The Politics of Brazil's Successful Response to HIV/AIDS:

Civic Movements, Infiltration, and "Strategic Internationalization"

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SINCE THE EARLY 1980S, BRAZIL has worked closely with international donors, receiving technical assistance while at the same time rejecting international policy advice and pharmaceutical markets. Do these seemingly self-interested and contradictory actions sound like those of an emerging nation committed to strengthening global partnerships in response to AIDS? Not quite. But it is precisely this self-interested, strategic response that has been the hallmark of Brazil's success in combating AIDS. Brazil's response has mustered a high level of international acclaim, motivating the Bill & Melinda Gates Foundation to award Brazil a formal prize in 2003 for having the best policy response to AIDS.[1] In 2005, Peter Piot, the former director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), referred to Brazil's actions as the "model" response to AIDS.[2]

Less well known are the historical, civic, and political complexities of Brazil's strategic response to HIV/AIDS. Indeed, while a host of studies address Brazil's policy response, few have analyzed the politics behind the policymaking process in the context of the epidemic.[3] Contributing to this literature, this essay argues that Brazil's strategic response is the product of civil society's gradual infiltration of the national government, mainly through appointments within federal agencies, prior to the transition back to democracy in 1985, as well as its gradual ideologi-

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cal takeover of national political interests and national government commitments to universal access to medicine; these two processes gave birth to the creation of a new democratic constitution in 1988, thereby inculcating these universal principles through federal law. By the late 1990s, national AIDS bureaucrats capitalized on their strong ties with civil society by strategically using non-governmental organizations to justify an ongoing expansion of the *Departmento de DST, AIDS e Hepatites Virais* (Department of STDs, AIDS, and Venereal Hepitatis,), henceforth referred to as the national AIDS program.

Nevertheless, during the early 1990s, in a context of continuously scarce resources and economic instability, the aforementioned institutionalized principles forced the government to find innovative ways of strategically using the international community for its benefit. The national program engaged in a process of "strategic internationalization" in which AIDS officials obtained whatever assistance they could from international donor organizations while at the same time resisting the groups' policy recommendations—essentially biting the hands that fed them. In this approach, receptivity to donor aid assistance helps strengthen national AIDS programs, while resistance to free market prices for antiretroviral medication or policy recommendations contradicting domestic normative beliefs, such as condom use or working with sex workers, allows nations to maintain their preexisting commitments to civil society. AIDS officials also resisted pharmaceutical markets' threats to the government's commitment to universal AIDS treatment.

As an emerging nation eager to increase its global influence, Brazil has used its prizewinning reputation in recent years for combating AIDS as a springboard for transitioning from a recipient of donor aid to a provider of it. Since 2003, the national AIDS program has provided technical assistance to several African nations in order to strengthen their pharmaceutical capacities and help them replicate Brazil's success in providing access to antiretroviral (ARV) medication. As the world continues to view Brazil's national AIDS program as "the model" response, there will certainly be ongoing incentives for President Dilma Rousseff's new administration to further shape the global agenda for AIDS.

History, Civil Society, and Subversive Tactics

Brazil has a long history of proactive civic movements responding to health epidemics. Since the early twentieth century, medical doctors, academics, and activists have worked together to create professional associations in order to increase awareness and work closely with the government for the eradication of disease.[4] Civil society has played a key role in trying to educate the national government and the international community about the importance of establishing a universal and equitable

health policy response to epidemics.[5] Civil society's importance heightened with the military coup d'état in 1964 and with the presence, at that point, of an unequal healthcare system that mainly benefited full-time workers and limited the poor's access to medical services. Incensed and eager to make universal healthcare a human right, a new, pro-democratic civic movement emerged by the late 1960s: the *movimento sanitário* (henceforth, the *sanitarista* movement). Comprised of doctors, medical professionals, academics, activists, and even the Catholic Church, this movement emerged to apply incessant pressure on local governments and the military for the creation of a universal healthcare system emphasizing prevention over curative care while providing more funding for public health institutions, which had waned as the military sought to establish stronger ties with the private health sector during this period.[6]

Becoming calculative was the key to the *sanitarista* movement's success. The movement did not have the influence needed to directly confront and change the military's views on healthcare. Its power rested instead in the movement's clandestine, gradual infiltration of high-level positions within the national Ministry of Planning and Ministry of Health by the late 1970s and early 1980s, applying the same tactic within major city administrations, such as in São Paulo.[7] The goal was to create what João Biehl once referred to as an "epistemic community within the state," or a group of civic and bureaucratic elites who possess the same experiences, skills, and more importantly, ideological beliefs that healthcare should be universal. The aspiration to create such an ideological community within the bureaucracy coincided with emerging commitments to decentralization and increase active participation of civil society in policymaking.[8] By 1986, a year after the transition back to democracy, officials at a national health conference—many of whom were *sanitarista* members—drafted an influential policy report calling for the creation of a universal healthcare system. As a consequence of the *sanitaristas'* efforts and the new political interests and commitments they helped engender, in 1988 the new democratic Congress mandated the universal provision of healthcare through the *Sistema Único de Saúde* (Unified Healthcare System, SUS), which decentralized the free provision of healthcare to the states and municipalities. Moreover, in line with what the *sanitarista* movement wanted, from that point on, civil society would play a key role in devising health policy through the constitutionally mandated creation of municipal health councils, which exist to this day.

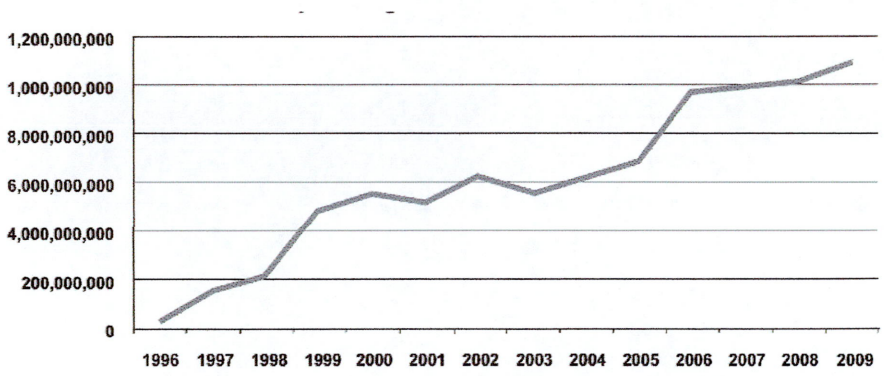
The institutionalization of civically inspired universal principles through the 1988 constitution and the establishment of the SUS shaped the government's commitment to AIDS prevention and treatment policy. Notwithstanding a brief delay in the government's response to AIDS during the politically conservative José Sarney

(1985–1990) and Fernando Collor de Mello (1990–1992) administrations (due mainly to fiscal conservatism, isolationism and corruption) frustrated, proactive AIDS officials, many of whom came from the *sanitarista* movement, worked assiduously to increase prevention and awareness of AIDS among the general population. They did this by providing free testing sites and working with local governments to distribute condoms. By 1989, AIDS officials created programs targeting high-risk groups, such as sex workers, expanding previous programs to cover men having sex with men, drug addicts, and children who were HIV positive. Additionally, by 1991 the national AIDS program began to distribute antiretroviral (ARV) medication free of charge. Building on the 1988 constitution's universalistic mandate, on 13 November 1996 the Fernando H. Cardoso administration (1994–2002) worked with Brazil's Congress to implement federal law No. 9313, which for the first time legally guaranteed the universal provision of ARV medication. Later that year, the AIDS program began to administer Highly Active Antiretroviral Therapy (HAART) treatment, which provides a combination of medically prescribed antiretroviral medications, typically three or more, to avoid the emergence of full-blown AIDS. Thus, by the late-1990s, the national government heightened its response to the epidemic.

The 1996 legislation as well as the burgeoning phalanx of prevention programs set the tone for even further universalism and policy growth. With regard to prevention, by 2004 the national AIDS program guaranteed the free distribution of three billion condoms a year. By 2005, the Lula administration had created new federal programs targeting the highest risk groups, which were: young people, gay men, and women. In 2002, for example, the national AIDS program's *Homens que fazen Sexo com Homens* (men who have sex with men) campaign was unleashed, triggering a wave of television and news campaigns emphasizing awareness, social tolerance, non-discrimination, and funding for gay NGOs.[9] In 2007, a new federal program strictly for women, *Plano Integrado de Enfrentamento da Feminizacão da Epidemia da Aids e Outras DST*, was created to provide greater prevention and treatment services for at-risk women. With regard to treatment, the government has maintained its commitment to providing and distributing free ARV medication since 1996 (see Figure 1), as well as providing additional financial assistance to municipalities for treatment policy through the *Fundo-a-Fundo Incentivos* program.[10]

Throughout the 1990s, AIDS officials cashed in on the rich civic networks that they had developed with the *sanitarista* community and AIDS NGOs. During this period, AIDS officials seeking to justify their need for additional funding and autonomy consistently enlisted the support of like-minded *sanitarista* members who by then had joined scores of AIDS NGOs, as well as state and municipal health departments. AIDS officials thus viewed and strategically used civil society as a resource that could

Figure 1. Brazil National AIDS Program Spending for ARV Medication, 1996-2009



Source: Brazil, Ministry of Health, Division of Planning, National AIDS Program

be harnessed to continuously expand the national AIDS program.[11] Especially after AIDS NGOs began to receive the bulk of what they had repeatedly lobbied for, such as universal access to ARV medication and funding for prevention efforts, their self-identities as civic organizations, that is, their sense of purpose, goals, and outlook toward the national AIDS program gradually shifted from aggressive confrontation to a cooperative relationship with the national AIDS program as NGOs helped the program expand while being employed as contractual agents to implement policy.[12]

"Strategic Internationalization"

Aside from civil society's assistance in building a massive AIDS bureaucracy, its deep penetration of government and the institutionalization of its universalistic principles also helped develop the national AIDS program's strategies toward the international community. By the mid-1990s, a high level of political and ideological commitment to the universal distribution of medication and prevention campaigns, coupled with limited financial and infrastructural resources for healthcare, essentially forced national AIDS officials to aggressively seek out financial assistance from donors while periodically resisting policies and pharmaceutical markets challenging the government's universalistic policy response.

Indeed, on one hand, in addition to rejuvenating the economy and maintaining a balanced budget since the Real Plan of 1994 (which increased interest rates, reduced spending, and pursued privatization in order to stabilize the budget), under the Lula administration the federal budget for SUS had flat-lined—rather ironically, given the administration's commitment to social welfare— while demand for public healthcare services for AIDS and other diseases increased. Some attributed President Lula's

commitment to anti-poverty programs as the main reason why healthcare funding flat-lined. [13] On the other hand, since the 1990s, state and especially municipal health departments have lacked adequate revenues to fund AIDS programs, thus requiring increased federal assistance—which essentially prompted the creation of the Fundo-a-Fundo Incentivos program. Thus, while SUS certainly increased healthcare devolution and civic participation in policymaking, in recent years it has required ongoing federal intervention to sustain an effective subnational policy response.

At the same time, the government painted itself into a tight corner by aggressively expanding the national AIDS program: because of its progressive policy commitments, the AIDS program had to find ways for financing and sustaining its commitments. As mentioned earlier, federal commitments to providing AZT (Azidothymidine) medication started in 1993 and had escalated by 1996 after a new federal law mandated the universal provision of ARV medication. These commitments have become increasingly expensive over the years considering the need to fund second-line ARV medications, which are more costly due to their complex and often imported chemical ingredients.[14] Second-line ARV medications have been introduced to help overcome immune system immunity and resistance to the HIV virus, which first-line medications could not achieve. As previously seen, prevention policies also deepened and required additional funding. Thus, by the 1990s the government's heightened domestic policy commitments combined with escalating subnational fiscal and resource constraints forced the government to put aside its pride and seek financial and technical assistance from the donor community.

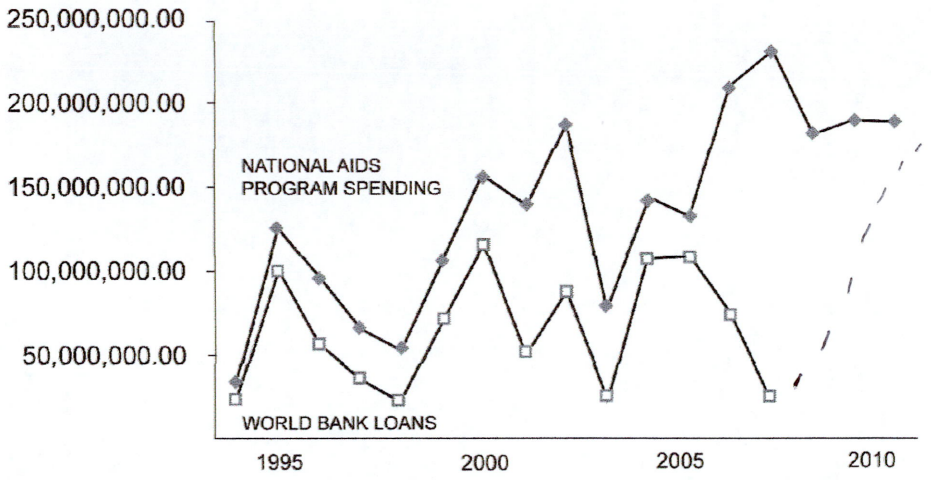
Receptivity

In 1993, after negotiating with the World Bank for several years—a process that actually started in 1991 but was delayed due to the Bank's reluctance to work with the corrupt Collor administration—the Ministry of Health agreed to the release of the first of three World Bank loans (commonly referred to as AIDS I) of $120 million for funding AIDS prevention, treatment, epidemiological surveillance, human resources, and NGOs.[15] The next loan agreement with the Bank (AIDS II) for $165 million covered the period 1998–2003.[16] In December 2003 Brazil signed yet another loan agreement (AIDS III) with the Bank for $200 million for the period 2003–2006. And in an effort to strengthen SUS and Brazil's ongoing decentralized approach to AIDS control, in May 2010 the World Bank Board approved and signed the AIDS-SUS loan (AIDS IV) with Brazil for $67 million.[17]

1991 World Bank $ for HIV series of AIDS loans

But it is also important to note that even before the World Bank loans, Brazil actively sought out donor assistance. In 1986, for example, the government received funding from the World Health Organization (WHO) to construct its national AIDS

Figure 2. Brazil National AIDS Program Spending vs. World Bank Loans ($R Millions), 1995-2010



Source: Brazil Ministry of Health, Office of National Planning, National AIDS Program, 2010

program; the Pan American Health Organization (PAHO) also chimed in, while the Ford Foundation provided funding for AIDS NGOs.[18] Despite a brief setback in political isolation under the Collor administration (1990–92), under President Itamar Franco (1992–94), Brazil received a bridge loan from the United States Agency for International Development (USAID) to sustain its prevention activities.[19] The USAID followed up with 5- to 6-year strategy grants to address HIV prevention among vulnerable groups, promotion of condom use, and NGO support.[20]

But there is no question that, in terms of dollars and cents, World Bank support far exceeded all other assistance. However, it is important to note that for each of the World Bank loans, the Ministry of Health (MOH) also committed its share of domestic funding for AIDS. In fact, as Figure 2 illustrates, over the years MOH budgetary commitments have gradually surpassed the amount of money received from the World Bank. Spending increased even amid an economic recession in 1998. This, in turn, suggests that the government is not financially dependent on the World Bank and that it is unwaveringly committed to combating AIDS.

Resistance

Despite the national AIDS program's proactive and successful attempts to secure external funding, it has vehemently resisted the advice of the same creditors that support it. In 1992, for example, the very first creditor to finance Brazil's national AIDS

program, the WHO, was rejected by the AIDS program when the WHO attempted to conduct vaccine trials in Brazil. AIDS officials exclaimed that Brazilians "were not guinea pigs" and began to criticize WHO officials for their efforts to conduct trials in Brazil and other nations.[21] Furthermore, in 1993 the World Bank stated that given Brazil's precarious economic situation, the government should not fund the universal provision of ARV medication. Complying with the Bank's wishes—which was ever so tempting—would have nevertheless gone against the government's aforementioned commitment of providing universal access to medicine. In a move that smacked of arrogance, the MOH instead decided to reject the Bank's recommendation and in 1996 implemented the aforementioned law No. 9303.

Interfering with Brazil's prevention policies was another *faux pas* committed by the international community. In 2005, the George W. Bush administration mandated that any nation receiving financial assistance from USAID must agree to refrain from using USAID grant assistance for funding NGO prevention efforts for sex workers. In a move that unmasked the Bush administration's ignorance of Brazil's progressive history toward sex education and sexually transmitted disease prevention, the USAID offered Brazil $40 million in May 2005, under the aforementioned proviso. The director of the national AIDS program at the time, Dr. Pedro Chequer, immediately rejected the offer, stating that adhering to USAID's conditionality would violate Brazil's long-standing tradition of working closely with sex workers. Chequer's reaction reflected a deeper lesson: no amount of money could change preexisting normative policy commitments. Moreover, he commented in an interview with *The Nation* that "for us it was an ethical issue .... We have to reach every segment of society, with no discrimination. Besides, no country is supposed to decide what another country must do." [22]

But perhaps the most controversial—and best documented—act of resistance came with Brazil's stance toward the pharmaceutical industry. In 2001, at the World Trade Organization (WTO) Ministerial Conference in Doha, Qatar, Chequer took the lead in working with other nations to reaffirm and declare a 1995 TRIPS (Trade-Related Aspects of Intellectual Property Rights) ruling stating that in times of a health crisis developing nations have the right to circumvent patent rights to gain access to essential medicines through the issuance of compulsory licenses for the generic production of patented medicine. Chequer's declaration was guided by the government and civil society's belief, concretized in the 1988 constitution, that access to ARV medication is a human right, and that a nation's economic situation should not determine whether or not AIDS victims have access to medicine.

Since the Doha declaration, Brazil has repeatedly resisted high prices for ARV medications. Backed by very strong state-run pharmaceutical labs, such as Farman-

guinhos in Rio de Janeiro, as well as binding legal commitments to the universal provision of ARV medications, on several occasions Brazil has aggressively bargained with pharmaceutical companies, such as Abbot and Roche, for a reduction in ARV prices. For example, from 2000 to 2004, after extensive bargaining, the government was able to obtain a reduction in price for the three most important ARV medicines for drug cocktails: Merck's *Efavirenz* was reduced by 73 percent, Abbot's *Lopinavir/Ritonavir* by 56.2 percent, and Roche's *Nelfinavir* by 73.8 percent.[23] In addition, during this period Gilead's *Tenofovir* was sold in Brazil for 43.6 percent less than United States market prices, while Bristol-Myer's *Atazanvir* was sold in Brazil for 76.4 percent less than U.S. prices.[24] Brazil's combination of rich infrastructural pharmaceutical capacity and normative commitments gave the MOH substantial bargaining power when negotiating with these pharmaceutical companies for a reduction in price. In fact, Brazil's threats were so credible that it did not have to actually issue a compulsory license until May 2007 for the production of Merk's *Efavirenz*.

Then came WikiLeaks. On 16 December 2009, Julian Assange's controversial website posted several cables from the Brazilian embassy discussing the government's strategies for further threatening pharmaceutical companies for a reduction in ARV prices. In one cable, the Ambassador of Brazil's Ministry of Foreign Affairs, Clodoaldo Hugneney, is reported to have met with the U.S. Ambassador in Brasília in 2005 to warn him that US pharmaceutical companies should offer lower prices for ARV medication, "or else"—that is, face the specter of either compulsory licenses or the passage of new bills forbidding future patent recognition for ARV medicines.[25] Interestingly, it was also revealed that the US embassy in Brasília was used as a negotiating forum between the Brazilian government and U.S. pharmaceutical companies.[26] The cable went on to allege that Ambassador Clodoaldo Hugeney hinted that the Chamber of Deputies' interest in passing these bills hinged on how responsive and willing U.S. companies were to lower prices.[27]

But the next cable took the cake. According to the second WikiLeaks cable, in 2003 President Lula signed a presidential decree order amending Article 71 of the 1996 Patent Law for medicines, which governed the issuance of compulsory licenses. In his revised Amendment 10, the cable stated that the government authorized the import of generic medication whenever Brazil's domestic market could no longer produce the medicine itself, when production by state-owned pharmaceutical labs or a third party was not feasible, or even when it was in the general "public interest."[28] Moreover, the revised Amendment 10 states that the government no longer needs to wait for the consent of pharmaceutical companies before generics are put on the domestic market.[29] MOH officials interpreted this as giving them the green light to import generics without patent holders' consent. And finally, the cable revealed

that MOH officials did not want to resort to issuing compulsory licenses, though they were certainly ready—and now even better equipped— to do so, should big pharmaceutical companies not buckle down and meet their needs.[30]

These tactics were driven by two major factors. First was the national AIDS budget, overburdened by the exorbitant costs involved in purchasing first- and now second-line drugs. But one particular sentence in the cable was revealing: "The global adulation of the GOB's [Government of Brazil's] AIDS program, plus the emergency status that the WTO has conferred upon the AIDS epidemic, make it likely that the GOB will employ compulsory licensing to assure the supply of AIDS drugs unless the desired price reductions are negotiated."[31] As an emerging nation, eager to impress and influence, Brazil's concern about its international reputation was certainly important not only for issuing compulsory licenses but also for motivating it to pursue bilateral assistance to other nations.

Going Beyond Brazil: Fame, Aid, and Influence

In recent years, the fame that Brazil's national AIDS program has received has provided a starting point for the government to gradually transform its role from an aid recipient to an aid provider, while enhancing the government's international influence. Shortly after assuming office, President Lula embarked on an ambitious campaign to market Brazil's success in responding to AIDS and to use the program's stellar reputation as a justification for providing assistance to other nations.[32] Global attention and praise for Brazil's response have now imposed a heavy burden on the AIDS program and given incentives for it to help other nations combat the epidemic.[33]

The Lula administration has focused its attention on Portuguese-speaking Africa, namely Mozambique and Angola. Building upon a rich history of strong Afro-Brazilian relations, which strengthened under the Cardoso administration, President Lula viewed helping Mozambique, Angola, and eventually Nigeria, as a moral and historic imperative.[34] Capitalizing on its technological knowledge and experience, the International Center for Technical Assistance on HIV/AIDS (ICTA) has provided technical assistance and training to these nations since 2003. This has been done in order to help nations develop the pharmaceutical capacity needed to produce generic versions of ARV medication, effective supply chain management, research, and partnerships with foreign producers of ARV ingredients, such as India.[35] While a limited amount of funding has been provided by the Brazilian Cooperation Agency (ABC) and the national AIDS program to achieve this, the goal has been to help construct pharmaceutical labs while enhancing these nations' ability to conduct research. In so doing, it is hoped that these nations will develop long-term development capacity while following Brazil's lead in strengthening their bargaining power

vis-à-vis pharmaceutical corporations for a reduction in ARV prices.

Brazil's knowledge-based approach to donor assistance, rather than the traditional aid-conditionality imposed by development agencies, is a unique one in development assistance. This approach has also helped the government magnify its international influence by providing an alternative donor assistance model that focuses on helping other nations achieve self-sufficiency, capacity, and therefore enduring success through the construction of pharmaceutical labs and research, rather than short-term policy reforms and expectations. Moreover, since his work in Africa began in 2003 President Lula has actively attended international conferences, board meetings, and summits to share his views on development assistance, involvement that was warmly received by the international community.[36]

Conclusion

Over the years, civil society in Brazil has worked hard to make sure that its ideas and beliefs in universal healthcare not only infiltrated the national government but also shaped the new democratic constitution and its policies governing AIDS management. Having achieved this, civil society also provided AIDS officials with the ammunition needed to expand the national AIDS program, while society's inculcated universalistic principles also incentivized the government to strategically take advantage of the international community in order to place its people's needs above all else. When compared to Brazil's emerging counterparts—such as India, China, Russia, and South Africa—Brazil is unique in this regard, as civil society in these other nations has not been able to shape the rise of health institutions while incentivizing AIDS officials to engage in "strategic internationalization."

Brazil's adulation from the Bill & Melinda Gates Foundation and UNAIDS is justifiably earned. But it is important to understand that this fame has also generated incentives for the president and the national AIDS program to expand in other areas that, a mere 20 years ago, would not have been imaginable. Providing knowledge-based technical assistance to Africa has shown the world that Brazil is committed to sharing its experience and expertise in helping poorer nations create the infrastructural conditions necessary to sustain an effective AIDS program. But beyond that, development assistance provided a venue for the Lula administration to increase its global influence through the proffering of new development assistance ideas. President Lula has shown the world that providing sustainable and enduring inputs, in the form of sharing ideas, beliefs, and institutional designs, is as important as giving money. These inputs, moreover, are crucial for helping create and effective global effort to combat AIDS.

But Brazil provides a bigger lesson. For emerging nations to be successful, gov-

ernments may need to engage in "strategic internationalization"—simultaneously receiving donor assistance while at the same time vehemently resisting policies and markets that challenge preexisting commitments to civil society. This self-interested response by all means does not suggest that Brazil and other nations should be apathetic toward engaging in what Secretary of State Hillary Clinton refers to as "Smart Power" strategies, in which global partnerships and diplomacy are the vanguard to foreign policy success.[37] Rather, it simply means that Brazil will happily engage in partnerships as long as other nations respect its history, culture, and traditions. In fact, if anything, Brazil's self-interested response has shown the world that if governments place their historic partnership with civil society and the needs of AIDS victims above all else, other nations, international organizations, and even rich philanthropists will praise and emulate their responses, in turn providing governments with a form of "soft power" by winning the hearts and minds of others.

Notes

1. Bill & Melinda Gates Foundation, "2003 Gates Award for Global Health: Brazilian National AIDS Program (NAP)," http://www.gatesfoundation.org/gates-award-global-health/Pages/2003-brazilian-national-aids-program.aspx.
2. Peter Piot, "Reflections on AIDS," public speech at the Calouste Gulbenkian Foundation, 3 October 2005, http://data.unaids.org/Media/Speeches02/sp_piot_gulbenkian03oct05_en.pdf
3. Some notable exceptions include the scholarly contributions of Varun Gauri and Evan Lieberman, "Boundary Politics and HIV/AIDS Policy in Brazil and South Africa," *Studies in Comparative International Development* 41, no. 3 (2006): 4773; Kenneth Shaddlen, "The Politics of Patents and Drugs in Brazil and Mexico: The Industrial Bases of Health Policies," *Comparative Politics* 42, no. 1 (2009): 4158; Evan Lieberman, *Boundaries of Contagion: How Ethnic Politics Have Shaped Government Responses to AIDS* (New Jersey: Princeton University Press, 2009); Matthew Flynn, "The Evolution of Brazil's Public Production of AIDS Medicines, 19902008," *Development and Change* 39, no. 4 (2009): 51336; Jessica Rich, *Grassroots Bureaucracy: Mobilizing the AIDS Movement in Brazil, 1983-2010*, PhD Dissertation, Charles and Louise Travers Department of Political Science, University of California at Berkeley; Eduardo J. Gómez, "How Brazil outpaced the United States when it came to HIV/AIDS: The Politics of Civic Infiltration, Reputation, and Strategic Internationalization," *Journal of Health Politic, Policy and Law* 36, no. 2 (forthcoming).
4. Claudio Bertolli Filho, *História Social da Tuberculose e do Tuberculoso: 1900-1950* (Rio de Janeiro: 2001) Editora FIOCRUZ; Sérgio Carrara, *O Tributo a Venus: A Luta Antivenérea no Brasil de Finais do Século XIX até os Anos 40* (Rio de Janeiro: Casa Oswaldo Cruz Publications, 1996).
5. Sérgio Carrara, "A Geopolítica Simbólica da Sífilis: Um Ensaio de Antropologia Historíca. *História, Ciencias, Saúde – Minguinhos* 3 (1997): 391408.
6. Kurt Weyland, "Social Movements and the State: The Politics of Healthcare Reform in Brazil." *World Development* 23, no. 10 (1995): 16991712.
7. Tulia Falleti, "Infiltrating the State: The Evolution of Healthcare Reforms in Brazil," in *Explaining Institutional Change: Ambiguity, Agency, and Power*, eds. James Mahoney and

Kathleen Thelen (New York: Cambridge University Press, 2010); Kurt Weyland. 1995; ibid.

8. João Biehl, "The Activist State: Global Pharmaceuticals, *AIDS*, and Citizenship in Brazil," *Social Text* 22, no. 3 (2004): 106-32.
9. Eduardo J. Gómez, "Friendly Government, Cruel Society: AIDS and the Politics of Homosexual Strategic Mobilization in Brazil," in *The Politics of Sexuality in Latin America: A Reader on Lesbian, Gay, Bisexual, and Transgender Rights*, eds. Javier Corrales and Mario Pechney (University Park: Pennsylvania State University Press, 2010), 23350.
10. See Renato Barboza, *Gestão do Programa Estadual DST/Aids de São Paulo: Uma Análise do Processo de Descentralizacão das Acões no Período de 1994 a 2003*, Masters Thesis, post-graduate program in the sciences, University of São Paulo, 2006.
11. Eduardo J. Gómez, "How Brazil outpaced the United States when it came to HIV/AIDS: The Politics of Civic Infiltration, Reputation, and Strategic Internationalization," *Journal of Health Politics, Policy and Law* 36, no. 2 (2010) (in press).
12. Manuela Massé, *From Cycles of Protest to Equilibrium: Explaining the Evolution of AIDS-related Non-Governmental Organizations in Brazil.* Masters in Philosophy Thesis, Oxford University, 2009.
13. A. Mendes and R. Marques, "O Financiamento do SUS sob os 'Ventos' da Financierizacão," *Ciencia e Saúde Coletiva* 14 (2009): 841-50.
14. Dirceu Greco and Mariangela Simão, "Brazilian Policy of Universal Access to AIDS Treatment: Sustainability Challenges and Perspectives," *AIDS: Official Journal of the International AIDS Society* 21 (2007): 37-45.
15. Varun Gauri, "Brazil: Country Case study," in *The Effectiveness of the World Bank's HIV/AIDS Assistance: Preliminary Findings from an Independent Evaluation*, ed. Martha Ainsworth; World Bank report provided at the 4th International AIDS Conference, Bangkok, Thailand, 11-16 July 2004.
16. Oliver Bacon, Maria Lúcia Pecoraro, Jane Galvão, and Kimberly Page-Shafer, *HIV/AIDS in Brazil*, Country AIDS Policy Analysis Project, AIDS Research Institute, AIDS Policy Research Center. University of California at San Francisco, 2004.
17. World Bank, "News & Broadcast," http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:22585323~pagePK:34370~piPK:34424~theSitePK:4607,00.html.
18. Chris Beyrer, Varun Gauri, and Denise Vaillancourt, *Evaluation of the World Bank's Assistance in Responding to the AIDS Epidemic: Brazil Case Study* (Washington, DC: The World Bank Press, 2005).
19. Varun Gauri and Evan Lieberman, "Boundary Politics and HIV/AIDS Policy in Brazil and South Africa," *Studies in Comparative International Development* 41, no. 3 (2006): 4773.
20. US Department for Aid and Development (USAID), *Brazil: Country Profile* (Washington, DC: USAID, 2004).
21. Varun Gauri and Evan Lieberman, "Boundary Politics and HIV/AIDS Policy in Brazil and South Africa," Studies in *Comparative International Development* 41, no. 3 (2006): 4773.
22. Pedro Chequer quoted in Esther Kaplan, "Just say Não," *The Nation*, 12 May 2005; http://www.thenation.com/article/just-say-n%C3%A3o.
23. Bruno Salama and Daniel Benoliel, "Pharmaceutical Patent Bargains: The Brazilian Experience," *Cardozo Journal of International & Comparative Law* 18, no. 633 (2010): 633-86; http://works.bepress.com/cgi/viewcontent.cgi?article=1044&context=bruno_meyerhof_salama.
24. Ibid.
25. *WikiLeaks*, 05Brasilia1567, 16 December 2010; exact title unknown, as the cable is an excerpt of an original government document; http://wikileaks.ch/cable/2005/06/05BRASILIA1567.html.
26. Elizabeth Dickinson, "Brazil's Pharma Pressure Campaign for Cheap HIV/AIDS Drugs,"

Foreign Policy, 17 December 2010; http://wikileaks.foreignpolicy.com/posts/2010/12/17/brazils_pharma_pressure_campaign_for_cheap_aids_drugs.

27. Ibid.
28. *WikiLeaks*, 03 Brasilia 3122, 16 December 2010; exact title unknown, as the cable is an excerpt of an original government document; http://wikileaks.ch/cable/2003/09/03BRASILIA3122.html.
29. Ibid.
30. Ibid.
31. Ibid.
32. Eduardo J. Gómez, "Brazil's Blessing in Disguise: How Lula Turned an HIV/AIDS Crisis into a Geopolitical Opportunity," *Foreign Policy*, 2009; http://www.foreignpolicy.com/articles/2009/07/22/brazils_blessing_in_disguise.
33. Ibid.
34. Yara Aquino, "Brazil Invokes Moral Obligation and Opens Lab in Africa to make AIDS medicine," *Brazilmaggazine*, 20 October 2008; http://webcache.googleusercontent.com/search?q=cache:8eoaos0cExwJ:www.brazzilmag.com/component/content/article/65/10059-brazil-invokes-moral-obligation-and-opens-lab-in-africa-to-make-aids-medicine.html+Yara+Aquino+%22Brazil+invokes+moral+obligation%22&cd=1&hl=en&ct=clnk&gl=us ; Steve Kingstone, "Lula's Historic Africa Tour," BBC, 4 November 2003; http://news.bbc.co.uk/2/hi/africa/3238979.stm.
35. Eduardo J. Gómez, "Going Beyond Brazil: The Historical and Geopolitical Incentives Inspiring President Lula to Help Africa combat HIV/AIDS," *Georgetown Public Policy Review* 15, no. 1 (2010): 37-50.
36. Ibid.
37. Hendrik Hertzberg, "Smart Power," *The New Yorker*, 26 January 2009; http://www.newyorker.com/talk/2009/01/26/090126ta_talk_hertzberg.