

Building the foundations for the response to HIV/AIDS in Brazil: the development of HIV/AIDS policy, 1982 – 1996

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INTRODUCTION

Over the course of the past two decades, the HIV/AIDS epidemic in Brazil has emerged as one of the most serious public health problems facing the country. By early 2002, as many as 215,810 cases of AIDS had been reported to the Brazilian Ministry of Health (MINISTÉRIO DA SAÚDE, 2002). Equally worrisome, official estimates suggest that as many as 597,000 Brazilians have been infected with HIV, virtually guaranteeing that AIDS will continue to be a major social policy and public health challenge for the foreseeable future (BRASIL, 2002; PARKER, GALVÃO; BESSA, 1999; PARKER, 2000).

While the sheer weight of numbers, in Brazil as elsewhere, may offer some sense of the potential importance of HIV/AIDS, particularly with regard to the public health system, it is clear that the broader social im-

pact of the epidemic extends far beyond what the numbers, in and of themselves, can tell us (JONSEN; STRYKER, 1993). It has by now become apparent, in countries around the world, that the impact of AIDS, the social, cultural, political and economic transformations produced by the epidemic, and, perhaps most important, the diverse responses that have increasingly emerged in the face of it, have taken shape as an especially complex field of analysis – and that a fuller understanding of this field is crucially important if we are to be able to respond more effectively in the future to the dilemmas that AIDS has posed (MISZTAL; MOSS, 1990; KIRP; BAYER, 1992; MANN; TARANTOLA; NETTER, 1992; PARKER, *et al.*, 1994). In Brazil, as in other countries, the study of HIV/AIDS policy, broadly defined to include not only public policies and programs, but the wider range of social and political re-

sponses to the epidemic that have emerged from diverse sectors of society (RAU 1994), has taken shape as a crucially important priority in seeking to build a more coherent and effective response in the future.

This is perhaps particularly true in the case of Brazil, where, over the course of recent years, international attention has increasingly focused on the multidimensional range of HIV and AIDS prevention and control activities developed in Brazil by governmental AIDS programs and non-governmental AIDS-service organizations and other sectors of civil society. Funded both through a series of major loans by the World Bank to the Government of Brazil, as well as by a significant commitment of resources from the Brazilian National Treasury, and supported through a broad-based and apparently far-reaching process of social and political mobilization, what has come to be

described by some as a “Brazilian model” for the response to AIDS has been suggested not only as perhaps the most successful experience yet realized in any developing country, but perhaps anywhere. It has increasingly been identified as a model that other middle and low income countries might seek to emulate or replicate in their own national efforts. While the Brazilian model has thus played a crucially important role in many recent debates (offering hope and optimism concerning the possibility of successful responses to the epidemic in a context otherwise characterized by few success stories), the actual content of this model has often been characterized only superficially, and the extent to which it might actually be transferred to other social, cultural and political settings has never been specified.

The need to more clearly specify the characteristics of the Brazilian response to AIDS, as well as the historical and political conditions which gave rise to it, is thus a key step in being able to more adequately assess the extent to which this model (or at least the lessons learned from the Brazilian experience) might be adapted elsewhere, in relation to other societies facing the impact of the HIV/AIDS epidemic. It is with this broad goal in mind – in order to examine the policy responses to the epidemic that have emerged in different sectors of Brazilian society, and, through such an analysis, to

help provide the basis for increasingly effective responses in the future, in Brazil as well as in other countries – that the current analysis has been developed as part of an ongoing series of studies carried out over a number of years now and reported on in a series of publications (DANIEL; PARKER, 1993; PARKER, *et al.* 1994; 1999; PARKER, 1994; 1997; 2000; PARKER; CAMARGO, 2000).

Particularly because of the attention that has focused in recent years on the unique HIV/AIDS antiretroviral treatment access program, initiated on a broad scale in 1996, and because the effectiveness of the Brazilian response to AIDS has been most widely acknowledged – and the very idea of a “Brazilian Model” for responding to the epidemic has drawn greatest attention – in the years since the implementation of this treatment access program, in this essay I have sought to return to what might be described as “the early history” of the response to HIV and AIDS in Brazilian society. The primary goal has been to examine the foundations of the Brazilian response that has been so widely (and, in my opinion, justly) recognized for its effectiveness and its potential leadership in the international community. In the pages that follow, I will try to analyze the ways in which this response took shape historically, *prior* to 1996 when widespread treatment access was extended to anti-retroviral therapies – as a way of suggesting, first,

that the roots of a successful program were constructed over a long period of time by a wide range of social actors working sometimes together and sometimes in conflict, and second, at the time that the treatment access program was extended in 1996, the successful outcome that has been widely recognized in recent years was by no means guaranteed.

My hope is that the analysis developed here will help to provide a foundation for a more adequate understanding of what has emerged, in recent years, as a truly “integral” (or at least “integrated” [PINHEIRO; MATTOS, 2001]) response to HIV and AIDS in Brazil, involving treatment and prevention as central to a uniquely Brazilian model for responding to the epidemic – a model rooted in the tradition of an “integral” public health system originally championed by the progressive sanitary reform movement of Brazilian public health, and perhaps most fully achieved (not without great difficulties) in the Brazilian response to AIDS.

THE SOCIAL, ECONOMIC AND POLITICAL CONTEXT

Before turning to the more detailed discussion of HIV/AIDS and AIDS-related policy, for readers who may not be altogether familiar with the complex reality that is contemporary Brazilian society, it is important to situate these issues within the wider social, cultural, political and econom-

ic context within which the epidemic has taken shape in Brazil. What is most immediately striking is the country's remarkable diversity, together with the specific historical moment in which the AIDS epidemic emerged. Brazil is an immense country, with a territory of more than 8,500,000 square kilometers, and with a population of approximately 165,000,000 according to the most recent census. Traditionally divided analytically into five major "macro-regions" (known as the North, Northeast, Center-West, Southeast, and South), and divided administratively in 27 states and federal districts, the country is marked by a high degree of regional diversity, and by highly varied regional subcultures (BASTIDE, 1978; PAGE, 1995; WAGLEY, 1968). The long-term interaction of European, African and Native American cultural traditions, followed by various waves of migration from diverse points of origin, have produced an especially complex quilt of ethnic and religious diversity (BASTIDE, 1978; PAGE, 1995; WAGLEY, 1968). More recently, the rapidly accelerating processes of modernization, urbanization, and social and economic change taking place throughout the country for decades have taken place quite differently in different regions and among diverse sectors of society. In large part as the result of such complex interactions and processes, Brazil was described some years ago by Roger Bastide as a "land of contrasts"

in which the divisions of class, race, and gender are constantly apparent (BASTIDE, 1978).

The many contradictions that seem to characterize Brazilian life have become even more striking in recent decades as the result of a series of social, economic and political changes that seem to have produced a range of new social and economic divisions which have stretched the fabric of Brazilian life. Rapid urbanization and industrialization transformed what was once largely a rural society, creating the so-called "Brazilian economic miracle" with an average annual growth rate of 8.6% in the early 1970s (SMITH, 1995). Yet the political economy of debt and dependence soon produced a series of severe economic crises, resulting in a deeply-rooted and especially long-term recession by the late 1980s and early 1990s, with a rate of inflation running as high as 45% per month in early 1994. While the introduction of a new monetary and economic plan in 1994 managed to cut the rate of inflation to only 1.5% to 2.5% in mid-1995, and has offered some hope of future growth and prosperity, the long-term consequences of this model of development in Brazil are succinctly summarized by the fact that the richest 10% of the Brazilian population still enjoy 53% of the national income, while the poorest half of the population divides only 10% (SMITH, 1995). In short, in spite of the growth of the

Brazilian economy and the industrial sector, the vast majority of the Brazilian population has nonetheless faced the effects of increasing poverty over the course of the past 15 to 20 years, and the social and public welfare services that would be necessary to meet the needs of the poor have in fact deteriorated as resources have increasingly been directed to servicing the national debt and supporting structural adjustment.

Linked to this economic situation has been the evolution of Brazilian politics over the course of the past three decades. Following a period of instability and uncertainty in the early-1960s, a military takeover of civilian authority in 1964 initiated a period of 20 years of authoritarian rule, under five different military governments, which only finally came to an end in 1984 with a gradual return to democratic rule – first through indirect presidential elections held in 1984 and then finally through direct presidential elections in 1989. This slow, and often painful, process of redemocratization was further complicated by the impeachment of the country's first democratically-elected president on charges of political corruption in 1992, followed by the establishment of an interim government through the end of 1994, when only the second direct presidential election in 30 years was held a new chief executive to a four-year term beginning in 1995.

Taken together, these social, economic and political factors provide a backdrop that is crucially important in seeking to understand both the impact of and the response to the HIV/AIDS epidemic that began to emerge in Brazil in the early 1980s and to spread rapidly over the course of the next decade. The serious deterioration of the public health system, like all social welfare services in Brazil, that had taken place during the authoritarian period from 1964 to 1984, continued to worsen during the extended economic recession that accompanied the return to civilian rule in the late 1980s and early 1990s, limiting the country's capacity to address its many already existing health problems, and conditioning the ways in which it might respond to the emergence of a new socially, culturally, and epidemiologically explosive infectious disease (DANIEL; PARKER, 1991, 1993; PARKER, 1994a; 1994b; WORLD BANK, 1998). In addition to this significant deterioration of the public health system and the decline of social welfare services, the extended period of authoritarian military rule, followed by the frustratingly gradual return to democratic government in the mid to late 1980s, also seems to have undermined the legitimacy of many political institutions, and to have posed a series of political dilemmas that have only gradually been resolved through the process of redemocratization which was ini-

tiated at almost the same historical moment when the HIV/AIDS epidemic began to emerge in Brazil (DANIEL; PARKER, 1993; PARKER, 1994a; 1994b). It provided the political context in which the HIV/AIDS epidemic began to take shape in Brazil, and helped to condition the ways in which the epidemic developed, as well as the ways in which Brazilian society sought to respond to it over the course of its first decade (DANIEL; PARKER, 1993; PARKER, 1994a; 1994b). While the complex problems that this context posed in seeking to address the issues raised by the epidemic are perhaps insignificant when compared with some countries (such as Haiti, the former Zaire, or Rwanda) in which AIDS has taken an especially powerful toll, they nonetheless raised a set of complex dilemmas, particularly when compared with the relatively more stable situations found in at least some of the countries (like the majority of the industrialized democracies) that have faced the impact of the epidemic (DANIEL; PARKER, 1993; PARKER, 1994; 1997; 2001; PARKER *et al.*, 1994; 1999; MISZTAL; MOSS, 1990; KIRP; BAYER, 1992).

PUBLIC POLICIES AND PROGRAMS

If the rapid spread of the HIV/AIDS epidemic in Brazil has posed a wide range of challenges for virtually every sector of Brazilian society, nowhere has this been more true than for the public sector, which has been

charged from the beginning of the epidemic with the difficult task of mounting an organized governmental response to a problem that many individuals and institutions would have preferred to ignore. In Brazil, as in almost every other country in the world (MISZTEL; MOSS, 1990; KIRP; BAYER, 1992), this response was slow to emerge – particularly at the level of the federal government, where the Ministry of Health resisted taking any action on AIDS even for a number of years after cases began to be reported in major urban centers such as Rio de Janeiro and São Paulo (TEIXEIRA, 1997; DANIEL; PARKER, 1991; 1993; PARKER, 1994a). In such centers, however, where the greatest concentration of AIDS cases has been found since the beginning of the epidemic, thanks in large part to political pressure on the part of affected communities, action gradually began to be taken at the state and local levels long before the more lethargic bureaucracy in Brasília began to perceive the potential gravity of the situation. Particularly in São Paulo, where activists from a number of gay organizations sought out the State Secretariat of Health (SES-SP) in early 1983, following the first report of a case of AIDS the previous year, a relatively early and for the most part highly progressive public health response to the epidemic began to emerge which would serve, over the long-term, as an important model for similar efforts through-

out the country (TEIXEIRA, 1997; PARKER, 1997; PARKER *et al.*, 1999).

That such a response should have emerged first in the State of São Paulo, long before any action was taken on the federal level, is surely due to a number of factors. Not only were the earliest cases of AIDS heavily concentrated in São Paulo, but it was also at the time the key center for an emerging gay liberation movement in Brazil, and thus one of the few areas with any constituency capable of applying political pressure for action with regard to the emerging epidemic. Perhaps even more important, due to a unique moment in Brazilian political history, at the height of what was known as *abertura* or opening (the term used to describe the gradual return to civilian rule, at the time being orchestrated by the last of five military governments in Brasília), São Paulo was fortunate enough to have a government that was perhaps uniquely willing to listen and respond to pressures coming from civil society. The State of São Paulo had recently elected a progressive opposition leader, Franco Montoro, as Governor – and Montoro, in turn, had appointed progressive political figures in virtually every area of his government, including the State Secretariat of Health, where João Yunes served as Secretary from 1983 to 1987. While the military government continued to rule in Brasília until an indirect presidential election gave power to

a civilian president in 1985, and the federal bureaucracy (including the Ministry of Health) continued to be characterized by a staff trained and placed in power during the height of the authoritarian period, in the State of São Paulo, on the contrary, the spirit of democracy and the forces of opposition to the dictatorship (including the sanitary reform movement in public health that had played a key role in criticizing the military regime) had occupied the most important decision-making positions. While the newly emerging gay liberation movement could hardly be considered a powerful force, whether in São Paulo or anywhere else in the country, it was thus nonetheless fortunate in this case to encounter a political context within the Secretariat of Health in which even if officials might not have been especially sympathetic to the concerns of what was still a highly stigmatized minority group, they nonetheless had little choice, if they were to maintain any kind of ideological consistency, but to respond to the demands being made by representatives of civil society.

It was largely in response to these demands from gay community representatives, then, that a working group on AIDS was formed in mid-1983 within the Division of Hansen's Disease and Sanitary Dermatology at the Institute of Health of the SES-SP, where a program focus on STD treatment was already in the process

of being developed. In its earliest deliberations and documents, this working group, which would later serve as the basis for the State AIDS Program, provided the basic tone that would characterize the best of the governmental response to the epidemic in years to come. Drawing on its previous experience with Hansen's disease, which like AIDS has traditionally been subject to high levels of social stigma and discrimination, the working group placing central emphasis on seeking to develop more effective structures for epidemiological surveillance, on attempting to guarantee adequate medical care and social support, and on working to combat prejudice and discrimination linked to AIDS. It also sought to build a more or less informal coalition between political activists from the gay community, as well as from community groups previously involved in offering support to individuals with Hansen's disease, together with the progressive sectors of the sanitary reform movement, which had come to power in the public health system in São Paulo with the election of the Montoro government in the early 1980s (TEIXEIRA, 1997).

These efforts were hardly without their critics. On the contrary, some sectors of the São Paulo Secretariat of Health itself questioned what they saw as the exaggerated importance being given to a problem of limited proportions that was per-

ceived as affecting only a small minority of the population. Faculty members from the São Paulo School of Hygiene and Public Health sought out Secretary of Health João Yunes, suggesting that concern with AIDS would draw needed resources from more serious and statistically significant health problems such as malnutrition and other infectious diseases. And even representatives of the Ministry of Health in Brasília repeatedly affirmed that AIDS failed to satisfy epidemiological criteria sufficient to determine the need for intervention on the part of the public health system (TEIXEIRA, 1997).

The general lack of concern, and, at times, resistance found among some segments within the public health system itself was present as well on the part of other sectors. In spite of repeated attempts by the State AIDS Program to develop partnerships and collaborative initiatives with other areas, little in the way of progress was made in seeking to involve sectors outside of public health. The State Secretariats of Education and Justice, for example, failed to take any significant initiatives, and attempts to jointly implement AIDS education programs in public schools and to address reports of growing numbers of AIDS cases in the penitentiary system were ultimately frustrated. Indeed, any range of other institutions outside of the public health system that might clearly have been seen to have a stake in

AIDS-related issues largely failed to take any significant action, already signaling a problematic tendency (that would later repeat itself with serious consequences at the federal level) to conceive of the HIV/AIDS epidemic as exclusively a medical or health issue with little broader social relevance (TEIXEIRA, 1997).

At the same time, in spite of the difficulties encountered in seeking to mobilize other sectors of government, the aggressive and innovative São Paulo AIDS Program nonetheless served as an important model for similar Programs in other states in which cases of AIDS had begun to be reported. Throughout the 1980s, for example, representatives of other State Secretariats of Health visited the São Paulo Program and drew on its basic organization, including its localization within Hansen's disease units, in setting up their own programs. By 1985, when the Ministry of Health finally began to move in the direction of creating a National AIDS Program, State AIDS Programs had already been established and were functioning in at least eleven of Brazil's 27 states and federal districts, and a range of important local initiatives had already been implemented through interfacing between these AIDS programs and other sectors of the health system (TEIXEIRA, 1997).

By the mid-1980s, as the number of reported cases of AIDS began to mount and AIDS began to become

an increasing concern in the international community, in light of such mobilization at the level of states and municipalities, it became increasingly difficult for the federal government in Brasília to remain silent. By 1985, following an indirect presidential election largely orchestrated by the outgoing military government, a civilian administration had finally taken office. While this new government, under the command of President José Sarney, could hardly be described as a major break with the past, and maintained many of the individuals as well as the basic policy approaches that had characterized previous regimes, a gradual process of redemocratization had nonetheless been initiated, together with the gradual turnover of staff in federal agencies. While it would never have the outspokenly progressive character of the São Paulo Secretariat of Health, the general climate within the Ministry of Health in Brasília had also begun to change, and a general spirit of reform had become widespread as many of the basic goals of the sanitary reform movement, including the implementation of a Unitary Health System nationwide with a concomitant decentralization of power and decision-making began to be implemented in the mid-1980s. Again, given these changes in the broader context of Brazilian political life in general, and of the politics of health in particular, it is perhaps no surprise that in 1985 the

Ministry of Health would begin to take initial steps in the creation of a National AIDS Program and the formulation of AIDS-related policy at a national level (TEIXEIRA, 1997).

Again, as in the case of the majority of the states that had implemented AIDS programs, the Ministry's Division of Hansen's Disease and Sanitary Dermatology played a key role in bringing together a series of meetings with specialists and program staff from around the country to discuss the structure and format for a National AIDS Program. The Program itself was finally created formally through a Ministerial *Portaria* or "Decree" (#236) on 2 May 1985, and following a further series of meetings with state AIDS Program staff, NGOs and the media, finally began to effectively function beginning in 1986. In April of 1986, a further *Portaria* (#199, issued on 24 April 1986) also constituted a National Advisory Committee, later renamed the National AIDS Commission, and including representatives of other ministries such as the Ministry of Education and the Ministry of Justice, civil society representatives such as the Association of Attorneys, and AIDS-related NGOs such as the Brazilian Interdisciplinary AIDS Association (ABIA), the Gay Group of Bahia (GGB), and the Brazilian Association of Family-Planning Organizations (ABEPF). Again, the formation of this commission was very much in keeping with the spirit

of the times, aimed at stimulating civil society participation, but within specified limits, as the Commission was always designated as an advisory body, appointed by and responsible to the Ministry of Health, whose main function should be to offer technical advice rather than to take responsibility for determining policy or for delineating areas of action (TEIXEIRA, 1997).

In terms of its basic precepts, at least during the Sarney government from 1985 through the end of 1989, the National AIDS Program would in large part adopt the basic conceptual and ideological framework that had already emerged in a variety of State AIDS Programs. In virtually all of its written documents, the National AIDS Program explicitly or implicitly adopted the emphasis on non-discrimination and solidarity that had already emerged at the state and local level. At the same time, while this general principle was clearly present, the major thrust of the Ministry's efforts were clearly more pragmatic than ideological. Central emphasis was placed on improving epidemiological surveillance, widely recognized as inadequate particularly in poorer, less developed states and regions, and a regular epidemiological report initiated in order to track the course of the epidemic. Leading state and local AIDS treatment services, particularly in Rio de Janeiro and São Paulo, were designated as National Reference

Centers, and an aggressive program of training was initiated particularly for staff from smaller or more distant states which were beginning to initiate AIDS Programs. And ongoing efforts were made, only in part successfully, through a series of Ministerial *Portarias* aimed at developing a more effective system for control of the blood supply – though it was only in 1988, after intensive lobbying on the part of NGOs and civil society representatives that the Brazilian Congress would finally pass a law (#7,649, approved on 25 January 1988) mandating HIV testing of blood donations on a national level (TEIXEIRA, 1997).

By 1987, a document titled *Estrutura e Proposta de Intervenção* (Structure and Proposal for Intervention) had been elaborated to assess the work already carried out and to set a five year plan of action for the period of 1988 to 1992 (BRASIL, 1987). This document offered a clear sense of the progressive consolidation and institutionalization of the National AIDS Program, together with its increasingly technical character. It also marked an important change in the relations between the National AIDS Program and the State and Municipal AIDS Programs.

While the previous period had been characterized by the National AIDS Program's adoption of state and local policy initiatives, based on their prior experience, beginning in 1988 the National AIDS Program,

strengthened by technical and financial cooperation on the part of international agencies such as the World Health Organization and the Pan American Health Organization, began to take a much more aggressive leadership role in seeking to define policy norms and programmatic activities that should be implemented throughout the country. Increasingly, State and Municipal AIDS Programs came to serve principally for the execution of program activities designed and coordinated from Brasília. Examples of this new trend were particularly strong in the area of AIDS prevention, with national projects such as the *Projeto Empresas* (Project Businesses), which sought to provide AIDS in the workplace training for the staff of hundreds of business around the country, largely ignoring already existing state and local initiatives along the same lines, or the *Projeto Prevena* (Project Prevent), which sought to develop centralized prevention programs for perceived 'high risk groups' around the country, without any significant consideration for local or regional differences in HIV/AIDS epidemiology or in the social organization of sexual and drug-using behavior (TEIXEIRA, 1997).

While increasing centralization clearly continued to intensify over the course of the next two years, at times creating serious tensions between the National AIDS Program in Brasília and the more experienced

of the State and Municipal AIDS Programs in other parts of the country, in retrospect it is nonetheless apparent that gradual progress was made in developing a wide-ranging policy response to the epidemic. Whatever its limitations, epidemiological surveillance clearly improved throughout the period. National education campaigns were televised on a regular basis, and although they were clearly of varying quality they nonetheless produced a high degree of concern with AIDS on the part of the general population. And a number of important laws were passed guaranteeing people with AIDS the basic benefits provided to patients with other incapacitating or fatal diseases. While non-governmental organizations and AIDS activists were often highly critical of the slow pace and inconsistency of many policy initiatives, gradual progress nonetheless seemed to be being made.

All this would rapidly change, however, in 1990, when a new President, Fernando Collor de Mello, would take office. Collor appointed Alcení Guerra, a conservative politician with a background in medicine, as his Minister of Health. One of Alcení's first acts was to substitute Lair Guerra de Macedo Rodrigues, who had coordinated the National AIDS Program since its inception. In her place, he appointed Eduardo Côrtes, a young researcher from Rio de Janeiro, who had carried out a number of early seroprevalence

studies among a range of different populations vulnerable to HIV infection. In appointing Côrtes, Alcení simultaneously called for a renewed, increasingly aggressive campaign against AIDS, and offered new hope, at least initially, to those who had criticized the excessively technical and centralized Program developed during the Sarney government (PARKER, 1994).

Unfortunately, the initial prospects for a revitalized, more intensive federal program against AIDS were never realized. On the contrary, almost from the very beginning, confusion seemed to reign not only in the National AIDS Program but in the Ministry of Health as a whole. Following the substitution of Lair Guerra, virtually the entire technical staff of the Program resigned in protest. The following period was marked by a series of attacks and counterattacks, in which it was even suggested (though never formally confirmed) that the outgoing staff had sought to sabotage the new appointment, removing key documents and seeking to undermine international relations established during the prior administration. Côrtes, for his part, was thoroughly inexperienced in the politics and bureaucracy of the Ministry of Health, and had no prior experience as an administrator. This lack of experience showed all too quickly, as one after another of the program components developed during the previous adminis-

tration was discontinued. Over the period of more than two years that Côrtes coordinated the National AIDS Program, there was never a meeting of the National AIDS Commission. The epidemiological bulletin that had been published on a regular basis was substituted by a xeroxed notice circulated on an irregular basis. Contacts with international cooperation agencies were suspended. And for more than a year, the public service educational announcements that had been a regular feature of the AIDS program from 1987 to 1990 were suspended altogether.

In one important area, the National AIDS Program during this period clearly did make important headway, adopting a policy of free distribution of specialized medicines for AIDS patients, such as AZT, Ganciclovir, and Pentamidine (TEIXEIRA, 1997). While this decision was originally justified as part of an attempt to stimulate AIDS case reporting, and was based on the assumption that patients and physicians would be more likely to report cases if this brought with it some concrete benefits, it nonetheless had the long-term effect of guaranteeing expensive medications for patients whose economic situations would otherwise make such access impossible (PARKER, 2000; TEIXEIRA, 1997). In spite of the extremely important gains that such a policy clearly brought, particularly for people living with HIV/AIDS, however, its potential political benefits were largely wasted due

to a series of other, far more shortsighted policy decisions.

When the National AIDS Program finally did begin to take up prevention activities again, for example, after a long silence, the results were largely disastrous both educationally as well as politically. In 1991, a highly touted televised prevention campaign, funded through donations from private corporations, was released which was built around the notion of fear (the motto of the campaign was summed up in the phrase, If you don't take care, AIDS will get you), and focusing on the incurability of AIDS as its key element. A heated controversy ensued, pitting AIDS activists and community-based organizations, critical of the campaign, against the staff of the Ministry of Health, which sought to defend itself from accusations of stigma and discrimination by arguing that the interests of the uninfected needed to be placed above the feeling of people living with HIV/AIDS. As this controversy deepened over the course of the following year, whatever legitimacy the new National AIDS Program might have had gradually began to disappear, and the broader social response to the epidemic became increasingly polarized between non-governmental, AIDS-service organizations and representatives of the federal government.

Much the same rapid deterioration of relations also characterized the interaction between the National

AIDS Program and the State and Municipal Programs throughout the country, as well as relations with the scientific and medical communities. While the municipalization of health initiatives generally, and of AIDS program actions specifically, was part of the rhetoric of the Ministry of Health during this period, the process of municipalization was carried out without any concern for existing structures. Municipal AIDS Commissions were created around the country, independent of whether or not Municipal AIDS Programs already existed, but the majority of these new Commissions failed to ever function. The repass of federal funds to states and municipalities, as well as funding for research and development on the part of universities and reference hospitals, which had been an important feature of the centralized actions in the prior administration, was also largely discontinued as resources for AIDS began to disappear when the new National AIDS Program failed to develop a plan of action for submission to international bodies such as the World Health Organization.

Many of these tensions came to a head in 1991, when WHO designated Brazil as a priority country for its HIV/AIDS vaccine development program. Both Eduardo Côrtes and Alcení Guerra publically denounced the WHO's decision, employing a highly nationalistic rhetoric which was almost altogether out of keeping with the normal relations be-

tween the Ministry of Health and the United Nations' system, and claiming that Brazilians would not be used as "guinea pigs" in medical experiments imported from abroad. In the ensuing outcry, the voices of activists and NGOs previously critical of prevention programs were joined by those of respected researchers and leading medical authorities, together with State and Municipal AIDS Program Staff, outraged not only by the potential loss of important financial and technical resources, but by the almost absolute lack of rational justification offered by the Ministry.

By early 1992, however, the specific tensions marking the relationship between the National AIDS Program and virtually every other sector working with AIDS in Brazil had again been largely subsumed or eclipsed by the broader political process—in this case, a widespread crisis linked to accusations of unethical conduct on the part of key sectors of the Collor government, and within the Ministry of Health in particular. Accusations of inflated contracts with under the table kickbacks had been increasing through much of 1991, with both Ministry of Health staff members and Minister Alcení Guerra as key suspects. While accusations were never directly targeted against the National AIDS Program, the general climate of suspicion and accusation clearly contributed to the already deeply-rooted perception of general incompetence and

perhaps even dishonesty (especially with regard to the real causes for breaking relations with WHO on vaccine research) that had grown up around the Program and its key staff members, and led to an almost complete immobilization of programmatic activities in early 1992.

Once again, this broader political process brought with it an important shift in AIDS policy when the Collor administration implemented a ministerial reform in early 1992 aimed at fortifying the ethical basis of the government. In the Ministry of Health, Alcení Guerra was replaced by Adib Jatene, known as the leading heart surgeon in Brazil, and greatly admired for his pragmatic administration not only of the leading center of heart surgery in Brazil, but as a past Secretary of Health in the State of São Paulo. To the surprise of almost no one, one of Jatene's first acts as Minister was to replace Eduardo Côrtes as National AIDS Program Coordinator. Yet it came as a surprise to almost everyone when he named Côrtes' predecessor, Dr. Lair Guerra de Macedo Rodrigues, to once again assume the coordination of the Program (PARKER, 1994).

In spite of a range of difficulties created by the broader context of ongoing charges of corruption leveled against the Collor government, the revitalized National AIDS Program moved quickly to reconstruct much of what had been undermined during the previous two years. New

staff members were recruited from existing State AIDS Programs and leading universities. The National AIDS Commission was recreated through a new Ministerial *Portaria*. Epidemiological surveillance was reinforced, and epidemiological bulletins were again issued on a regular basis. A series of potentially explosive crises, such as the denial of access to education for children infected with HIV, were rapidly addressed – though again, as in the past, through Ministerial Decrees rather than the passage of legislation. International cooperation was taken up again, and Brazil's formal entry into agreement with the WHO for participation in vaccine development and testing was quickly approved. Perhaps most important, in terms of its medium- and long-range consequences, negotiations were initiated with the World Bank, which had expressed interest in the possibility of developing a project loan which would provide support for AIDS prevention and control in Brazil (TEIXEIRA, 1997).

While the background of political unrest continued to create an unstable climate until late in 1992 when the initiation of impeachment proceedings against him led Fernando Collor de Mello to resign and an interim government led by Collor's Vice President, Itamar Franco, was installed, the complex process of negotiation with the World Bank occupied virtually all of the National

AIDS Program's attention. Indeed, the process of negotiation involved a wide range of specialists and institutions, far beyond the staff of the Program itself, in developing a plan that would involve support for State and Municipal AIDS Programs, projects developed by non-governmental organizations, as well as a range of training and research activities. The organization of a proposal in record time (at least in comparison with the time taken to develop and negotiate support for other programs previously developed by the Ministry of Health with support from the World Bank) required intensive action on the part of a team of consultants as well as program staff from every level of government and all parts of the country. It counted on intense support not only from the Minister of Health, but also from the Ministry of the Economy and the General Attorney's office. By the time the negotiations were finalized, in 1993, and officially signed, on 16 March 1994 (with an effective beginning date of 1 June 1994), a profound set of changes in policy and personnel had taken place in the Brazilian government, including the President of the Republic, the Minister of Health and the Minister of the Economy, yet the process of negotiation and accord between the Brazilian government and the World Bank had been carried out almost without incident in spite of such a turbulent political sea, and the Bank had

agreed to provide a US\$160 million loan which, together with US\$90 million provided from the Brazilian Treasury, would comprise a US\$250 million dollar project to be carried out over a three year period.

Understanding all of the reasons for the World Bank Project (BR 3659), ranging from the interest of the Bank to the willingness of the Brazilian government to take on a loan for AIDS prevention, as well as the political strategies that enabled the negotiation to take place successfully in spite of potential problems, is by no means an easy proposition. Clearly, one key factor must have been the interest of the Bank itself. Over a number of years, the World Bank had gradually increased its commitment to AIDS prevention and control through loans to specific countries as well as through increased participation in coordinated United Nations action. While the instability and general lack of competence in the Brazilian National AIDS Program under Minister Alceni Guerra had made the thought of support for Brazil almost impossible, the change in personnel under Minister Adib Jatene provided new openings. A loan to Brazil, like an earlier loan made by the Bank to India, would provide an important test case for the possibility of AIDS control in the developing world when adequate resources are made available – and in a social and demographic context in which HIV/AIDS, if left uncon-

trolled, might surely have explosive consequences. Precisely because of this, in the first instance, it was the Bank itself that made contact with the new National AIDS Program Coordinator in order to initiate discussions about the possibility of a loan.

At the same time, at least at the beginning of the negotiation process, it seems highly unlikely that the Bank imagined making as large a loan as was finally approved in 1994. The size and scope of the final project took on the dimensions that they did in large part due to the determination of the National AIDS Program staff, together with their remarkable capacity to build a political coalition capable of providing pressure from a variety of directions in favor of such a large-scale proposal. Perhaps precisely because of the disaster that had taken place during the prior administration, it was possible for the National AIDS Program staff to mobilize wide-spread support from AIDS activists, non-governmental organizations, and public opinion leaders of various stripes, in favor of large-scale project capable of major impact. This popular support was skillfully transformed into political capital through articulation with political leaders from diverse parties (ranging from the leftist PT and PPS to the more conservative PFL) in the Brazilian Congress, which in turn could be counted on to leverage support internally in the Ministry of Health as well as in the

Ministries of Planning and the Economy. The full details of this articulation among a range of different forces may never be completely clear, as they were carried out on a variety of fronts and no single individual, not even the Program Coordinator, was exclusively responsible. But the end result was that widespread public opinion that HIV/AIDS should be considered an important priority on the part of the Brazilian government, and that a response comparable to the dimensions of the problem should be implemented, was successfully transformed into political pressure adequate to guarantee a significant commitment of national funds, and, consequently, to build upon the good will of the Bank itself in approving what was announced as the largest AIDS control project thus far developed in any developing country.

While different documents have given slightly conflicting pictures of the exact details of the 1st World Bank Project, a useful summary of the Project is nonetheless contained in the National AIDS Program's official report for 1994 (BRASIL, 1994b). Of the total project cost of US\$250 million, 41.08% of the funds are earmarked for Prevention, 18.56% for Institutional Development, 6.48% for Epidemiological Surveillance, and 33.84% for Services. More specifically, within the category of Prevention, 36% of the total budget is directed to Counseling, 20.2% to AIDS in the

workplace programs, 16.5% to information, education and communication (IEC) activities, 9% to behavioral interventions, 8.2% to programs for injecting drug users, 6.6% to community-based prevention projects, and 4.5% to condom promotion. Within the broad category of Institutional Development, 43.9% of the funds are destined to support reference laboratories, 22.2% for training programs, 17.7% for blood control activities, 11.7% for supervision, and 4.4% for cost and economic impact analyses. Within the area of Epidemiological Surveillance, 67.4% is destined for STD/AIDS surveillance programs, 16.8% for sentinel surveillance studies, 11.1% for HIV/TB interventions, and 4.8% for mathematical modeling. Finally, within the Services category, 68% of the funds are for STD clinical services, 27.3% for AIDS clinical services, and 4.7% for community services.

While the precise ways in which one cuts and rearranges these different totals may give a certain flexibility to the picture that they paint, what is perhaps most striking is that the overall emphasis, in keeping with the World Bank's own focus, is very heavily on AIDS prevention, as opposed to treatment or care. Even a large part of the budget for Services, for example, is directed to STD treatment services, aimed at reducing an important co-factor known to increase the risk of HIV infection, and hence is in fact ultimately directed

to primary prevention of HIV infection above all else. Throughout the negotiations between the National AIDS Program and the World Bank, this emphasis on primary prevention aimed at reducing new infections, and hence the economic cost of the epidemic, was repeatedly emphasized as crucial to the Bank's goals in AIDS control, and as justifying the Bank's investment in terms of a costs/benefits analysis. Any greater emphasis on care and treatment, on the contrary, was repeatedly rejected by Bank staff, and the Brazilian government's previous decision to provide costly medications such as AZT to AIDS patients was repeatedly criticized as an example of the ineffective (at least in terms of costs) planning on the part of the National AIDS Program (TEIXEIRA, 1997).

Perhaps no less important than the programmatic areas to be supported by the World Bank Project is some sense of the ways in which the total volume of resources may impact upon the National AIDS Program, and the consequences that this may have for the implementation of the project. It is impressive to note the remarkable fluctuation in the AIDS Program's budget over time, for example. In 1989, the last year of the Sarney administration, the NAP counted on a budget of US\$11,870,000. During the Collor administration, the budget fell to US\$2,370,000 in 1990, US\$1,250,000 in 1991, and US\$2,870,000 in 1992. In 1993, prior to the loan from the Bank,

but with negotiations well underway, the Program budget jumped to US\$13,730,000. In 1994, with the signing of the Bank loan, the budget literally leaped to US\$76,134,000. Finally, in 1995, it jumped again, nearly doubling this time to US\$160,000,000. Of the US\$76,134,000 in 1994, US\$29,165,000 came from the World Bank loan. Another US\$44,859,000 came from the National Treasury, and a final US\$2,110,000 came from the federal government's Emergency Social Fund. In 1995, of the total of US\$160,000,000 budget, fully US\$94,500,000 comes from the Bank loan, while the remaining US\$65,500,000 comes from the National Treasury's matching funds (BRASIL, 1994b).

It is almost inevitable that this remarkably rapid growth should create a series of administrative problems. This is particularly true given the fact that an important part of resources provided through the project should in fact be destined for support of State and Municipal AIDS Programs as well as project activities on the part of non-governmental organizations. Indeed, 60% of the funds provided through the World Bank Project should be used at the state and local level through cooperative agreements between State and Municipal AIDS Programs and the Ministry of Health. Execution of the Project thus depends upon a high degree of administrative agility – effectively getting the money out to

a total of 27 states and 42 municipalities, as well as executing and monitoring nearly 200 contracts and agreements with NGOs, as well as National and Regional Reference Centers (BRASIL, 1994a). Yet the rapid increase in the volume of funds passing through the Ministry on their way to other institutions clearly poses the threat, frequently confirmed in the complaints of State and Municipal AIDS Programs and NGOs alike, of a bureaucratic bottleneck and administrative procedures that are unable to accompany the projected volume of resources.

These administrative and bureaucratic bottlenecks, which may easily occur in spite of the best intentions of the National AIDS Program and its staff go a hand in hand with a series of equally important problems which have thus far received little attention. The intensity of activities related to the World Bank Project poses the added risk, for example, that other programmatic actions outside of the context of this project, such as care and treatment for those individuals who are already infected and ill, and who are clearly not considered a priority within the philosophy of the World Bank Project, will suffer seriously from the intensive focus on prevention activities. Beyond this, the heavy influx of resources to the Ministry of Health has tended to reinforce the already existing lack of action on the part of other sectors – providing a

false sense, for example, on the part of other Ministries, that all AIDS-related issues are being resolved by the Ministry of Health, and that action in the areas of education, justice, social welfare and so on is therefore unnecessary. Finally, the continued reliance on relatively weak legal measures, such as Ministerial *Portarias* as opposed to implementation of legislation through the Congress, has failed to resolve what might be described as the fragility of public policy measures in response to AIDS in Brazil – the serious risk that a change in administration might easily undermine the gains made thus far, just as it did from 1990 to 1992 during the Collor administration.

These problems are far from hypothetical. Recent history suggests that the only effective long-term policy options related to AIDS in Brazil have been achieved largely through civil society pressure leading to legislative and judicial action, as in the case of the Henfil Law for control of blood quality which was implemented as part of the 1988 Brazilian Constitution through pressure from NGOs, hemophilia associations and similar civil society organizations. Without similar action, different sectors of the Brazilian government itself often ignore or violate policy directives on the part of the Ministry of Health, as has been the case in the penitentiary system of the Justice Department, which regularly tests and isolates, against Ministry of

Health directives, prisoners with HIV/AIDS. Similar practices have been employed by the Brazilian military, which has used HIV testing to monitor admissions and to mandate dismissal of military personnel, as well as by the Brazilian Congress itself, which until recently including a negative HIV test as a criterion for prospective employees (TEIXEIRA, 1997).

Ultimately, then, there is much that is positive to be said about the public policy response to HIV/AIDS in Brazil. Responding to political pressure on the part of affected communities, many state and local responses in the earliest years of the epidemic certainly compare favorably, both in their basic ideologies as well as in their concrete policy initiatives, with similar responses at the same time in other affected countries. Long before the Ministry of Health, or even international bodies such as WHO or PAHO, had taken significant action, programs such as the State AIDS Program in São Paulo had taken important steps toward providing a significant response to the epidemic. More recently, discounting the relative disaster of AIDS policy during the Collor government, the Brazilian National AIDS Program has moved rapidly to seek to implement a pragmatic and technically competent agenda for action that certainly compares favorably, as well, to similar programs in other developing countries. Unfortunately, these important steps in the right direction

have in large part not been accompanied by a more broad-based, multi-sectoral mobilization in response to AIDS. Given the lack of a National AIDS Commission as anything other than any advisory body linked to the Ministry of Health, and the general tendency to centralize both resources and action within the health sector, the broader dimensions of a public policy response, involving all relevant administrative agencies, together with legislative and judicial branches of government, has largely failed to emerge on any level. On the contrary, different branches of government have more often than not worked in contradiction and sometimes opposition to one another, and the role of political leadership with regard to AIDS has been left in the hands of technical officers from the Ministry of Health rather than political leaders in Brazilian society more generally. While the actions of many non-governmental organizations, religious institutions, and at least some private sector businesses, described below, have made some limited headway in seeking to broaden the basis of this response, a broader social and political mobilization around HIV/AIDS still remained a task for the future. Given recent trends, both nationally and internationally, such as the pauperization of the epidemic and its increasing impact on sectors that have traditionally lacked the resources necessary to mobilize social and

political pressure, the extent to which this broader mobilization would in fact be possible still remained an open question.

NON-GOVERNMENTAL AIDS-SERVICE ORGANIZATIONS

Together with the programmatic response developed at various levels of government in Brazil, the responses developed by diverse sectors of civil society are crucial to a fuller understanding of the ways in which Brazilian society as a whole has sought address the complex questions posed by the epidemic. While a range of institutions in civil society have clearly played an important role, such as the religious and business responses described below, perhaps nowhere has the contribution been as intensive and as important as in the case of what have come to be known (perhaps somewhat erroneously) as the AIDS NGOs – the general category that has come to be used in describing a range of cultural and organizational responses to the epidemic on the part of non-governmental AIDS-service organizations (GALVÃO, 1997b; ALTMAN, 1994). As Jane Galvão has pointed out, the category of AIDS NGOs is perhaps somewhat problematic, in part because it tends to subsume the wider range of non-governmental responses to the epidemic under a single-heading, and to implicitly associate them with what is in fact a

more nuanced set of practices and institutional arrangements. It seems to presume a specific community base, as in the English-language notion of community-based organizations, which, if it generally exists in the case of the AIDS NGOs in Brazil, certainly exists in a variety of different forms. At the same time, the category of AIDS NGOs is less specific than the notion of AIDS-service organizations, also used in English, precisely because the range of institutions often described as AIDS NGOs may or may not inevitably have the provision of AIDS-related services as their primary area of action (GALVÃO, 1997a; 2000; 2002).

Equally important, while the AIDS NGOs in Brazil have clearly been profoundly influenced by the evolving AIDS industry (PATTON, 1991), and by the AIDS-service organizations of other countries in particular, they must also be understood within the longer history of non-governmental organizations in Brazil. Once again, the heritage of the authoritarian period is fundamentally important, since the role of civil society, and of non-governmental organizations of diverse types, was clearly circumscribed in a variety of ways during the twenty years of the authoritarian period. With the *abertura* or opening of Brazilian society in the late 1970s and early 1980s, and the return of generation of political exiles, an important stimulus to the formation of non-governmental organiza-

tions working on diverse questions took place in the early 1980s. Independent of their many differences, what seemed to unite the broad range of what came to be known as the NGO movement was a common concern with the redemocratization of Brazilian society. In large part founded and staffed either by former political exiles or by members of the formal opposition to the military regime, the NGO movement as a whole was thus heavily marked, particularly in the early 1980s, by a commitment to opposition politics, and by the conviction that the organization and mobilization of civil society would be fundamental in order to further guarantee the successful return (which at the time seemed by no means guaranteed) to civilian rule under a democratically elected government (GALVÃO, 1997a; 2000; 2002; PARKER, 1994).

This wider context of the growing NGO movement in Brazil, with its otherwise significant differences in large part covered over by its general distrust of government authority and its common commitment to opposition politics, is by no means insignificant in seeking to understand the emergence of the non-governmental response to HIV/AIDS in Brazil. As has already been mentioned in discussing the formation of the earliest governmental responses to the epidemic at the state and local levels, the existence of political pressure, particularly on

the part of organizations linked to the gay rights movement in the early 1980s was fundamentally important in providing stimulus for early program development – particularly in states such as São Paulo, where the opposition to the military regime had been elected to power as part of the first round of redemocratization. At the same time, given the relatively small size and fragile structure of the gay movement in Brazil, the kind of mobilization that took place in the United States, as well as in countries such as Australia, Canada, and many of the countries of Western Europe, was almost impossible in Brazil. In these developed countries, a more well-established, politically experienced gay community was able to re-tool its organizations and much of its energy in order to confront what was perceived as a new threat to the community, and, as such, a fundamental political issue. In Brazil, on the contrary, only a handful of gay organizations existed at the time – indeed, the majority of gay groups would be founded only after the beginning of the AIDS epidemic, and the emerging gay community in Brazil has thus been profoundly shaped by the vicissitudes of the epidemic itself (DANIEL; PARKER, 1991; 1993; PARKER, 1994; 2000).

In spite of the political pressure that they were able to mobilize early on in São Paulo, and the really heroic prevention efforts that they

would lead in years to come, the gay movement in Brazil was thus hardly prepared to take on the full burden of the epidemic, or to offer the kinds of responses that the gay movement in the industrialized countries could offer. On the contrary, it would have to be constantly wary of allowing AIDS, with its immense demands during a period of relatively limited government action, overwhelm the broader agenda focused on political rights that had necessarily given rise to gay liberation. At the same time, the relatively rapid perception that AIDS in Brazil could not be dealt with as an exclusively gay issue, and that the mobilization of Brazilian society more broadly would depend upon breaking the notion of HIV/AIDS as exclusively a gay disease, led many early AIDS activists to focus on the need for a broader organizational response to the epidemic. While many of the early non-governmental organizations that would be formed in response to the epidemic were thus staffed in large part by gay men, and in some cases lesbians as well, they were highly reluctant to identify themselves as gay organizations, preferring, on the contrary, to maintain a certain distance with regard to what were perceived as gay issues, and to align themselves more directly with the broader political mobilization associated with the NGO movement more generally. And in with this broader movement, in developing a novel

approach to the HIV/AIDS epidemic, they would focus heavily on the continuing antagonism between what was perceived as a largely monolithic and unresponsive state, on the one hand, and the organization of civil society in order to pressure the state, on the other (PARKER, 1994; GALVÃO, 1997a; 2000; 2002).

These tendencies are especially apparent in the foundation of organizations such as the Support Group for AIDS Prevention in São Paulo (GAPA-São Paulo) and the Brazilian Interdisciplinary AIDS Association (ABIA) in the mid-1980s. Founded in 1985, nearly a year before the Ministry of Health's National AIDS Program was fully functional, GAPA-São Paulo brought together a number of the original gay activists responsible for pushing the São Paulo State Secretariat of Health to take action on AIDS, along with a range of health professionals, social workers, and similar community activists, most of whom had in one way or another been directly affected by the growing epidemic, either as themselves seropositive, or as the friends or loved ones of people with HIV/AIDS. From the very beginning, then, GAPA-São Paulo directed key energy to the fight for better conditions in relation to care and treatment, as well as for more aggressive campaigns aimed at raising public awareness and developing prevention programs. Staffed almost entirely by volunteers, GAPA-São Paulo developed an

effective relation with the State AIDS Program, at times working together for common objectives (such as the internment of patients otherwise rejected by both private and public hospitals), and at times in opposition when the only course seemed to be to denounce government inactivity (GALVÃO, 1997a; 2000; 2002).

Perhaps even more than GAPA-São Paulo, whose focus was initially more local, ABIA, founded in Rio de Janeiro in 1986, was from the very beginning closely associated with the broader NGO movement and focused on advocacy for more effective government policies at the local, state and federal levels. Originally comprised of a diverse range of professionals and community leaders, ABIA was nonetheless very much the conception of Herbert de Souza, more popularly known as Betinho, a hemophiliac who was himself seropositive, and whose two brothers had early on been stricken with AIDS. A progressive political activist before going into exile in the 1960s, and one of the leading figures in the NGO movement following his return, Betinho had previously founded the Brazilian Institute for Social and Economic Analysis (IBASE), one of the largest and most influential NGOs in the country, and a leading institution in the fight to redemocratize Brazilian society. In founding ABIA to specifically address the question of AIDS, Betinho and his colleagues would consciously reject any direct

role in care or treatment for people with HIV/AIDS, arguing that these functions were nothing more than the obligation of the state, and would focus their attention on criticizing government policy—or lack of it, particularly at the federal level. With unusual access to news media, ABIA thus quickly emerged as perhaps the most vocal and most influential critic of the National AIDS Program during the late 1980s and early 1990s.

With different nuances, much the same range of concerns present in GAPA-São Paulo (with its focus on pressure for local-level services and its role in providing at least some services and medications that the state failed to provide) and in ABIA (with its commitment to advocacy for more effective policy making at every level and its call for more innovative prevention campaigns), would characterize the vast majority of the other AIDS NGOs that began to form in major urban centers around the country over the course of the next five years. By the time that the 1st Brazilian Meeting of NGOs working on AIDS was held in June of 1989, for example, it would count on 30 participants from 14 different organizations. By October of the same year, the 2nd National Meeting of AIDS NGOs would bring together as many as 82 participants from 38 organizations, ranging from GAPA-São Paulo and ABIA to other independent chapters of GAPA from Minas Gerais, Rio de Janeiro, and Ba-

hia, as well as distinct organizations such as the Religious Support Group Against AIDS (ARCA) from the ecumenical Institute of Religious Studies (ISER), gay rights groups and prostitutes' associations.

From roughly 1988 to 1990, this rapid growth in the AIDS NGO movement in Brazil was accompanied by really remarkable successes in terms of its accomplishments. In virtually every major urban center in the country, at least one AIDS NGO emerged and quickly became a key point of reference for information concerning the epidemic. In some locations, particularly where government programs were newer or less well developed, these non-governmental organizations often served as the major source of information about AIDS not only for the lay public, but for more specialized audiences, such as the news media, as well. They played key roles in providing medications for people otherwise unable to afford the price, in developing home care programs and, in some instances, hospices, in developing prevention and education programs, and, perhaps above all, in advocacy work aimed at applying political pressure for better policy making. While official governmental programs had repeatedly been unable to demonstrate adequate control over the blood supply, for example, NGO pressure, led in particular by Betinho and ABIA in close collaboration with associa-

tions of people with hemophilia and other AIDS NGOs, was critically important in bringing about congressional passage of the *Lei Henfil* (named after Betinho's youngest brother, an exceptionally popular political cartoonist who had recently died of AIDS), ensuring that the commercialization of blood supplies would be outlawed in the 1988 Constitution. And throughout the late 1980s and early 1990s, NGOs succeeded quite remarkably in intervening at the level of the media and public opinion to gradually bring about important changes in the existing climate of stigma and discrimination. Far more than governmental programs, though often working in tandem with more progressive programs such as the São Paulo State AIDS Program, NGOs such as the diverse chapters of GAPA, ABIA, and ARCA/ISER were able to draw on the notion of solidarity as a key political concept, and to transform the dominant discourse of prejudice and exclusion of people with HIV/AIDS in favor of a radically different discourse based on solidarity and inclusion (GALVÃO, 1997a; 2000; 2002; DANIEL; PARKER, 1991; 1993; TEIXEIRA, 1997).

In developing this intervention at the level of public opinion, charismatic leadership on the part of individuals such as Paulo Bonfim, from GAPA-São Paulo, and Herbert de Souza, from ABIA, was crucially important, as they were able to occupy significant space in the news media,

and, in a sense, to personalize AIDS – to give the epidemic a human face, not simply as an affliction of anonymous others, but as an epidemic affecting flesh and blood individuals, leaders in civil society, who may not all have been household names, but whose human faces increasingly entered the living rooms of growing numbers of Brazilian families through the nightly news. Particularly important in this sense was the role of Herbert Daniel, a writer and political activist who had begun working with ABIA shortly after its foundation. When Daniel was diagnosed with AIDS in late 1988, he became the key figure in mobilizing the earliest organizations of people living with HIV/AIDS in Brazil, founding the Grupo Pela Vidda-Rio de Janeiro in early 1989, originally as a project of ABIA and later as an independent organization.

Once again, the broader political context was crucially important. Like Betinho, who had been a prominent political exile, as well as Paulo Bonfim, who participated actively as a member of the opposition Workers' Party (PT) and served for a time as a member of the São Paulo city council, Herbert Daniel had returned from exile abroad in the early 1980s, and had played an important role in forming the Brazilian Green Party, running unsuccessfully for elected office as one of the first openly gay candidates in the country shortly before he began working full time on HIV/AIDS.

Very shortly after the foundation of the Grupo Pela Vidda-Rio de Janeiro, with Daniel as its first president, additional chapters of the Grupo Pela Vidda had been formed in other major cities such as São Paulo, Curitiba, and Vitória, and together these organizations had begun to play a central role in focusing attention on AIDS-related stigma and discrimination, and in developing a focus on human and civil rights as central to the fight against AIDS. Legal aid programs established by organizations such as Pela Vidda-Rio de Janeiro and GAPA-São Paulo were especially important in bringing strategic lawsuits to court in defense of the civil rights (related to housing, employee benefits, and so on) of people with HIV/AIDS (GALVÃO, 1997a; 2000; 2002; PARKER, 1994).

Throughout the late 1980s and early 1990s, these advocacy activities quickly established AIDS NGOs as what might be described as the 'moral conscience' of the epidemic. In Brazil, perhaps even more than in most other countries, AIDS NGOs became the most outspoken critics of government policy, particularly in relation to the slow action taken by the federal government, both during the Sarney and, especially, the Collor governments. Indeed, from 1990 to 1992, while Alceni Guerra served as Minister of Health and the National AIDS Program languished and delayed taking action, an almost complete polarization between the fed-

eral government and the AIDS NGO movement grew increasingly antagonistic. NGOs such as GAPA-SP and ABIA that had once participated actively on the National AIDS Commission, now entered into direct and unqualified conflict with the National AIDS Program, charging it in no uncertain terms with the moral equivalent of genocide (SOUZA, 1994), and Herbert Daniel and Eduardo Côrtes (the Coordinator of the National AIDS Program at the time) exchanged diatribes in the press. Again, the broader political climate was clearly important, and it is surely no coincidence that Herbert de Souza was one of the key forces in organizing a national Campaign for Ethics in Politics, which would ultimately push the Brazilian Congress to open impeachment hearings against Fernando Collor. While the politics of AIDS, and of AIDS NGOs, clearly cannot be understood as simply a function of this broader political climate, they also cannot be understood as altogether separate from it, and late 1991, while accusations of corruption against the Collor government were growing in Brasília, surely marks the period of most extreme antagonism between the AIDS NGOs and the National AIDS Program (PARKER, 1994).

This sharply antagonistic relationship began to wane only in mid-1992, when the National AIDS Program was reorganized under the coordination of Lair Guerra de Mace-

do Rodrigues. While the ongoing tensions surrounding the crisis in the Collor government continued to create a problematic backdrop until Collor's eventual resignation in late 1992, the revitalized National AIDS Program acted quickly to renew its contacts with AIDS activists and NGOs. A number of key staff members were recruited who had historically maintained strong links with the activist and NGO communities (including this author, who had co-authored two books with Herbert Daniel, and who briefly served as Chief of the Prevention Unit at the NAP). The National AIDS Commission was recreated, again with NGO membership. NGOs were enlisted as key partners in reverting the decision to not participate in WHO-sponsored vaccine development research, and were enlisted as formal members (though without the right to vote) on the National Vaccine Commission, which was charged with monitoring the vaccine research process. And perhaps most important, NGO participation was enlisted from the very beginning in the elaboration of the World Bank Project, and key NGO representatives were hired as consultants charged with drafting initial proposals for components dealing with support for community-based initiatives, prevention programs, and AIDS in the workplace initiatives (GALVÃO, 1997a; 2002).

Over the course of the next three-year period, the elaboration, approv-

al and implementation of the World Bank Project would profoundly transform not only the nature of the work carried out by the AIDS NGOs, but also the relations between the NGO community and the National AIDS Program. Among the most visible components of the World Bank Project has been the direct financial support provided by the Ministry of Health for NGO projects. While the exact amount destined to NGO support is not entirely clear, as it is drawn from a number of different budget lines within the complex structure of the Project, according to information from National AIDS Program staff, something in the vicinity of US\$12 million was spent on the support of more than 200 NGO projects over the three years of the project (BURGOS FILHO, 1995). Projects of diverse types – ranging from hospices for people with AIDS, to prevention intervention for high risk populations, to AIDS in the workplace programs – could be submitted each time the Ministry sent out a call for funding proposals, and would be evaluated by a technical advisory committee appointed by the Coordinator of the National AIDS Program. On average, projects were normally estimated at a budget of approximately US\$50,000, though the budget limit for any given project (as well as for each different organization) was a total of US\$100,000 per year, to be dispersed through a series of payments depending upon

submission and approval of regular narrative and financial project reports (these financial totals would vary over time, particularly after the devaluation of the Brazilian Real, and the ceiling for both projects and total organizational support available from the Ministry of Health would decline during the later years of the World Bank Project and during the 2nd World Bank Project that was initiated in 1998).

In spite of delays in the final approval and signing of the World Bank Project, by using matching funds from the Brazilian Treasury, the Ministry of Health moved ahead rapidly in initiating its funding program for NGO projects in 1993, nearly a year before the agreement with the World Bank had been formally finalized, guaranteeing a relatively high degree of NGO approval for the World Bank Project as a whole. In 1993 alone, the National AIDS Program approved 75 projects, with a total value of US\$4 million dollars, submitted by AIDS NGOs, religious organizations, feminist groups, trade unions, and a range of other civil society organizations (BURGOS FILHO, 1995). Not surprisingly, this heavy influx of funding made available through the federal government stimulated a range of activities that otherwise would in all probability have been impossible. Among other things, it succeeded in attracting NGOs from a range of other areas, such as women's health, which had

gradually become increasingly involved in AIDS-related work, but many of whom developed formal projects for the first time in response to the National AIDS Program's call for proposals. At the same time, funds also became available, in many cases for the first time, to smaller, less experienced or sophisticated organizations who would have had difficulty in raising funds from private donors or international cooperation agencies. And it clearly stimulated a veritable population explosion among the AIDS NGOs, as new organizations were formed in some cases with almost no other function than to compete for funding from the World Bank Project: by 1995, according to some estimates, the ranks of the AIDS NGOs had grown to as many as 400 organizations, many of which surely would not have existed if it were not for the funds provided through the World Bank Project (GALVÃO, 1997a; 2000; 2002).

At the same time, this heavy emphasis on the search for funding and the development of projects also transformed the focus of NGO initiatives in a number of important ways. While earlier action, at least through 1992, had focused heavily on advocacy, and had achieved perhaps its greatest successes through political pressure, the almost exclusive emphasis on the development of project activities from 1993 through 1996 tended to limit energy aimed at more political goals. Indeed, in some in-

stances, it would seem that the traditional rules of patron-client politics in Brazil were sometimes incorporated into the administrative structure of the National AIDS Program and the World Bank Project, with the dispersal of project funds potentially linked to political support, or, at the very least, lack of political opposition, on the part of NGOs receiving funds. Whatever the intentions and the mechanisms, the end result would seem to have been a certain depoliticization of NGO activities, with a new focus on technical competence and financial management taking precedence over the earlier emphasis on political action (GALVÃO, 1997a; 2000; 2002).

While the World Bank Project clearly influenced the evolving NGO response to HIV/AIDS in profound ways, it was of course not the only factor. The dynamic of the epidemic itself was clearly crucial, as AIDS had inevitably claimed many of the AIDS NGO movement's most articulate and charismatic leaders. The increasingly long history of the epidemic may be equally important, as the political mobilization that began to take place early on in the period of redemocratization in Brazil continued for more than a decade, and clearly changed along the way just as Brazil itself changed. The stark antagonism between the State and civil society in the 1980s gave way to far more complex relations between these sectors in the

1990s, and there is no reason that the field of AIDS-related work should be any different. Within the broader world of Brazilian politics, the generation of political exiles arrived in positions of official power, and in AIDS-related work in particular, a new generation of activists who were little more than infants during the worst years of the dictatorship increasingly supplanted the generation of political exiles which formed the first non-governmental organizations working on AIDS.

Just as Brazilian politics more generally have changed profoundly over the course of the early 1990s, necessarily transforming the NGO response to AIDS, the broader contours of what has been described as the AIDS industry were also transformed. When the first AIDS NGOs were formed in Brazil in 1985 and 1986, almost nothing in the way of an international AIDS community existed – there was no Global Programme on AIDS, there were no international networks of AIDS-service organizations or of people with HIV/AIDS, and so on. Indeed, Brazilian organizations such as ABIA and the Grupo Pela Vidda-Rio de Janeiro were themselves key players in the evolution of such international responses in the late 1980s and early 1990s, and the evolution of Brazilian responses took place in relation to these broader changes taking place in the international AIDS industry (GALVÃO, 1997a; 2000; 2002).

Even before the influx of funds from the World Bank, the availability of resources for AIDS-related work, and the possibilities and limits that this imposed on the AIDS NGOs, had also changed in important ways. Before 1987, virtually no funding was available for AIDS from any source. Over the course of the next two to four years, thanks to growing interest on the part of a range of international agencies: in particular, private donors such as The Ford Foundation and The John D. and Catherine T. MacArthur Foundation, religious agencies such as Misericórdia, ICCO or CAFOD, and bilateral development cooperation agencies such as USAID. Yet through the early 1990s, these sources of funding remained profoundly limited – even The Ford Foundation, which was one of the most active funders in the late 1980s and early 1990s, was never able to provide more than US\$200,000 per fiscal year for all of its AIDS-related activities. By 1992, a growing number of donors had begun to become active, including programs and agencies (such as The MacArthur Foundation) whose primary focus was on women's health, but who sought to respond to the changing shape of the AIDS epidemic in Brazil, but even if we could compile complete data on all of the sources of funding available through the end of this year, it would clearly pale in comparison to the US\$4 million approved by the Min-

istry of Health on NGO projects in 1993 (BURGOS FILHO, 1995).

While it remains to be seen what the final long-range consequences of the World Bank projects will be, or how the AIDS NGO movement will respond when these projects come to an end and funding possibilities potentially contract drastically, there is room for a good deal of concern. The civil society response to HIV/AIDS in Brazil, centered above all on the action of the AIDS NGOs, has expanded rapidly over the course of the past decade, suffering many of the growing pains of any rapidly expanding field of work, but there can be no doubt about the importance of what has been accomplished. Precisely because the governmental response to the epidemic has been so completely centered within the public health system, AIDS NGOs have been able to play a key role in addressing not only the inadequacies of different governmental programs, but the almost complete omission of government authorities in areas such as justice, education and social welfare.

In short, it is impossible to imagine the Brazilian response to AIDS without the essential services provided by the NGOs, or without their key role in advocating for new ways to conceive of and respond to the epidemic. Yet, at the same time, in spite of their common goals and language, it has always been difficult for AIDS NGOs to work together effectively, and in spite of repeated attempts,

nothing remotely resembling a national network of AIDS NGOs has ever emerged (GALVÃO, 1997a; 2000; 2002). In the past, many of the most important difficulties in terms of collective or collaborative action have had to do with conflicting personalities on the part of a number of key leaders. Increasingly, it would seem that more recent conflicts have centered around access to resources – a tendency which may have been reduced with the abundant resources provided by the World Bank Project, but which may increase if resources available for AIDS-related work become more scarce. The ability of the AIDS NGO movement to overcome these difficulties, and to survive the roller-coaster ride of the World Bank Project with some kind of more deeply-rooted political project, clearly became one of the key challenges for the future. Particularly if the existing focus of virtually all AIDS-related activities within the area of health is to be overcome, and a more widespread mobilization of Brazilian society is to take place, the role of the AIDS NGOs will surely be crucial – yet it will also require a more conscious and concerted effort to re-evaluate their history and trajectory than has thus far been possible, overcoming, at least temporarily, what Jane Galvão has described as “the dictatorship of projects” in order to respond more effectively to the long-term political dilemmas

posed by the epidemic (GALVÃO, 1997a; 2000; 2002).

RELIGIOUS RESPONSES

Like the responses of AIDS NGOs, religious institutions played a key role in responding to the HIV/AIDS epidemic in Brazil. Yet the ways in which religious institutions, as well as individuals motivated above all else by their religious commitments, responded to AIDS are nonetheless among the most complex and poorly understood aspects of the broader social and policy response to the epidemic. In Brazil, as elsewhere (JONSEN; STRYKER, 1993), the role of diverse religious orders in shaping the broader social response to AIDS has clearly been profound. Both in the problematization of a range of moral issues that are seen to be associated with HIV transmission, and with the population groups most commonly associated with HIV infection, as well as in their traditional role of providing care and support for the sick, and for those groups and individuals most marginalized in Brazilian society, diverse religious institutions and beliefs have clearly been at the heart of the broader social debate about AIDS, and about the ways in which Brazilian society should respond to the epidemic. Yet precisely because of Brazil's religious diversity, together with the relatively informal structure of many religious groups, documenting and assessing the role of

religious responses to the epidemic in Brazil is an especially arduous and complicated task (GALVÃO, 1997b).

The deeply rooted, yet at the same time highly diverse, religious sentiment that characterizes Brazilian society is well known (BASTIDE, 1978; WAGLEY, 1968). While Brazil is nominally the largest Catholic country in the world, any number of other Judeo-Christian denominations, together with a wide range of syncretic cults known collectively as Afro-Brazilian religious cults, are also present in Brazilian life (BASTIDE, 1978). Indeed, it is not uncommon for individuals to participate in more than one religious denomination, and multiple allegiances to Catholicism and Afro-Brazilian sects such as Umbanda or Candomblé are common for large segments of the population. While there can thus be no doubt that religious institutions and doctrines have played a fundamental role, in Brazil as elsewhere, in shaping the social response to AIDS, precisely because many religious groups (and the Afro-Brazilian religions in particular) fail to function in terms of the more organized hierarchy of the Catholic Church, and consequently often lack clearly stated doctrinal positions, a full sense of the religious response to HIV/AIDS is clearly problematic (GALVÃO, 1997b).

In spite of the widespread religious diversity that has historically characterized Brazilian society, however, it is nonetheless possible to fo-

cus, at least for our present purposes, on the three major religious denominations or tendencies that currently seem to dominate the religious landscape, and that have been perhaps most important in shaping religious responses to the epidemic: the organized Catholic Church, the diverse range of religious sects and trends known collectively in Brazil as the Evangelical movement, and the equally diverse world of the Afro-Brazilian religious cults (GALVÃO, 1997b). Each of these traditions has struggled with the issues raised by AIDS in Brazilian society for more than a decade now, and each has been characterized by a range of sometimes quite contradictory responses to the epidemic. While the initial reactions of all three of these broad-based religious traditions was originally highly negative, dominated by a deeply-felt preoccupation with the kinds of moral issues that the epidemic seemed to raise, in each case a range of more positive responses has also emerged over time, offering at least some hope that religious institutions may increasingly play a more constructive role in responding to the epidemic in the future (GALVÃO, 1997b).

Ironically, given its more organized, hierarchical structure, the responses of the Catholic Church have perhaps been the most contradictory over time. Precisely because of its relative power not only in daily life, but in political affairs and issues of official policy in Brazil, the

role of the Catholic Church has nonetheless been crucial in shaping broader public opinion and, consequently, policy making. Particularly in the earliest years of the epidemic, through the mid-1980s, the role of a number of leading Catholic officials, such as the Bishop of Rio de Janeiro, Dom Eugênio Sales, in emphasizing the immoral character of behaviors associated with HIV infection, such as homosexual relations and heterosexual promiscuity, and in fervently opposing prevention strategies such as the promotion of condom use, clearly played a central, highly problematic role in shaping public discourse with regard to AIDS (GALVÃO, 1997b; DANIEL; PARKER, 1991; MOTT, 1985). By linking AIDS to immorality and, in extreme moments, to divine judgement and the punishment of sin, a number of key figures in the Catholic hierarchy helped to create a climate of prejudice and discrimination that has continued to impede more positive social responses to the epidemic up to the present (GALVÃO, 1997b). And while it is impossible to fully establish a relation of cause and effect, there can be little doubt that one of the most important results of this climate was to retard early efforts aimed at re-conceptualizing AIDS as a question of public health rather than of moral values – initial calls for the development of programs and policies aimed at responding to the epidemic clearly suffered from the wide-

spread stigma associated with AIDS and its perceived victims, who were in large part conceptualized as being at risk precisely because of their own uncontrolled and immoral actions.

While the Brazilian Catholic Church, like the Catholicism in other countries, is characterized by its hierarchical organization and relatively formal, morally conservative doctrines, however, it is nonetheless anything but monolithic. Perhaps even more in Brazil than in many other societies, the Church has traditionally encompassed a wide range of theological, social and political perspectives, as is perhaps most evident in the role played by Brazilian Catholics in the emergence of the Liberation Theology movement within the Church more broadly. While moral conservatism has long been associated with important segments of the Church, a range of more progressive tendencies have also been present, and have tended to organize themselves, even within the National Conference of Brazilian Bishops (CNBB), around the overriding responsibility to minister to the most marginalized segments of Brazilian society. If the Church has thus sought to defend notions of moral good and virtue, it has also sought to defend goals related to social solidarity and fraternity, and progressive segments of the Church have long assumed a central role in serving and defending the poor, the sick and the helpless in what is widely understood

as a profoundly unjust social order (GALVÃO, 1997b).

In light of these more progressive tendencies, it is perhaps no surprise that a second, more generally positive position soon began to emerge, at least in some sectors of the Catholic Church, and to counter the moral conservatism that was so vehemently expressed in the early declarations of more conservative figures (GALVÃO, 1997b). By the late 1980s, particularly in the Archdiocese of São Paulo, led by Dom Paulo Evaristo Arns, this traditional concern with care and support in the face of human suffering had also begun to incorporate questions related to AIDS and people with AIDS into a range of concrete actions, such as the development of hospices and home care programs aimed at providing support for individuals suffering the effects of HIV/AIDS (GALVÃO, 1997b). Even in Rio de Janeiro, where Dom Eugênio Sales had played such a key role in articulating a vision of AIDS as the result of moral inadequacy, the Church moved gradually to establish a range of services aimed above all else at responding to the epidemic, providing key financial support for a medical clinic serving marginalized populations such as female and transgender prostitutes, as well as for the development of a hospice specifically serving indigent people with HIV/AIDS (GALVÃO, 1997b).

By World AIDS Day in 1992, the CNBB had issued a formal statement

outlining the role of the Catholic Church in responding to AIDS, and emphasizing the importance of solidarity and of pastoral work with people infected with HIV as fundamental within the broader samaritan spirit of Christianity (CNBB, 1992). While this emphasis on solidarity, care and support for the sick clearly took precedence over the complex moral issues associated with education and prevention, and the document largely avoided any direct concession to condom promotion or other preventive measures running counter to broader Catholic moral teachings, it nonetheless provided firm support for the development of legislative and educational programs aimed at providing AIDS information to the Brazilian public – and clearly failed to condemn the promotion of condom use with anything even remotely resembling the moral fervor of some of Dom Eugênio Sales' declarations in the mid-1980s. While the general tone of this official document could hardly be read as a call-to-arms for accepted public health strategies (such as condom promotion) aimed at blocking HIV transmission, it nonetheless helped to create a more general climate of conciliation with regard to such approaches, and it is notable that although Church officials consistently expressed discrete concern over official educational programs focusing on condom use, they nonetheless for the most part restrained

themselves from entering into open conflict with public health officials over this issue – a stance that differed markedly from the policies of the Church hierarchy in a number of other Latin American countries. Indeed, less than two years later, in 1994, Dom Evaristo Arns, who had traditionally been one of the most articulate spokespersons for more progressive positions on social issues more generally and whose Archdiocese had been especially active with regard to AIDS, would go so far as to publicly suggest that condom use, in the case of AIDS prevention and hence ultimately in the service of the preservation of life, might better be understood as a “lesser evil” when compared with the potential loss of life that the failure to use condoms might pose to those at risk of HIV infection (GALVÃO, 1997b).

What is perhaps most important to emphasize about the role of the Catholic Church, then, is that, like the Church itself, it has been far from monolithic – marked, on the contrary, by a number of diverse positions, as well as by gradual change over time, as the Church and its hierarchy have sought to more adequately confront the challenges posed by the epidemic. While the earliest responses of Church officials were characterized by an extreme moral conservatism that surely contributed to an initial climate of stigma and discrimination, this initial reaction has gradually given way

to a broadening emphasis on solidarity and support for those most affected by the epidemic. Although the most conservative sectors of the Catholic leadership in Brazil have never been able to fully accept many of the most important public health strategies aimed at AIDS prevention, they have generally adopted a tone that is more conciliatory than confrontational, and have increasingly committed themselves to providing an important range of services for those affected by the epidemic. And more progressive sectors of the Catholic Church increasingly moved beyond this emphasis on solidarity and support to implicitly or explicitly support a range of education and prevention measures which, outside of the context of HIV/AIDS, would surely seem to contradict the most basic tenets of Church doctrine. In general, a tacit truce between Church officials and policy makers responsible for governmental AIDS control programs seemed to emerge over time.

While the Catholic Church has long experienced a complex tension between moral conservatism, on the one hand, and more progressive social and political positions, on the other, that has in many ways shaped the terms of debate with regard to HIV/AIDS, the rapidly growing Evangelical movement in Brazil has perhaps been more consistently conservative, and sometimes even reactionary, in its basic approach to social and political life in Brazil.

Indeed, much of the recent growth of the Evangelical movement, and of groups such as the Pentecostal Church and the Universal Church in particular, can be linked to the widespread perception of social and moral decadence on the part of many poorer Brazilians, who have been especially affected by growing rates of poverty and violence in urban communities. Evangelical conversion has thus built heavily upon a discourse of return to moral virtue in the face of the surrounding moral decay that is seen to characterize contemporary Brazilian life. In light of this broader set of circumstances that help to explain the rise of the Evangelical movement (together with some of the ways in which the Catholic Church, for example, has sought to respond to the loss of important parts of its “flock” (GALVÃO, 1997b), it is hardly surprising that many Evangelical leaders, like some of their Catholic counterparts, have focused on HIV/AIDS as yet another example of the more general moral decay racking Brazilian society, and have thus contributed to a climate of stigma and discrimination in response to the epidemic (GALVÃO, 1997b).

At the same time, precisely because the Evangelical movement is more fragmentary, and lacks the centralized, hierarchical structure of the Catholic Church, the possibilities for channeling this moral conservatism into political action or pressure are clearly quite different than in the case

of Catholicism. The organized response, evidenced for example in the Catholic position paper issued by the CNBB, would be almost impossible to imagine within the Evangelical context. So too, however, are the mechanisms for internal debate between contesting tendencies within the Church, and the possibilities for articulating a more progressive Evangelical position with regard to the epidemic seem to have been more remote. While some Evangelical leaders, such as Caio Fábio in Rio de Janeiro, seemed to largely reject moralizing discourse as an adequate response to AIDS, their possibilities for influencing the movement more broadly appear to have been relatively restricted. Like the more progressive initiatives of the Catholics, sectors of the Evangelical movement thus developed important initiatives aimed at support for people with AIDS, such as hospice care, as well as often groundbreaking services aimed at reaching drug users which were increasingly expanded to address the relation between injecting practices and HIV transmission (GALVÃO, 1997b). Yet such programs have generally been isolated in nature, and have largely failed to integrate a broader policy with regard to AIDS within the Evangelical movement.

On the contrary, to the extent that any broader position seems to have taken shape within the Evangelical movement, it harked back to the climate of moral panic and discrimi-

nation that marked the emergence of AIDS in the mid-1980s. This overriding conservatism, and the consequent insistence on responding to HIV/AIDS above all else as a moral issue, is all the more worrisome precisely because the Evangelical movement has increasingly taken an important role in Brazilian political life. In the absence of a centralized, hierarchical structure, the Evangelical Churches have canalized energy in occupying space in the mass media (at least one important radio station and a major television network have been linked to the Evangelical movement), and to electing politicians linked to the movement (in many cases Evangelical pastors) to government office at the federal, state and local levels. The “*banca-da Evangélica*” (or “Evangelical bench”) in the national Congress increasingly became a force to reckon with, joining forces on key voting issues with other conservative groups such as the “*bancada rural*” (the “rural bench”) in order to advance a conservative agenda on social as well as economic issues. The possibilities for enlisting the support of the Evangelical media, together with Evangelical politicians, for short-sighted and ultimately counterproductive measures should not be under-estimated, and was to a certain extent foreshadowed in the early to mid 1990s by debates over drug policy – as well as over the appropriateness and legality of needle ex-

change programs proposed by government health authorities. Particularly given the immediate concerns of the Evangelical leaders, and of their faithful, with the impact of drug use on poor communities, it was perhaps no surprise that politicians linked to the Evangelical movement were among the most outspoken critics of the liberalization of drug laws and the treatment of drug use in public health as opposed to criminal terms.

Like both the Catholic Church and the Evangelical movement, questions related to sickness and health, curing, and community or collective support for the afflicted have traditionally played a key role in the life of the Afro-Brazilian religions (BASTIDE, 1978; WIIK, 1994). Particularly given the importance of Afro-Brazilian cults for the poorer segments of the Brazilian population, which have also increasingly suffered the impact of the epidemic, it should thus come as no surprise that the Afro-Brazilian religious groups, like the Catholic Church and the Evangelical movement, came to play an important role in responding to the epidemic on a variety of fronts (GALVÃO, 1997b; WIIK, 1994). At the same time, it is also important to emphasize that the nature of this Afro-Brazilian religious response contrasted with that of the Catholics and the Evangelicals in a number of important ways, and that these contrasts are themselves a reflection of the important differences

that characterize the Afro-Brazilian religions when compared to Catholicism or Evangelism in Brazil – in particular, the almost complete lack of a formal, centralized, hierarchical structure comparable to that found in the Catholic Church, together with the almost complete absence of any kind of political articulation comparable to that found in the Evangelical movement.

Given these important differences in comparison with Catholicism and Evangelism, it is hardly surprising that the response of the Afro-Brazilian religions has been relatively less orchestrated or organized than as systematic and pragmatic. Like both the Catholic Church and the Evangelical movement, the initial response of many Afro-Brazilian religious leaders was to distance themselves from the stigma associated with HIV/AIDS. The reasons for this are surely multiple, but such an initial response is hardly surprising, particularly given the fact that the Afro-Brazilian religions have themselves often been the object of stigma and discrimination on the part of more organized Judeo-Christian religions. This concern was no doubt accentuated by the fact that a strong association has traditionally been noted between Afro-Brazilian religion and a number of population groups, such as behaviorally homosexual men (FRY, 1982), first identified as being at high risk of HIV infection, and the possible connections between AIDS, homosexuali-

ty and promiscuity might easily be used to further stigmatize Afro-Brazilian religious practitioners (WIIK, 1994). Beyond this, a number of Afro-Brazilian religious practices, such as ritual scarification using sacred knives, were quickly pointed to by worried health authorities as potential causes of HIV infection within the context of Afro-Brazilian religious worship (WIIK, 1994).

In spite of these concerns, many Afro-Brazilian religious cults, and their cult leaders, rather quickly became involved with questions related to HIV/AIDS on an *ad hoc* basis. Given the role of the cults in responding to various afflictions perceived to escape the possibilities of cure on the part of modern Western medicine, it is not at all surprising that they were quickly sought out by individuals suffering from health problems brought on by HIV infection, particularly in the mid-1980s when medical science offered relatively few effective therapeutic options for AIDS treatment. In keeping with relatively widespread practice in Brazil, in which folk medicine is often employed at the same time as scientific medical treatment (as a kind of hedging of bets on the part of patients seeking treatment and cure), the Afro-Brazilian cults have continued to serve, on up to the present day, as an important alternative source of spiritual treatment for individuals suffering from AIDS-related conditions (WIIK, 1994).

In addition to such *ad hoc* responses, increasingly, over time, a range of Afro-Brazilian religious groups have become involved in AIDS prevention and support activities. Afro-Brazilian religious leaders were sought out by AIDS NGOs such as ARCA/ISER and ABIA in developing education and prevention programs aimed at reaching the black community in Brazil through its unique cultural expressions. Even governmental agencies such as the State AIDS Program in São Paulo worked together with Afro-Brazilian groups in seeking to develop innovative AIDS education strategies. And at least some individuals linked to Afro-Brazilian religions have built upon this religious base in developing care and support services such as the Centro de Convivência Infantil Filhos de Oxum, a hospice in the State of São Paulo linked to the Candomblé religion (GALVÃO, 1997b; ZANIQUELLI, 1994). In short, while the response of Afro-Brazilian religions in the face of HIV/AIDS has never assumed the more organized, outspoken and public character found, for better or worse, in the case of the Catholic Church and the Evangelical movement, it has nonetheless grown and diversified over time, offering yet another example of the ways in which the deeply felt religiousness of Brazilian life has provided opportunities for responding to the epidemic in meaningful ways (GALVÃO, 1997b).

Taken together, then, the responses of the Catholic Church, the Evangelical movement, and the Afro-

Brazilian religious tradition provided a number of important initiatives in response to HIV/AIDS that simultaneously shaped and influenced public policy while at the same time developing services that might otherwise be impossible within the context of the Brazilian public health system. Hospices for the ill, home care programs, drug rehabilitation and outreach work, and a growing number of education and prevention programs developed within the framework of the different religious traditions are among the key areas of action that have increasingly emerged throughout the country. Unfortunately, however, with relatively few exceptions (such as the initiatives of the State AIDS Program in São Paulo), there has generally emerged little in the way of an active partnership between public health programs and religious initiatives. Religious leaders have rarely been sought out to participate on AIDS commissions at the federal, state or local levels, and both public health officials and AIDS activists alike have often looked to religious leaders and religious doctrine as more of an impediment than a potential source of support for more effective policies and programs in response to the epidemic.

PRIVATE AND STATE-OWNED BUSINESSES

In Brazil, as in other countries, the rapid spread of the HIV/AIDS epi-

demio posed a series of challenges for business and industry. Given the fact that the epidemic affects both men and women most frequently during the most productive period of life, the workplace was almost inevitably one of the first social contexts in which the impact of the epidemic is felt. Equally important, the workplace was also one of the primary sites that was explored as offering an opportunity for HIV/AIDS prevention efforts. And while leaders in business and industry certainly did not possess the moral authority and power of persuasion that characterized many religious leaders, they nonetheless played an important role, alongside politicians, community activists, and other social or religious leaders, in shaping broader policy response to AIDS through the specific attitudes and actions that they adopted in the face of the epidemic (TERTO JÚNIOR, 1997).

The potential importance of AIDS in the workplace, and of the workplace itself as potentially a strategic point for intervention, was apparent early on, even during the very first phase in the development of programmatic activities on the part of the State AIDS Program in the State Secretariat of Health in São Paulo. During the period when this Program was initially being organized, for example, numerous contacts and meetings were organized with representatives of labor unions, employee associations, and business

federations in the State of São Paulo with the goal of developing activities aimed at raising AIDS awareness. Unfortunately, the general climate of stigma and discrimination related to AIDS, and in particular the widespread association of AIDS with male homosexuality, led to a serious resistance on the part of both labor unions and business leaders, who tended to dismiss the epidemic as a serious threat to the Brazilian workforce (TERTO JÚNIOR, 1997).

Given such resistance, particularly through 1985 or 1986, very little really concrete was ever accomplished during this early period of the epidemic, in spite of attempts to initiate a dialogue. Indeed, perhaps predictably, it was really only after 1986, when the impact of the epidemic began to be felt within the workplace, and within the judicial system charged with regulating the relation between employers and employees, that a series of test cases began to emerge and to place the question of AIDS more squarely on the agenda of debate both for businesses and for trade unions. Indeed, virtually all of the earliest examples of businesses or industries in Brazil developing internal programs and policies related to HIV/AIDS seem to have emerged only when the first cases of AIDS began to be reported within the work force. And it was only when conflicts between employers and employees with HIV/AIDS began to emerge within the ju-

dicial system that judicial and consequently legal action began to be taken to respond more adequately to the range of problems posed by HIV infection and AIDS on the part of workers (see TERTO JÚNIOR, 1997).

During this early period, motivated by the appearance of cases of AIDS on the part of workers, the vast majority of attention focused less on prevention strategies than on the rights of workers who became infected or ill, as well as the internal policies that might be developed to provide care and treatment and to respond to stigma and discrimination on the part of co-workers. The earliest recommendations made by the Ministry of Health's National AIDS Program, for example, reproduced internationally accepted guidelines for the treatment of workers with HIV/AIDS, advising against the use of HIV testing as a criterion for employment, and pointing to the importance of confidentiality with regard to diagnosis and notification of AIDS cases within the work force. Yet the relative fragility of such recommendations is clearly attested by numerous, widely publicized cases of HIV testing for prospective employees on the part of well-known companies, as well as by the fact that the federal government continued to test candidates for the Instituto Rio Branco, the school which prepares members of the diplomatic corps. Similarly well-intentioned yet nonetheless problematic actions were taken not

only by the Ministry of Health but also, in conjunction, by the Ministry of Labor, which in August of 1988 issued an interministerial *Portaria*, #3,195, obliging the Internal Commissions for the Prevention of Accidents (CIPAS) of state-owned businesses to include AIDS in their educational campaigns aimed at prevention illness and work-related accidents, yet without elaborating any mechanism to monitor or evaluate the extent to which this policy had been adopted and implemented (TERTO JÚNIOR, 1997).

While governmental recommendations have thus proven problematic in guaranteeing full rights and benefits on the part of employees with HIV/AIDS, legislation dealing with physical disability has been successfully used as the basis for legal suits on the part of employees who have been denied their rights. The 1988 Brazilian Constitution, in Article 7, Clause XXXI "prohibits any discrimination referring to salary and employment criteria for the worker with disability" (TERTO JÚNIOR, 1997), and has been used effectively in cases aimed at setting legal precedent. On the basis of a series of cases brought to court in the late 1980s and early 1990s, in particular by the legal aid services established by a number of AIDS NGOs, it is now widely agreed that HIV positive workers must be receive equality of treatment with regard to other workers,

that their health situation must be treated confidentially and honorably, that they must be maintained on the job and protected from arbitrary dismissal, and that they must have access to health care services and health plans provided by the employer (TERTO JÚNIOR, 1997). Clearly, these basic rights in all probability continue to be violated all too frequently, but a growing body of jurisprudence has made it increasingly likely that workers who are denied these rights will be able to legally challenge the practices of their employers.

While legal protections for workers with HIV/AIDS have increasingly been guaranteed as part of the basic rights of all workers suffering from physical disability of any kind, the effective use of business and industry for the development of prevention programs and AIDS awareness campaigns has unfortunately remained relatively limited. Important initiatives certainly exist, but remain highly preliminary and often inconsistent. At least three types of initiatives have been especially important: initiatives developed by businesses or business associations themselves; initiatives developed by businesses in partnership with AIDS NGOs; and initiatives stimulated by governmental AIDS Programs. Organizations such as SESI (Social Service of Industry), which is part of the National Confederation of Industries, has developed a pioneering program of

training courses, meetings and workshops aimed at passing information on AIDS to its membership. Other leading businesses, ranging from state-owned companies such as the Vale do Rio Doce mining company with mines and industrial plants spread throughout the country, to small, private-owned businesses working on the local level, called upon NGOs such as GAPSA-São Paulo or ABIA to provide technical assistance for the development of AIDS awareness and prevention activities within the context of the workplace. And governmental AIDS Programs at various levels, such as the State AIDS Program in São Paulo and the Ministry of Health's National AIDS Program, developed educational materials for use in the workplace and have sought to develop partnerships with leading businesses.

Yet the vast majority of these attempts have nonetheless been precarious at best, with an inconsistent record of success. While NGOs such as ABIA made AIDS prevention for businesses a priority over a number of years, for example, exchanging AIDS-related technical support and information for financial contributions on the part of companies such as Vale do Rio Doce, the State Bank of Rio de Janeiro, and the Xerox Company of Brazil, this program was eventually forced to close when it became impossible to cover staff salaries necessary for the implementation of the project with the finan-

cial contributions being made by the businesses. Repeatedly, initiatives proposed by the federal government's National AIDS Program failed to materialize either because of lack of industry interest or lack of follow-through on the part of the Ministry, and although fully US\$3.9 million of the funds provided by the first World Bank Project were destined for AIDS in the workplace activities, with a special emphasis and US\$2.25 million for initiatives developed by NGOs, a review of the NGO projects approved by the National AIDS Program under the terms of the World Bank Project listed only a handful of projects with a focus on AIDS in the workplace, each with a limit of US\$100,000 maximum, suggesting that only a small percentage of available funds were actually spent in this area.

In spite of such limited initiatives, however, by the mid 1990s a number of important signs nonetheless existed suggesting that more effective action might be possible in the future. Particularly important, trade unions seemed to be overcoming at least some of their original reticence, and taking a clearer stand on AIDS. In 1992, for example, with important input from a number of AIDS NGOs, CUT, the largest association of labor unions in the country, formed a National Commission on AIDS, and important statements clearly including AIDS as a key union concern were issued by

both the highest leadership. Indeed, a number of the most important NGO projects dealing with AIDS in the workplace and funded by the National AIDS Program were developed by organizations linked to CUT, implying a growing commitment on the part of the labor movement. With input from the USAID-funded AIDSCAP Project in Brazil, the Federation of Industries in the State of São Paulo (FIESP), together with SESI, developed studies and training programs in order to provide support for prevention programs in the workplace. Indeed, according to information in a special August 1995 issue of *Exame* magazine, the 20 largest business in Brazil all had developed programs dealing with AIDS in the workplace, though the situation in medium- and smaller-sized businesses was much harder to assess, which was surely a cause for concern in a country with approximately 3 million businesses in all (TERTO JÚNIOR, 1997).

THE HEIGHTENED VULNERABILITY OF BRAZILIAN WOMEN

The increasing impact of the HIV/AIDS epidemic on women has already been mentioned above in the discussion of epidemiological trends as well as in relation to the policy responses of a number of different sectors. Given the rapid increase of HIV infection among women in Brazil, however, by the early 1990s the question of women's vulnerability in

the face of HIV/AIDS, and of how to respond to this heightened vulnerability through prevention programs and health care services, had emerged as one of the key AIDS-related policy issues confronting Brazilian society. While it was clear that there would be no easy answers to this question, and that a response to women's vulnerability (like the vulnerability of many other segments or population groups) would ultimately depend upon the long-term transformation of Brazilian society – and, in particular, of the basic inequality that structures gender power relations – the need to respond to the factors shaping women's heightened vulnerability in the face of HIV infection had emerged as one of the key policy challenges facing the response to AIDS in Brazil.

As has already been suggested above, the rapid spread of HIV infection among women has been one of the most striking features of the epidemiology of HIV/AIDS in Brazil. Perhaps the starkest evidence of the changing shape of the epidemic, and of its increasing impact upon women, can be found in observing the rapid transformation of the male/female ratio in reported cases, from 30:1 in 1985 to 3:1 in 1995 (BARBOSA, 1997; CASTILHO; CHEQUER 1997; PARKER and GALVÃO, 1996). A broad range of factors have been important in shaping this change: as Barbosa has noted for example, by mid-1994, of cases of AIDS reported among wom-

en above the age of fifteen, 36.1% were linked to heterosexual transmission, 28.3% to injecting drug use, and 9.2% to blood transfusion, while 26.4% were listed as unknown or unidentified (BARBOSA, 1997). As Barbosa has emphasized, however, over time heterosexual transmission has rapidly assumed increasing importance, while the relative weight of drug injecting has gradually declined: when isolating cases among women reported in 1993, for example, heterosexual transmission accounted for more than 53% of the notifications (BARBOSA, 1997).

The consequences of this rapid increase in cases of AIDS among women have been striking. By the mid-1990s, AIDS had become the leading cause of death among women between the ages of 20 and 34 in the city of São Paulo (CUT/INST 1994; BARBOSA, 1997), for example, and the leading cause of death among women between the ages of 15 and 49 in the state of São Paulo (BARBOSA, 1997). A number of studies suggested that AIDS diagnoses among women may be made later than among men, both because women may delay longer before seeking treatment for symptoms, and because physicians may be less likely to look for AIDS as the cause of a range of symptoms that are traditionally considered to be linked to other causes among women (BARBOSA, 1997). As a result, the interval between diagnosis and death may be shorter

among women than among men, and the possibility for early intervention in order to take advantage of advances in available treatments and therapies may be less likely. In addition, the increase HIV infection among asymptomatic women had been linked to a steady increase in cases perinatal AIDS, in spite of recent advances in available treatments and technologies (such as administration of AZT, use of cesarean-sections, and so on) that might reduce the likelihood of vertical transmission if the mother's HIV status had been identified (BARBOSA, 1997).

While the reasons for the increase in heterosexual transmission and cases of AIDS among women in Brazil were clearly complex and multiple, the popular assumption that vulnerability to HIV infection among women must somehow be linked to female sexual promiscuity was clearly shown to be incorrect. In a detailed analysis of cases of sexual transmission among women between 1983 and 1992 in the state of São Paulo, for example, Santos found that 35% of the female cases reported male partners who were IV drug users, 9.4% reported male partners with multiple female partners, 7% male partners who were bisexual, 15.4% male partners who were HIV positive, and 17.9% without any specification. Only 14.4% of the cases reported were among women with multiple male partners, while fully 45% of the cases were among women

who reported a stable relationship with a single partner (SANTOS, 1994; BARBOSA, 1997). Another study focused on the city of São Paulo found that between 1991 and 1993 fully 75% of the women who had died of AIDS were housewives (CUT/INST 1994; BARBOSA, 1997), and this same trend has also been confirmed for Rio de Janeiro (MATIDA, 1992; BARBOSA, 1997). In short, all available evidence suggested that the epidemic was spreading most rapidly among women who were most likely to be housewives or domestic servants, who were generally monogamous, and who were most often infected by their regular sexual partner (BARBOSA, 1997; PARKER; GALVÃO, 1996).

This profile of the women most likely to be infected by HIV raised a series of problems that were left largely unaddressed in attempts to develop prevention programs and policies. Perhaps most obviously, it called attention to the profound difficulties that surround the question of sexual negotiation and the use of condoms as key elements in existing strategies for HIV/AIDS prevention. As virtually all recent studies of women and AIDS confirmed, given the structure of existing gender power relations, and the deeply rooted ideology of machismo, the negotiation of sexual practices, of contraceptive use, and perhaps above all of safer sexual practices in the face of AIDS, continues to be especially problematic in heterosexual relations due to

the profound power imbalances that exist between men and women (BARBOSA, 1997; PARKER; GALVÃO, 1996). And the difficulties that characterize such negotiation in all heterosexual interactions are perhaps especially evident in relations between husbands and wives, as the highly relative expectations of both male sexual freedom and female sexual fidelity place a series of constraints on the possibilities for negotiating the use of condoms or other forms of risk reduction (BARBOSA, 1997; PARKER; GALVÃO, 1996).

As Regina Barbosa has emphasized, these difficulties were accentuated further still by the culture of contraceptive use that had taken shape in Brazil over the course of recent decades, in large part through the promotion of family planning programs directed toward women (BARBOSA, 1997). Initially designed to stimulate population control, these programs traditionally sought to avoid contraceptive methods (such as the condom, or other barrier methods) which would be perceived to interfere with the sexual relation or to require negotiation between men and women, in favor of methods (such as oral contraceptives and sterilization) which could be controlled by women without any necessary male participation, and which largely avoided the necessity of any kind of negotiation between sexual partners (BARBOSA, 1997; PARKER; GALVÃO, 1996). The relative success

of these programs led to situation in which contraceptive use became widely accepted throughout the country, but limited to a relatively small range of contraceptive options, with an absolute preference for oral contraceptives and sterilization (BARBOSA, 1995). Indeed, on a national level, among women between the ages of 15 and 54, only 1.8% reported condom use in order to avoid pregnancy (BERQUÓ, 1991).

As Barbosa has highlighted, this existing contraceptive culture, when joined together with the structure of gender power relations in Brazil, has posed a serious barrier to condom promotion as an effective means of HIV/AIDS prevention (BARBOSA, 1997). Women lack both the power and the skills to negotiate effectively with their male partners. And precisely because the use of other contraceptive methods is so widespread, even the subterfuge of proposing the condom as a means of birth control (when the real intention is the prevention of disease transmission) is effectively impossible – in short, when a husband knows that his partner has been using oral contraceptives, or, even more powerfully, has been sterilized and thus cannot become pregnant, her possibilities for proposing condom use are clearly restricted. Given the prevailing structure of both sexual and contraceptive culture in Brazil, the most widely promoted strategies for risk reduction in the face of HIV infec-

tion have thus proven to be profoundly problematic (BARBOSA, 1997).

Given the complex range of social and cultural factors that are responsible for the increased vulnerability to HIV infection on the part of women in Brazil, it should be clear that programs targeted to women must be an urgent priority, and that the development of innovative strategies for HIV/AIDS prevention will be essential in order to reduce rapidly rising rates of infection. Yet in spite of the epidemiological trends over the course of the late 1980s and early 1990s, relatively little concrete action was taken on any level to respond to the question of women and AIDS. Early perceptions of AIDS as closely linked to male homosexuality have proven especially difficult to overcome, and continued to exert powerful influence on the thinking not only of the lay public, but on policy-makers and planners, and even some feminist and AIDS activists. With the exception of a number of limited prevention programs directed to female sex workers, virtually no targeted prevention programs directed to women had been developed anywhere in the country until the mid-1990s, and even then, it was only through the action of a number of non-governmental women's health and AIDS service organizations that the first pilot projects began to be developed (BARBOSA, 1997).

By the early 1990s, increasing concern with issues related to wom-

en and AIDS had begun to be expressed by a number of leading AIDS NGOs, such as ABIA and GAPA-São Paulo, as well as by feminist organizations, such as SOS Corpo, CEPIA, and the Coletivo Feminista de Sexualidade e Saúde. In addition, a number of private donors such as The Ford Foundation and The John D. and Catherine T. MacArthur Foundation, principally through their reproductive health and population programs, had begun to make limited funding available for advocacy work and prevention activities targeted to women. It was not until mid-1994, however, that the National AIDS Program held an initial consultation of experts on women's health to discuss the issue of women and AIDS, and it was only in late-1994 that a campaign of public service announcements was developed encouraging sexually active women to negotiate condom use – though without taking account of the power issues involved in sexual negotiation, and, apparently, without having sought out the advice of the women's health community in the development of the campaign (BARBOSA, 1997; REDE NACIONAL FEMINISTA DE SAÚDE E DIREITOS REPRODUTIVOS, 1995). While the federal government made some funding available through the World Bank Project grants to non-governmental organizations for projects targeting prevention efforts to women, this funding remained relatively insignificant within the overall scope

of activities, and no systematic program initiatives had been designed to reach out to women or to meet women's needs have thus far been developed (BARBOSA, 1997).

Perhaps even more worrisome, when considered on a longer-term basis, is the fact that HIV/AIDS programs generally have been developed in a highly vertical fashion, with strong relations between local, state, and the federal AIDS program, but relatively weak horizontal relations to other health programs on any of these governmental levels (BARBOSA, 1997; PARKER; GALVÃO, 1996). While the Integrated Women's Health Program (PAISM) first designed in the 1980s has never been fully implemented anywhere in the country, women's health programs nonetheless did exist throughout Brazil, taking primary responsibility for family planning and other health care needs associated primarily with reproductive health. Yet few efforts seem to have been made to integrate STD and AIDS programs and services, directed primarily to men, with programs and services focusing on women's health (BARBOSA, 1997). On a long-term basis, the complete lack of articulation between women's health and AIDS programs and services, and the failure to even begin to develop an integrated (let alone innovative) strategy for responding to AIDS as a key part of women's reproductive health care, seemed almost guaranteed to assure that lev-

els of both heterosexual and vertical transmission would continue to rise dramatically in Brazil, and that the complex issues associated with women and AIDS would necessarily emerge as one of the key areas of policy debate in the late 1990s.

MAIN POLICY ISSUES IN BRAZIL

While they hardly exhaust all of the important policy issues that must surely be confronted in seeking to respond to the HIV/AIDS epidemic, on the basis of this overview of the response to AIDS in a number of key contexts such as public policy, community-based organizations, religious institutions and private and public businesses, it is possible to point to a number of key policy issues that confronted AIDS-related efforts in Brazil by the middle of the 1990s. While the list could clearly be extended almost indefinitely given the wide range of questions raised by the epidemic, for the purposes of the present discussion, it is perhaps useful to focus selectively on what appear to be the most fundamental challenges facing the country in the mid 1990s. With this in mind, at least three interrelated sets of issues are worth further consideration: (1) the future of funding for both prevention and care; (2) ways to effectively increase access to information, condoms, and related prevention services; and (3) the continuing difficulty in guar-

anteeing access to adequate diagnosis, treatment and care.

Perhaps somewhat ironically, particularly given the size of the World Bank Project, the question of how to guarantee adequate funding for both prevention and care was one of the most pressing concerns facing AIDS policy in Brazil. In spite of the funds guaranteed through the World Bank Project, it is important to remember that this project was initially designed for only a three year period of time, and that its scheduled conclusion was fast approaching. There were no guarantees concerning the future, particularly when a range of important problems, such as the failing infrastructure of the public health system as a whole, would necessarily compete for access to resources. Even within the Ministry of Health, many officials believe that infrastructural reinforcement (for example, repair of the physical plants of Brazil's decaying public hospitals) should be a higher priority than single disease programs, whether with funds come through loans from the World Bank or directly from the National Treasury. And as one moved outside of the Ministry of Health into the wider world of funding for social issues in Brazil, competition with regard to allocation of resources would obviously increase.

In short, there were no guarantees that funding from the World Bank would be extended following the end of the 1st AIDS Control and

Prevention Project, and no guarantees that even the Ministry of Health would continue to give HIV/AIDS the same level of priority. As was clearly demonstrated from 1990 to 1992, the degree of attention given to AIDS within the federal government depended heavily on the composition of the Ministry of Health at any given moment, and one of the most serious structural difficulties related to AIDS programming in Brazil was the fact that the National AIDS Commission had been conceived as a technical advisory body rather than a political body capable of providing support for the continuity of AIDS programming from one administration to the next.

Even if the World Bank Project were to be extended, as it ultimately was, it was clearly limited in a number of ways that required adequate evaluation. As has already been pointed out above, the vast majority of the funds provided through the World Bank Project were destined for prevention activities, which was clearly the focus of interest from the Bank's point of view at the time. As important as prevention activities are, one could clearly question the wisdom of placing the needs and concerns of people living with HIV/AIDS at the bottom of the list of priorities. And even if it could be convincingly proven that these needs were being met through other program activities and with other resources, the unpleasant fact of the matter is that given

the number of Brazilians already infected with HIV, the costs associated with prevention and care for people with HIV/AIDS in Brazil would almost inevitably skyrocket in the near future. There was, at this point, little sign of any adequate planning to address these needs, nor any sense of how to cover the costs that would be involved. Innovative programs had been developed, both by public hospitals as well as by non-governmental organizations, but nothing on the scale that would clearly be needed in years to come.

Ultimately, then, a whole range of services that had thus far received relatively little attention would clearly need to be addressed. Under the terms of the World Bank Project, important steps have been taken to broaden access to free and anonymous HIV testing services, which was clearly a very important step. What to do for those who tested positive, how to ensure adequate diagnosis of opportunistic infections and guarantee early medical intervention for the vast majority of those who rely on the precarious public health system, how to provide access to clinical services, how to organize both hospital care and home care more effectively and economically... These were all questions that, in the mid 1990s, at least, seemed to have few answers, and, perhaps more worrisome, to have received relatively little attention within the existing priorities of AIDS programming and policy mak-

ing at the federal level. They were the questions that would ultimately have to be addressed in order to confront the long term impact of the epidemic on the public health system.

If education and prevention activities seemed to have received primary attention, particularly in the most recent phase of AIDS programming, marked as it has been by the imprint of the World Bank Project, serious problems nonetheless continued to exist with regard to access to prevention services. Perhaps most notably, in spite of frequent complaints from virtually every sector concerned with AIDS prevention, the Brazilian government continued to charge a high importation tax on condoms as part of protectionist policies aimed at helping the Brazilian rubber industry, and it had not been possible to mobilize political pressure sufficient to guarantee the reduction or extinction of this tax. Even with such a reduction, however, serious logistical problems existed that made regular condom distribution to even the highest risk populations irregular and inconsistent at best (FNUAP, 1995). While the National AIDS Program planned to purchase and distribute 200 million condoms between 1994 and 1997, community-based organizations continued to complain of problems in receiving condom supplies, and often received shipments on the verge of passing the product deadline for distribution (FNUAP, 1995).

Although problems with access to condoms were especially easy to detect, precisely because they were so concrete, access to prevention information more broadly continued to be a concern in spite of all that has been done to encourage access to AIDS prevention information in recent years. While existing studies of knowledge, attitudes and practices were limited in their scope and representativeness, they nonetheless demonstrated high levels of concern about AIDS, but low levels of behavior change. At least in part, the disparity between concern or anxiety and effective preventive behavior was probably the result of sometimes confusing or ambiguous information concerning the possible strategies (including, but not limited to, condom use) that might be adopted in order to reduce the risk of infection. As the epidemic increasingly moved into the poorest, least well educated sectors of Brazilian society, access to information about HIV/AIDS continued to be an important concern that had still not been resolved in spite of the advances that have been made in recent years.

Responding to these diverse questions would by no means be an easy task, particularly because it would ultimately require not only technical expertise but also political will. Brazil had had the great good fortune over the course of the past 15 years to count on the dedication and perseverance of a remarkable number

of highly talented and committed individuals working at every level in the fight against AIDS. At the same time, while much had been accomplished, few legal and/or institutional structures had been put into place to guarantee the long term continuity and the growing efficacy of this cumulative effort. In seeking to respond to the most pressing policy issues currently confronting the AIDS community, ranging from the availability of resources to the guarantee of access to both treatment and prevention services, renewed political commitment and the mobilization of Brazilian society more broadly would clearly be essential.

CONCLUSION

In Brazil, as in so many other countries, the HIV/AIDS epidemic is complex and dynamic. It has been characterized by extensive change over time, and by an evolving range of social and policy responses. Any attempt to accurately characterize and assess HIV/AIDS policy in Brazil will necessarily be incomplete – and in all probability even outdated by the time it is completed and published. This is all the more true precisely because no other aspect of the HIV/AIDS epidemic in Brazil has been so little studied and analyzed. Due to the pressing urgency of the epidemic itself, the actions taken to respond to it have rarely been evaluated, either internally, through pro-

gram or project evaluations, or externally, through independent policy analyses. And this is true in spite of a long-standing tradition of critical social and political analysis in Brazil of public policy generally, and of health care policy in particular.

While the current study can hardly be considered definitive, it nonetheless offers at least a number of insights that may be of some use in seeking to advance further studies, and better policy decisions, in the future. Looking back over the history of responses to HIV/AIDS in Brazil, at what has been accomplished as well as what has not, it is clearly impossible to separate the specific issues associated with HIV/AIDS from the broader context of social and political history in Brazil. Reviewing the policy initiatives in almost every area discussed above, for example, the history of AIDS in Brazil would seem to be characterized by a rough, yet nonetheless fairly clear, set of historical periods.

An initial phase of the policy response to HIV/AIDS in Brazil would seem to run from approximately 1982/83, when the first cases of AIDS were reported and initial program mobilization took place in the State of São Paulo, through 1985/86, when the first non-governmental AIDS-service organizations were founded and a National AIDS Program was created. In spite of important early initiatives on the part of the State Secretariat of Health in São Paulo, this phase,

in Brazil as in so many other countries, was characterized by widespread denial on the part of most government officials, particularly at the federal level, together with a wave of moral panic, fear, stigma and discrimination captured most vividly in the declarations of religious leaders such as Dom Eugênio Sales. In the absence of leadership at the national or international levels, responses to the epidemic tended to grow up from the ground, from the representatives of affected communities such as the emerging gay rights movement, and from the commitment of progressive sectors within state and local public health services who could quickly be enlisted as the allies of these communities. Growing community mobilization, culminating most obviously in the formation of GAPA-São Paulo in 1995 and ABIA in 1986, provided important incentives, together with the pressure of a growing number of State and Municipal AIDS Programs, for the development of some kind of response at the national level, culminating in the delayed, but nonetheless fundamentally important, creation gradual implementation of a National AIDS Program in 1985 and 1986.

With the creation of the National AIDS Program, a second major phase of the policy response to AIDS would seem to run from roughly 1986 through 1990, when the leadership of the National AIDS Program would change for the first time. At the gov-

ernmental level, this period would be marked, above all else, by a relatively pragmatic and increasingly technical approach to the epidemic. Building, first, on previous state and local initiatives, in the development of a national plan for AIDS prevention and control, as the implementation of the National AIDS Program proceeded, increasing international cooperation and a growing tendency toward centralization in Brasília would also lead to a gradual increase in tensions between AIDS programs at various levels of government. At the same time, as increasing complex and diverse initiatives began to emerge in different governmental responses to the epidemic, a range of initiatives on the part of civil society began to overcome at least some of the widespread denial that had characterized the previous period. An increasing number of non-governmental organizations were formed throughout the country, such as basically independent chapters of GAPA in virtually all major Brazilian cities, and these organizations played a major role in calling increasing media attention to the epidemic as well as in placing growing pressure on governmental agencies for a more rapid and aggressive response. Gradually, diverse religious orders as well as private and public businesses began to address the growing impact of AIDS at the local level by developing a range of specific initiatives and services aimed

filling the previous vacuum of voluntary and solidary action. Indeed, as organizations of people living with HIV/AIDS began to form in 1989 and 1990, solidarity became the order of the day, and leaders such as Herbert Daniel emerged as key actors not only on the national scene, but internationally as well, in calling for a response to the epidemic based more fundamentally on political commitment than on technocratic expertise.

A third, clearly distinct phase, can be seen to run from 1990 to 1992. If 1990 would open with a certain sense of optimism that changes of leadership in the federal government might lead to more effective policy decisions with regard to AIDS, the experience of the next two year period would in fact demonstrate the fragility of the accomplishments that had been made over the course of the 1980s. Virtually all of the key elements of the National AIDS Program were discontinued for significant periods during the Collor administration, and a growing antagonism between the National AIDS Program and virtually every other sector involved in responding to the epidemic almost completely precluded the possibility of collaboration or cooperation across sectors in seeking to develop more effective AIDS-related policies. While both non-governmental and religious responses to the epidemic continued to grow and prosper, the complete lack of effective dialogue between civil soci-

ety and the federal government, together with the relative lack of cooperation between the National AIDS Program and State and Municipal AIDS Programs, made the difficulties of sustaining a long-term response to the epidemic strikingly clear, calling attention to the urgent need to rethink the bases of effective action against the epidemic not only in technical but also in political terms.

A fourth phase in the history of the policy response to the AIDS epidemic in Brazil would seem to run from 1992, with the re-organization of the National AIDS Program in the Ministry of Health, to roughly 1996. Initially, perhaps in part because of the disastrous performance of the previous administration in the Ministry of Health, and the resulting extreme polarization between the federal government and virtually every other sector concerned with the epidemic, there was a concerted effort on all sides (governmental programs at every level, NGOs, universities, and so on) to work together in seeking to rebuild a national response to the epidemic. This collaborative spirit was clearly reinforced and solidified during the process of elaboration of a proposal for the 1st World Bank Project, in which traditional rivalries and territorial disputes were in large part set aside in favor of what was widely believed to be a common good – a spirit of collaboration which was surely re-

inforced by the National AIDS Program's skillful use of national resources, even before the availability of World Bank funds, to support a wide range of NGO activities understood as part of the World Bank Project in spite of the timing. With the formalization of the agreement with the World Bank, however, and the gradual appearance of a growing range of administrative problems related to the implementation of the World Bank Project, the sense of unity and common purpose that seemed to reign during 1993 and 1994 has increasingly been called into question, and growing tensions between State and Municipal AIDS Programs and the centralized coordination of the National AIDS Program have tended to increase. In spite of various declarations of imminent victory in the war on AIDS, it had been impossible to resolve a range of very basic policy issues, such as the importation tax on condoms. And even many of the less politicized NGOs had become increasingly restless as the Ministry of Health failed to open new calls for projects or to renew funding for already approved initiatives. The relative transparency that seemed to characterize the elaboration of the World Bank Project had given way to a general lack of transparency concerning the use of funds and the implementation of initiatives, and as the 1st World Bank Project be-

gan to near its conclusion, little clarity seemed to exist concerning the future once the 1st Project had come to an end.

Clearly, these four major periods in the history of the policy response to AIDS in Brazil can only be understood within the wider context of Brazilian political life, on the one hand, together with the broader evolution of global responses to the HIV/AIDS epidemic on the other. It is not merely a coincidence that these phases conform, almost exactly, to a set of evolving developments in Brazilian political history more broadly. The initial response to AIDS from 1982/83 to 1985/86 can only be understood fully within the context of the *Abertura* period, with the election of progressive opposition forces, open to dialogue and consciously responsive to the concerns of civil society, at the state level, and the continuity of the military regime, with its fundamentally authoritarian mentality, at the federal level. In much the same way, the shift in federal policy, as well as the growing non-governmental response to the epidemic, from 1985/86 to 1989/90, was very much in keeping with the spirit of the Sarney government and the gradual redemocratization of Brazilian life, characterized by intensive organizing of civil society (and the birth of NGOs in a whole range of areas) together with the frustratingly slow transformation of the federal government's administrative

machinery, which in large part sought to overcome the heritage of the authoritarian period, without losing its power and hegemony, by maintaining an almost absolute control over data and information (even epidemiological statistics) while at the same time developing increasingly sophisticated, and almost always highly centralized, technical initiatives (very much in the spirit of the National AIDS Program). Like the Collor government itself, the period from 1990 to 1992 stands as a kind of time out of time in which the national as a whole, and the AIDS community quite specifically, seemed to be living a collective nightmare that would hopefully soon come to an end. The reestablishment of a new government following the resignation of Collor, and with the complete maintenance of democratic institutions, clearly signaled new phase in the redemocratization of Brazilian society, a growing sense of maturity and a new willingness on the part of both civil society and the state to work together in solving the social and economic problems facing the nation – and once again, the recent history of AIDS programs and policies in Brazil clearly reflected these broader trends and tendencies.

At the same time that the response to AIDS was thus been shaped by the particularities of Brazilian politics and history, however, it was surely also influenced by a wider range of forces that are often more

international than national in their nature and origin. Although it may be an historical accident, it is nonetheless not insignificant, for example, that the first decade of the HIV/AIDS epidemic in Brazil took place not only during the period of redemocratization of Brazilian society, but during a period of intense change in the relations between developed and developing countries due to the international debt crisis of the 1980s. It was during this time that the International Monetary Fund (IMF) together with the World Bank, imposed a series of conditions on debtor nations such as Brazil (whose debt of \$112.5 billion in 1990 was the highest of any country in the world), aimed at structural readjustment of the Brazilian economy through policies which would stimulate exports while at the same time curbing government spending on a range of social issues, including health care and preventive education. From 1980 through 1991, for example, Brazil received seven major structural adjustment loans from the IMF and the World Bank (LURIE; HINTZEN; LOWE, 1995), and the Brazilian economy underwent a period of spiraling inflation and instability that not only limited the possibilities of investments in social areas such as health, but simultaneously created what might be described as a psychology of instability that seriously affected debate and action on all social issues. While there may

be no direct or immediate cause and effect relationship between this broader economic context and the specific policy decisions related to HIV/AIDS, it is nonetheless impossible to understand the social context of the epidemic in Brazil (as in other developing countries (LURIE; HINTZEN; LOWE, 1995) during this period without taking this backdrop into account, as it clearly conditioned AIDS-related policy, ranging from the availability of funding for AIDS programs on to the more general decay of the public health system which would seriously limit the possibilities for adequate care and treatment for patients. In much the same way, it is perhaps impossible to understand the recent commitment of World Bank resources to HIV/AIDS programs, in Brazil and elsewhere, without taking into account the Bank's own internal criticism of the social impact of structural adjustment, and its conscious decision to act in a range of social areas, such as health, that have suffered from the negative consequences of many structural adjustment programs.

Finally, in addition to these broader social and economic trends in the late-20th century, which, like the particularities of Brazilian politics, surely shaped the ways in which AIDS-related policy has evolved in Brazil, it is also important to situate the Brazilian response to AIDS within the broader context of the evolution of global responses to the

epidemic. In Brazil, as elsewhere, the earliest response to AIDS emerged in large part at the local level, and pressure from the bottom up was of fundamental importance in seeking to mobilize change at higher levels of society and government. When such change began to take place, not only nationally with the formation of the National AIDS Program, but also internationally with the establishment of AIDS units in agencies such as the WHO and PAHO, the ways in which different sectors responded to such development was simultaneously shaped and influenced by a series of international developments. It would be impossible to imagine the evolving response of the Brazilian Catholic Church, for example, without taking into account declarations on AIDS from the Vatican, or the increasingly radical opposition of some AIDS activists without thinking about the impact of Act Up in the United States. The fact that organizations of people with HIV/AIDS began to form in 1989 and 1990 is hardly isolated from similar international events. Particularly with regard to an epidemic that has been described as fundamentally post-modern, possible only in the era of globalization, of international media networks, fax machines and electronic mail, the ways in which Brazilian society has responded to HIV/AIDS must clearly be interpreted within this broader context of political forces and cultural influences.

As the Brazilian response to AIDS entered its second decade in 1996 (roughly ten years after the formation of the first non-governmental organizations and the founding of a National AIDS Program), both its important successes and the great obstacles that it would need to overcome seemed strikingly clear. Yet it would have been hard to predict the remarkable changes that were about to take place as 1996 would play itself out as a fundamental transition period inaugurating a new phase in the Brazilian response to AIDS thereafter. By mid-1996, the echoes of the 10th International Conference on AIDS in Vancouver, Canada, would begin to be felt, and the possibility of providing, for the first time, effective treatment capable of transforming HIV infection into a manageable, potentially chronic, disease would begin to be seriously considered. The struggle to make HIV/AIDS treatment and care an integrated part of a broader strategy to control the epidemic was by no means initiated in the wake of the Vancouver AIDS Conference – on the contrary, the most fundamental argument of this text is precisely the fact that the foundations for such an integrated approach were laid long before 1996, in the struggles of activists, researchers and policy-makers seeking to confront the epidemic over the course of the 1980s and the 1990s. But with the technological developments first clearly signaled in

Vancouver, together with the perhaps even more important foundation laid by the responses described here, the possibility of transforming the response to AIDS in Brazil into a model that other countries might emulate would become a reality. To be continued...

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