institutions allowed bureaucrats to develop policies in collaboration with activists who represented a broad national base. 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" (Barbosa 2008). In the words of another bureaucrat, "representatives [to participatory policymaking bodies] have to be legitimated by organized civil society" (Benzaken 2017). This was important to bureaucrats because it strengthened their claims that their policy recommendations were developed in consensus with civil society and thus represented the public interest. In turn, 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.

At the same time, building a national coalition increased the AIDS movement's independent power to influence policy through participatory governance, through two mechanisms. First, it gave activists political leverage through the same mechanism that worked for bureaucrats: enabling activist leaders to credibly claim that they represented the sentiments of the movement's entire national constituent base. According to a movement leader from the state of São Paulo,

> It is one thing for the movement to have some of its member institutions criticize the health minister by writing letters or going to the press. It is another thing to have someone criticizing government on behalf of the entire movement. This carries a lot more weight, because of the number of institutions that are behind that official criticism. . . . [Having a formal national secretariat is] important, because without it you don't have any [credible] way of saying that you represent the national AIDS movement. (Pereira 2014)

Second, the movement's centralized leadership structure helped activists resist co-optation by government officials. The same leader explained,

> Say the government decides to create a working group to discuss an issue that the movement has been demanding that the government address. Instead of coming to

> the movement to ask who we want the AIDS movement representatives on the working group to be, the government might instead take someone they already know from [another policy commission] and invite her to participate in the working group. But perhaps that particular person doesn't have the technical knowledge or expertise to adequately discuss that issue. What's more, the government might sometimes choose that person precisely because they think she won't make waves. But we can [combat this by saying] no, the movement has ANAIDS. ANAIDS will let you know who's going to represent the movement in your working group. (Pereira 2014)

Because the AIDS movement had developed its own democratic mechanisms of electing representatives to participatory policymaking institutions, government officials were hindered in their attempts to assert control over the process. This protected AIDS activists from politicians who opposed the movement, but also from the possibility of future efforts at co-optation by individual bureaucrats in the national AIDS program.

Access vs. Autonomy

The evidence clearly shows that national AIDS bureaucrats expanded civil society access to participatory governance institutions. Yet Brazil's history of state corporatism suggests a fundamental trade-off between access and autonomy, with access ultimately being detrimental to social movement goals of autonomy.

Under corporatism, state actors offered special representation and subsidies to civil society groups in exchange for a degree of control over their activities. In the AIDS policy sector, by contrast, national bureaucrats offered civil society representation and subsidies because bureaucrats thought a stronger AIDS movement would enhance their own political leverage over other actors inside the state. Because the broad interests of national bureaucrats and civic activists were aligned against common opponents inside the state, national bureaucrats could count on the AIDS movement to mobilize in support of their goals. Moreover, the movement's perceived autonomy was a key factor in the political leverage it could offer government bureaucrats. For this reason, state bureaucrats imposed no formal controls on civic organizations and often subtly encouraged them to use contentious tactics for making demands.

At the same time, the movement's dependence on state funding may have contributed to its self-imposed constraints on its autonomy of political action by changing the goals and strategies of activists who needed to maintain government funding flows. Activist organizations accepted government contracts to shore up their budgets, but expressed concern about the drain of managing lucrative service projects on their time and energy for activism. They also expressed concern about compromising their principles in order to maintain funding for movement activities. This concern became more acute after 2010, when the national AIDS bureaucracy attempted to contract individual AIDS activist organizations to implement a controversial plan for HIV testing that the national movement had formally opposed. Some activist

organizations, driven partly by financial worries, changed their stance and accepted government contracts to implement the project.

However, the movement did exhibit considerable autonomy from the state in the wide range of venues and strategies that activist organizations used to influence policy. While working through participatory institutions was particularly important to the movement, activists also used the courts and the legislature to advance their policy goals through class action lawsuits and lobbying. When the movement failed to achieve its goals through any of these institutional channels, activists used public pressure tactics, such as denouncing government officials in the press and protesting in the street. Participatory governance committees served as strategic venues for planning these other types of political campaigns.

For example, outside the venue of participatory institutions, the AIDS movement used the courts to press government for policy reform. In the year 2004, more than three thousand 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 state of Pará in the far north of Brazil, "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" (da Costa 2011). Likewise, an activist in Rio de Janeiro noted, "We use the public prosecutor's office to force the state to give us what is rightfully ours" (Amaral 2008). Results from a 2009 Internet-based survey of 123 AIDS organizations in the states of Rio de Janeiro and São Paulo corroborate these qualitative findings: nearly half the respondents perceived the courts to be a key channel for making claims on government.

The AIDS movement also looked to the legislature as an important venue for advancing its policy goals. Most prominently, AIDS activists developed congressional caucuses to build constituencies of support among elected representatives at the national, state, and municipal levels (Rich 2013). As of March 2010, eight states and two municipalities had inaugurated AIDS caucuses, in addition to a national AIDS caucus. While the ostensible purpose of developing congressional caucuses was to pass new AIDS legislation, informant interviews suggest that AIDS advocacy groups were using the caucuses primarily to help them enforce existing laws and policies.

Even with congressional caucuses, advancing AIDS legislation was a laborious process. Members of Congress had to balance a large number of competing priorities in determining which legislative proposals to bring to a vote; generally, they favored proposals that appealed more directly to their core voter constituencies. By contrast, sympathetic members of Congress could easily help to enforce existing policies or legislation. By summoning politicians or their appointees to a public hearing (*audiência pública*), legislators could quickly call governors and mayors to account for bad behavior. Thus, in 2010, AIDS activists were looking to the legislature primarily as a means to increase political pressure on governors to comply with existing AIDS policy guidelines.

AIDS activists also exhibited their relative autonomy from government by occasionally using contentious tactics to influence policy. Protest, for example, was a key

component of the AIDS movement's "strategic repertoire." 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 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" (Leão 2011). The president of Rio de Janeiro's AIDS NGO Forum reported having organized three protests in the past year. Media reports from 2010 highlight a series of protests against empty stocks of ARV medications (*Agência Lusa* 2010; *Estado de São Paulo* 2010; *Gazeta do Povo* 2010). Eighty percent of survey respondents also reported frequent participation in marches and protests.

Similarly, AIDS activists used the media to criticize government policymakers, sometimes targeting the very bureaucrats who supported their efforts. According to an activist from the state of Pernambuco, "the media is a strategy [that we use] to give visibility to our demands" (Moura Filho 2008). An AIDS activist from the city of Salvador da Bahia emphasized, "Every time we have problems and the municipality fails to resolve it or creates impasses, we engage the local media; it is a way to win popular support" (Ribeiro 2011). Seventy percent of survey respondents also reported that they considered the media a very important channel for achieving their policy goals.

The AIDS movement's dependence on state support therefore did not seem to limit its capacity to engage in extrainstitutional forms of demandmaking, and this is because bureaucrats in the AIDS sector engaged and shaped civil society, not for the purpose of controlling civic mobilization but rather for the purpose of channeling civic mobilization against their opponents inside government.

Broader Implications for Theories of Participatory Governance

This case study of Brazil's AIDS policy sector has highlighted the role of bureaucrats in driving the implementation and outcomes of national participatory governance. As an emerging body of scholarship on state building has shown, bureaucrats who encounter opposition to their policy goals from rival politicians and bureaucrats may seek to mobilize civil society as allies (Abers and Keck 2013; Amengual 2016; Carpenter 2001; Evans 1996; Fox 1993; Hochstetler and Keck 2007; Rich 2013; Tendler 1998).

Building on such studies, this article showed that national participatory governance institutions offer federal bureaucrats a structure for building such alliances with civil society. It then demonstrated that bureaucrats who depend on civil society for political support will be motivated to promote participatory governance as a strategy to cultivate these alliances. AIDS sector bureaucrats promoted participatory governance by building an extensive array of participatory institutions and by helping to scale up civic organizations so that they represented broad national interests. As a result, AIDS activists enjoyed wide access to government policymaking spaces, and they used them to promote nationally coordinated demands. This evidence from the AIDS policy sector thus corroborates the findings of a growing literature

that has suggested that national participatory governance institutions have become important venues for civil society to exert direct influence over social and development policies (Pogrebinschi 2012; Pogrebinschi and Samuels 2014).

Qualitative case studies are useful for hypothesis-building purposes because they allow the researcher to identify new variables (e.g., bureaucratic support) that may influence the outcome. How widely, then, and under what circumstances are bureaucrats likely to support participatory governance? Preliminary evidence suggests that, despite variation in degree, the broad dynamics of state-society relations in Brazil's AIDS policy sector are far from unique. As recent studies have described, Brazilian bureaucrats in sectors such as waste picking (Brandão and Vilaça 2017) and urban housing (Viana 2017) have built new participatory institutions as a way of cultivating political support from social movements. In both of these cases, a combination of two factors motivated bureaucrats to promote participatory governance: civil society shared its fundamental goals, and civil society already had demonstrated some degree of organization and capacity for collective action.[4] Preliminary evidence from emerging scholarship on other policy sectors in Brazil thus supports the hypothesis that bureaucrats will promote participatory governance when they share fundamental goals with an organized civil society.

In addition to calling our attention to bureaucrats as a crucial political actor, the findings of this study offer several further contributions to existing theories of participatory governance and, more broadly, of state-society relations. First, by incorporating bureaucrats into the analysis, this study identified new mechanisms by which participatory institutions increase the voice of civil society in policymaking. Whereas current scholarship on participatory governance emphasizes either the power of deliberation or the power of voting, this study suggests that participatory institutions offer influence to civil society not only through their formal authority but also through the informal opportunities they provide to obtain information about policy problems and to communicate policy concerns to sympathetic bureaucrats. The institutional design focus in existing literature overlooks informal opportunities as a significant source of power and policy influence.

By extension, this argument suggests that we should expand our analysis of participatory governance to include not only the institutions that offer civil society a formal vote over policy but also the broad array of government policymaking bodies that incorporate civil society representatives as consultants. Whereas existing literature focuses narrowly on participatory councils and conferences, in practice, many other policymaking bodies incorporate civil society representatives. Participatory commissions cover broad national policy issues at the level of a government secretariat or program. Participatory committees and working groups cover specific policy issues within a government program. Called consultative bodies in Brazil, all three of these policymaking institutions incorporate civil society representatives as advisers.[5]

Overlooked by existing studies of participatory governance, these institutions can also offer civil society significant policy influence. Without discounting the potential importance of deliberation or of voting rights, it may be worthwhile to

explore the comparative advantages of deliberative versus consultative spaces, as well as their relationship to each other.

By analyzing the motivations and strategies of bureaucrats, this article also reveals a new answer to the question of how participatory governance can scale up. In a recent study of conferences, Pogrebinschi and Samuels identify one way that participatory governance can function at the national level—countering the dominant thinking that participatory governance was inherently a local-level innovation (Pogrebinschi 2012; Pogrebinschi and Samuels 2014). As they highlight, participatory conferences contain internal mechanisms for scaling up civic demands: through a federated structure that channels civic proposals upward from the local to the national level. Yet most forms of participatory governance do not contain internal mechanisms for scaling up participation. Evidence from the AIDS policy sector builds on these findings by identifying new processes through which civil society can organize participation in policymaking at the national level. Paradoxically, when national participatory governance emerges in the context of a weakly organized social movement, it threatens the civic advocacy groups that already influence policy. But by the same token, this threat can motivate advocacy groups to build a lasting national coalition. In turn, national bureaucrats interested in using participatory institutions to mobilize social movements as policy allies will be motivated to subsidize efforts to scale up.

Contrary to the argument that civil society strength is a necessary precondition for participatory governance to succeed, the argument of this article is that civil society and participatory institutions may develop together. In the AIDS policy sector, a preexisting social movement provided the initial impetus for bureaucrats to forge a policy alliance and to use participatory institutions to support it. But it was as a result of this alliance that the AIDS movement expanded into new segments of society and into new geographic regions of Brazil. This case study thus presents a more dynamic portrait of civil society, showing how civil society strength not only affects the development of participatory institutions but is also influenced by such institutions once they emerge.

More broadly, the findings presented in this article extend existing theories of the state by analyzing the impact of such state-society alliances on civic organization and political participation. They add to recent scholarship on state building, which has highlighted ways that bureaucrats can use civil society as a political resource. Some scholars in this area have pointed out various means through which state actors have sought to build allies in civil society, such as giving societal groups information, funding, training, or providing access to policymaking circles (Amengual 2016; Fox 1993; Page 2011; Rich 2013; Tendler 1998; Schneider 2004). Others have focused on the outcomes of such societal support for state capacity (Abers and Keck 2013; Carpenter 2001; Evans 1995, 1996; Evans et al. 2017; Hochstetler and Keck 2007). Thus far, however, existing scholarship has generally given little attention to the outcomes of such state-society relations for civil society itself.[6]

Yet the Brazilian AIDS policy case shows that the reverse can also be true: bureaucrats can help build civic capacity. This article suggests, moreover, that one

of the most important ways such efforts by state actors affect the strength and character of civil society in the long run is not through their direct support of grassroots advocacy but through the way this support shapes the nature of relationships in civil society itself. As the AIDS policy case highlights, state actors can cultivate civil society not just through their direct patronage but also through indirect influence—shaping the incentives and opportunities for civil society to build encompassing national coalitions. By shaping civic organization themselves, state efforts to cultivate allies in civil society may have lasting repercussions that contribute to the capacity and propensity of civil society to mobilize around new issues in the future.

Notes

I am grateful to Christopher Chambers-Ju and Lindsay Mayka for constructive feedback on an earlier draft of this article.

1. In Portuguese, these spaces are known as *espaços consultivos* (consultative spaces), in contrast to *espaços participativos* (participatory spaces).

2. See also Conselho de Saúde 2017, n.d. Note that the coordinator of the commission on diseases is not an individual but the entity that is the executive commission of the AIDS movement (known as the *Articulação Nacional de AIDS*).

3. The number of voting delegates is determined by the organizing committee and thus varies somewhat from year to year.

4. By contrast, bureaucrats working on tuberculosis policy promoted participatory governance only after AIDS activists helped to organize a social movement around tuberculosis (Rich and Gómez 2012).

5. Some commissions offer civil society representatives an actual vote over policy decisions. Although overlooked by existing literature, these policymaking bodies technically fall under the category of deliberative institutions, in the same category as participatory policy councils.

6. Two exceptions to this trend are Fox (1993), who analyzes the effect of state support for community associations in authoritarian Mexico, and Schneider (2004), who analyzes the effect of state support for business associations across Latin America.

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